This University Policy Handbook of Dongguk University Los Angeles (hereinafter referred to as “DULA”) is designed to establish guidelines for the policies, procedures, rights, benefits, and working/study environments of all DULA staff, faculty, and students.

Since December 2017, DULA has gone through a series of reviews, audits, and staff meetings to update and internally communicate about the DULA policies which are primarily listed in the student handbook/catalog and faculty/employee handbook. It is safe to say that this is an essential part of the evolving and changing environments of faculty, staff, and students, as well as federal and California state law.

DULA policy is distributed as deemed necessary to its institution publication including Program Catalog, Student Handbook, Faculty Handbook, OMC Handbook, HIPAA and OSHA Policy Manual. The University Policy Handbook is also published for public through the DULA webpage: www.dula.edu/publications

All institutional policies will be reviewed at least annually, and relevant institutional documents updated accordingly. Admissions policy may be updated quarterly, while FERPA and Title IX may be updated annually. The admissions policy will be reviewed quarterly by the program director and the director of admissions. If there are recommendations regarding admissions policy that need to be considered, program director and the director of admissions will submit their recommendations during the academic committee meeting. The changes are presented and discussed during the academic committee meeting.

This handbook presents the policies in effect at the time of publication, although is no guarantee that policies will not change. It will be revised as university policies evolve, and an updated version of the handbook will be created so that everyone may stay aware of changes in university policies.

A memorandum highlighting significant changes to the handbook will be distributed to staff and faculty members with each new edition. DULA openly welcomes all input from you regarding the policies and procedures in this handbook. We encourage your suggestions for changes or additional policies/procedures which are appropriate for the future.
# Table of Contents

MISSION AND PROGRAM EDUCATIONAL OBJECTIVES .................................................................................. 16
  Mission .................................................................................................................................................. 16
  Master’s Program Educational Objectives ......................................................................................... 16
  Doctor of Acupuncture and Oriental Medicine (DAOM) Program Purpose ........................................ 16
  DAOM Program Educational Objectives ............................................................................................. 16

ACCREDITATION AND APPROVALS .................................................................................................. 18
  Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) ................................... 18
  Bureau for Private Postsecondary Education ............................................................................... 18
  California Acupuncture Board ....................................................................................................... 18
  Licensure Outside of California ....................................................................................................... 19
  Additional Approvals ....................................................................................................................... 19

MSOM PROGRAM COURSE LISTING ............................................................................................... 21

DAOM PROGRAM COURSE LISTING ............................................................................................... 40

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) ....................................................... 52

TITLE IX ................................................................................................................................................ 56
  Sexual Misconduct & Civil Rights (Title IX) ..................................................................................... 56
  Title IX Coordinator .......................................................................................................................... 56
  Notice of Non-Discrimination ............................................................................................................ 56
  University Statement on Privacy ........................................................................................................ 57
  Prohibited Conduct and Definitions .................................................................................................. 57
    Definition of Sexual Harassment ...................................................................................................... 58
    Forms of Prohibited Sexual Harassment ....................................................................................... 58
    Sexual Assault ................................................................................................................................. 60
    Demeaning Verbal or Other Expressive Behavior of a Sexual or Gendered Nature in an Instructional Setting .............................................................................................................. 60
    Forms of Prohibited Sexual Misconduct .................................................................................... 60
    Prostituting Another Individual ..................................................................................................... 61
    Statement of Consent, Coercion, Incapacitation, and Alcohol ..................................................... 61

  Who Can Help? ................................................................................................................................ 63
  ON CAMPUS .................................................................................................................................... 63
  OFF CAMPUS .................................................................................................................................. 63

  Who to Report To? ............................................................................................................................. 63
  I Made a Report - Now What? ........................................................................................................... 64
    Interim Measures / Remedial Action ............................................................................................ 64
    Inquiry, Investigation, Resolution .................................................................................................. 64
  Sanctions ............................................................................................................................................... 65
Federal Student Financial Aid Program ................................................................. 106
Federal Financial Aid Eligibility ............................................................................ 106
Types of Federal Financial Aid and Grants ......................................................... 106
Federal Financial Aid Application Process ......................................................... 107
Federal Financial Aid Policies .............................................................................. 108
Loan Repayment .................................................................................................. 108
Applying for Federal Financial Aid ................................................................. 108
Disbursements ..................................................................................................... 109
Federal Financial Aid Resources ......................................................................... 111
Financial Aid Entrance/Exit Counseling ............................................................ 111
Direct Loan Quality Assurance .......................................................................... 111
Veteran Education Policies .................................................................................. 112
Institutional Scholarships and Financial Assistance at DULA ...................... 113
Scholarship for Current DULA Students ............................................................ 113
New Incoming Student Scholarship ................................................................. 114
Family Tuition Discount Policy .......................................................................... 115
Scholarship from External Sources .................................................................... 117
STUDENT SERVICES ......................................................................................... 118
Student Healthcare Services .............................................................................. 118
Academic Advising .............................................................................................. 118
International Student Services ........................................................................... 118
Communications .................................................................................................. 118
Student Council .................................................................................................. 119
Exterions ................................................................................................................ 119
Student Employment ............................................................................................ 119
Career Development ............................................................................................. 119
Placement Assistance ........................................................................................... 119
Alumni Association ............................................................................................... 120
Campus Facilities and Amenities ...................................................................... 120
Oriental Medical Center ....................................................................................... 120
Classrooms ............................................................................................................ 120
Equipment and Materials .................................................................................... 120
Library and Learning Resources ........................................................................ 120
Student Lounge .................................................................................................... 121
Administrative Offices ........................................................................................ 121
Parking .................................................................................................................... 121
Housing .................................................................................................................. 121
Campus Safety and Security ............................................................................... 121
ACADEMIC POLICIES AND PROCEDURES

Carnegie Unit ....................................................................................................................... 122
Attendance ............................................................................................................................ 122
Full-Time Enrollment .......................................................................................................... 122
Part-Time Enrollment ......................................................................................................... 122
Add/Drop ............................................................................................................................. 123
MSOM Program Examinations ......................................................................................... 123
DAOM Program Examinations ......................................................................................... 133
MSOM Program Grading Policy ....................................................................................... 133
DAOM Program Grading Policy ....................................................................................... 134
Policy for Auditing the Course .......................................................................................... 135
Academic Progress ............................................................................................................ 135
Requirements for Graduation – MSOM Program ............................................................. 136
Requirements for Graduation – DAOM Program ............................................................. 136
Honors of Graduation ........................................................................................................ 137
Academic Committee ......................................................................................................... 137
Standards of Professionalism ............................................................................................. 137
Student Code of Professional and Academic Conduct ...................................................... 138
Disciplinary Procedures ..................................................................................................... 138
Student Request ................................................................................................................ 139
Student Grievances ............................................................................................................ 140
Satisfactory Academic Progress (SAP) – MSOM Program ............................................... 141
Satisfactory Academic Progress – DAOM Program .......................................................... 142
Academic Road Map ........................................................................................................... 142
Academic Progress Counselling ....................................................................................... 143
Leave of Absence ............................................................................................................... 143
Leave of Absence Policy for International Students ......................................................... 144
Withdrawal from the Program ............................................................................................ 144
Readmissions after Withdrawal ........................................................................................ 144
Academic Warning and Probation ..................................................................................... 144
Warning ............................................................................................................................... 145
Disciplinary Probation ....................................................................................................... 145
Academic Dismissal ........................................................................................................... 145
Dismissal .............................................................................................................................. 145
Academic Appeal ............................................................................................................... 145
Loss of Privileges and Exclusion from Activities .............................................................. 146
Suspension ......................................................................................................................... 146
Interim Suspension ............................................................................................................ 146
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misconduct</td>
<td>179</td>
</tr>
<tr>
<td>Malpractice Insurance</td>
<td>180</td>
</tr>
<tr>
<td>Sexual Harassment</td>
<td>180</td>
</tr>
<tr>
<td>Use of Clinic Time</td>
<td>180</td>
</tr>
<tr>
<td>Cell Phones, Pagers and other Electronic devices</td>
<td>181</td>
</tr>
<tr>
<td>Equipment</td>
<td>181</td>
</tr>
<tr>
<td>Smoking and Alcohol</td>
<td>182</td>
</tr>
<tr>
<td>Food and Beverages</td>
<td>182</td>
</tr>
<tr>
<td>Use of Lavatories/Restrooms</td>
<td>182</td>
</tr>
<tr>
<td>Bulletin Board Postings</td>
<td>182</td>
</tr>
<tr>
<td>Infractions, Incident Reports &amp; Disciplinary Action</td>
<td>182</td>
</tr>
<tr>
<td>Appeal of Disciplinary Judgment</td>
<td>183</td>
</tr>
<tr>
<td><strong>Patient Treatment Protocol</strong></td>
<td>183</td>
</tr>
<tr>
<td>Patient-Intern/Resident Relationship</td>
<td>183</td>
</tr>
<tr>
<td>No Fraternization Policy</td>
<td>184</td>
</tr>
<tr>
<td>Appointments</td>
<td>184</td>
</tr>
<tr>
<td>Patient Management</td>
<td>184</td>
</tr>
<tr>
<td>Patient Consent</td>
<td>185</td>
</tr>
<tr>
<td>Patients’ Right to Refuse Treatment</td>
<td>185</td>
</tr>
<tr>
<td>Patient Check-Out &amp; Follow-up</td>
<td>185</td>
</tr>
<tr>
<td>Clinical Records Policy</td>
<td>185</td>
</tr>
<tr>
<td>Treating Patients</td>
<td>186</td>
</tr>
<tr>
<td>Referring Patients to Other Health Care Providers</td>
<td>187</td>
</tr>
<tr>
<td>Treating Students</td>
<td>187</td>
</tr>
<tr>
<td>Teaching Clinic</td>
<td>187</td>
</tr>
<tr>
<td>Herbal Prescriptions</td>
<td>187</td>
</tr>
<tr>
<td>Herbal Housekeeping</td>
<td>187</td>
</tr>
<tr>
<td>Referring Patients to Herbal Emporiums and External Pharmacies</td>
<td>188</td>
</tr>
<tr>
<td>Herb Return Policy</td>
<td>188</td>
</tr>
<tr>
<td>Patient Rights &amp; Responsibilities</td>
<td>188</td>
</tr>
<tr>
<td>Patient Grievance Policies and Procedures</td>
<td>189</td>
</tr>
<tr>
<td>Care of Minors/Parental Consent</td>
<td>189</td>
</tr>
<tr>
<td>Patient Confidentiality</td>
<td>189</td>
</tr>
<tr>
<td>Patient Gowning and Draping</td>
<td>189</td>
</tr>
<tr>
<td><strong>Patient Treatment Costs</strong></td>
<td>190</td>
</tr>
<tr>
<td>Standard Fees</td>
<td>190</td>
</tr>
<tr>
<td>Discounted Rates</td>
<td>190</td>
</tr>
<tr>
<td>Charting and Clinic Procedures</td>
<td>192</td>
</tr>
</tbody>
</table>
Range of Treatment .................................................................................................................. 192
Charting Styles .......................................................................................................................... 192
General........................................................................................................................................ 193
Specific ...................................................................................................................................... 193
Patient Intake Procedures .......................................................................................................... 194
Formulating Diagnoses ............................................................................................................... 194
Treatment Plan ........................................................................................................................ 195
Needle Count ............................................................................................................................. 195
Patient Comfort ......................................................................................................................... 195
Other Policy .............................................................................................................................. 195
Guest Speaker Policy ............................................................................................................... 195
Transfer Student Policy ........................................................................................................... 196
Externship Policy ..................................................................................................................... 196
Safety and Emergency Procedures ........................................................................................... 197
Cardio-Pulmonary Resuscitation (CPR) & First Aid ................................................................. 197
Positioning your patient ............................................................................................................ 198
Depth of needle insertion .......................................................................................................... 198
Stuck needle ............................................................................................................................... 198
Broken needles .......................................................................................................................... 198
Needlestick ................................................................................................................................ 198
Fainting ..................................................................................................................................... 199
Electro-Stimulation .................................................................................................................. 199
Moxibustion ............................................................................................................................... 199
Hand Washing ........................................................................................................................... 200
Biohazardous Material Disposal ............................................................................................. 200
Clean Needle Technique ........................................................................................................... 200
Gloves....................................................................................................................................... 201
Laundry Service ......................................................................................................................... 201
Cleanliness ................................................................................................................................. 201
Universal Health Precautions .................................................................................................... 201
Cleaning and Sterilization ........................................................................................................ 202
Sterility Category of Equipment .............................................................................................. 202
Acupuncture Practice Example ............................................................................................... 202
Disinfectant Level Required before Reuse ............................................................................. 202
Disinfecting Procedure ............................................................................................................. 202
OSHA Policy ............................................................................................................................ 204
Fire Safety and Emergency Evacuation Procedure ................................................................. 205
FACULTY..................................................................................................................................... 206
Timekeeping and Payroll Practices .................................................................................................................. 242
Employee Classification .................................................................................................................................. 242
Full-Time Employees ..................................................................................................................................... 242
Part-Time Employees ..................................................................................................................................... 242
Temporary Employees ...................................................................................................................................... 242
Non-Exempt Employees ................................................................................................................................. 242
Exempt Employees .......................................................................................................................................... 242
Your Pay ......................................................................................................................................................... 242
timekeeping Procedures .................................................................................................................................. 243
Overtime and Work Schedule .......................................................................................................................... 244
Meal Periods ...................................................................................................................................................... 244
Rest Periods ...................................................................................................................................................... 245
Recovery Periods for Employees Working Outdoors ...................................................................................... 246
Seating .............................................................................................................................................................. 246
Lactation Break .................................................................................................................................................. 247
University Benefits ........................................................................................................................................... 247
Paid Holidays ..................................................................................................................................................... 247
Paid Vacation ..................................................................................................................................................... 248
Paid Sick Leave .................................................................................................................................................. 249
Insurance & Retirement Benefits ..................................................................................................................... 250
Consolidated Omnibus Budget Reconciliation Act (COBRA) ........................................................................ 250
Acupuncture Care .............................................................................................................................................. 250
Oriental Herbal Medicine ............................................................................................................................... 251
State Mandated Insurance Benefit Programs .................................................................................................. 251
State Disability Insurance ............................................................................................................................... 251
Family Temporary Disability Insurance ........................................................................................................... 251
Workers’ Compensation Insurance .................................................................................................................. 252
Leaves of Absence ............................................................................................................................................. 252
Civic Duties ......................................................................................................................................................... 252
Leave for Emergency Rescue Personnel ......................................................................................................... 253
Leave for Victims of Felony Crimes .................................................................................................................... 253
Unpaid Family School Partnership Leave ......................................................................................................... 254
Leave for Organ and Bone Marrow Donors ...................................................................................................... 255
Pregnancy Disability Leave of Absence ............................................................................................................ 255
Medical Leave of Absence ............................................................................................................................... 255
Family and Medical Leave Act/California Family Rights Act ........................................................................ 256
Military-Related FMLA Leave .......................................................................................................................... 260
Procedures and Guidelines

Employee Responsibility Regarding DULA Policy Handbook

What We Expect of You .................................................................................................................. 265

Employee Conduct .......................................................................................................................... 265
Fraud, Dishonesty and False Statements ....................................................................................... 268
Gambling ......................................................................................................................................... 268
Gifts and Gratuities ........................................................................................................................ 268
Illegal Activity ................................................................................................................................. 269
Insubordination .............................................................................................................................. 269
Misuse of Property ......................................................................................................................... 269
Off-Duty Use of Facilities ............................................................................................................. 269
Off-Duty Social and Recreational Activities ................................................................................ 269
Outside Employment .................................................................................................................... 270
Personal Mail ..................................................................................................................................... 270
Personal Telephone Calls and Visits ............................................................................................... 271
Poor Performance .......................................................................................................................... 271
Romantic or Sexual Relationships with Other Employees ............................................................. 271
Sleeping ............................................................................................................................................. 272
Smoking ........................................................................................................................................... 272
Solicitation - Distribution Policy .................................................................................................... 272
Theft ................................................................................................................................................ 272
Workplace Violence Policy ............................................................................................................ 273
Attendance and Punctuality ............................................................................................................. 273
Children on Campus ...................................................................................................................... 273
Code of Ethics .................................................................................................................................. 274

Employee Responsibility Regarding DULA Policy Handbook ..................................................... 275

Procedures and Guidelines ............................................................................................................. 275
Bulletin and Message Boards ......................................................................................................... 275
University Keys/Entry Cards ........................................................................................................... 275
University Vehicles ........................................................................................................................ 276
Conflicts of Interest ........................................................................................................................ 276
Hiring of Relatives .......................................................................................................................... 277
Housekeeping ................................................................................................................................. 278
Meetings .......................................................................................................................................... 278
Parking ............................................................................................................................................. 278
Personnel Records ......................................................................................................................... 278
Safety .............................................................................................................................................. 279
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYEE ACK</td>
<td></td>
</tr>
<tr>
<td>Patients’ Access to Their Health Information</td>
<td>300</td>
</tr>
<tr>
<td>Requesting Additional Privacy Protection</td>
<td>298</td>
</tr>
<tr>
<td>Requests by Patients to Receive Communications by Alternative Means or at Alternative Locations</td>
<td>300</td>
</tr>
<tr>
<td>Patients’ Access to Their Health Information</td>
<td>300</td>
</tr>
<tr>
<td>Technology and Information</td>
<td>281</td>
</tr>
<tr>
<td>Cellular Phones, Smart Phones, Tablets, and Other Handheld Electronic Devices</td>
<td>281</td>
</tr>
<tr>
<td>University Computers, Databases, Email, Voice Mail and the Internet</td>
<td>282</td>
</tr>
<tr>
<td>Prohibited Use under Any Circumstances</td>
<td>283</td>
</tr>
<tr>
<td>Prohibited Use during Working Time</td>
<td>284</td>
</tr>
<tr>
<td>Unsolicited Email</td>
<td>284</td>
</tr>
<tr>
<td>Monitoring</td>
<td>284</td>
</tr>
<tr>
<td>System Integrity</td>
<td>285</td>
</tr>
<tr>
<td>Enforcement</td>
<td>285</td>
</tr>
<tr>
<td>Fax Machines, Copiers, and Scanners</td>
<td>285</td>
</tr>
<tr>
<td>Protection of the University’s Trade Secrets and Confidential Information</td>
<td>286</td>
</tr>
<tr>
<td>Social Media, Social Networking and Blog Policy</td>
<td>287</td>
</tr>
<tr>
<td>Unauthorized Interviews</td>
<td>288</td>
</tr>
<tr>
<td>Change in Status</td>
<td>288</td>
</tr>
<tr>
<td>Changes in Personnel Records</td>
<td>288</td>
</tr>
<tr>
<td>Outside Inquiries Concerning Employees</td>
<td>289</td>
</tr>
<tr>
<td>Notice of Resignation</td>
<td>289</td>
</tr>
<tr>
<td>Exit Interview</td>
<td>289</td>
</tr>
<tr>
<td>Employee Grievances</td>
<td>289</td>
</tr>
<tr>
<td>EMPLOYEE ACKNOWLEDGEMENT AND AGREEMENT</td>
<td>291</td>
</tr>
<tr>
<td>HIPAA POLICY</td>
<td>293</td>
</tr>
<tr>
<td>Introduction</td>
<td>293</td>
</tr>
<tr>
<td>Privacy of Patient Health Information</td>
<td>293</td>
</tr>
<tr>
<td>Protected Health Information</td>
<td>294</td>
</tr>
<tr>
<td>Privacy Standards</td>
<td>294</td>
</tr>
<tr>
<td>Use and Disclosure of Protected Health Information</td>
<td>294</td>
</tr>
<tr>
<td>Required Administrative Procedures</td>
<td>295</td>
</tr>
<tr>
<td>Establishment of Individual Rights</td>
<td>295</td>
</tr>
<tr>
<td>Business Associates</td>
<td>295</td>
</tr>
<tr>
<td>Security Standards</td>
<td>296</td>
</tr>
<tr>
<td>Privacy Officer</td>
<td>296</td>
</tr>
<tr>
<td>PATIENT RIGHTS</td>
<td>297</td>
</tr>
<tr>
<td>Requesting Additional Privacy Protection</td>
<td>298</td>
</tr>
<tr>
<td>Requests by Patients to Receive Communications by Alternative Means or at Alternative Locations</td>
<td>300</td>
</tr>
</tbody>
</table>
Amendment of Health Information ........................................................................................................ 303
Accounting of Disclosures .................................................................................................................. 306

USING, DISCLOSING, AND REQUESTING PROTECTED HEALTH INFORMATION .......................... 308
- Permitted Uses and Disclosures of Patient Health Information without Patient Consent or Authorization ........................................................................................................ 308
- Uses of Disclosures Patient Health Information without Patient’s Consent .................................. 313
- Procedures When the Patient’s Authorization is Required ................................................................. 315
- Research ........................................................................................................................................ 317
- Psychotherapy Notes ...................................................................................................................... 318
- Other Special Requirements for Certain Activities ........................................................................... 320

WORKPLACE TRAINING AND SANCTIONS FOR FAILURE TO COMPLY WITH POLICY AND PROCEDURES ................................................................. 321

BUSINESS ASSOCIATES .................................................................................................................. 324

POLICY AND PROCEDURE MANUAL ACKNOWLEDGEMENT .................................................................. 326

APPENDICES ...................................................................................................................................... 326

OSHA POLICY AND PROCEDURE ..................................................................................................... 332

CHAPTER 1: INTRODUCTION .............................................................................................................. 332
- Purpose ........................................................................................................................................... 332
- Scope ............................................................................................................................................... 332
- References ..................................................................................................................................... 332
- Cancellations ................................................................................................................................. 332

CHAPTER 2: SAFETY AND HEALTH MANAGEMENT SYSTEM.................................................................. 333
- Policy ............................................................................................................................................... 333
- Participation .................................................................................................................................. 333
- Hazard prevention and control ....................................................................................................... 334
- Safety and health training .............................................................................................................. 334
- Specific safety and health programs ............................................................................................... 335

CHAPTER 3: OFFICE SAFETY AND HEALTH .......................................................................................... 335
- Purpose ........................................................................................................................................... 335
- Scope ............................................................................................................................................... 335
- Responsibilities ............................................................................................................................. 335
- Procedure ..................................................................................................................................... 336

CHAPTER 4: EMERGENCY CONTINGENCY PLAN .............................................................................. 338
- Purpose ........................................................................................................................................... 338
- Scope ............................................................................................................................................... 338
- Responsibilities ............................................................................................................................. 339
- Procedures ..................................................................................................................................... 339
- Responsible personnel .................................................................................................................. 339
- Position descriptions for responsible personnel ............................................................................ 340
- Emergency action plan .................................................................................................................. 342
<table>
<thead>
<tr>
<th>Chapter Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHAPTER 5: PERSONAL PROTECTIVE EQUIPMENT</td>
<td>347</td>
</tr>
<tr>
<td>Purpose</td>
<td>347</td>
</tr>
<tr>
<td>Scope</td>
<td>347</td>
</tr>
<tr>
<td>Responsibilities</td>
<td>348</td>
</tr>
<tr>
<td>Procedure</td>
<td>348</td>
</tr>
<tr>
<td>CHAPTER 6: HAZARD COMMUNICATION</td>
<td>349</td>
</tr>
<tr>
<td>Purpose</td>
<td>349</td>
</tr>
<tr>
<td>Scope</td>
<td>349</td>
</tr>
<tr>
<td>Procedure</td>
<td>349</td>
</tr>
<tr>
<td>Warning labels</td>
<td>349</td>
</tr>
<tr>
<td>CHAPTER 7: FIRST AID AND CARDIOPULMONARY RESUSCITATION</td>
<td>350</td>
</tr>
<tr>
<td>Purpose</td>
<td>350</td>
</tr>
<tr>
<td>Scope</td>
<td>350</td>
</tr>
<tr>
<td>Definitions</td>
<td>350</td>
</tr>
<tr>
<td>Responsibilities</td>
<td>350</td>
</tr>
<tr>
<td>Procedures</td>
<td>351</td>
</tr>
<tr>
<td>First aid equipment</td>
<td>351</td>
</tr>
<tr>
<td>CHAPTER 8: BLOODBORNE PATHOGENS</td>
<td>351</td>
</tr>
<tr>
<td>Purpose</td>
<td>351</td>
</tr>
<tr>
<td>Scope</td>
<td>352</td>
</tr>
<tr>
<td>References</td>
<td>352</td>
</tr>
<tr>
<td>Exposure control plan</td>
<td>352</td>
</tr>
<tr>
<td>Hazard assessment</td>
<td>352</td>
</tr>
<tr>
<td>Universal precautions and work practices</td>
<td>353</td>
</tr>
<tr>
<td>Bloodborne pathogen training</td>
<td>353</td>
</tr>
<tr>
<td>Voluntary hepatitis B vaccination</td>
<td>353</td>
</tr>
<tr>
<td>Post-exposure evaluation and follow-up</td>
<td>353</td>
</tr>
<tr>
<td>Recordkeeping: training records</td>
<td>354</td>
</tr>
<tr>
<td>Procedures for unforeseen contact with blood or other potentially infectious material (OPIM)</td>
<td>354</td>
</tr>
<tr>
<td>Regulated waste</td>
<td>355</td>
</tr>
<tr>
<td>Post-exposure evaluation and follow-up</td>
<td>355</td>
</tr>
<tr>
<td>Information provided to the evaluating healthcare provider</td>
<td>355</td>
</tr>
<tr>
<td>Procedures for evaluating an exposure incident</td>
<td>356</td>
</tr>
<tr>
<td>Responsibilities</td>
<td>356</td>
</tr>
<tr>
<td>APPENDIX A</td>
<td>358</td>
</tr>
<tr>
<td>DULA EMPLOYEE TRAINING / EDUCATION</td>
<td>359</td>
</tr>
<tr>
<td>SELF-MONITORING PROCEDURES WITH THE BPPE</td>
<td>361</td>
</tr>
</tbody>
</table>
MISSION AND PROGRAM EDUCATIONAL OBJECTIVES

Mission

The mission of Dongguk University Los Angeles is to:
1. Explore and embody the principles and practices of traditional East Asian medicine;
2. Develop a community of skilled medical practitioners; and
3. Provide accessible health care services to the local community.

Master’s Program Educational Objectives

To train healers who are able to:
1. Demonstrate an understanding of the theoretical and historical contexts of Oriental Medicine;
2. Apply this understanding to accurately diagnose patients;
3. Utilize biomedical diagnostic methods and refer to other practitioners as appropriate;
4. Competently plan, perform, assess and adjust acupuncture treatments for common conditions and patterns;
5. Competently prescribe and modify herbal formulae for common conditions and patterns;
6. Embody and advise on healthy lifestyle choices; and
7. Identify, define and model best practices for professional success.

Doctor of Acupuncture and Oriental Medicine (DAOM) Program

Purpose

The purpose of the Doctorate in Acupuncture and Oriental Medicine (DAOM) is to create leading scholars and practitioners of Oriental Medicine through an advanced specialized academic, research, and application of traditional clinical modalities. The program of study focuses on research, advanced clinical specialties, as well as integration and collaboration between and other healthcare professionals. The graduates will meet the stated educational objectives of the program.

DAOM Program Educational Objectives

The Doctoral program educational objectives is to create leading scholars and doctors of Oriental Medicine through an advanced specialized academic and clinical program that will produce the following competencies:
1. Competently apply the advanced diagnosis and treatment skills of the program’s core Oriental Medicine curriculum and clinical specialties;
2. Exhibit deepened understanding of the foundational text and traditions of Oriental Medicine in order to produce respected scholarship;
3. Demonstrate sufficient competency in integrative medical practices to advance Oriental Medicine and effectively collaborate on patient care within the current US healthcare system and internationally;
4. Develop and engage in “best practices” in patient-centered clinical management;
5. Critically evaluate and creatively contribute to clinical research in Oriental Medicine and Integrative Medicine; and
ACCREDITATION AND APPROVALS

Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM)

Dongguk University Los Angeles is institutionally accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), which is the recognized accrediting agency for freestanding institutions and colleges of acupuncture or Oriental Medicine that offer such programs. The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) granted Dongguk University of Los Angeles and its Master of Oriental Medicine programs (in English, Chinese, and Korean) continuing accreditation for a period of seven (7) years, effective 12 August 2017. Accreditation status and notes may be viewed at: http://acaom.org/directory-menu/directory/.

Doctor of Acupuncture and Oriental Medicine (DAOM) program in English has been granted a one-year extension of Pre-Accreditation status by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM).

ACAOM is currently reviewing a Substantive Change Application for the Doctorate in Acupuncture and Traditional Medicine.

ACAOM is located at 8941 Aztec Drive, Suite 2, Eden Prairie, Minnesota 55347; phone 952/212-2434; fax 301/313-0912.

Bureau for Private Postsecondary Education

Dongguk University Los Angeles has been granted approval from the Bureau for Private Postsecondary Education pursuant to California Education Code Section 94900. Both the MSOM and the DAOM programs have been approved by BPPE.

Any questions students may have regarding this catalog that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 1747 N. Market Blvd. Ste 225; Sacramento, CA. 95834 or PO Box 980818, West Sacramento, CA. 95798-0818.
Website: www.bppe.ca.gov | Phone: (888) 370-7589, (916) 574-8900 or Fax: 916-263-1897.

California Acupuncture Board

Anyone wishing to practice acupuncture in California must first obtain the state license, which usually requires qualifying for and passing California’s written examination administered by the California Acupuncture Board.
Dongguk University Los Angeles’s MSOM program is approved by the California Acupuncture Board. Currently, graduates of DULA’s Master’s program are eligible to sit for the California Acupuncture Licensing Exam (CALE). For licensure and information, contact:

**State of California Acupuncture Board**
1747 N. Market Blvd, Suite 180
Sacramento, CA 95834
Phone: (916) 515-5200
Website: [www.acupuncture.ca.gov](http://www.acupuncture.ca.gov)

For more information regarding acupuncture license requirement and examination in California, please visit: [https://www.acupuncture.ca.gov/students/index.shtml](https://www.acupuncture.ca.gov/students/index.shtml)

**Licensure Outside of California**

Graduates of DULA’s master’s program are eligible to sit for the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®) certification exam. NCCAOM is the only national organization that validates entry-level competency in the practice of acupuncture and Oriental medicine through professional certification in other states. NCCAOM certification or a passing score on the NCCAOM certification examinations are documentation of competency for licensure as an acupuncturist by 43 states plus the District of Columbia which represents 98% of the states that regulate acupuncture.

**National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)**
2025 M Street NW, Suite 800, Washington DC, 20036
Phone: (888) 381-1140 (toll-free number), (202) 381-1140 (direct phone number)
Fax: (202) 381-1141
[www.nccaom.org](http://www.nccaom.org)

For detail information regarding the eligibility to sit for NCCAOM Examination, Certification and step-by-step Examination process, please visit: [http://www.nccaom.org/applicants/eligibility-requirements/](http://www.nccaom.org/applicants/eligibility-requirements/)

For additional information on state certification requirements and contact information for the regulatory agency for acupuncture and AOM medicine located in each state go to: [www.acupuncture.com/statelaws/statelaw.htm](http://www.acupuncture.com/statelaws/statelaw.htm).

**Additional Approvals**

In addition, Dongguk University Los Angeles is recognized, approved by, or is a member of the following national and state organizations:

- Title IV Federal Student Financial Aid Programs, U.S. Department of Education
● U.S. Citizenship and Immigration Services (USCIS)
● U.S. Department of Homeland Security approval for foreign students
● Veterans Education, U.S. Department of Veterans Affairs

*This document is subject to updates according to the mandates of government and accreditation agencies.*
Master of Science in Oriental Medicine (MSOM)

DULA offers a comprehensive curriculum for entry-level practitioners. The Master’s degree program, offered in English, Chinese, and Korean, consists of 2,130 hours (213 quarter units) of academic coursework and 960 hours (48 units) of clinical internship at the Oriental Medical Center. Coursework includes studies in oriental medical theory, acupuncture, herbology and herbal formulas, western medicine and science, Tuina (traditional Chinese massage therapy), and practice management and ethical practices, in addition to the clinical internship.

Assessment tools in evaluating the program and student success include written and/or practical exams, midterms and final exams, presentations, research papers, case studies. Students are also given comprehensive assessment of their academic and clinical achievements through institutional exams.

All classes except for externship off-site locations are held on the DULA campus.

List of MSOM Courses

<table>
<thead>
<tr>
<th>Course ID</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>BS111</td>
<td>Biology</td>
<td>3</td>
</tr>
<tr>
<td>BS122</td>
<td>Chemistry and Biochemistry</td>
<td>3</td>
</tr>
<tr>
<td>BS131</td>
<td>Physics</td>
<td>3</td>
</tr>
<tr>
<td>BS141</td>
<td>Psychology</td>
<td>3</td>
</tr>
<tr>
<td>BS171</td>
<td>Microbiology and Immunology</td>
<td>3</td>
</tr>
<tr>
<td>BS181</td>
<td>Fundamental &amp; Clinical Nutrition</td>
<td>3</td>
</tr>
<tr>
<td>BS211</td>
<td>Anatomy and Physiology I</td>
<td>3</td>
</tr>
<tr>
<td>BS212</td>
<td>Anatomy and Physiology II</td>
<td>3</td>
</tr>
<tr>
<td>BS213</td>
<td>Anatomy and Physiology III</td>
<td>3</td>
</tr>
<tr>
<td>BS214</td>
<td>Anatomy and Physiology IV</td>
<td>3</td>
</tr>
<tr>
<td>BS311</td>
<td>Pathology I</td>
<td>3</td>
</tr>
<tr>
<td>BS312</td>
<td>Pathology II</td>
<td>3</td>
</tr>
<tr>
<td>BS313</td>
<td>Pathology III</td>
<td>3</td>
</tr>
<tr>
<td>Total:</td>
<td></td>
<td>39</td>
</tr>
</tbody>
</table>

Total: 39 Units/390 hours

Oriental Medicine

<table>
<thead>
<tr>
<th>Course ID</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>OM111</td>
<td>History of East/West Medicine</td>
<td>3</td>
</tr>
<tr>
<td>OM121</td>
<td>Basic Theory of OM I</td>
<td>3</td>
</tr>
<tr>
<td>OM211</td>
<td>Basic Theory of OM II</td>
<td>3</td>
</tr>
<tr>
<td>OM221</td>
<td>OM Diagnosis I</td>
<td>3</td>
</tr>
<tr>
<td>OM312</td>
<td>OM Diagnosis II</td>
<td>3</td>
</tr>
<tr>
<td>OM311</td>
<td>OM Diagnosis III</td>
<td>3</td>
</tr>
<tr>
<td>OM411</td>
<td>OM Internal Medicine I</td>
<td>3</td>
</tr>
<tr>
<td>OM412</td>
<td>OM Internal Medicine II</td>
<td>3</td>
</tr>
<tr>
<td>OM413</td>
<td>OM Internal Medicine III</td>
<td>3</td>
</tr>
<tr>
<td>Code</td>
<td>Course</td>
<td>Units</td>
</tr>
<tr>
<td>--------</td>
<td>---------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>OM414</td>
<td>OM Internal Medicine IV</td>
<td>3</td>
</tr>
<tr>
<td>OM432</td>
<td>Yellow Emperor’s Classics and OM Philosophy</td>
<td>3</td>
</tr>
<tr>
<td>OM433</td>
<td>Shanghan / Golden Cabinet</td>
<td>3</td>
</tr>
<tr>
<td>OM434</td>
<td>Wenbing</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td><strong>39 units/390 hours</strong></td>
</tr>
</tbody>
</table>

**Acupuncture and Moxibustion**

<table>
<thead>
<tr>
<th>Code</th>
<th>Course</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC111</td>
<td>Acupuncture Anatomy I</td>
<td>3</td>
</tr>
<tr>
<td>AC112</td>
<td>Acupuncture Anatomy II</td>
<td>3</td>
</tr>
<tr>
<td>AC211</td>
<td>Meridian Theory</td>
<td>3</td>
</tr>
<tr>
<td>AC311</td>
<td>Acupuncture Physiology I</td>
<td>3</td>
</tr>
<tr>
<td>AC312</td>
<td>Acupuncture Physiology II</td>
<td>3</td>
</tr>
<tr>
<td>AC321</td>
<td>Acupuncture Techniques I</td>
<td>3</td>
</tr>
<tr>
<td>AC322</td>
<td>Acupuncture Techniques II</td>
<td>3</td>
</tr>
<tr>
<td>AC411</td>
<td>Acupuncture Therapeutics I</td>
<td>3</td>
</tr>
<tr>
<td>AC412</td>
<td>Acupuncture Therapeutics II</td>
<td>3</td>
</tr>
<tr>
<td>AC422</td>
<td>Acupuncture Orthopedics</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td><strong>30 units/300 hours</strong></td>
</tr>
</tbody>
</table>

**Herbology**

<table>
<thead>
<tr>
<th>Code</th>
<th>Course</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB110</td>
<td>Introduction to Botany and Herbology</td>
<td>3</td>
</tr>
<tr>
<td>HB211</td>
<td>Herbs: Category I</td>
<td>3</td>
</tr>
<tr>
<td>HB212</td>
<td>Herbs: Category II</td>
<td>3</td>
</tr>
<tr>
<td>HB213</td>
<td>Herbs: Category III</td>
<td>3</td>
</tr>
<tr>
<td>HB214</td>
<td>Herbs: Category IV</td>
<td>3</td>
</tr>
<tr>
<td>HB311</td>
<td>Herbs: Formulas I</td>
<td>3</td>
</tr>
<tr>
<td>HB311</td>
<td>Herbs: Formulas II</td>
<td>3</td>
</tr>
<tr>
<td>HB311</td>
<td>Herbs: Formulas III</td>
<td>3</td>
</tr>
<tr>
<td>HB311</td>
<td>Herbs: Formulas IV</td>
<td>3</td>
</tr>
<tr>
<td>HB321</td>
<td>Nutrition in OM</td>
<td>3</td>
</tr>
<tr>
<td>HB412</td>
<td>Herbal Treatments for Pediatrics Diseases</td>
<td>3</td>
</tr>
<tr>
<td>HB413</td>
<td>Herbal Treatments for Gynecological Diseases</td>
<td>3</td>
</tr>
<tr>
<td>HB414</td>
<td>Herbal Treatments for Dermatological Diseases</td>
<td>3</td>
</tr>
<tr>
<td>HB415</td>
<td>Herbal Treatments for Integrated E/W Medicine</td>
<td>3</td>
</tr>
<tr>
<td>HB423</td>
<td>Master’s Experience for Herbal Treatment</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td><strong>45 units/450 hours</strong></td>
</tr>
</tbody>
</table>

**Clinical Medicine and Public Health**

<table>
<thead>
<tr>
<th>Code</th>
<th>Course</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>WM100</td>
<td>Public Health</td>
<td>3</td>
</tr>
<tr>
<td>WM110</td>
<td>Western Medical Terminology</td>
<td>3</td>
</tr>
<tr>
<td>WM210</td>
<td>CNT and Safe Codes</td>
<td>2</td>
</tr>
<tr>
<td>WM211</td>
<td>Survey of Clinical Medicine</td>
<td>3</td>
</tr>
<tr>
<td>WM181</td>
<td>Western Pharmacology</td>
<td>3</td>
</tr>
<tr>
<td>WM224</td>
<td>Physical Exam in Western Medicine</td>
<td>3</td>
</tr>
<tr>
<td>WM225</td>
<td>Lab Diagnosis in Western Medicine</td>
<td>3</td>
</tr>
<tr>
<td>WM311</td>
<td>Western Medicine I</td>
<td>3</td>
</tr>
<tr>
<td>WM312</td>
<td>Western Medicine II</td>
<td>3</td>
</tr>
<tr>
<td>WM313</td>
<td>Western Medicine III</td>
<td>3</td>
</tr>
<tr>
<td>WM321</td>
<td>CPR and First Aid</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td><strong>30 units/300 hours</strong></td>
</tr>
</tbody>
</table>
# Professional Development & Case Management

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>CM101</td>
<td>Case Management I</td>
<td>3</td>
</tr>
<tr>
<td>CM102</td>
<td>Case Management II</td>
<td>3</td>
</tr>
<tr>
<td>CM103</td>
<td>Case Management III</td>
<td>3</td>
</tr>
<tr>
<td>ME311</td>
<td>Clinical Management and Billing</td>
<td>3</td>
</tr>
<tr>
<td>ME312</td>
<td>Medical Ethics</td>
<td>2</td>
</tr>
<tr>
<td>PD100</td>
<td>Research Methodology</td>
<td>3</td>
</tr>
</tbody>
</table>

Total: 17 units / 170 hours

# Adjunctive Therapies

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB111</td>
<td>Taiji Quan</td>
<td>2</td>
</tr>
<tr>
<td>TB121</td>
<td>Qigong</td>
<td>2</td>
</tr>
<tr>
<td>TB211</td>
<td>Tuina</td>
<td>3</td>
</tr>
</tbody>
</table>

Total: 7 units / 70 hours

# Electives (6 units)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>EL100</td>
<td>Topics in Oriental Medicine</td>
<td>3</td>
</tr>
<tr>
<td>EL107</td>
<td>Topics in Acupuncture</td>
<td>3</td>
</tr>
<tr>
<td>EL108</td>
<td>Topics in Herbology</td>
<td>3</td>
</tr>
<tr>
<td>EL109</td>
<td>Topics in Western Medicine</td>
<td>3</td>
</tr>
<tr>
<td>EL401</td>
<td>Comprehensive Review, Level I</td>
<td>3</td>
</tr>
<tr>
<td>EL402</td>
<td>Comprehensive Review, Level II</td>
<td>3</td>
</tr>
<tr>
<td>EL403</td>
<td>Comprehensive Review, Level III</td>
<td>3</td>
</tr>
<tr>
<td>EL404</td>
<td>Comprehensive Review, Level IV</td>
<td>3</td>
</tr>
<tr>
<td>EL431</td>
<td>Herbal Formula Writing</td>
<td>3</td>
</tr>
</tbody>
</table>

Total: 6 units / 60 hours

# Clinical Practice

**CO**
- Clinic Internship:
  - Herbal Dispensary: 2
  - Clinical Observation: 8

**CI**
- Clinic Internship Level II: 16
- Clinic Internship Level III: 22

Total: 48 units / 960 hours

# Institutional Exams

**MCE**
- Mid-Curriculum Exam:
  - Written: 0
  - Practical: 0

**CPX**
- Level Exams: 0

**CGE**
- Comprehensive Graduation Exam: 0

# Total Units (261 units)

<table>
<thead>
<tr>
<th>Component</th>
<th>Total Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didactic</td>
<td>213 units / 2130 hours</td>
</tr>
<tr>
<td>Clinic</td>
<td>48 units / 960 hours</td>
</tr>
</tbody>
</table>


**BASIC SCIENCES AND WESTERN MEDICINE**

- **BS111 Biology (3/30)**
  This course provides students with a general study of human biology and is designed as an introduction to the health care sciences, explaining biological concepts and processes and emphasizing the classification of living things, their unit structures, metabolism, response and reproduction systems. Topics covered include cellular structure and function, human organization, homeostasis, mitosis and meiosis, evolution, and the classification of organisms.
  Prerequisite: none

- **BS122 Chemistry & Biochemistry (3/30)**
  This course covers the basic principles of chemistry and their application to various facets of life. It emphasizes the chemical properties of elements, their reactions, and basic organic and biochemistry.
  Prerequisite: none

- **BS131 Physics (3/30)**
  Functioning as a basic introduction to the principles of general physics, this course examines Newtonian mechanics, motion, energy, fluids, heat, thermodynamics, vibrations, sound, electricity and magnetism, electronics, light, electromagnetic radiation, nuclear radiation, relativity, and general survey of biophysics.
  Prerequisite: none

- **BS141 Psychology (3/30)**
  This class will explore the foundations of psychology and their clinical implications and applications for the Licensed Acupuncturist. This course is designed to provide students with an appreciation of the variety of psychological conditions, basic techniques of assessments and treatment methods, including counseling skills.
  Prerequisite: none

- **BS171 Microbiology and Immunology (3/30)**
  This course is designed to equip students with a well-developed knowledge of clinical microbiology and immunology. We will explore the basic structure of microorganisms, modes of transmission, disease manifestations, methods of diagnosis and treatment, and ways the body can defend itself against pathogenic microorganisms. By the end of the class, students will be able to differentiate the etiology and pathogenesis of microorganism -caused disease states and will understand diseases and abnormal states related to all microorganisms discussed in class.
  Prerequisite: none

- **BS181 Fundamental & Clinical Nutrition (3/30)**
  This course is an introduction to the study of nutrients essential to human life and well-being. Nutrients are studied relative to their function in metabolism, sources in food, and relationship to health. Students will learn to identify the functions, properties, human requirements, and food sources of essential nutrients and examine the ethics involved in making nutrition recommendations which affect the welfare of individuals, family, and society as a whole. Additionally, the course will explore tools such as the RDA, Food
Pyramid and Exchange lists and their role in selecting a nutritionally adequate diet. The use of vitamins is instructed as well.

Prerequisite: none

- **BS211 Anatomy & Physiology I (3/30)**
  The four-part Anatomy & Physiology series provides a survey of the normal structure and functions of the human body, including microscopic and gross anatomy, as well as neuroanatomy.
  Part I covers the introduction to body organization, anatomical terminology, basic chemistry and biochemistry, basic cytology and cellular metabolism, as well as an in-depth study of the anatomy and physiology of the skeletal and integumentary systems.
  Prerequisite: none

- **BS212 Anatomy & Physiology II (3/30)**
  Part II discusses joints, the muscular system and the nervous system. Students will be able to explain muscle types and function, identify muscles and their function, describe joints and their associated structures, and identify structures of the nervous system and how the system overall works.
  Prerequisite: none

- **BS213 Anatomy & Physiology III (3/30)**
  Part III covers the anatomical structures and physiological functions of the urological and reproductive systems of males and females. The circulatory system, blood, and lymph will also be discussed.
  Prerequisite: none

- **BS214 Anatomy & Physiology IV (3/30)**
  Part IV introduces students to the anatomical structure and physiological functions of the nervous system, sensory organs, and endocrine system. Neurophysiology/neurochemistry are also covered.
  Prerequisite: none

- **BS311 Pathology I (3/30)**
  This course will explore the pathogenesis of diseases from a microscopic and macroscopic level. As a survey of the nature of disease and illness, including the microbiology, immunology, psychopathology, and epidemiology of disease, major consideration is given to systemic pathology, surveying the principal disorders of each organ system. Part 1 of 3 focuses disorders of: fluid balance, genetics, nutrition, environment and neoplasms, as well as immunity, cell injury, inflammation and repair.
  Prerequisite: BS211-214

- **BS312 Pathology II (3/30)**
  Part 2 of 3 focuses on systematic pathology including respiratory, cardiovascular, genitourinary, endocrine and gastrointestinal systems.
  Prerequisite: BS211-214
• **BS313 Pathology III (3/30)**
  Part 3 of 3 focuses disorders of Hepatobiliary and Pancreatic systems, Kidney and Urinary tract, Male and Female Reproductive system, Endocrine, Neurological and Skeletal systems.
  *Prerequisite: BS211-214*

**ORIENTAL MEDICINE**

• **OM111 History of Eastern/Western Medicine (3/30)**
  This course introduces students to the history and development of Eastern and Western Medicine. Students will discuss early theories and philosophies from ancient Oriental medical texts and will compare the basic factors that contributed to advancements in both Eastern and Western Medicine. In addition, students will examine how cultural factors and changes in ruling bodies formed and altered “Traditional” Chinese Medicine. Finally, the class will examine how practicing East Asian Medicine in a modern Western context has altered the medicine.
  *Prerequisite: none*

• **OM121 Basic Theory of Oriental Medicine I (3/30)**
  This class covers the basic principles and theories of traditional East Asian Medicine, describing the relationship of yin and yang; five elements; physiological functions of the viscera and bowels; the formation and function of qi, blood, essence, and body fluids; and the nature of the human being. Students will learn the anatomy and physiology of the healthy person. This course serves as the theoretical foundation for the various departments of traditional East Asian Medicine.
  *Prerequisite: none*

• **OM211 Basic Theory of Oriental Medicine II (3/30)**
  This course describes traditional pathological concepts of Oriental Medicine. Students learn how the six external pathogens and the seven emotions lead to disharmony in the body and result in pathology. Students also come to understand the effects of over-tonifying or sedating a patient, Yin/Yang imbalance, and the dysfunctions of Qi, Blood, and Body Fluids. This course also introduces basic principles of disease diagnosis and treatment.
  *Prerequisite: none*

• **OM221 Oriental Medicine Diagnosis I (3/30)**
  This course begins the survey of OM Diagnosis through detailing the Four Examination methods: Observation, Auscultation (Listening), Inquiry and Palpation. As a hands-on class, Diagnosis students learn to observe the tongue body and coating and to palpate the radial pulse in order to form a more thorough diagnosis. Students also practice patient interviews, learning to collect pertinent diagnostic information from the patient.
  *Prerequisite: OM121, 211*
• **OM312 Oriental Medicine Diagnosis II (3/30)**
  This course primarily explores different theories of disease differentiation. As such, students learn the concepts and theory behind Eight Principles diagnosis. This course additionally covers Qi, Blood and Body Fluids diagnosis. In preparation for upcoming courses, students will briefly be introduced to Wen Bing (4 levels), Shang Han (6 channels), and San Jiao diagnostics, as well as Earth School theories. Identification of patterns according to 12 Primary Channels, 8 Extraordinary Vessels and 5 Elements will also be covered.
  *Prerequisite: OM121, 211*

• **OM311 Oriental Medicine Diagnosis III (3/30)**
  This course covers Zang-Fu pattern differentiation, as well as differentiation of patterns involving multiple organ systems. At the end of this class, students will be able to describe each organ’s associated patterns and will know the key signs and symptoms of each pattern to allow for rapid differentiation in diagnosis. Students will understand the similarities and differences between patterns affecting the Zang and Fu organs and will be able to combine Eight Principle Differentiation with Zang-Fu Differentiation.
  *Prerequisite: OM121, 211*

• **OM411 OM Internal Medicine I (3/30)**
  This is a four-part series covering the etiology, pathogenesis, and treatment of illness in TCM. By learning the signs and symptoms, treatment principles, and herbal and acupuncture prescriptions of various disorders, students reinforce their understanding of basic diagnostic and treatment theories. Students learn differential diagnosis via the analysis of pathological changes of the Qi, Blood, body fluids, channels, and collaterals. In OM Internal Medicine 4-series Course, Acupuncture and Oriental Medicine Specialty Cases in Family Medicine, Internal Medicine, Geriatric, Ophthalmology, Pediatric, Traumatology and Emergency Medicine will be covered.
  Part 1 of the series focuses on external diseases, diseases of the Lung, and bleeding disorders.
  *Prerequisite: OM221, 311, 312*

• **OM412 OM Internal Medicine II (3/30)**
  *Prerequisite: OM221, 311, 312*

• **OM413 OM Internal Medicine III (3/30)**
  Part 3 of a four-part series in OM Internal Medicine. Part III of the series focuses upon diseases of the abdomen and digestive organs, also examining diseases caused by internal wind.
  *Prerequisite: OM221, 311, 312*
OM414 OM Internal Medicine IV (3/30)
Part 4 of a four-part series in OM Internal Medicine. Part IV of the series focuses on diseases of fluid metabolism, the Kidney, and consumptive disease.
Prerequisite: OM221, 311, 312

OM432 Yellow Emperor's Classic and OM Philosophy (3/30)
This course is designed as an introduction to eastern philosophy and discussion of its impact upon East Asian Medical Theory. Topics covered include Confucianism, Taoism, and Buddhism. Students will learn the history of the Yellow Emperor’s Inner Classic and will discuss its tenets in class. In addition, students will explore the impact of the Yellow Emperor on medical concepts, treatment principles, and applications to clinical practice.
Prerequisite: OM121, OM211

OM433 Shang Han Lun and Golden Cabinet (3/30)
Students will learn Six Channel diagnosis, Zang-fu diagnosis, and the therapeutic process and prognosis for cold-induced disorders and internal diseases from the ancient Chinese medical classics Shang Han Lun and Golden Cabinet. In addition, this course discusses the application and modification of classic formulas in the Shang Han Lun and the Golden Cabinet.
Prerequisite: OM221, 311, 312

OM434 Wen Bing (3/30)
Students will learn the system of Four Levels diagnosis, including pattern presentation, corresponding formulas, and prognosis for each stage of warm febrile disease. San Jiao diagnosis will also be covered in this class. Students will learn to understand the difference between hot and cold attacking pathogens and the progression of warm disease through the four levels and will be able to apply and modify formulas for each level of disease.
Prerequisite: OM221, 311, 312

ACUPUNCTURE & MOXIBUSTION

AC111 Acupuncture Anatomy I (3/30)
This course provides students with a detailed study of point locations and primary channel pathways in relation to anatomical regions, nerves, bones, muscles, tendons, ligaments, and vessels, with an emphasis on channel and collateral theory. Channels and associated acupoints covered in this class include those of: Hand and Foot Taiyin, Hand and Foot Yangming, Hand and Foot Taiyang, and Hand Shaoyin.
Prerequisite: none

AC112 Acupuncture Anatomy II (3/30)
This course provides students with a detailed study of point locations and primary channel pathways in relation to anatomical regions, nerves, bones, muscles, tendons, ligaments, and vessels, with an emphasis on channel and collateral theory. Channels and associated acupoints covered in this class include those of: Foot Shaoyin, Hand and
Foot Jueyin, Hand and Foot Shaoyang, as well as extra points and points of the 8 extraordinary vessels.

Prerequisite: none

- **AC211 Meridian Theory (3/30)**
  This course discusses basic channel theory, including the distribution of the 12 primary and 8 extraordinary vessels, as well as pathways of all divergent branches, network vessels, muscle meridians and cutaneous regions. Normal channel physiology and channel-specific pathologies are discussed. The interrelationships and differences between channels and their respective Zang-Fu will be stressed.
  Prerequisite: none

- **AC311 Acupuncture Physiology I (3/30)**
  Acupuncture Physiology covers the usage of the regular and special acupuncture points and their traditional functions in treatment. Additionally, the course discusses the basic principles of prescription in acupuncture treatment. In Acupuncture Physiology I, students learn the special categories of points (Five Shu points, Xi Cleft, etc.) and go over the functions of the points in the Lung, Large Intestine, Stomach, Spleen, Heart, Small Intestine, and Urinary Bladder channels.
  Prerequisite: AC111, 112

- **AC312 Acupuncture Physiology II (3/30)**
  Acupuncture Physiology covers the usage of the regular and special acupuncture points and their traditional functions in treatment. Additionally, the course discusses the basic principles of prescription in acupuncture treatment. Acupuncture Physiology II covers the Kidney, Pericardium, Gallbladder, and Liver meridians, as well as the Eight Extra Meridians, Extra Points, and 15 Luo channels.
  Prerequisite: AC111, 112, 311

- **AC321 Acupuncture Techniques I (3/30)**
  This course provides students with an introduction to the techniques of acupuncture, including the insertion and removal of needles, and needle manipulation for both the tonification and sedation of points and stimulation of Qi. Students will learn to incorporate CNT protocols for safe and responsible needling and how to manage emergency situations arising from improper needling or weak patient condition (ex: hematoma, pneumothorax, fainting).
  In Techniques I, students will practice needling major points of the 14 main channels and will gain an understanding of the historical types of needles and their traditional functions.
  Prerequisite: AC111, 112

- **AC322 Acupuncture Techniques II (3/30)**
  This course provides students with an introduction to the techniques of acupuncture, including the insertion and removal of needles, and needle manipulation for both the tonification and sedation of points and stimulation of Qi. Students will learn to incorporate CNT protocols for safe and responsible needling and how to manage
emergency situations arising from improper needling or weak patient condition (ex: hematoma, pneumothorax, fainting).

In Techniques II, students learn auricular and scalp acupuncture, cupping, gua sha, bleeding, dermal tacks, moxibustion and electro-acupuncture.

**Prerequisite:** AC111, 112

- **AC411 Acupuncture Therapeutics I (3/30)**
  This is a two-part course detailing the etiology and treatment of diseases utilizing common acupoint prescriptions. Students begin to analyze and differentiate between pathological conditions, applying principles of point prescription in deciding upon a treatment plan, and modifying them as necessary to the patient’s symptom presentation. Acupuncture Micro-therapies including Ear and Scalp Therapies application will be discussed in each disease to support as conjunctive acupuncture point prescriptions. Acupuncture Therapeutics I cover Four Needle Technique, exogenous diseases, and a variety of Zang Fu syndromes, diseases of the head, trunk, and lumbar regions.
  **Prerequisite:** AC311, 312, AC321, AC322

- **AC412 Acupuncture Therapeutics II (3/30)**
  This is a two-part course detailing the etiology and treatment of diseases utilizing common acupoint prescriptions. Students begin to analyze and differentiate between pathological conditions, applying principles of point prescription in deciding upon a treatment plan, and modifying them as necessary to the patient’s symptom presentation. Acupuncture Micro-therapies including Ear and Scalp Therapies application will be discussed in each disease to support as conjunctive acupuncture point prescriptions. Acupuncture Therapeutics II covers gynecologic, pregnancy, and postpartum disorders; infantile diseases; diseases of the skin; abnormal growths; and eye, ear, nose, and throat disorders.
  **Prerequisite:** AC311, 312, AC321, AC322

- **AC422 Acupuncture Orthopedics (3/30)**
  The course will emphasize the examination, diagnosis and treatment of common orthopedic disorders affecting the neuromusculoskeletal components of the neck, thorax, lumbar spine, pelvis, upper and lower extremities. The use of adjunctive acupoint stimulation devices, including magnets and beads, will also be introduced.
  **Prerequisite:** AC311, 312

**HERBOLOGY**

- **HB110 Introduction to Botany & Herbology (3/30)**
  An introduction to the theory of herbal medicine, this course identifies major plants used in Oriental Medicine, as well as the Latin classification of those plants. This class focuses particularly on identifying the basic properties of herbs, including their tastes and temperature, within traditional herbal categories. It also includes the identification of toxic and non-toxic herbs, storage, and rules governing pharmacy.
  **Prerequisite:** none
• **HB211 Herbs: Category 1 (3/30)**
  This four-part classes teaches students about the most commonly used herbs in the Chinese Pharmacopoeia. Students will learn the properties, taste, functions, dosages, and contra-indications of each herb covered. Category 1 includes herbs that release the exterior, clear heat, and drain downward.  
  *Prerequisite: OM121, OM211, HB110*

• **HB212 Herbs: Category 2 (3/30)**
  Category 2 covers herbs that drain dampness, dispel wind dampness, transform dampness, warm the interior and expel cold, regulate Qi, relieve food stagnation and expel parasites.  
  *Prerequisite: OM121, OM211, HB110*

• **HB213 Herbs: Category 3 (3/30)**
  Category 3 discusses herbs that regulate blood, transform phlegm and relieve coughing, calm the spirit, extinguish wind and stop tremors, as well as aromatic herbs that open the orifices.  
  *Prerequisite: OM121, OM211, HB110*

• **HB214 Herbs: Category 4 (3/30)**
  Category 4 herbs include herbs that tonify Qi, warm the Yang, nourish the Yin, and nourish Blood, astringent herbs, emetics and herbs for external application.  
  *Prerequisite: OM121, OM211, HB110*

• **HB311 Herbs: Formulas 1 (3/30)**
  This course is a comprehensive introduction to Chinese Herbal Formulas for various clinical applications. Students will learn the herbal components of each formula and the role that each herb plays within the formula. In addition, students will learn modifications, clinical applications, and contraindications of the formulas. The entire course consists of four parts. Formula 1 covers the formulas used for diaphoretic, purgative, harmonizing, antipyretics and summer heat clearing.  
  *Prerequisite: OM 221, 312, 311, HB 110, HB 211-214*

• **HB312 Herbs: Formulas 2 (3/30)**
  This course is a comprehensive introduction to Chinese Herbal Formulas for various clinical applications. Students will learn the herbal components of each formula and the role that each herb plays within the formula. In addition, students will learn modifications, clinical applications, and contra-indications of the formulas. The entire course consists of four parts. Formula 2 covers formulas used for warming, exterior releasing, tonifying, sedation, resuscitation, and astringents.  
  *Prerequisite: OM 221, 312, 311, HB 110, HB 211-214*

• **HB313 Herbs: Formulas 3 (3/30)**
  This course is a comprehensive introduction to Chinese Herbal Formulas for various clinical applications. Students will learn the herbal components of each formula and the role that each herb plays within the formula. In addition, students will learn modifications, clinical applications, and contra-indications of the formulas. The entire course consists of
four parts. Formula 3 covers formulas with carminative, blood regulating, anticonvulsant, and moisturizing characteristics.

Prerequisite: OM 221, 312, 311, HB 110, HB 211-214

- **HB314 Herbs: Formulas 4 (3/30)**
  This course is a comprehensive introduction to Chinese Herbal Formulas for various clinical applications. Students will learn the herbal components of each formula and the role that each herb plays within the formula. In addition, students will learn modifications, clinical applications, and contraindications of the formulas. The entire course consists of four parts. Formula 4 covers formulas with diuretic, phlegm expelling, resolving/pertussis, anti-parasitic, and anti-abscess qualities.
  
  Prerequisite: OM 221, 312, 311, HB 110, HB 211-214

- **HB321 Nutrition in Oriental Medicine (3/30)**
  This course is designed as an introduction to the concepts of Oriental Medical nutritional theory. Students will discuss the importance of a proper diet and eating habits in maintaining health and preventing disease and will differentiate OM nutritional principles and practices from concepts of Western nutrition. Students learn to create and demonstrate several recipes with medicinal effects and apply OM nutrition theory to foods from other ethnic and cultural dietary traditions, extrapolating some of their likely functions and properties from existing knowledge.
  
  Prerequisite: OM121, OM211, HB110

- **HB412 Herbal Treatments in Pediatric Diseases (3/30)**
  Chinese traditional pediatrics is a clinical science based on traditional Chinese medical theory combined with physiological pathology to study the laws for the prevention of childhood diseases. The unique characteristics of tissue, structure, physiology and pathology of children will be introduced in this class. The course uses the Oriental Medicine principles in diagnosing and treating of children.
  
  Prerequisite: OM211, 312, HB311-314

- **HB413 Herbal Treatments in Gynecological Diseases (3/30)**
  This course examines the anatomy, physiology, and pathologies of gynecological diseases and their diagnoses and treatments. Students will learn to apply TCM diagnostic skills in differentiating and diagnosing symptoms of the female reproductive cycle and construct treatment plans appropriate to the presenting pattern of symptoms. Finally, students will learn classical applications and modern clinical modifications of herbal treatments for gynecological disorders.
  
  Prerequisite: OM211, 312, HB311-314

- **HB414 Herbal Treatments in Dermatological Diseases (3/30)**
  This course discusses oriental medical perspectives on the etiology, pathology, and diagnosis of a variety of skin diseases with therapeutic treatments focusing on herbal medicine. Students will learn to apply TCM diagnostic skills in differentiating and diagnosing symptoms of the skin and construct treatment plans appropriate to the presenting pattern of symptoms. This class teaches classical applications and modern clinical modifications of internal and external herbal treatments for skin disorders.
Prerequisite: OM211, 312, HB311-314

- **HB 415 Herbal Treatments in Integration of East/West Medicine (3/30)**
  This class requires students to present case studies of medical problems that have been researched, analyzed, and diagnosed by students from the perspective of Oriental and Western medicine. Students will compare certain illnesses, their etiologies, and their treatments from both Eastern and Western perspectives.  
  Prerequisite: OM211, 312, HB311-314

- **HB423 Master’s Experience in Herbal Treatment (3/30)**
  This course covers topics in herbology of particular importance to their practical applications in clinic, as well as their relevance to licensing examination requirements. The course consists of review, case-study presentation and formula writing for the case. Through this class, students will have a better grasp of commonly used herbs, their properties, functions, and use.  
  Prerequisite: OM211, 312, HB311-314

**CLINICAL MEDICINE & PUBLIC HEALTH**

- **WM100 Public Health (3/30)**
  In this course, students become familiar with basic principles of public health. Topics include public and community health, disease prevention, public health education, treatment of chemical dependency, communicable disease, public alerts and epidemiology.  
  Prerequisite: none

- **WM110 Western Medical Terminology (3/30)**
  This course is a fundamental class on English language medical terminology. The course will introduce word building system using a programmed learning format, including Latin and Greek prefixes, suffixes, and word roots from which our English medical terms originate. The class is designed to provide a comprehensive entry level study of medical language for health professionals with little or no previous experience.  
  Prerequisite: none

- **WM181 Western Pharmacology (3/30)**
  This course is an introduction to Western Pharmacology, focusing on mechanisms of action of common pharmacological categories. Students will be able to understand how various classes of drugs are absorbed, distributed and eliminated by the human body, interaction of the drugs with herbs. Students will also become familiar with generally applied pharmacological assessment, intervention and side-effects for common western diagnoses, such as diabetes, Parkinson’s disease, hypertension, and thyroid disorders.  
  Prerequisite: BS211, BS212, BS213, BS214

- **WM210 CNT & Safety Codes (2/20)**
  Students will learn proper usage of medical center equipment, clean needle technique, OSHA requirements, health & safety issues for interns and patients, and procedures
regarding hepatitis and HIV. At the end of the course, students will be able to describe steps to prevent the spread of bloodborne pathogens and demonstrate familiarity with Clean Needle protocols.

Prerequisite: none

- **WM211 Survey of Clinical Medicine (3/30)**
  This course provides an overview of the clinical practice of acupuncture and Oriental medicine, including efficient communication with patients and collaboration with other natural healing professionals. Acupuncturists, herbal medicine experts, and other healthcare professionals are invited to class as guest speakers. Students will engage in interactive learning by taking field trips to various practitioners' offices and discuss on site to learn about their perspectives of clinical practice of medicine, such as osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy, and/or homeopathy.
  
  Prerequisite: WM110

- **WM224 Physical Exam in Western Medicine (3/30)**
  This course will provide an introduction to Western Medical Diagnostic examinations. Students will learn to collect a complete comprehensive health history, patient/practitioner rapport, communication skills, multicultural sensitivity, vital signs, physical examination of the HEENT (Head, Eyes, Ears, Nose, Throat), cardiovascular and peripheral system, respiratory system, gastrointestinal system, neurological system, neuromuscular system, orthopedic and functional assessment. In addition, students will learn to understand key signs and symptoms requiring referral to other healthcare providers and will learn to demonstrate professionalism in interacting with patients during the Physical Exam setting.
  
  Prerequisite: BS211-214

- **WM225 Laboratory Diagnosis (3/30)**
  The course is designed to teach students the interpretation and integration of hematology, clinical chemistry, and urology within the historical physical examination. In addition, students will learn and review the specifics of universal (standard) precautions. At the end of the course, students will understand over 400 lab tests and their reference ranges and will be able to order lab tests when and as appropriate, interpret the findings, and apply the interpretation of lab results to integrated differential diagnostic procedures. Finally, students will learn to perform basic readings of imaging studies.
  
  Prerequisite: BS 311-313

- **WM311 Western Internal Medicine 1 (3/30)**
  In this series, a comprehensive understanding and exploration of western medical diseases will be presented, including basic science, anatomy, physiology, pathophysiology, epidemiology, etiology, signs and symptoms or clinical impressions, physical examinations, laboratory and radiology studies and so forth. Additional topics include development of working diagnosis, classification of diseases based on World Health Organization’s International Classification of Diseases, critical thinking regarding clinical diagnosis, treatment protocols and patient management, surgical intervention along with indications and contraindications, and patient education, and diagnosis and treatment between Acupuncture and Oriental Medicine and conventional medicine.
Western Internal Medicine I cover ambulatory medicine, obstetrics, gynecology, endocrinology, neurology, nephrology and urology.
*Prerequisites: BS211-214*

- **WM312 Western Internal Medicine 2 (3/30)**
  WM312 is the second class of the series, and covers diseases of the cardiovascular system, respiratory system, hematology, oncology, rheumatology, immunology and allergic disorders, nutritional disorders.
  *Prerequisite: BS211-214*

- **WM313 Western Internal Medicine 3 (3/30)**
  In this third series, the course covers infectious diseases, psychiatry, orthopedics, emergency and sports medicine. A review in laboratory and radiology studies, pharmacology and public health will also be covered.
  *Prerequisite: BS211-214*

- **WM321 CPR/First Aid (1/10)**
  This ten-hour course covers the causes of heart disease, symptoms of stroke and the principles of cardiopulmonary resuscitation. Upon completion of CPR Training, the student will be able to demonstrate resuscitation of an adult in cardiac arrest. Training will be delivered by Instructors who are certified by American Heart Association (AHA) and/or American Red Cross. Students will receive a certified CPR & First Aid card and certificate from American Red Cross or American Heart Association (AHA) upon completion.
  *Prerequisite: none*

**PROFESSIONAL DEVELOPMENT & CASE MANAGEMENT**

- **CM101 Case Management I (3/30)**
  The three Case Management courses are designed to prepare the students to manage patient care as a primary health care professional.
  The first course is designed as an overview of the responsibilities of a primary care provider. By the end of this course, students will be able to perform a thorough intake according to the diagnostic principles of Oriental Medical theory, including western vital signs and other information relevant to integrated practice. Students will also learn to chart accurately and concisely, following S.O.A.P. notes procedure and patient report-of-findings, and write a detailed case study presentation utilizing S.O.A.P. format.
  *Prerequisite: Clinic Internship Level 1: Observation*

- **CM102 Case Management II (3/30)**
  This course will prepare the students with the knowledge and skills of treatment planning, continuity of care, referral, and collaboration; follow-up care, final review, and functional outcome measurements; prognosis and future medical care.
  *Prerequisite: Clinic Internship Level 1: Observation*
• **CM103 Case Management III (3/30)**
The third Case Management course will prepare students with the knowledge and skills of case management for workers' compensation/labor codes and procedures and qualified evaluations, coding procedures for current procedure codes, including CPT and ICD-10 diagnosis. The course also will train students to write medical-legal reports, expert medical testimony and independent medical review. Emergency procedures and seriously ill patient special care also will be discussed.
*Prerequisite: Clinic Internship Level 1: Observation*

• **ME311 Clinical Management & Billing (3/30)**
This course provides students with the information they need to apply their acupuncture training skills in a business-like manner in a variety of clinical settings. The emphasis is on a practical application of business and professional skills and information necessary to provide acupuncture health care to an ever-growing population of patients. This course will teach students to understand the synergistic nature of the professional, ethical, financial and marketing skills necessary to run a primary health care practice in the USA in the 21st century and will prepare students to set up, run and/or maintain a viable practice.
*Prerequisite: none*

• **ME312 Medical Ethics (2/20)**
This course focuses on the ethical considerations of practice management, including lectures and discussions on ethics, jurisprudence, and current issues affecting the modern health care practitioner. The laws and regulations of the California Acupuncture Board and other government agencies will be thoroughly reviewed. Students will gain familiarity with ethical issues facing modern integrated health care practitioners and an understanding of the legal responsibilities of private practitioners. Additionally, students will be taught the ethics of business management, including marketing strategies and insurance billing, and the laws and regulations of local and federal governments as regards Medical Ethics.
*Prerequisite: none*

• **PD100 Research Methodology (3/30)**
This course builds basic skills in statistics and research methodology in the health field. To ensure the quality, appropriateness and cost-effectiveness of the services they provide, managers must make decisions based on the best available evidence. Even if they do not themselves engage in research activities, they should understand the research process, the assumptions which underlie different research strategies, and be able to critically assess research findings as a basis for decision-making. The course discusses the assumptions of clinical and social research models and the nature and use of health care statistical data. Peer review process is also addressed.
*Prerequisite: OM121, OM211, WM110*
ADJUNCTIVE THERAPIES

- **TB111 Tai Chi Chuan (2/20)**
  Introduction to the Chinese system of movement and meditation, which maintains good health and longevity by promoting the flow of Qi. As an introductory course of Tai Chi, this class will introduce the brief history, basic theory, different schools, and basic exercises of Tai-Chi Chuan.
  
  *Prerequisite: none*

- **TB121 Qi Gong (2/20)**
  Traditional Chinese Qi Gong is an art of self-training both body and mind. It has the functions of preventing and curing diseases, protecting and strengthening health, and prolonging life. It is a component part of traditional Chinese medicine. This course is designed to study the brief history and basic theory of Qi Gong, and practice it by static and dynamic breathing techniques.
  
  *Prerequisite: none*

- **TB211 Tui-Na (3/30)**
  Tui-na is a massotherapy (massage) to treat diseases and traumatic injuries. In this course, there will be a brief discussion of Chinese Massotherapy and the Basic Principles of Massotherapy, which deals with Yin, Yang, Qi, Blood, and Internal Organs. There will be a discussion introducing diseases involving the internal organs and their treatment with Tui-Na and acupressure.
  
  *Prerequisite: none*

ELECTIVES

(A total of 6 units from below are required)

- **EL100 Topics in Oriental Medicine (3/30)**
  Instructors with special areas of expertise have the opportunity to share their knowledge in advanced seminars. Topics will vary.

- **EL107 Topics in Acupuncture (3/30)**
  Instructors with special areas of expertise in acupuncture practice have the opportunity to share their knowledge in advanced seminars. Topics will vary.

- **EL108 Topics in Herbology (3/30)**
  Instructors with special areas of expertise in herbal practice have the opportunity to share their knowledge in advanced seminars. Topics will vary.

- **EL109 Topics in Western Medicine (3/30)**
  Instructors with special areas of expertise in Western medical practice have the opportunity to share their knowledge in advanced seminars. Topics will vary.

- **EL401 Comprehensive Review Level I (3/30)**
  This course reviews the collective materials of Oriental medicine that are delivered during the first stage of student’s program study and provides guidelines to students to
consolidate knowledge and clinical skills they have learned. The course materials also prepare students for Preclinical Entrance.

Prerequisite: Level 1 must be taken before Level 2, Level 3 must be taken before Level 4

• **EL402 Comprehensive Review Level II (3/30)**
  This course reviews the collective materials of Oriental medicine that are delivered during the first stage of student’s program study and provides guidelines to students to consolidate knowledge and clinical skills they have learned. The course materials also prepare students for Preclinical Entrance.
  Prerequisite: Level 1 must be taken before Level 2, Level 3 must be taken before Level 4

• **EL403 Comprehensive Review Level III (3/30)**
  This course reviews the collective materials of Oriental medicine that are delivered during the first stage of student’s program study and provides guidelines to students to consolidate knowledge and clinical skills they have learned. The course materials also prepare students for Preclinical Entrance.
  Prerequisite: Level 1 must be taken before Level 2, Level 3 must be taken before Level 4

• **EL404 Comprehensive Review Level IV (3/30)**
  This course reviews the collective materials of Oriental medicine that are delivered during the first stage of student’s program study and provides guidelines to students to consolidate knowledge and clinical skills they have learned. The course materials also prepare students for Preclinical Entrance.
  Prerequisite: Level 1 must be taken before Level 2, Level 3 must be taken before Level 4

• **EL431 Herbal Formula Writing (3/30)**
  Formula writing is an appropriate elective course for advanced students of Chinese medicine. In most cases, students who are starting their internships or are nearing graduation still have great difficulty in writing correct formulas. This course will improve their formula writing knowledge and skills and will help to meet the challenges that they will face in the clinic.
  Prerequisite: OM312, HB311-314

**CLINICAL INTERNSHIP**

• **Internship Level I: Observation and Herbal Practicum (200 Hours)**
  The first level of internship training consists of 200 hours of observation including 80 hours of Observation Theater, 80 hours of observation rounds, and 40 hours of herbal dispensary practicum. Interns are introduced to all aspects of the clinical practice of acupuncture and oriental medicine, observing the formulation of diagnoses and treatments performed by clinical faculty.
  In observation theater (80 hours), level I interns have opportunities to see how oriental medicine theory and practice are combined. In each shift, scheduled patients are interviewed, diagnosed, and treated by clinic faculty while level I interns observe. Following each patient’s treatment, discussion of the patient’s case is conducted.
In observation rounds (80 hours), level I interns have experience in observing clinic faculty in interviewing, diagnosing, and treating patients, as well as assisting clinic faculty in taking and recording a patient's history and physical exam. Level I intern take the patient's pulse and observe the patient's tongue with instruction by clinic faculty to understand the clinic faculty's diagnosis and treatment plan.

In herbal practicum (40 hours), level I interns will have opportunities to identify herbs, learn how to assemble granule and bulk herb formulas, learn how to fill an herbal prescription, and become familiar with the dispensary operations. It is expected that all level I interns participate in keeping treatment rooms clean and stocked.

• **Internship Level II: Assisted Supervised Practice (320 Hours)**
  Level II internship consists of 320 hours of supervised acupuncture and oriental medical practice. Under the supervision of their clinic supervisors, interns diagnose and treat patients in the OMC and at other off-campus health care sites. Working individually or in pairs, interns apply their knowledge and skills of oriental and western medical assessments to interview and assess the condition of each new patient, formulating potential diagnoses and treatment plans based on this assessment, including acupuncture and other oriental medical modalities. Interns then discuss this diagnosis and treatment plan with clinic supervisor and treat the patient under the direct supervision of the clinic supervisor. Interns are expected to demonstrate proficiency in treatment techniques covered in the courses of their didactic studies. Interns will render possible nutritional and/or lifestyle recommendations and offer them to the patient after consultation with the clinic supervisor. Interns will also incorporate herbal formula derivation and modification into treatment plans. Interns are expected to inform their patients of the ingredients and proposed effects of the formula, formula preparation/cooking instructions, appropriate dosage guidelines, and possible adverse effects. Interns are responsible for filling the herbal formulas for their patients.

• **Internship Level III: Guided Practice (440 Hours)**
  Level III internship consists of 440 hours of independent practice of acupuncture and oriental medicine under the supervision of clinic supervisor. Interns complete a clinical impression and oriental medical diagnosis, as noted in Level II internship, for concurrence by the clinic supervisor. A treatment approach is recommended for concurrence by clinic supervisor, after which acupuncture, or other modalities are employed to treat the condition. The clinic supervisor is not required to observe the actual diagnosis or treatment but must be near the location where the patient is being treated. Interns are required to consult with the assigned clinic supervisor before and after each treatment.
The Doctoral Degree program consists of 640 hours (64 quarter units) of didactic coursework and 650 hours (32.5 units) of clinical experience. Of the 640 didactic hours of coursework, 320 hours are devoted to the core curriculum and 320 hours focus on the integrative Pain Management specialty. The 650 clinical hours may be completed through three clinical experiences: Residency, Preceptorship and Mentorship.

The DAOM program is offered in English language only.

### List of DAOM Courses

#### Core Curriculum

<table>
<thead>
<tr>
<th>Course ID</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOM701</td>
<td>Advanced Analysis of OM Foundations</td>
<td>3</td>
</tr>
<tr>
<td>DOM702A</td>
<td>Evidence-Based Medicine of Acupuncture</td>
<td>3</td>
</tr>
<tr>
<td>DRM721</td>
<td>AOM Research Principles</td>
<td>3</td>
</tr>
<tr>
<td>DOM703A</td>
<td>Traditional Korean Medicine</td>
<td>3</td>
</tr>
<tr>
<td>DPD723A</td>
<td>Professional Capstone Development: Formative I</td>
<td>2</td>
</tr>
<tr>
<td>DPD723B</td>
<td>Professional Capstone Development: Formative II</td>
<td>2</td>
</tr>
<tr>
<td>DOM801</td>
<td>Advanced AOM: Treatments and Techniques</td>
<td>3</td>
</tr>
<tr>
<td>DOM802</td>
<td>Contemporary US Health Systems</td>
<td>3</td>
</tr>
<tr>
<td>DRM722</td>
<td>AOM Research Practices</td>
<td>3</td>
</tr>
<tr>
<td>DOM803</td>
<td>Integrative Case Management: Best Practices</td>
<td>3</td>
</tr>
<tr>
<td>DPD823A</td>
<td>Professional Capstone Development: Summative I</td>
<td>2</td>
</tr>
<tr>
<td>DPD823B</td>
<td>Professional Capstone Development: Summative II</td>
<td>2</td>
</tr>
</tbody>
</table>

**Total:** 32 Units/320 hours

#### Clinical Specialties Curriculum

<table>
<thead>
<tr>
<th>Course ID</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSP711A</td>
<td>Neuro-musculoskeletal: Trunk and Back</td>
<td>4</td>
</tr>
<tr>
<td>DSP712A</td>
<td>Neuro-musculoskeletal: Head and Neck</td>
<td>4</td>
</tr>
<tr>
<td>DSP713</td>
<td>Neuro-musculoskeletal: Upper Extremities</td>
<td>4</td>
</tr>
<tr>
<td>DSP714</td>
<td>Neuro-musculoskeletal: Lower Extremities</td>
<td>4</td>
</tr>
<tr>
<td>DSP811</td>
<td>Advanced Acupuncture Treatments and Techniques</td>
<td>4</td>
</tr>
<tr>
<td>DSP812</td>
<td>AOM-Pharmaceutical Interactions</td>
<td>4</td>
</tr>
<tr>
<td>DSP813</td>
<td>Advanced Herbal Formulas</td>
<td>4</td>
</tr>
<tr>
<td>DSP814A</td>
<td>Advanced Traditional Korean Medicine Techniques</td>
<td>4</td>
</tr>
</tbody>
</table>

**Total:** 32 units/320 hours

#### Clinical Practice

<table>
<thead>
<tr>
<th>Course ID</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCL831</td>
<td>Residency</td>
<td>12.5</td>
</tr>
<tr>
<td>DCL832</td>
<td>Mentorship</td>
<td>10</td>
</tr>
<tr>
<td>DCL833</td>
<td>Preceptorship</td>
<td>10</td>
</tr>
</tbody>
</table>

**Total:** 32.5 units/650 hours

### Total Units (96.5)

<table>
<thead>
<tr>
<th>Type</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didactic</td>
<td>64</td>
</tr>
<tr>
<td>Clinic</td>
<td>32.5</td>
</tr>
</tbody>
</table>
CORE CURRICULUM

- **DOM701 Advanced Analysis of OM Foundations (3 units/30 hours)**
  This course focuses on the *Huang Di Nei Jing* (Yellow Emperor) as the main sources of the classical text of Oriental Medicine. Students will learn how to appropriately summarize, organize, analyze and distinguish the principal of the information in the classical text of *Huang Di Nei Jing*. Student will review the foundation theory of Oriental Medicine to their application in the current clinical practice; and the verification from classical references to its correlation in the current integrative medical practice.
  
  *Prerequisite: none*

- **DOM 702A Evidence-Based Medicine in Acupuncture (3 units/30 hours)**
  This course identifies and describes the scientific evidence based on the neuroanatomy, neurophysiology and biochemical process of acupuncture mechanism, meridian and points. The students will analyze, organize and discuss the current research findings on acupuncture to give the insight of how the insertion and stimulation of the acupuncture needles affect the human body. This course supports our graduates' ability to collaborate and interact with other biomedical healthcare personnel, based on the knowledge of current neurophysiological and biochemical theories of the effects of Acupuncture.
  
  *Prerequisite: none*

- **DRM721 AOM Research: Principles (3 units/30 hours)**
  This course is designed to enable our graduates to demonstrate knowledge and skills in clinical research. The course provides an understanding of currently accepted research standards and methodology, as well as the current scientific literature in the field. The course examines the research methodology utilized in contemporary biomedical sciences for the assessment of clinical efficacy and physiological mechanisms related to Oriental medicine. The course covers the basics of bio-statistical analysis and common statistical tests that are used to conduct biomedical research, including probability theory, population sampling, descriptive statistics, inferential statistics, confidence intervals, statistical significance, hypothesis testing, and comparison of paired and unpaired groups. The course also develops further the ability to critically analyze the quantitative portion of research from a consumer's perspective.
  
  *Prerequisite: none*

- **DOM703A Traditional Korean Medicine (3 units/30 hours)**
  Through investigation of Traditional Korean Medical classical texts from the *DongulboGam* (Treasured Mirror of Eastern Medicine) and *Dongyi Soose Bowon* (Preservation of Longevity and Life in Eastern Medicine), doctoral students can explore Traditional Korean Medicine (TKM) history, feature and detailed contents in comparison with other Oriental Medicine. This course is established for developing abilities of clinical diagnosis and treatment after learning the basis of Traditional Korean Medicine. This course gives an opportunity to learn about diagnosing methods that refers to
characteristics of person’s physical shape, mental nature, physiology, pathology, and treating with medicine, formula and acupuncture based on Traditional Korean Medicine. 

Prerequisite: none

- **DPD723A and 723B Professional Capstone Development: Formative I and II (2 unit/20 hours)**

Completion of the capstone research project is the culminating project for the doctoral program. Students begin initial work on their capstone projects and continue throughout the program with the guidance of a mentor. Mentors are assigned to provide support and advice to students as they complete their projects. The course content aims to train doctoral students to synthesize the information gathered from current literature related to Oriental medicine for the design of their final research project. The capstone projects are significant original works, demonstrating critical thinking skills and creativity and contributing new ideas and perspectives on the topic.

This course is designed to guide students through the first phase of capstone: creating and submission of the proposal. The course is divided into two quarters. At the end of the second quarter, students are required to submit their capstone proposal.

A wide range of topics of relevance to the acupuncture and Oriental medical field may be considered for project proposal. Topics related to research and formulating a capstone proposal will be presented, including developing advanced research skills necessary to gather information, formulating a hypothesis, research databases, methodologies and analyses. Topics on capstone include literature review, case study review, case series, and academic papers. They will be able to determine the different resources available to them to help them complete their written projects. Candidates will also learn the different methods and forms of acceptable research. They will be able to design, work on, and conclude an acceptable project.

*Prerequisite: DPD 723A is the prerequisite for DPD 723B*

- **DOM801 Advanced AOM: Treatment and Techniques (3 units/30 hours)**

To build up a solid foundation of advanced training in patient assessment and diagnosis, and clinical intervention and treatment, this course focuses on broadening and deepening knowledge in the Acupuncture and Oriental Medicine treatment principle and techniques to various medical field specialty including musculoskeletal system, neurology and neuropsychiatry, ophthalmology, ENT, dermatology, endocrinology, hematology, immunology, oncology, cardiovascular system, pulmonology, gastrointestinal and hepatobiliary system, urology and gynecology. Both herbal medicine, acupuncture theory and techniques are addressed throughout these courses. The course will also present the variety of medical conditions, as well as different medical perspectives and practice styles.

*Prerequisite: none*

- **DOM802 Contemporary US Health Systems (3 units/30 hours)**

This course introduces students to the modern health care delivery system. The scope of systems-based practice includes familiarity with financing structures, the organization
and capacities of provider entities and delivery systems; tools and techniques for controlling costs and allocating resources; systems for improving the quality of care; and the roles and contributions of other professionals in caring for individual patients and populations. Among the outcomes of this course are that students are able to engage in critical dialogue regarding the impact of professional practices, other health care professionals, the health care organization and society upon one’s practice; to acknowledge and reflect upon how types of medical practice differ from one another; to investigate methods of controlling costs and allocating resources; and to advocate for patient care and assist patients in dealing with the complexities of our health care system. This course also provides essential support to the fulfillment of the competency of consultative and collaborative knowledge and skills when interacting with biomedical health care personnel in case management.

Prerequisite: none

- **DRM722 AOM Research: Practices (3 units/30 hours)**
  This course equips students with the necessary steps to create and complete a capstone research project. The final course product can be further developed and expanded for future publications. This course leads to the final phase of the program. This course begins with designing and understanding appropriate scientific and research writing processes and meeting the requirements as presented in DULA’s *Capstone Research Manual*. Doctoral students should be able to demonstrate their ability to analyze and draw independent conclusions regarding scholarly research and publications. Students integrate their knowledge and skills required in the doctoral curriculum with the Capstone. Topics, as they relate to Capstone, are presented, including formulating hypothesis, database access and analysis, as well as the types of Capstone project topics. Capstone project topics at DULA include literature review, translation study, literature review, surveys, academic study, case series, retrospective clinical review. Topics on clinical trial research, laboratory study, and meta-analysis will also be presented.
  
  *Prerequisite: DRM721*

- **DOM803 Integrative Case Management: Best Practices (3 units/30 hours)**
  Collaboration between providers of conventional care and complementary therapies has gained popularity but there is a lack of documented best practices and models for delivering such care. The aim of this course is to discover and develop best practices for the implementation of integrative case management. The outcome is to develop a model that aims for a patient-centered, interdisciplinary, non-hierarchical mix of conventional and complementary medical solutions to individual case management of patients. This model of case management should include standard clinical practice and active partnership between a gate-keeping general practitioner and collaborating with a team of providers in a consensus case conference model of care. The idea is to develop an integrated case model which includes informal dialogue among course leaders, students and lecturers. This dialogue is fueled by some of the participants’ international clinical experience of providing conventional care and oriental medical
care, as well as evidence of increased utilization, and the documented desire for increased collaboration and research on the part of the patients.

Prerequisite: none

- DPD 823A and 823B Professional Capstone Development: Summative I and II (2 units/20 hours)
  Completion of the Capstone research project is the culminating project for the doctoral program. Students submit the first draft of the capstone project to mentor and the DAOM Committee for review. The capstone projects are significant original works, demonstrating critical thinking skills and creativity and contributing new ideas and perspectives on the topic. Students will present their final capstone research to DAOM Capstone Committee during capstone project presentations at the end of the program. This course is designed to guide students through the final phase of capstone: refining, revising, and finalizing the capstone project for submission. The course is divided into two quarters, with extension of one additional quarter to complete the capstone project. Throughout the course, doctoral students and faculty will critiques of student presentations and drafts of capstones.
  Prerequisites: DPD 723A and DPD 723B are required for both DPD 823A and DPD 823B. DPD823A is the prerequisite class for DPD823B.

CLINICAL SPECIALTIES CURRICULUM

- DSP 711A Neuro-Musculoskeletal: Trunk & Back (4 unit/40 hours)
  This is the modules cycles of our pain management specialty. These four courses progress through treatment of pain syndromes from different regions of the body. These courses move from head and oro-facial; to cervical, thoracic spine and upper extremities; and finally, to lumbar spine, pelvis and lower extremities. In each course, the structure and functions of each area is covered. Tissue-based acupuncture method will be discussed in these four courses to enhance the student’s ability in the field of neuro-musculoskeletal pain management specialty. Diagnostic procedures include orthopedic exams, neurological tests, radiological and other laboratory tests, as appropriate. Extensive discussion ensures that our graduates are able to make a correct Oriental Medical diagnosis, differentiation of the disorders and treatment plans. The major student outcome to be achieved in this series is to apply advanced integrative diagnostics as well as advanced applications of Oriental medical therapeutics.
  This course will address specifically for trunk and back region.
  Prerequisite: none

- DSP712A Neuro-musculoskeletal Disorders: Head and Neck (4 unit/40 hours)
  This course will address specifically for head and neck region.
  Prerequisite: none

- DSP 713 Neuro-musculoskeletal Disorders: Upper Extremities (4 unit/40 hours)
  This course will address specifically for upper extremities region.
Prerequisite: none

- **DSP714 Neuro-musculoskeletal Disorders: Lower Extremities (4 unit/40 hours)**
  This course will address specifically for lower extremities region.
  *Prerequisite: none*

- **DSP811 Advanced Acupuncture Treatments and Techniques (4 unit/40 hours)**
  This course covers advanced acupuncture treatment techniques for the management of pain especially in neuro musculoskeletal. Course objectives include utilizing selected points and techniques drawn from Chinese Zhu Scalp Acupuncture, Chinese Jiao Shun Fa Scalp Acupuncture and Master Tung Acupuncture for treating pain conditions. Student will learn how to apply these various treatment techniques to better equip their treatment skill in treating the pain conditions. The treatment principle, selection and location of points and techniques will all be discussed in this course.
  *Prerequisite: none*

- **DSP 812 AOM-Pharmaceutical Interactions (4 unit/40 hours)**
  This course considers the emerging body of evidence around drug-herb interactions, which is a concern that affects the larger cultural domain in which this medicine is practiced and may have historic implications in the progress of this profession. The potential interactions between Oriental Medicine herbs/formulas and pharmaceutical drugs have increasingly been a topic of concern to many people today as a result of collaboration between Oriental and Western medical modalities. This course addresses the different aspects of herb/formula/drug interactions, ranging from complementary to toxic. Upon completion of this module, students will understand the pharmacological nature of medicinal herbs/formulas, demonstrate knowledge of potential interactions between medicinal herbs and pharmaceutical drugs, and demonstrate enhanced case management skills regarding management of drug-herb interactions.
  *Prerequisite: none*

- **DSP 813 Advanced Herbal Formulas (4 unit/40 hours)**
  This course provides advanced knowledge about herbal formulas and the theoretical framework for using Oriental herbal medicine for acute and chronic pain management. This class examines the properties, sources, therapeutic actions, potential adverse effects, modern basic scientific data, and traditional usages as well as modern clinical studies of herbal formulas. Herbal ingredients, relative dosages, therapeutic rationale and the traditional and contemporary explanations of the healing mechanisms of many well-known herbal formulae for pain management will also be explored. The classification of herbs according to the meridian system and how such a concept may be extrapolated to understand pharmacological actions and side-effects of modern drugs will be discussed. Algorithms in designing therapeutic formulas, such as how to select individual herbs according to their pharmacological properties and combine them effectively to achieve a specific therapeutic goal, and how to balance the formula with
additional agents to reduce its potential side-effects and enhance its overall efficacy, will be covered in the course.

**Prerequisite: none**

- **DSP 814A Advanced Traditional Korean Medicine Techniques (4 unit/40 hours)***
  This course provides the theory and clinical applications of Saam acupuncture, one of the famous Traditional Korean Medicine Techniques. This course will guide students through a holistic and systematic acupuncture method. Saam was a Korean buddhist monk who sought to explore the mysteries of our bodies’ innate Yin-Yang and Five Elements. To treat disease, Saam Acupuncture uses a combination of Five Transporting points of the involved meridians. Through this course, students will not only acquire the theory and the manipulation of Saam acupuncture, but also apply it to various diseases that can be treated in the clinic.

  **Prerequisite: DOM703A**

**CLINICAL PRACTICE**

- **DCL831 Residency**
  The residency clinical training is conducted at DULA Oriental Medical Center (OMC). Clinical Residency is an opportunity for DAOM Students to develop skills and apply knowledge learned through practice with patients. DAOM students will see patients as teams in small groups (two to four) to allow for discussion, collaboration, and application of individual skill in the assessment and treatment of the patient. DAOM students engage in ongoing treatment and chart review with the entire team between meeting components. The program seeks to maximize discussion of cases rather than the fast-paced high-volume patient turnover in the master’s clinical environment. DAOM students will share knowledge and skills based on experience with peers and supervisors, offering peer’s constructive feedback.
  DAOM students treat patients and receive input from DAOM supervisors to develop advanced skills of diagnosis and treatment and refine consultation skills and collaboration. Through this process, candidates will apply advanced clinical interventions in conjunction with biomedical assessment, physical assessment, interpretation of laboratory tests, and the practice of writing in-depth case studies. The Doctoral Clinic Director assures the connection of classroom content to clinic rotations.
  DAOM students will take turns providing treatments, including placement of needles, recommending herbal formulas, and providing patient education with respect to herbal formulas and nutrition. Clinical supervisors will be available for discussion, including assistance with advanced diagnostic and acupuncture techniques and herbal formulas. Senior practitioners of Oriental medicine will encourage the development of deeper knowledge and sharpened skills applied to acupuncture and the use and dispensing of herbal medicine, with a particular concentration on the integrative pain management specialty.
  DAOM Students will treat patients in areas of their core curriculum and in the integrative pain management specialty. Each group will see patients during their four-hour block.
Appointments will be staggered to allow the smooth flow of the clinic. DAOM students will participate in case discussion and designing of case management strategies. DAOM students will participate in the assessment of patient progress, modification of treatment plans, and incorporation of integrated care as appropriate. DAOM Students will assess patient progress and modify the treatment plan as needed. Careful selection of return patients will allow the fullest learning environment for DAOM Students while providing continuity of care for patients.

For each 40 hours/2 units of residency clinical shift course, students are required to design one (1) case management implemented with their critical thinking and analysis to the AOM diagnosis and treatment plan, integrated to the DAOM core curriculum and specialty areas.

The Learning Objectives for DAOM Residency are:

- **Core Clinical Competencies:**
  - Demonstrate an ability to take an in-depth medical history and maintain patient charts in a standard SOAP format to enable collaborative care with another medical professional.
  - Ability to use appropriate advanced techniques in the application of acupuncture and Oriental medical modalities for patient intervention.
  - Herbs: Ability to construct appropriate formulas and herbs to create individualized formulas for patients and be able explain the rationale for herbs used to the supervisor.
  - Case Management: Ability to prepare case studies demonstrating synthesis of logical, systematic and analytical thinking

- **Advanced Clinical Competencies:**
  - Advanced OM: Ability to apply information and strategies from advanced OM texts to patient diagnosis and treatment plan.
  - Biomedicine:
    - Ability to apply biomedical information to patient diagnosis in development of a treatment plan and to refer patients appropriately.
    - Competence in the use of medical terminology when collaborating with biomedical practitioners.
    - Ability to interpret medical reports.
  - Research: Ability to research information and use critical thinking skills to diagnoses and apply appropriate treatment.
  - Case Management:
    - Demonstrate ability to combine resources including classical and biomedical texts and researches to diagnosis appropriately in managing a case
• Able to demonstrate case management skills which include collaboration, referral, and written correspondence.
  ▪ Integration:
    • Apply physical assessment that integrates appropriate knowledge and skills in Oriental medical techniques and in biomedicine.
    • Ability to integrate Oriental medical diagnostic methods and biomedicine diagnostic techniques and information.

  o Clinical Specialty Competencies:
    ▪ Knowledge and skills in the treatment in the area of specialization.
    ▪ Ability to perform a comprehensive assessment in Integrative Pain Management.

These core clinical experiences are under the direct supervision of DAOM Clinical faculty and the DAOM Clinical Director. They utilize assessment, diagnosis, intervention and treatment modalities of Oriental medicine with advanced and deepened competence; to integrate Western medical diagnostic techniques during care; to effectively collaborate with colleagues in multiple health care fields; and to be able to make evidence-based decisions.

• DCL 832 Mentorship
DAOM Students may conduct their clinical mentorship training either in DULA Oriental Medical Center (OMC) or in other clinical training facilities outside of DULA OMC. The purpose of the clinical mentorship is to directly engage with a senior health care practitioner in a systematic and interactive approach to patient diagnosis and treatment in the clinical setting of the mentor. Students will achieve the competency in advanced patient assessment and treatment as defined in their objectives for the experience. For each 40 hours/2 units of mentorship course, students are required to write one (1) report reflecting of what students have learned and achieve during their mentorship hours, and how do these experiences may benefit them in their clinical practice.

The learning objectives from the DAOM mentorship are:
  o Identify and discuss the exceptional skills and knowledge of the mentor practitioner.
  o Evaluate various methods of patient care of the mentor practitioner.
  o Understand and apply new methods of patient assessment techniques, diagnosis and herbal formulas.
  o Able to apply the learning experiences from the mentor to the evidence-based medicine references, integrative medical practices and to specialty area in pain management.

Qualifications:
DULA approves clinical mentors according to the following guidelines:
  o Mentors shall have possessed a Doctoral Degree and/or Postdoctoral Fellowship in his/her area of expertise.
  o Mentors shall hold a current valid license to practice in their profession as regulated by the state where they practice.
Mentors shall have a minimum of five years of documented professional experience as licensed practitioners, with expertise in the program's area(s) of concentration and/or specialization.

- **DCL833 Preceptorship**

  Didactic and clinical teaching experience is created in the form of a Preceptorship in the DULA Didactic Classrooms and Oriental Medical Center (OMC). The primary educational objective of this preceptorship is for the doctoral student to demonstrate skills in the three roles: clinical teaching - professional role modeling, supervision of patient care (including quality assurance), and teaching (preparation, delivery and assessment/feedback). Doctoral students may choose to complete their preceptorship training either all in didactic setting, clinical setting or both didactic and clinical setting. In didactic and/or clinical setting, students will be assigned and work closely with the faculty who serves as their preceptor to develop their didactic teaching and leadership skills. The OMC Director serves as the primary supervisor for all clinical preceptors and will ensure that each student meets all requirements for teaching, as well as provides periodic feedback on performance, including on the doctoral students’ evaluation of master’s interns and any ratings of their teaching provided by interns. DAOM students are also provided guidance in planning their preceptorship by the Associate Dean of DAOM Program who guides them in incorporating the advanced teaching and leadership skills and knowledge.

  Students, particularly those who are more junior, may design a formal learning plan for themselves as assistant faculty, which includes their own learning plans, objectives and the academic activities they will engage in to develop effective teaching skills. Students may also design the learning plans for their students or may engage their learners in self-reflection or self-study evaluation, peer teaching, peer evaluation or small group learning activities.

  For each 40 hours/2 units of preceptorship course, students are required to write one (1) report encapsulating their own learning experience and demonstrating their progression as a teacher.

  The learning objectives from the DAOM preceptorship are:

  - Demonstrate academic professional role model reflecting in their capability in designing and performing academic teaching related to their field either in clinical or didactic setting.
  - Able to create the effective learning plan, objectives and academic activities to engage in the teaching skills.
  - Able to create the effective student’s evaluation and peer evaluation method.
  - Able to integrate the academic teaching and leadership skill to the implementation of clinical practice.
  - Able to apply the learning experiences from the preceptor to the evidence-based medicine references, integrative medical practices and to specialty area in pain management.

Qualifications:

DULA approves didactic preceptors according to the following guidelines:
Didactic preceptors shall hold a current valid license to practice acupuncture or be otherwise authorized to act as a guest acupuncturist in accordance with section 4949 of California Acupuncture Board Code (a “current valid license” is one that has not been revoked, suspended, placed on probation, voluntarily surrendered, or otherwise disciplined by the board).

Didactic preceptors shall hold a Doctoral Degree and/or Postdoctoral Fellowship in the Oriental Medicine field.

Didactic preceptors shall have at least five years’ experience of teaching in the field of Oriental Medicine, with two years of this teaching in a Doctoral program.

Didactic preceptors shall have written, published, and/or presented scientific articles, papers, reports and/or research studies related to the Oriental Medicine field.

DULA approves clinical preceptors according to the following guidelines:

Clinical preceptors shall hold a current valid license to practice acupuncture or be otherwise authorized to act as a guest acupuncturist in accordance with section 4949 of California Acupuncture Board Code (a “current valid license” is one that has not been revoked, suspended, placed on probation, voluntarily surrendered, or otherwise disciplined by the board).

Clinical preceptors shall have a minimum of five years of documented professional experience as licensed AOM practitioners, with expertise in the program's area(s) of concentration and/or specialization.

Clinical preceptors shall hold a Doctoral Degree and/or Postdoctoral Fellowship in the Oriental Medicine field.

Clinical preceptors shall have written, published, and/or presented scientific articles, papers, reports and/or research studies related to the Oriental Medicine field.

**Doctoral Capstone Project**

All DAOM Students must satisfactorily complete and defend a research project as a requirement for graduation. The project must incorporate the use of current literature and research in acupuncture and Oriental medicine. The DAOM Student must demonstrate the application of knowledge in the design and critique of approaches to systematic inquiry, and the ability to implement the use of qualitative and quantitative methods. The project must make a unique and meaningful contribution to acupuncture, herbal medicine or Oriental medicine and not merely a replication of an existing study. The project must utilize APA 6th Edition formatting to be suitable for academic peer review and professional publications.

The proposal must include a description of the problem area, a specific research question, a review of relevant literature and explications of research methods used to examine clinical research thesis a scholarly manner. Formal proposals must be submitted to faculty and IRB for approval prior to the start of the project.
All relevant sections of the IRB application must be submitted to the Institutional Review Board (IRB), which will approve the project to include human subjects. The final project must be approved by the instructor of the Doctoral Research Project course before the DAOM student presents the project to the Doctoral Committee and the doctoral candidate cohort.

Research project formats may include: Theoretical Analysis, Surveys & analysis of archival data, Outcomes Research, Systematic Qualitative Investigations, Public Policy Issues, Case Studies (outcomes must be unique and have significant impact), Evaluative research, Interpretive Translation Research and Educational Research. The following courses support the DAOM research process: DRM 721 AOM Research Principles and DRM 722 AOM Research Practices.

Approved research projects must be submitted on paper designated for formal documents. The Program Director will be responsible for oversight of all evaluation activities, working in close collaboration with the Doctoral Committee. The final project suitable for bookbinding must be submitted to the Doctoral Director’s office before the degree will be granted. Four copies will be made for Dongguk University Los Angeles. Three copies will be placed in the Library and one copy given to the Doctoral Program Director.

For more information regarding Doctoral Capstone Project, please refer to the Capstone Research Manual.
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The Family Educational Rights and Privacy Act (FERPA) is a federal law that affords parents the right to have access to their children's education records, seek to have the records amended, and have some control over the disclosure of personally identifiable information from the education records. When a student turns 18 or enters a postsecondary institution at any age, the rights under FERPA transfer from the parents to the student ("eligible student"). The FERPA statute is found at 20 U.S.C. § 1232g and the FERPA regulations are found at 34 CFR Part 99.

FERPA of 1974 governs the release of student education records, as maintained by an educational institution with access to these records. In accordance with the Family Educational Rights and Privacy Act (FERPA), DULA protects the privacy of student records, including address, phone number, grades and attendance dates. Student records are permanently kept in locked fireproof file cabinets and a backup copy of student records is kept on an off-site server. Students have the right to review their academic file by submitting a request to the Registrar.

The University does not release school records or any other information about a student to any third party without the consent of the student, except as allowed by law. FERPA defines directory information as information contained in the education records of a student that—if disclosed—would not generally be considered harmful or an invasion of privacy. Typically, directory information includes information such as name, address, telephone listing, date and place of birth, participation in officially recognized activities and sports, and dates of attendance. A school may disclose directory information to third parties without consent if it has given public notice of: (a) the types of information which it has designated as directory information, (b) the parent's or eligible student's right to restrict the disclosure of such information, and (c) the period of time within which a parent or eligible student must notify the school in writing that he or she does not want any or all of said directory information. The means of notification include publication in various sources (such as a newsletter, a local newspaper, or the student handbook), or as part of the general notification of rights under FERPA. The school does not have to notify a parent or eligible student individually. (34 CFR § 99.37.)

Following the federal and state laws and university policies, DULA has designated the list of personally identifiable information as directory information similar to its term in FERPA. DULA may release and publish the list of personally identifiable information as directory information without the student's prior consent. DULA has defined directory information as the following:* Name, including former name* Local and permanent address* Telephone number* Email addresses* Major and minor fields of study* Dates of attendance* Enrollment status (e.g. graduate, full-time, or part-time)* Degrees, certificates, and awards received* Most recent previous school attended.
Students may view an unofficial copy of their transcript and/or request an official copy through the University’s student web portal. The University permanently maintains records of academic progress. The Family Education Rights and Privacy Act (FERPA) of 1974, as amended (the “Act”), is a federal law. DULA will maintain the confidentiality of educational records in accordance with the provisions of the Act and will accord all the rights under the Act to eligible students who are or have been in attendance at DULA.

Student records are maintained at the school site for five years from the last date of attendance. Transcripts are maintained permanently.

All DULA staff and faculty who access or use student data are required to take FERPA training. All DULA staff and faculty are required to renew their FERPA training every two years. FERPA training information is available directly from the institutional website. Staff and faculty are required to complete the FERPA survey training prior to beginning their work at DULA. The result of the FERPA training from staff and faculty are available from the staff assigned to conduct FERPA training.

The Act affords students certain rights with respect to their educational records.

- Right of Inspection: To inspect and review their records.
- The right to request and amend their records to ensure that they are not inaccurate, misleading, or otherwise in violation of their privacy or other rights.
- The right to disclose only with student consent of personally identifiable information contained in their records, except to the extent that the Act authorizes disclosure without consent.
- The right to file with the US Department of Education a complaint regarding the school to comply with the requirements of the Act. The address to file a complaint is:

  Family Policy Compliance Office
  US Department of Education
  400 Maryland Avenue SW
  Washington, DC 20202

FERPA Tutorial

The FERPA tutorial is designed to inform staff of their responsibility to respect the confidentiality of student and department records, protect student privacy, and act in a professional manner when interacting with the public in person and over the telephone.

1. FERPA Definition
   The Family Educational Rights and Privacy Act (FERPA) of 1974 helps protect the privacy of student education records. The Act provides for the right to inspect and review education records, amend those records, and limit disclosure of information from the records. The intent of this legislation is to protect the rights of students and to ensure the privacy and accuracy of education records. The Act applies to all institutions that are recipients of federal aid administered by the Secretary of Education.
2. **Student's Rights**
   FERPA gives students the right to:*
   - Inspect and review their education records within 45 days of requesting them from the university; students should submit written requests to the registrar and identify the record(s) they wish to inspect.*
   - Request an amendment to education records that the student believes are inaccurate or misleading.*
   - Consent to disclosure of personally identifiable information contained in the student's education records, except when FERPA authorizes disclosure without consent.*
   - File a complaint with the U.S. Department of Education concerning alleged failures by the college to comply with the requirements of FERPA.

3. **Amending Records**
   Students may ask the university to amend a record that they believe is inaccurate or misleading. They should write to the registrar, clearly identifying the part of the record they want changed and specifying why it is inaccurate or misleading. If the university decides not to amend the record as requested by the student, the university will notify the student of the decision and advise them of his or her right to a meeting with the president and dean regarding the request for amendment. Additional information regarding the hearing will be provided to the student when notified.

4. **Disclosure without Consent**
   Disclosure without consent is allowed for school officials with legitimate educational interests. A school official is a person employed by the university in an administrative, supervisory, or academic staff position, a person or company with whom the university has contracted (such as an attorney or auditor), a member of an official committee (such as a disciplinary or grievance committee), or a person assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if he or she needs to review an education record in order to fulfill his or her professional responsibility.

5. **Parents' Rights under FERPA**
   Once a student enrolls at a postsecondary institution like DULA or turns 18, all FERPA rights transfer from the parent to the student. Parents must have written student consent in order to access education records of their children. FERPA does allow certain exceptions, including allowing institutions to share information when the student is claimed as a dependent on the parent's tax return. Also, in cases of a health and safety emergency, information can be shared with parents. FERPA also allows schools to share with parents if students under the age of 21 are found to have violated the school's alcohol or drug policies.

6. **Directory Information**
   Directory information may be released by DULA without violation of FERPA. This is information contained in the education record of a student which is not considered harmful or invasive. DULA has defined directory information as the following:*
   - Name, including former name*
   - Local and permanent address*
   - Telephone number*
   - Email addresses*
   - Major and minor fields of study*
   - Dates of attendance*
   - Enrollment status (e.g. graduate, full-time, or part-time)*
   - Degrees, certificates, and awards received*
   - Most recent previous school attended.
7. Release of Transcripts
   Students must authorize the release of their transcript by written request with signature or by completing and signing a transcript request form (available in the registrar). The receipt of a written request with signature may be faxed.

8. Who May Access Student Information?
   The following people may access Student Information: * The student and any outside party who has the student's written permission. * School officials (as defined by the university) who have “legitimate educational interests.” * Parents of a dependent student, as defined by the Internal Revenue Code. * A person responding to a lawfully issued subpoena or court order, as long as the university makes a reasonable attempt to notify the student first. Normally, the university will comply with a subpoena two week from the day the subpoena was received.

9. Disclosure NOT Requiring Consent
   The following forms of disclosures DO NOT require consent:* to officials of another school where the student seeks to enroll.* In connection with financial aid for which the student has applied.* to accrediting organizations in order to carry out their accrediting function.* to parents of a dependent student, as defined by the IRS Code.* To comply with a judicial order or lawfully issued subpoena.* In connection with a health or safety emergency.

10. Technology and FERPA
    It is the responsibility of each school official to understand their legal responsibilities under FERPA. The same principles of confidentiality that apply to paper records also apply to electronic data.
Sexual Misconduct & Civil Rights (Title IX)

Dongguk University Los Angeles community welcomes and affirms the rights of its students, faculty, and staff to live, work, and study in an environment free of discrimination, harassment, and sexual misconduct. Consistent with the expectations of the Education Amendments of 1972's Title IX (or simply "Title IX"), the university prohibits discrimination based on sex in its education programs and activities. As a recipient of federal financial assistance, Dongguk University Los Angeles is required to adhere to Title IX requirements.

Title IX protects faculty, staff, and students against unlawful acts of sexual misconduct, including sexual violence, sexual harassment, sexual exploitation, intimate partner violence, dating violence, bullying (including cyberbullying), and stalking. Taken together, these acts are termed sexual misconduct. The university prohibits retaliation against advocacy for a right protected under Title IX.

Title IX Coordinator

Dongguk University Los Angeles' Title IX coordinator, the student services coordinator, is available to all students, faculty, staff, guests, and visitors to provide resources and answer questions regarding the process of reporting a possible violation of the institution's policy. Any incident involving sexual misconduct, harassment, or discrimination may be reported to the Title IX Coordinator. In the role as coordinator, the student services coordinator accepts the responsibility of upholding Dongguk University Los Angeles Title IX policy and is a confidential resource to those who wish to discuss an incident but may not be ready to file a formal report.

Notice of Non-Discrimination

The university does not discriminate based on race, color, ethnicity, national origin, age, sex, sexual orientation, gender identity or expression, physical or mental disability, religion, or any other protected class.

The university does not discriminate based on sex in its educational, extracurricular, athletic, or other programs, including in the context of employment. Sexual misconduct - that is, sexual harassment as defined in this policy - is a form of sex discrimination that unjustly deprives a person of equal treatment. It is prohibited by Title IX of the Education Amendments of 1972, a federal law that states:

No person in the United States shall, based on 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.
Sexual harassment is also prohibited under Title VII of the Civil Rights Act of 1964.

This policy prohibits sexual misconduct against all Dongguk University Los Angeles community members of any gender or sexual orientation, as well as gender-based harassment that does not involve conduct of a sexual nature.

University Statement on Privacy

In any Title IX review of an allegation of sexual misconduct, every effort will be made to protect the privacy and interests of the individuals involved while remaining consistent with the need for a thorough review of the allegation. Such a review is essential to protecting the safety of the complainant, the respondent, and the broader campus community, allowing us to maintain an environment free from sexual discrimination.

At all times, the privacy of involved parties will be respected and safeguarded. Information related to a report of misconduct will be shared only with those university employees who must know to assist in the investigation and/or resolution of the complaint. All university employees who are involved in the Title IX review process, including conduct board hearing members, have received specific training in the safeguarding of private information. Students or employees wishing to obtain confidential assistance through on-campus or off-campus resources without making a report to the university may do so by speaking with professionals who are obligated by law to maintain confidentiality.

If a report of misconduct discloses an immediate threat to the campus community, the university may issue a timely notice of this conduct to the community in order to protect the health or safety of the broader campus community. This notice will not contain any biographical or other identifying information. Immediately threatening circumstances include, but are not limited to, recently reported incidents of sexual misconduct that involve the use of force or a weapon, or other circumstances that represent a serious and ongoing threat to university students, faculty, administrators, staff, or visitors.

All resolution proceedings are conducted in compliance with the requirements of FERPA, the Clery Act, Title IX, and university policy. No information shall be released from such proceedings except as is required or permitted by law or university policy.

Prohibited Conduct and Definitions

The university prohibits sexual misconduct. Sexual misconduct is a broad term that includes, but is not limited to:

1. Sexual Harassment
2. Sexual Violence
3. Sexual Exploitation
4. Stalking
5. Cyber-stalking
6. Bullying
7. Cyberbullying
8. Aiding or facilitating the commission of a violation
9. Retaliation

Consistent with the values of an educational and employment environment free from harassment based on sex, the university also prohibits gender-based harassment, which may include acts of verbal, nonverbal, or physical aggression, as well as intimidation or hostility, based on sex or sex-stereotyping, even if those acts do not involve conduct of a sexual nature.

**Definition of Sexual Harassment**

Sexual harassment is any unwelcome sexual advance, request for sexual favors, or other unwelcome verbal or physical conduct of a sexual nature in any of the following contexts:

Submission to or rejection of such conduct is made, either explicitly or implicitly, a term or condition of an individual's employment, evaluation of academic work, or participation in social or extracurricular activities.

Submission to or rejection of such conduct by an individual is used as the basis for decisions affecting the individual.

Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance by creating an intimidating, hostile, humiliating, demeaning, or sexually offensive working, academic, or social environment. This effect will be evaluated based on the perspective of a reasonable person in the position of the complainant.

A single or isolated incident of sexual harassment may create a hostile environment if the incident is sufficiently severe. The more severe the conduct, the less need there is to show a repetitive series of incidents creating a hostile environment—particularly if the harassment is physical.

**Forms of Prohibited Sexual Harassment**

Sexual harassment is prohibited. In some cases, sexual harassment is obvious and may involve an overt action, threat, or reprisal. In other instances, sexual harassment is subtle and indirect, with a coercive aspect that is unstated.

Sexual harassment can take many forms:

1. It can occur between equals (e.g. student to student, staff to staff, faculty member to faculty member, visitor/contracted employee to staff) or between persons of unequal power status (e.g. supervisor to subordinate, faculty member to student, coach to student-athlete, student leader to first-year student). Although sexual harassment in the
context of an exploitation of power is often caused the individual with greater power, a person who appears to have less power in a relationship can also commit sexual harassment (e.g. student harassing faculty member).

2. It can be committed by an individual or as a result of the collective actions of an organization or group.

3. It can be committed against an individual, an organization, or a group.

4. It can be committed by an acquaintance, a stranger, or someone with whom the complainant has a personal, intimate, or sexual relationship.

5. It can occur toward or from an individual of any sex, gender identity, gender expression, or sexual orientation.

6. It does NOT have to include intent to harm, be directed at a specific target, or involve repeated incidents.

Examples of behavior that might be considered misconduct include, but are not limited to:

Unwanted or inappropriate sexual innuendos, sexual attention, propositions, or suggestive comments and gestures; humor and jokes about sex or gender-specific traits; sexual slurs or derogatory language directed at another person's sexuality or gender; insults and threats based on sex or gender; and any other oral, written, or electronic communication of a sexual nature that an individual communicates is unwanted and unwelcome.

The display or distribution of sexually explicit drawings, pictures, or written materials, including graffiti; sexually charged name-calling; sexual rumors or ratings of sexual activity/performance; the circulation, display, or creation of e-mails or Web sites of a sexual nature.

Non-academic display or circulation of written materials or pictures degrading to an individual or gender group (it is expected that instructors will offer an appropriate warning regarding the introduction of explicit and triggering materials used in the classroom).

Inappropriate or unwelcome physical contact or suggestive body language, such as touching, patting, pinching, hugging, kissing, or brushing against an individual's body; Undue and unwanted attention, such as repeated inappropriate flirting, inappropriate or repetitive compliments about clothing or physical attributes, staring, or making sexually oriented gestures.

Physical coercion or pressure of an individual to engage in sexual activity, or punishment for a refusal to respond or comply with sexual advances; change of academic or employment responsibilities (increase in difficulty or decrease of responsibility) based on sex, gender identity/expression, or sexual orientation.

Use of a position of power or authority to: (1) threaten or punish, either directly or by implication, for reporting harassment, as well as for refusing to tolerate harassment or submit to sexual activity; or (2) promise rewards in return for sexual favors.
Sexual Assault

Abusive, disruptive, or harassing behavior, verbal or physical, which endangers another's mental or physical health, including but not limited to threats, acts of violence, or assault based on gender and/or in the context of intimate partner violence.

Demeaning Verbal or Other Expressive Behavior of a Sexual or Gendered Nature in an Instructional Setting

Acts of verbal, nonverbal, or physical aggression, intimidation, or hostility based on sex or sex-stereotyping; harassment for exhibiting what is perceived as a stereotypical characteristic for one's sex, or for failing to conform to stereotypical notions of masculinity and femininity—regardless of the actual or perceived sexual orientation or gender identity of the harasser or target.

Forms of Prohibited Sexual Misconduct

The following descriptions represent sexual behaviors that violate Dongguk University Los Angeles’ community standards and any person's rights, dignity, and integrity.

Sexual Violence: Physical sexual acts perpetrated against a person's will, as well as situations where they are incapable of giving consent. This includes rape, sexual assault, battery, and sexual coercion. Sexual violence may involve individuals either known or unknown to one another, including those who have an intimate and/or sexual relationship. Examples include, but are not limited to:

Having or attempting to have sexual intercourse with another individual without consent. Sexual intercourse includes vaginal or anal penetration—however slight—with a body part or object, or oral copulation by mouth-to-genital contact.

Having or attempting to have sexual contact with another individual without consent. Sexual contact includes kissing, touching the intimate parts of another, causing the other to touch one's intimate parts, or disrobing of another without permission. Intimate parts may include the breasts, genitals, buttocks, mouth, or any other part of the body that is touched in a sexual manner.

Sexual Exploitation: An act or acts committed through non-consensual abuse or exploitation of another person's sexuality for the purpose of sexual gratification, financial gain, personal benefit/advantage, or any other non-legitimate purpose. Any act or acts of sexual exploitation are prohibited, even if the behavior does not constitute one of the other sexual misconduct offenses. Sexual exploitation may involve individuals who are either known or unknown to one another, including those who have an intimate or sexual relationship. Examples include, but are not limited to:
1. Observing another individual’s nudity or sexual activity or allowing another to observe consensual sexual activity without the knowledge and consent of all parties involved.
2. Non-consensual streaming of images, photography, video, or audio recording of sexual activity or nudity, or distribution of such without the knowledge and consent of all parties involved.

**Prostituting Another Individual**

Knowingly exposing another individual to a sexually transmitted disease or virus without his or her knowledge. Inducing incapacitation for the purpose of making another person vulnerable to non-consensual sexual activity.

**Stalking:** A course of conduct involving more than one instance of unwanted attention, harassment, physical/verbal contact, or any other course of conduct likely to alarm or place an individual in fear of injury or harm (including physical, emotional, or psychological harm). This includes cyber-stalking: a particular form of stalking in which electronic media such as the Internet, social networks, blogs, cell phones, texts, or other similar forms of contact are used to pursue, harass, or make unwelcome contact with another person. Stalking and cyber-stalking may involve individuals who are either known or unknown to one another, including those who have an intimate or sexual relationship.

**Bullying and Cyber Bullying:** Use of superior strength, knowledge, or influence to intimidate or force an individual against their will. This includes cyberbullying: a particular form of bullying in which electronic media such as the Internet, social networks, blogs, cell phones, texts, or other similar forms of contact are used.

**Aiding or Facilitating:** Aiding, facilitating, promoting, or encouraging the commission of a violation under this policy. Aiding or facilitating may also include failing to take action to prevent an imminent act when it is reasonably prudent and safe to do so. Taking action may include direct intervention, calling local law enforcement, or seeking assistance from a person in authority.

**Retaliation:** Acts or attempts to retaliate or seek retribution against the complainant, respondent, or any other individual / group of individuals involved in the investigation and/or resolution of a sexual misconduct allegation. Retaliation can be committed by any individual or group of individuals, not just a respondent or complainant. Retaliation may include continued abuse, violence, or other forms of harassment, as well as slander and libel.

**Statement of Consent, Coercion, Incapacitation, and Alcohol**

Consent to engage in sexual activity must be knowing and voluntary. Consent to engage in sexual activity must exist from the beginning to the end of each instance of sexual activity, and for each form of sexual contact. Consent to one form of sexual contact does not constitute consent to all forms of sexual contact. For example, an individual may agree to kiss but choose
not to engage in touching of the intimate parts or sexual intercourse. An individual should obtain consent before moving from one act to another.

Consent consists of an outward demonstration indicating that an individual has freely chosen to engage in sexual activity. Consent is demonstrated through mutually understandable words and/or actions that clearly indicate a willingness to engage freely in sexual activity. Relying on non-verbal communication can lead to misunderstandings; consent cannot be inferred from silence, passivity, lack of resistance, or lack of active response alone. A person who does not physically resist or verbally refuse sexual activity is not necessarily giving consent. In the absence of an outward demonstration, consent does not exist. If at any time it is reasonably apparent that either party is hesitant, confused, or uncertain, both parties must stop and obtain mutual verbal consent before continuing sexual activity.

A current or previous dating or sexual relationship alone is not sufficient to constitute consent. Even in the context of a relationship, there must be mutually understandable communication that clearly indicates willingness to engage in sexual activity each time such activity occurs. Consent may be withdrawn by either party at any time. Withdrawal of consent must also be outwardly demonstrated by words or actions that clearly indicate a desire to end sexual activity. Once withdrawal of consent has been expressed, sexual activity must cease.

In the state of California, consent can never be given by minors under the age of 18.

Consent is not effective if it results from the use or threat of physical force, intimidation, coercion, or any other factor that would eliminate an individual's ability to choose whether or not to have sexual contact. Coercion includes the use of pressure and/or oppressive behavior, such as express/implied threats of harm, or severe and/or pervasive emotional intimidation (which causes a person to engage in unwelcome sexual activity, or places them in fear of immediate or future harm/physical injury). A person's words or conduct are considered coercion if they wrongfully impair the other's freedom and ability to choose whether or not to engage in sexual activity.

An individual who is incapacitated is not able to make rational, reasonable judgments and therefore is incapable of giving consent. Incapacitation is the inability—temporarily or permanently—to give consent because the individual is mentally and/or physically helpless due to drug or alcohol consumption (voluntarily or involuntarily) or the individual is unconscious (asleep or otherwise unaware that the sexual activity is occurring). In addition, an individual is incapacitated if they demonstrate that they are unaware of where they are, how they got there, or why/how they became engaged in a sexual interaction. Where alcohol is involved, incapacitation is a state beyond drunkenness or intoxication. Some indicators of incapacitation may include, but are not limited to, lack of control over physical movements, lack of awareness of circumstances or surroundings, or the inability to communicate for any reason. An individual may experience a blackout state in which they appear to be giving consent, but do not actually have conscious awareness or the ability to consent. It is especially important, therefore, that anyone engaging in sexual activity be aware of the other person's level of intoxication. The
relevant standard that will be applied is whether the respondent knew—or a sober reasonable person in the same position would have known—that the other party was incapacitated and therefore could not consent to the sexual activity.

The university considers sexual contact while under the influence of alcohol to be risky behavior. Alcohol impairs a person's decision-making capacity, awareness of the consequences, and ability to make informed judgments. Being intoxicated or impaired by drugs or alcohol is never an excuse for sexual misconduct and does not excuse one from the responsibility to obtain consent.

**Who Can Help?**

If you have been affected by sexual misconduct and would like to speak with an individual on campus, there are numerous people ready to help. You may meet with the Title IX coordinator confidentially, with no obligation to file a formal report. All Dongguk University Los Angeles employees, including student workers, have a duty to report incidents the Title IX coordinator. Additionally, off-campus resources are also available to you. All available resources are listed below:

**ON CAMPUS**

Title IX Coordinator  
Student Services Coordinator

440 Shatto Place, 2nd Floor, Los Angeles, CA 90020  
213-487-0110 Ext.406  
AC@dula.edu

**OFF CAMPUS**

Emergency 911  
LAPD Olympic Division 213-382-9102  
St. Vincent Medical Center 213-484-7111  
2131 W. 3rd St., Los Angeles, CA 90057 Open 24 hours

Individuals who wish to report an incident of sexual misconduct may do so in a variety of ways. The complex process of filing a formal report can be an overwhelming prospect for those affected by sexual misconduct.

**Who to Report To?**

There are many resources available to students and employees on campus regarding sexual misconduct. Individuals may file a formal report (using grievance form) documenting an incident
with the Title IX Coordinator and/or Los Angeles Police Department. Students and employees may also file a formal report to any member of the executive committee if they so choose to.

The university is committed to responding to all reports of sexual misconduct in a timely and effective manner. The time frame of when an individual should file a report of sexual misconduct is not limited in any way; however, it is important to note that as time passes, it becomes more difficult to find crucial evidence. In light of this, all investigations of sexual misconduct are to be thorough yet efficient, with a resolution that is reasonable given the situation.

I Made a Report - Now What?

Filing a report is an important first step towards addressing an incident of sexual misconduct. The university acknowledges that it may be difficult to come forward, but there are resources to assist in the process, beginning with the Title IX coordinator. The university completes most investigations within 60 days. The report will be submitted to the executive committee who shall discuss until the majority of the executive committee agrees upon a resolution. Resolutions will vary depending on the seriousness of the complaint. Students or employees may reopen a complaint case by appealing to another executive committee member; if no members acknowledge the student's or employee’s request, the case will be considered closed. Once the case is closed, students and other appropriate parties will be notified of the executive committee's decision by Title IX coordinator or any member of the executive committee within thirty (30) days. For more detail information, please refer to the student’s and/or employee’s grievance policy.

Interim Measures / Remedial Action

Upon receipt of a report, the university may implement initial responsive or protective actions while an inquiry or investigation are underway. Interim measures / remedial actions may include no-contact orders, providing a campus escort, academic or work schedule adjustments, referral to counseling or medical services, and safety planning. The university will maintain the confidentiality of any accommodations or protective measures, provided this does not impair the university's ability to provide said accommodations or protective measures.

Inquiry, Investigation, Resolution

The university will address all reports of possible violations of the Sexual Misconduct and Civil Rights Policy. Upon receipt of a formal complaint, the Title IX coordinator will conduct an initial inquiry to determine any risk of harm to individuals or to the campus community. Steps will be taken to address those risks via interim measures or remedial action.

If the inquiry proceeds to an investigation because of the reporting party’s desire or the university deems it necessary to protect the safety of the campus, the Title IX coordinator will contact Los Angeles Police Department.
Sanctions

A range of sanctions are available if the responding party is found responsible for violating the university’s Sexual Misconduct and Civil Rights Policy. The sanctions are determined based on the nature, severity of, and circumstances surrounding the violation; an individual's disciplinary history of previous allegations or allegations involving similar conduct; and the need for sanctions/responsive actions to bring an end to and prevent future discrimination, harassment, and/or retaliation.

Clery Reporting

The university is required to document all reports of sexual misconduct and to report statistics of crime on campus consistent with the Jeanne Clery Disclosure of Campus Security Policy and the Campus Crime Statistics Act. No personally identifiable information will be shared for the purpose of maintaining these statistics. Identities and specific fact patterns will remain anonymous.

If a report of sexual misconduct represents an immediate threat to the university community, timely notice must be given to protect the health and safety of the community. In such cases, the same level of confidentiality may not be possible. Immediate threats include, but are not limited to, reported incidents of sexual misconduct involving the use of force or a weapon, or other circumstances that represent a serious and ongoing threat to students, faculty, staff, or visitors.

Title IX Training

The Title IX coordinator is required to devise effective methods of informing staff, faculty, and students, and to conduct training sessions with up-to-date material. The Title IX coordinator must develop an informative brochure on sexual harassment to be disseminated to the staff, faculty, and student populations and to be displayed on many of the campus bulletin boards and online.

At the time of hiring staff and faculty members, the Title IX coordinator must hold a training session. The annual training must be conducted to the staff and faculty members on a designated date.

For all new entering DULA students, the Title IX coordinator must provide a training session during the new student orientation and deliver the brochure to both DAOM and MSOM students. The annual web-based training for all students of DULA must be conducted on a designated date.
The Campus Security Act (Public Law 102-26) 34 C.F.R. Section 668.46 (c)(1) requires postsecondary institutions to disclose the number of instances in which certain specific types of crimes have occurred in any building or on any property owned or controlled by this institution (and used for activities related to the educational purpose of the institution) and/or student organizations recognized by this institution. In compliance with that law, the following reflects this institution's crime statistic for the period between 01/01/2016 and 12/31/2018.

PLEASE NOTE THAT THIS INSTITUTION DOES NOT HAVE ON-CAMPUS HOUSING, AND THAT THERE ARE NO POLICE RECORDS THAT PERTAIN DIRECTLY TO THE PROPERTY USED BY THE INSTITUTION. THEREFORE, THE STATISTICS BELOW REPORT ONLY THOSE INCIDENTS REPORTED TO THE INSTITUTIONAL ADMINISTRATION AND/OR LOCAL POLICE.

<table>
<thead>
<tr>
<th>Crimes Reported</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>Location:</th>
<th>* Hate Crime? (see note)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C</td>
<td>N</td>
<td>P</td>
<td>C=Campus</td>
<td>N=Non-campus</td>
</tr>
<tr>
<td>(i) Criminal homicide:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Murder and non-negligent manslaughter</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(B) Negligent manslaughter</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(ii) Sex Offenses:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Rape</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(B) Fondling</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(C) Incest</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(D) Statutory Rape</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(iii) Robbery</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(iv) Aggravated assault</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(v) Burglary</td>
<td>1</td>
<td>0</td>
<td>c</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(vi) Motor Vehicle Theft</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(vii) Arson</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Arrest and referrals for disciplinary actions including:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Arrests for liquor law violations, Drug law violations, and illegal weapons possession:</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(B) Persons not included in 34 CFR 668.46(c)(1)(ii)(A) who were referred to campus disciplinary action for liquor law violations, drug law violations, and illegal weapons possession</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Hate crimes: As listed under 34. CFR668.46 (c)(1)(i)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Larceny-theft</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(B) Simple Assault</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(C) Intimidation</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(D) Destruction, Damage or Vandalism of Property</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(viii) Liquor law violations</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**New reporting as of 10/01/2019**

| Incidents of sexual assault | 0 | 0 | 0 | 0 |
| Domestic Violence | 0 | 0 | 0 | 0 |
| Dating Violence | 0 | 0 | 0 | 0 |
| Stalking | 0 | 0 | 0 | 0 |

**NOTE - Crimes reported under any of the categories listed in this section that show evidence of prejudice based on race, religion, sexual orientation, ethnicity or disability as prescribed by the Hate Crimes Statistical Act.**

1. This institution does not employ campus security personnel but encourages both its employees and students to immediately report suspected criminal activity or other emergencies to the nearest available institutional official and/or, in the event of an emergency, to directly contact local law enforcement or other emergency response agencies by dialing 911.

   (i) All students and employees are required to report any crime or emergency to their institutional official promptly.

   (ii) Preparation for the Annual Disclosure of Crime Statistics report is obtained by the institution's directors, who are to contact the correct police department district to obtain statistics, and then record those statistics in the institution's daily incident log.

   (iii) If a student or employee wishes to report a crime on a voluntary or confidential basis, John Jeon will be prepared to record and report the crime, but not the name of the informant. The student or employee may, in order to maintain confidentiality, submit the information in writing to John Jeon without signature.
(iv) If the student wishes not to maintain confidentiality, they will contact their intern-supervisor or faculty who in turn will contact the nearest DULA Staff Member to report criminal actions—by calling the Olympic Division of the LAPD (213-382-9102)—or emergencies—by calling 911.

2. Only students, employees and other parties having business with this institution should be on institutional property.

   (i) When the school closes for the night, the school’s official or supervisor will inspect each floor to ensure that it is empty, then set the alarms on each floor and lock down the campus.

   (ii) Other individuals present on institutional property at any time without the express permission of the appropriate institutional official(s) shall be viewed as trespassing and as such may be subject to a fine and/or arrest.

   (iii) In addition, students and employees present on institutional property during periods of non-operation without the express permission of the appropriate institutional official(s) shall also be viewed as trespassing and may too be subject to a fine and/or arrest.

3. Current policies concerning campus law enforcement are as follows:

   (i) Institution’s officials have no powers of arrest other than the Citizens Arrest Law, and, in the event of a crime or emergency, are required to call the correct agency or dial 911 for the police and emergency services. The Citizens Arrest Law will be invoked only as a last resort, and after all other possibilities have been explored.

   (ii) Employees shall report any criminal action or emergency to their immediate or nearest ranking supervisor, who will then contact the appropriate agency by calling 911. If possible, in the interim, the security guard(s) and/or institutional official shall attempt to non-violently deal with the crime or emergency with the appropriate agency on campus. Individual discretion must be used, and undue risk should not be taken.

   (iii) The institution currently has no procedures for encouraging or facilitating pastoral or professional counseling (mental health or otherwise); nonetheless the student or employee is encouraged to seek such aid outside of the institution.

4. The institution does not offer regularly scheduled crime awareness or prevention programs other than orientation, where all the institution’s policies and regulations are properly disclosed to prospective students.

   (i) Though this institution does not offer regularly scheduled crime awareness or prevention programs, students are encouraged to exercise proper care in seeing to their personal safety and the safety of others.
(ii) The following is a description of policies, rules, and programs designed to inform students and employees about the prevention of crimes on campus:

a. Do not leave personal property in classrooms.
b. Report any suspicious persons to your institutional official.
c. Always try to walk in groups outside the school premises.
d. If you are waiting for a ride, wait within sight of other people.
e. Employees (staff and faculty) will close and lock all doors, windows, and blinds and turn off lights when leaving a room

5. The Crime Awareness and Campus Security Act is available upon request to students, employees (staff and faculty), and prospective students.

(i) The school has no formal program, other than orientation, that disseminates this information. All information is available on request.

(ii) Information regarding any crimes committed on the campus or its leased/attached properties (parking lot) will be available and posted in a conspicuous place within two (2) business days after the reporting of the crime and be available for sixty (60) business days during normal business hours—unless the disclosure is prohibited by law, would jeopardize the confidentiality of the victim or an ongoing criminal investigation, would jeopardize the safety of an individual, would cause a suspect to flee or evade detection, or would result in the destruction of evidence. Once the reason for the lack of disclosure is no longer in force, the institution must disclose the information. If there is a request for information that is older than 60 days, that information must be made available within two (2) business days of the request.

6. All incidents shall be recorded in the daily incident log at the institutional official's station. This log includes the date, time, location, incident reported, disposition of incident, and name of the person who took the report. The report must be entered in the log within two (2) business days after it is reported to the school's official, unless that disclosure is prohibited by law or would endanger the confidentiality of the victim.

7. This institution does not permit the sale, possession or consumption of alcoholic beverages on school property, adhering to and enforcing all state underage-drinking laws.

8. The institution does not permit the possession, use, or sale of illegal drugs by its employees and students, adhering to and enforcing all state and federal drug laws. The violation of these policies by students or employees may result in expulsion, termination, and/or arrest. Information concerning drug and alcohol abuse education programs is posted at the campus and is distributed annually to students and staff.
9. It is the policy of this institution to have any sexual assaults (criminal offenses) on campus reported immediately to the institution's official, who will report it to 911 emergency and police units. During the orientation of newly admitted students, the institution emphasizes the prevention of sexual crimes by insisting students to work, study, and walk outside of the premises accompanied by other students or in view of other persons, avoiding being alone at any time. During the daily functioning of the school operations, staff and administrators focus on ensuring that students are not by themselves under any circumstance.

(i) The institutional program to prevent sexual crimes consists of maintaining a continuous lookout for each other to protect and prevent any sexual assaults. The entire staff takes part in this program to protect the students and staff themselves.

(ii) A person who is victimized will be encouraged to seek counseling at a rape crisis center and to maintain all physical evidence until they can be transported to a hospital or rape crisis center for proper treatment.

(iii) A victim of a sexual crime has the option of reporting this crime to the institutional authorities or directly to 911 and seeking professional assistance from the emergency agencies. If requested, the institutional personnel will be prepared to request assistance calling 911.

(iv) The institution does not have access to professional counseling, mental health or otherwise, though students and employees are encouraged to seek such professional assistance at the nearest hospital or health care services.

(v) The institution will offer the victim of a sexual crime any available options to change the academic schedule to the benefit of the victimized person, as is possible.

(vi) The institutional disciplinary actions in reference to an alleged sex offense are as follows:

   a. The accuser and the accused are entitled to the same opportunities to have others present during a disciplinary proceeding.

   b. Both the accuser and the accused must be informed of the outcome of any institutional proceeding regarding an alleged sex offense.

(vii) This institution has zero tolerance of violation of this policy. Once the offense is confirmed, the institutional disciplinary action against students or employees may result in expulsion from school, termination of employment, and, in accordance with local laws, an arrest of the offender by the authorities.

(viii) The institution provides the following website to obtain information concerning the registration of arrested sex offenders: https://www.meganslaw.ca.gov/

10. Revised Crime Classification: Burglary vs. Larceny: An incident must meet three conditions to be classified as a burglary.

(i) There must be evidence of unlawful entry (trespassing). Both forcible entry and unlawful entry are counted toward this.
(ii) The unlawful entry must occur within a structure, which is defined as having four walls, a roof, and a door.

(iii) The unlawful entry into a structure must show evidence that the entry was made in order to commit a felony or theft. If the intent was not to commit a felony or theft, or if the intent cannot be determined, the proper classification is larceny.

11. Definition of On-Campus Student Housing Facility: For the purposes of the Clery Act regulations, as well as the HEA fire safety and missing student notifications regulations, any student housing facility that is owned or controlled by the institution (including any facility located on property that is owned or controlled by the institution) and is within the reasonably contiguous geographic area that makes up the campus is considered an on-campus student housing facility. This definition clarifies that any building located on-campus, or on land owned or controlled by the institution, that is used for student housing must be counted as an on-campus student housing facility—even if the building itself is owned or controlled by a third party. PLEASE NOTE THAT THIS INSTITUTION DOES NOT HAVE ON CAMPUS HOUSING.

12. Campus Law Enforcement Policies: All institutions must include a statement of policy regarding campus law enforcement in their annual security report. This statement must contain the following elements:

(i) A description of the law enforcement authority of the campus security personnel.
(ii) A description of the working relationship of campus security personnel with state and local law enforcement agencies, including whether the institution has agreements with such agencies (such as written memoranda of understanding [MOU]) on the investigation of alleged criminal offenses.
(iii) A statement of policies which encourages accurate and prompt reporting of all crimes to the campus police and the appropriate law enforcement agencies.

13. Students and employees should refer to the person or agency listed at the end of this report when reporting or seeking help with a criminal incident. Please note that any emergency that requires immediate attention should not wait to be reported to the school's officer, but rather the appropriate agency (calling 911) should be contacted immediately.

14. The institution does not maintain any special relationship with state and local police and does not have an agreement with those police agencies (such as written memoranda of understanding) to investigate alleged crimes.

15. This institution encourages students to complete a timely reporting of all crimes to the campus administrators, police, and appropriate law enforcement agencies.
16. This institution encourages students to immediately report an incident where an emergency evacuation will be needed. All students should be familiar with the evacuation procedures posted in several key places around the campus.

17. Anyone with information believed to warrant a timely warning should promptly report the circumstances to John Jeon, campus security manager, at 213-487-0110 (Ext. 110). He will consult, as is appropriate and necessary, with other university officials regarding whether a timely warning should be issued. The decision to issue a timely warning will be made on a case-by-case basis after consideration of the available facts, including factors such as the nature of the crime and the continuing danger or risk to the campus community. The decision will be made in a manner that is timely while withholding the names of victims and aiding in the prevention of similar crimes in the future.

18. When a determination is made that a timely warning should be issued, John Jeon will take appropriate steps to ensure timely notification to the campus community. Timely warnings will be primarily issued through the university’s mass notification system, POPULI, which sends a text to your verified cell phone number. Additional options for notification include, but are not limited to, the page notification system, campus-wide e-mails, physical postings on doors and bulletin boards, or the university’s website. The warnings will include some or all of the following information: the date, time, and location of the reported crime; a summary of the incident; a description of the suspect and/or vehicle, if available; and any other special instructions or incident-specific safety tips.

19. This institution does not provide on-campus housing. Therefore, the following disclosures do not apply to this institution:

- Fire safety (668.49)
- Missing students (668.46(h))
- Emergency notifications 668.46(g))
- Hate crimes 668.46(c))

20. Peer-to-peer file sharing: Students authorized to utilize the institutional electronic equipment for purposes of conducting research, practical work, writing essays, doing homework assignments, or in any general use of the equipment for course related work, are strictly unauthorized to copy or distribute any copyrighted material. Any violations will subject the individual violator (staff member, non-staff member, or student) to civil and criminal liabilities.
   
   (i) The first violation will be punished by removing authorized use of any institutional equipment; if the violation includes the use of individually owned equipment, the individual will not be allowed to bring in his/her personal equipment into the school premises.
On a second violation, the staff member may be terminated, or the student may be expelled from school. This decision will be made by the school administration. The institution conducts annual evaluations of the procedures in place to prevent any violations of copyrighted materials, observing the need of the students to have access to the institutional network. The institution will keep a log of summarizing violations reported and disciplinary actions taken.

21. Students and employees should refer to the following person or agency when reporting or seeking help with criminal incidents. Please note that any emergency that requires immediate attention should not wait to be reported to the school’s officer, but rather the appropriate agency (calling 911) should be contacted immediately.

**On Campus**

<table>
<thead>
<tr>
<th>Primary Employee</th>
<th>John Jeon, Campus Security Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternate Employee</td>
<td>Emilio Lopez, Facility Manager</td>
</tr>
<tr>
<td>School Name</td>
<td>Dongguk University Los Angeles</td>
</tr>
<tr>
<td>Street address</td>
<td>440 Shatto Place</td>
</tr>
<tr>
<td>City, State Zip</td>
<td>Los Angeles, CA 90020</td>
</tr>
<tr>
<td>Phone No.</td>
<td>213-487-0110 (Ext. 110)</td>
</tr>
</tbody>
</table>

**Off Campus**

<table>
<thead>
<tr>
<th>Emergency</th>
<th>911</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAPD Olympic Division</td>
<td>213-382-9102</td>
</tr>
<tr>
<td>Hospital</td>
<td>St. Vincent Medical Center</td>
</tr>
<tr>
<td>Street address</td>
<td>2131 West 3rd St.</td>
</tr>
<tr>
<td>City, State Zip</td>
<td>Los Angeles, CA 90057</td>
</tr>
<tr>
<td>Phone No.</td>
<td>213-484-7111</td>
</tr>
</tbody>
</table>
ADMISSIONS POLICY

Visiting DULA

Prospective students are invited to visit DULA and experience the community by scheduling a visit to our campus. Prospective may sit in on classes, meet with faculty and current students, and experience clinical settings. Individual tour of the campus is available, and walk-ins are always welcome. All prospective students who visit DULA in person or attend an on-campus admissions info session will receive a tour of the campus and a comprehensive overview of your program of interest, including curriculum, class schedules, tuition, financial aid and answers to your specific questions.

To schedule a tour, please contact the Admissions Department at 213-487-0110 or send an email to admissions@dula.edu. Applications are reviewed throughout the year. Preferences are given to early applicants.

English Language Requirements

The MSOM program is currently offered in three languages: English, Korean, and Mandarin Chinese. DAOM program is currently offered only in English language. Clinical training is done in English only.

English Language Competency Requirements for ALL Programs on or after January 1, 2020:

English language competency is required of all students seeking admission to the program. This must be demonstrated by one of the following means:

1. The student must have completed a two-year (60 semester credits or 90 quarter credits) baccalaureate- or graduate-level, English-based education in an institution:
   a) accredited by an agency recognized by the U.S. Secretary of Education, or
   b) in the United Kingdom, Australia, Canada (except Quebec), New Zealand, or Ireland. In all cases, English must have been both the language of instruction and the language of the curriculum used;

2. Test of English as a Foreign Language Internet-Based Test (TOEFL® iBT)
   Acceptable scores: TOEFL iBT total score – 80

3. International English Language Testing System (IELTS)
   Acceptable scores: IELTS overall band score of 6.5 (Academic Format)
Admissions Requirements – MSOM Program

Entrance Criteria for MSOM Program

1. A Bachelor's degree is preferred for all applications of the Master of Science in Oriental Medicine program at Dongguk University Los Angeles. A background in western medicine is not required, nor is a graduate school entrance exam.
2. All MSOM applicants must have completed a minimum of an Associate's degree, or 60 semester units (90 quarter units) of the baccalaureate level education from a regionally accredited, degree-granting college or university with a minimum 2.25 cumulative GPA on a 4.0 scale from an institution accredited by an agency recognized by the U. S. Department of Education or an equivalent international entity.
3. A maximum of 30 semester credits (or 50%) of the prerequisite two-year education requirement may be earned through prior learning assessment using either, or a combination, of the following assessment techniques: (1) credit by examination using standardized tests and/or (2) assignment of credit for military and corporate training based on recommendations established by the American Council on Education.

Non-matriculated students: MSOM Program

All students must meet all admissions requirements and course prerequisites with the exception of the following courses:

- TB111 Tai Chi Chuan (2/20)
- TB121 Qi Gong (2/20)

While the above two courses are open to the public, non-matriculated students who are enrolled in courses must meet all admission requirements and demonstrate sufficient prior education and experience to successfully complete those courses.

Application Completion Procedures

The following items are required to be considered for admission:

1. A complete online or paper application in English along with the non-refundable application fee (U.S. citizens/residents: $100; international students: $200).
2. Provide Official Transcript(s) from all colleges and/or universities attended. All official transcripts must be sealed and sent directly from the issuing institutions to the office of admissions at DULA. If the transcripts are from a country where English is not the primary language, they must be translated into English and must be sent to a reputable foreign credential evaluation agency to evaluate equivalent levels of educational achievement in the U.S.
3. A copy or copies of diploma(s) from all higher-level institutions attended.
4. Students who graduated from colleges or universities outside of the U.S. are required to submit a comprehensive course-by-course evaluation through the academic credential evaluation service, which is a member of NACES (National Association of Credential Evaluation Services). For more information about NACES, please refer to the website http://www.naces.org/ to select one of listed institutions and apply for the course-by-course service. Evaluation must include degree equivalency.

5. Two recommendation letters. The letters may be in English, Korean, or Chinese. The letters of recommendation should include information about the applicant’s strengths and character traits.

6. One-page typed personal essay in English addressing the following three questions:
   - Why do you want to attend Dongguk University Los Angeles?
   - What are your interests and/or philosophical views of oriental medicine?
   - What are your strengths and skills that would make you a good healthcare practitioner?

7. One recent 2”x2” color headshot photos.

8. Proof of residency (copy of passport, birth certificate, permanent resident card, or any other documents that prove applicants’ legal stay in U.S).

9. An interview with a member of the Admissions Committee.

Please contact admissions staff for any questions or additional information regarding the application process.

**International Applicants**

DULA is authorized by the U.S. Department of Homeland Security to issue a I-20 and enroll non-immigrant international students. For international applicants, in addition to the above requirements, the following must also be submitted:

1. A financial statement, certified by a financial institution, verifying the availability of at least $25,900 for singles, and an additional $3,500 for each adult dependent ($2,500 for each dependent child) in U.S. dollars to verify the availability to pay educational and living expenses for one year. For applicants with sponsors, the Financial Statement must be signed by your sponsor, stating they assume financial responsibility for the designated amount.

2. A copy of a passport that is valid for at least 6 months after the date of entry into the US for the purposes of education at DULA.

3. Applicants currently studying in the United States on an F-1 visa must submit a photocopy of their I-94 form, I-20 form, visa, and the first page of the passport. A completed transfer release form must be sent to DULA by the school from which the applicant is transferring.

4. Additional fees may apply for postage and handling overseas/expedited mailing.
The Admissions Review Process – MSOM Program

1. Once all application package and all supporting documents have been received, the applicant will be contacted for a personal interview with one of the members of the admissions committee.
2. Following the interview, the application file will be reviewed by the admissions committee.
3. The applicant will be notified in writing once a decision has been made by the admissions committee.
4. The Committee’s decision will be one of the following:
   a. Full Acceptance
   b. Conditional Acceptance
   c. Denial

Full Acceptance

Students who are fully admitted are expected to commence enrollment in the quarter they are admitted. They may enroll for class without restriction after meeting with an academic advisor. Admitted students have the option of deferring entry for up to one calendar year by filing a request with the Admissions Department. Students should be aware that entry may not be available in all quarters and should work closely with Admissions if they do not start the program as planned.

Conditional Acceptance

Conditional Acceptance is given to applicants with some deficiency that must be remedied or a condition to their admission that must be satisfied within a specified timeframe. These deficiencies may include absence of an official transcript for evaluation. An official transcript may be required by a specific date (end of the drop period, end of the first term of enrollment). Provisionally admitted students who do not meet the stated requirements within the specified deadline will not be permitted to continue in the program.

Denial

An application may be denied. The Admissions Committee may set conditions for students to renew their application for eventual acceptance. The student has up to one (1) year to renew the application without paying an additional fee. After one year’s time, that applicant will have to re-apply with a new fee.
Admissions Requirements – DAOM Program

Entrance Criteria for DAOM Program

1. Applicants who have a master’s degree or master’s level program in Acupuncture or Oriental medicine from ACAOM-accredited or candidate institution or its equivalent, will be considered for admissions to the DAOM program.

2. Foreign equivalence of ACAOM accreditation is assessed by the Doctoral Program (DAOM) admissions Committee upon receipt of academic transcripts, credential evaluation, and any other supporting documentation requested. In general, the training program must be of similar academic level, length, of time, breadth and rigor as ACAOM accredited programs.

3. Applicants to a doctoral program that does not include advanced study or specialty concentrations in herbal medicine must document satisfactory completion of a minimum of three (3) semester credits (45 hours) of an introductory curriculum in the fundamentals of Chinese herbal medicine either as a prerequisite or as a co-requisite.

Non-matriculated Students

The DULA DAOM program does not accept non-matriculated students.

Special Admissions

Applicants who do not otherwise meet the criteria for standard admissions with the proper demonstration of experience equivalency may be applied in the following circumstances. The normal application process still applies.

Applicants who have declared in writing and demonstrated sufficient evidence that they possess the necessary qualifications for “Full admissions” status but have not yet provided all of the necessary documentation, may be conditionally admitted. Such students will have only one quarter to provide the necessary documentation and enroll at their own risk. If that documentation, when received, does not qualify them for Full admissions, they must leave the program and reapply for admissions once the necessary requirements have been met. Students not supplying that information within one quarter will not be allowed to continue in the program until the above information has been received by the DAOM admissions Office.

Educational Deficiencies: The program may admit students with particular educational deficiencies of a limited nature who possess an ACAOM-accredited or candidate degree or its equivalent provided that such persons complete any course work deficiencies prior to taking relevant doctoral program courses for which such course work is a prerequisite. Students are admitted as “Probationary Students” and are required to take all prerequisites during the first year and pass these courses.
Experienced clinicians: The program may admit students who are experienced practitioners that do not otherwise meet the criteria for standard admissions who meet all the following criteria:

- A thorough entrance evaluation of each candidate to establish a foundation of knowledge and skills in Oriental Medicine that are appropriate for admissions to a clinical doctoral program.
- Documentation of five years of full-time AOM clinical practice with documentation of a minimum of 2,000 patient treatments.
- Successful completion of an identified curriculum from the institution's master's level program to rectify any deficiencies identified through the program's entrance evaluation and admissions standards. Completion of the identified curriculum can be accomplished through the successful completion of specified courses, or by demonstrating achievement of the specific course objectives through successful completion of challenge examinations.

The DAOM Admissions Committee identifies the specific courses of the master's level curriculum that the applicant must complete, articulate and document the rationale for its decision in relation to the doctoral program, and maintain a record of this process with respect to each candidate.

Application Completion Procedures

The following items are required to be considered for admission:

1. A complete online or paper application in English along with the non-refundable application fee (U.S. citizens/residents: $100; international students: $200).
2. Provide sealed official transcript of master's degree or master's level program in Acupuncture or Oriental medicine from ACAOM-accredited or candidate institution or its equivalent.
3. A copy of California Acupuncture License.
4. Provide current professional resume.
5. Students who graduated from colleges or universities outside of the U.S. are required to submit a comprehensive course-by-course evaluation through the academic credential evaluation service, which is a member of NACES (National Association of Credential Evaluation Services). For more information about NACES, please refer to the website [http://www.naces.org/](http://www.naces.org/) to select one of listed institutions and apply for the course-by-course service. Evaluation must include degree equivalency.
6. Two recommendation letters or academic recommendation.
7. Provide statement essay approximately 500 words written in English.
8. Two recent 2"x2" color headshot photos.
9. Proof of residency (copy of passport, birth certificate, permanent resident card, or any other documents that prove applicants' legal stay in U.S).
10. Proof of English language:

   **English Language Competency Requirements for ALL Programs on or after January 1, 2020:**
English language competency is required of all students seeking admission to the program. This must be demonstrated by one of the following means:

- The student must have completed a two-year (60 semester credits or 90 quarter credits) baccalaureate- or graduate-level, English-based education in an institution:
  - accredited by an agency recognized by the U.S. Secretary of Education, or
  - in the United Kingdom, Australia, Canada (except Quebec), New Zealand, or Ireland.
  - In all cases, English must have been both the language of instruction and the language of the curriculum used;
- Test of English as a Foreign Language Internet-Based Test (TOEFL® iBT)
  Acceptable scores: TOEFL iBT total score – 80
- International English Language Testing System (IELTS)
  Acceptable scores: IELTS overall band score of 6.5 (Academic Format)

11. An interview with a member of the DAOM Admissions Committee.

Please contact DAOM office for any questions or additional information regarding the application process.

International Applicants

DULA is authorized by the U.S. Department of Homeland Security to issue a I-20 and enroll non-immigrant international students. For international applicants, in addition to the above requirements, the following must also be submitted:

1. A financial statement, certified by a financial institution, verifying the availability of at least $25,200 for singles, and an additional $3,500 for each dependent ($2,500 for each dependent child) in U.S. dollars to verify the availability to pay educational and living expenses for one year. For applicants with sponsors, the Financial Statement must be signed by your sponsor, stating they assume financial responsibility for the designated amount.
2. A copy of a passport that is valid for at least 6 months after the date of entry into the US for the purposes of education at DULA.
3. Applicants currently studying in the United States on an F-1 visa must submit a photocopy of their I-94 form, I-20 form, visa, and the first page of the passport. A completed transfer release form must be sent to DULA by the school from which the applicant is transferring.
5. Additional fees may apply for postage and handling overseas/expedited mailing.
The Admissions Review Process – DAOM Program

The DAOM admissions committee has the responsibility to determine if a prospective student will be capable of achieving the program's educational objectives. The official transcript of the applicant is reviewed to determine if the prospective student has the academic ability to be successful in the program. Under special circumstances, requirements may be modified or waived by approval of the DAOM admissions committee. “Special admissions learners” may comprise 10% of each cohort. Special admissions learners are prospective doctoral candidates who have successfully completed a master’s program in Oriental medicine from an ACAOM- accredited or candidate institution and will have passed the California Acupuncture Licensing Exam within one year of conditional acceptance to the DAOM program.

Upon receipt and review of all required materials, selected applicants meeting DULA criteria for admissions to the DAOM program will participate in an on-campus interview with the DAOM admissions committee. The DAOM admissions committee will have members representing different aspects of the doctoral program including the Doctoral Director. Other members of the DULA community may be invited to serve as needed. The DAOM admissions committee will meet after the interview to review the documents and evaluate the application. The applicant will be assessed on the ability to meet requirements such as:

- Degree qualification
- Impressions of personal capacity to meet the rigors of the program
- Character and suitability of the applicant

Within one week of the panel interview the applicant will receive written notice of the committee’s admissions decision. The committee’s decisions include acceptance, rejection or conditional acceptance.

A waitlist will be developed if there are more than the maximum of twenty (20) desired qualified applicants. Applicants recommended for conditional acceptance will be provided with an assessment and required plan of preparation. Admissions will be accepted quarterly and applications are advisable to be completed and submitted to the University one month before the start of classes. The DAOM admissions committee will review each application. Once the applicant is accepted, a letter of acceptance will be issued inviting the accepted applicant to enroll. An enrollment appointment will be set for the prospective student to meet with the DAOM staff to receive information such as assignments for the first-class meeting and financial arrangements for tuition.

Entrance in the Doctoral Program will be based on the following standards:

- Timely submission of required documents (see above)
- Graduation from an accredited or candidate program in Oriental Medicine or equivalent (Example: OM Bachelor’s degree from China)
- Proof of professional license and malpractice insurance
- Result of Interview with DAOM admissions committee
Veterans

In addition to the application requirements listed above, veterans who wish to use GI Bill educational benefits must submit transcripts of all prior college education and military or vocational training to be evaluated for transfer credit. To apply for GI Bill educational benefits, visit [www.gibill.va.gov](http://www.gibill.va.gov) or call 888-442-4551.

New Student Orientation and Registration

All new students must attend the New Student Orientation and Registration session. The orientation reviews financial aid and registration options, the academic calendar, college policies, and the Doctoral/Master’s program. Please contact the admissions office for assistance prior to orientation for special needs assistance or special scheduling issues.

For the DAOM program, the orientation is conducted by the Doctoral Director and staff. The information about the DAOM program, policy as well as HIPAA and OSHA training will be presented in the orientation. The clinical training orientation that includes the information about DAOM residency, mentorship and preceptorship will also be presented during the new student orientation. All administrative staff will introduce themselves and describe their part in the DAOM program. DAOM Students will have the opportunity to ask questions.

Please refer to the academic calendar section in this catalog for more information about the new student orientation date of each academic quarter.
TRANSFER STUDENTS AND TRANSFER CREDITS

MSOM Program

Students who wish to transfer from other AOM schools must be in good standing (a minimum cumulative GPA of 2.25) and meet the current admissions standards at the time of transfer. The application process is the same for transfer students. A minimum of 1 academic year or 48 quarter units of residency for the year is required as a full-time matriculated student in the DULA program to be granted the MSOM diploma from DULA. Transfer students are encouraged to meet with the registrar or one of admissions staff prior to submitting their applications.

No credit is granted for military or corporate training, prior experiential learning, life experience, nor through portfolio assessment. The Master’s program accepts transfer credits towards its program that it judges to be equivalent to its requirements for graduation. Before transfer credit will be awarded, all official transcripts containing the coursework for which the prospective student seeks credit must be received by the Office of Admission.

Students who are seeking admissions from another oriental medicine program must meet the following requirements:

1. Prior to processing transfer credits, the following documents must be submitted:
   a. Official transcripts sealed and sent directly from all previous colleges and/or universities.
   b. Foreign students are required to submit a credential evaluation report by an agency, which is a member of NACES (National Association of Credential Evaluation Services). The report must include equivalency of education.
   c. Only transfer credit for actual coursework successfully completed at a college or university accredited by an agency recognized by the U.S. Department of Education or, in the case of foreign institutions, recognized by the appropriate government agency.

2. For institutions approved by the California Board of Acupuncture, 100% transfer credit may be awarded, provided that the actual coursework to be transferred has been successfully completed and is equivalent to the relevant required coursework.

3. For candidates applying from institutions not approved by the California Board of Acupuncture, but are accredited by ACAOM or from foreign institutions which are evaluated as the equivalent of a regionally accredited college in the U.S., the following guidelines will apply:
   a. Up to 100% transfer credit may be awarded for courses completed successfully in basic sciences, clinical medicine, case management, practice management, public health, and professional development if the actual number of hours completed is equal to or greater than that required.
   b. Up to fifty percent (50%) credit, by transfer or challenge exam, for clinical practice and instruction in acupuncture and Oriental medicine principles, theories and treatment procedures may be awarded. The actual number of hours
completed must be equal to or greater than that required by DULA. At least 50% of the course hours in the above individual subjects must be taken at DULA.

c. DULA may also require the student to take specific subject examinations in order to demonstrate a level of knowledge comparable to that achieved by a DULA student before credits are awarded.

4. Transfer credits are granted only for coursework completed within 5 years. Transfer credit may be granted if the transfer student’s profession is related to coursework completed more than 5 years ago.

5. Transfer credits shall only be awarded for actual coursework.

6. Credits are not awarded for a western medical internship or residency training toward the actual clinical coursework and instruction required at DULA.

7. For additional information regarding transfer credits and processes, please contact the office of registrar. Please also refer to the DULA University Policy Handbook for more information about transfer credit policy.

Students who want to request any transfer credits from any course subjects, must list the requested courses in the “Transfer Credit Request Form” and submit to the Registrar for review. The “Transfer Credit Request Form” can be obtained at DULA front desk.

Guidelines for additional study:

1. In the case that the number of units from the previous institution’s coursework is less than DULA’s required units, the student is required to complete an additional study for the remaining units.

2. Before the credit is granted, the student must first follow the process of additional study shown below:

   a. The student must fill out the MSOM Transfer Credit Additional Study request form and pay for the additional units. The tuition and fee information of each unit is in this catalog (tuition and fees section, page 95).

   b. After the form is completed and tuition is paid, MSOM program director will provide the student with the additional study instructional schedule and assign the appropriate faculty.

   c. The student will then meet the appropriate coursework faculty to arrange a study schedule. How the additional study is conducted is solely decided by the discretion of assigned faculty, based upon the rule that one unit of coursework is equal to a total of 10 in-person lecture hours and 20 out-of-classroom assignment hours.

   d. The additional study offers a pass or fail grade unless the letter grade is arranged before the course started. Credits will only be granted if the student passes the course work.

   e. The completed additional study instructional schedule form must be returned to the MSOM program director no later than 10 days after the completion of the study.
For students who take coursework at other institutions while being enrolled at DULA, they must pay transfer credit processing fees (please see the tuition and fees section of this catalog). After the student is admitted in DULA, the maximum number of courses that can be transferred from other institutions for transfer credits is five (5). Students may not be concurrently enrolled in another oriental medicine program, unless otherwise permission is granted by the dean of academic affairs.

**DAOM Program**

Course work taken at another accredited institution before admissions to DULA may be presented for evaluation for transfer credit. All potential transfer credit is evaluated by the Dean of Academic Affairs and the Associate Dean of DAOM Program to ensure that the credits meet the standards and objectives for graduation from the doctoral program, and that the credits cover the same material of the equivalent course in the doctoral program.

Students who want to request any transfer credits from any course subjects, have to list the requested courses in the “Transfer Credit Request Form” and submit to the DAOM coordinator for review. The “Transfer Credit Request Form” can be obtained at DULA front desk.

Credit for courses within the DULA DAOM curriculum may be granted for equivalent courses taken at an ACAOM-accredited institution. Courses must have been taken within 5 years prior to admissions to DULA and must be equivalent in hours and content to the course offered at DULA. Concurrent enrollment may only be undertaken for transfer credit only after counseling and prior written approval of the Doctoral Program Director. Transfer credits are granted only for course work that completed within 5 years. Credits earned more than 5 years prior to admissions may only be accepted for transfer after validating and documenting that the student has retained the content knowledge and competencies of the respective course(s) for which transfer credits are being assessed. Any DULA student who wishes to transfer a course completed more than 5 years prior to admissions may petition to take a proficiency examination (which is equivalent to the final exam for the course) and if successfully passed with a score of 75% or higher, allowance will be made for transfer credit.

Additional criteria for acceptance of transfer credit follows:

- Transfer credits cannot be a part of any master’s degree program
- Transfer credits come from coursework at an ACAOM-accredited institution
- Transfer credits must meet the equivalency in the content and standards for graduation from the doctoral program
- No credit is granted for military or corporate training, prior experiential learning, life experience, nor through portfolio assessment
- The requested transfer credits cover all material in the DAOM class of which it is the equivalent with a grade of “B” or better
- Transfer credits cannot exceed 200 hours
- Transfer credits can only be awarded for the hours of didactic classes
- Transfer credits cannot be awarded in the case that the number of units from the previous institution’s coursework is less than DULA’s DAOM coursework required units.

For students who take coursework at other institutions while being enrolled at DULA, they must pay transfer credit processing fees. The fee schedule is stated in this catalog (tuition and fees section). After the student is admitted in DULA, the maximum number of courses that can be transferred from other institutions for transfer credits is 5. Students may not be concurrently enrolled in another oriental medicine program, unless otherwise permission is granted by the dean of academic affairs.

**Transferability of Credits and Credentials Earned at DULA**

The transferability of credits you earn at DULA is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the degree(s) you earn at DULA is also at the complete discretion of the institution to which you may seek to transfer. If the degree(s) that you earn at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all your coursework at that institution. For this reason, you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending DULA to determine if your degree(s) will transfer.

If a student is transferred from an institution that uses different academic terms from DULA, a conversion into the quarter system will be applied.

Rely on the charts below to make these conversions:

<table>
<thead>
<tr>
<th>Semester to Quarter Conversions</th>
<th>Trimester to Quarter Conversions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Semester Units</td>
<td>Number of Quarter Units</td>
</tr>
<tr>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>4.5</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>7.5</td>
</tr>
<tr>
<td></td>
<td>6</td>
</tr>
<tr>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
STUDENT ENROLLMENT AGREEMENT

The Program of Study is offered at the address above.

STUDENT INFORMATION

Student’s Name
Address
City, State, Zip Code
Phone
Email

PROGRAM

☐ Master of Science in Oriental Medicine (MSOM):
  213 quarter units and 48 units (960 hours) of clinical internship.

☐ Doctorate in Acupuncture and Oriental Medicine (DAOM):
  64 quarter units and 33 units (650 hours) of clinical internship.

Period covered by the enrollment agreement:
Your program start date ____________ scheduled completion date ______________.

The minimum time needed to complete this program is the total hours required for each program, minus any applicable transfer credits. The maximum time allowed to graduate this program is 8 years for the master’s program and 4 years for the DAOM. Your required units and quarters of instruction may vary, depending on the number of units accepted for transfer credit, or whether you study full or part time. CEC 94911(a) The institution hereby expressly reserves the right to modify the number of didactic (classroom) and clinical hours.

English Language Competency

If this agreement is presented to me in the English language, and should a discrepancy exist between the English version and the translated version, then the English language version shall control.

English Language Competency Requirements for ALL Programs on or after January 1, 2020:

English language competency is required of all students seeking admission to the program. This must be demonstrated by one of the following means:

1. The student must have completed a two-year (60 semester credits or 90 quarter credits) baccalaureate- or graduate-level, English-based education in an institution:
a) accredited by an agency recognized by the U.S. Secretary of Education, or

b) in the United Kingdom, Australia, Canada (except Quebec), New Zealand, or Ireland.

In all cases, English must have been both the language of instruction and the language of the curriculum used;

2. Test of English as a Foreign Language Internet-Based Test (TOEFL® iBT)
   Acceptable scores: TOEFL iBT total score – 80

3. International English Language Testing System (IELTS)
   Acceptable scores: IELTS overall band score of 6.5 (Academic Format)

DISTANCE EDUCATION

This institution does not offer a distance education.

TRANSFER CREDITS

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION.

The transferability of credits you earn at DULA is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the degree(s) you earn at DULA is also at the complete discretion of the institution to which you may seek to transfer. If the degree(s) that you earn at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all your coursework at that institution. For this reason, you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending DULA to determine if your degree(s) will transfer.

For coursework taken at another institution after admission to DULA, students must pay transfer credit fees to process their transfer credits. After you have been admitted, the maximum number of courses that can be taken from another institution is 5. Students should not be concurrently enrolled in another Oriental Medicine program, unless otherwise advised by Academic Staff.

STUDENT’S RIGHT TO CANCEL

You have the right to cancel the enrollment agreement and obtain a refund of charges paid through attendance at the first-class session, or the seventh day after enrollment, whichever is later. CEC 94911(e)(1) If you wish to cancel this agreement. Provide a written notice that states that you no longer wish to be bound by this agreement. Your notice must be timely delivered to the institution. If your notice is mailed, it must be postmarked on or before the date notice is required.
TUITION REFUND POLICY

The tuition refund policy in full compliance with the rules and regulations from all the agencies approving and licensing the University. In particular CEC 94918 Compliance with Federal Statutes, 94919 Institutions Participating in Federal Student Financial Aid Programs, 94920 Mandatory Cancellation, Withdrawal, and Refund Policies, 94921 Alternative Refund Calculations, and all the Title IV regulations related to student refunds and the Return to Title IV (R2T4) policy.

Refund calculations are related to the amount of tuition and fees to be returned by the University in the event the student withdraws from the program. Withdrawals could be initiated by the student or by the school. For students enrolled in school under Federal financial aid, the R2T4 procedure is performed first and the institutional refund policy is performed second.

The University shall refund 100 percent of the amount paid for institutional charges, less a reasonable deposit or application fee not to exceed two hundred fifty dollars ($250). Students may cancel classes during the first week of the class.

The University refund policy for the return of unearned institutional charges if the student cancels an enrollment agreement or withdraws during a period of attendance. The refund policy for students who have completed 60 percent or less of the period of attendance shall be a pro rata refund.

If a student obtains a loan for the program, the student will have to repay the full amount of the loan plus interest, less the amount of any refund, and that, if the student receives federal student financial aid funds, the student is entitled to a refund of the money not paid from the federal financial aid funds. Dongguk University Los Angeles shall pay or credit refunds within 45 days of a student's cancellation or withdrawal.

The California State Pro Rata Refund Policy applies to students who have not completed more than 60% of the course of instruction and is calculated as follows:

Student Charges During Add/Drop Period 100% refund.

After Add/Drop Period: 10% charged for each week attended

- After the 2nd Week Session 80%
- After the 3rd Week Session 70%
- After the 4th Week Session 60%
- After the 5th Week Session 50%
- After the 6th Week Session 40%
- After the 7th Week 0%

* Pro Rata will be calculated only if the withdrawal form is submitted. The term “week” above refers to the number of weekly class meetings or clinic shifts. For example, if the student took a class in week 1 and week 2, the student is allowed 80% refund for the same class. Verbal requests will not be considered.
DISBURSEMENT OF TUITION REFUNDS

All tuition refunds will be disbursed through the front office, unless the refund recipient requests in writing that it be mailed. In such cases, the recipient must provide in writing a current mailing address, or other address to which the refund should be sent with a signature and the date when requesting.

If the student has paid a portion/all of their tuition through a federal financial aid loan payment, the university will refund the student only their self-payment. The loan portion will be refunded to the loan lender.

TUITION AND FEES

All tuition and fees are subject to change without notice. Itemization of all institutional charges and fees including, as applicable:

FINANCIAL INFORMATION

Tuition and Fees

<table>
<thead>
<tr>
<th>Program</th>
<th>Tuition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master of Science in Oriental Medicine (MSOM)</td>
<td>$155 per didactic unit</td>
</tr>
<tr>
<td></td>
<td>$11 per hour clinical</td>
</tr>
<tr>
<td>Doctorate in Acupuncture and Oriental Medicine (DAOM)</td>
<td>$200 per didactic unit</td>
</tr>
<tr>
<td></td>
<td>$10 per hour clinical</td>
</tr>
</tbody>
</table>

| Supplies / Kits
Textbooks
DULA Lab Coat / Scrubs |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$1,500</td>
</tr>
</tbody>
</table>

<p>| Application Fee (New Student)                                      | $100                   |
| Late Application Fee (New Student)                                 | $0                     |
| International Student Processing Fee                               | $100                   |
| I-20 re-issue and/or extension processing, OT, etc.               | $50                    |
| Transfer Credit Evaluation Fee (Prior to Matriculation)            | $100                   |
| Transfer Credit Evaluation Fee (During Matriculation)              | $50 / course           |</p>
<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarterly Registration Fee</td>
<td>$50</td>
</tr>
<tr>
<td>Late Didactic Class Registration Fee (After the end of official didactic class</td>
<td>$100</td>
</tr>
<tr>
<td>registration period) (Quarterly Registration Fee $50 + Late Fee $100 = Total $150)</td>
<td></td>
</tr>
<tr>
<td>Add Class After Official Registration Period</td>
<td>$0</td>
</tr>
<tr>
<td>Drop Class (from the first day of new academic quarter)</td>
<td>$20 / Each Class</td>
</tr>
<tr>
<td>Changing Clinic Shifts (adding, changing, dropping) After the End of the Official</td>
<td>$20 / Each Shift</td>
</tr>
<tr>
<td>Clinic Registration Period</td>
<td></td>
</tr>
<tr>
<td>Mid-Curriculum Exam (MCE) – Initial / Retake</td>
<td>$50</td>
</tr>
<tr>
<td>Comprehensive Graduation Exam (CGE) – Initial / Retake</td>
<td>$100</td>
</tr>
<tr>
<td>Special Condition of Scheduled CGE Fee</td>
<td>$350</td>
</tr>
<tr>
<td>Makeup Final Exam</td>
<td>$100 / Exam</td>
</tr>
<tr>
<td>Challenge Exam</td>
<td>50% of tuition</td>
</tr>
<tr>
<td>Class Audit Fee</td>
<td>Free for 1st time, then 50% of tuition</td>
</tr>
<tr>
<td>Course Incompletion / Grade Change</td>
<td>$50</td>
</tr>
<tr>
<td>Graduation Fee (Including Commencement, Photo and Gowns) – MSOM and DAOM</td>
<td>$200</td>
</tr>
<tr>
<td>DAOM Capstone Review Fee</td>
<td>$100</td>
</tr>
<tr>
<td>Quarterly Clinic Malpractice Insurance Fee</td>
<td>$55</td>
</tr>
<tr>
<td>Student / Clinic ID Card</td>
<td>$10</td>
</tr>
<tr>
<td>Quarterly Facility and Technology Fee</td>
<td>$50</td>
</tr>
<tr>
<td>Certificate of Attendance</td>
<td>$10 (Express $15)</td>
</tr>
<tr>
<td>Certificate of Graduation</td>
<td>$10 (Express $15)</td>
</tr>
<tr>
<td>Certificate of Clinical Training</td>
<td>$5 (Express $10)</td>
</tr>
<tr>
<td>Certificate of Letter</td>
<td>$5</td>
</tr>
<tr>
<td>Certificate of Patient Log (Including Notarization Fee)</td>
<td>$60</td>
</tr>
<tr>
<td>Clean Needle Technique Certificate Re-issue</td>
<td>$5</td>
</tr>
<tr>
<td>Diploma Re-issue</td>
<td>$100</td>
</tr>
<tr>
<td>Service</td>
<td>Fee</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Official Transcript</td>
<td>$15</td>
</tr>
<tr>
<td>Unofficial Transcript</td>
<td>$10</td>
</tr>
<tr>
<td>Tuition Verification</td>
<td>$10 (Express $15)</td>
</tr>
<tr>
<td>Parking</td>
<td>$50 / Academic Quarter ($5 / Day)</td>
</tr>
<tr>
<td>Returned Check Charge</td>
<td>$25</td>
</tr>
<tr>
<td>Late Payment Fee Without Prior Installment Agreement</td>
<td>$100 / Each Deadline</td>
</tr>
<tr>
<td>Installment Payment</td>
<td>$20 / Each Payment</td>
</tr>
<tr>
<td>Late Installment Payment Fee With Prior Installment Agreement</td>
<td>$50 / Each Deadline</td>
</tr>
<tr>
<td>Quarterly Student Association Fee</td>
<td>$0</td>
</tr>
<tr>
<td>Deposit Upon Notification of Acceptance</td>
<td>$0</td>
</tr>
<tr>
<td>Fax Service – Domestic (Charged Per Page)</td>
<td>$1</td>
</tr>
<tr>
<td>Fax Service – International (Charged Per Page)</td>
<td>$3</td>
</tr>
<tr>
<td>Scanning Service</td>
<td>$3</td>
</tr>
<tr>
<td>Mailing Service (Domestic and Certified)</td>
<td>$5</td>
</tr>
<tr>
<td>Mailing Service (International)</td>
<td>Cost + $5 Handling Fee</td>
</tr>
<tr>
<td>In-resident Housing</td>
<td>Not offered</td>
</tr>
<tr>
<td>Student Tuition Recovery Fund (STRF) Fee</td>
<td>$0.00 / $1000</td>
</tr>
</tbody>
</table>

STRF Fee is currently not assessed by BPPE. When BPPE starts to assess STRF fee, DULA will update and notify the assessment rate. Currently the institution is charging $0 for every $1,000 tuition. The STRF rate is subject to change by BPPE based upon the balance in the STRF account. Statute requires the Bureau begin collecting if the balance falls below $20 million and caps the account at $25 million.

IN ADDITION, there will be additional costs such as transportation, room and board, etc., for which the student is responsible, that are not stated herein. The institution reserves the right to raise all fees and charges as for all new, continuing, and returning students, including tuition, in any amount at any time. Furthermore, the institution reserves the right to increase hours/units as required by private or public regulators or as the institution deems to be necessary for the interest of the program, in any amount, at any time, with or without cause. Good faith is herewith expressly made a part of this Enrollment Agreement.
FINANCIAL AID

This institution does not provide any loans. CEC 94909(a)(11) If the student obtains a loan to pay for an educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund. [Ed. Code 94911 (f)]

If the student defaults on a federal loan, both the following may occur:

(1) The federal or state government or loan guarantee agency may take action against the student, including garnishing an income tax refund; and
(2) The student may not be eligible for any other government financial assistance at another institution until the loan is repaid. [Ed. Code 94911 (g) (1),(2)]

STUDENT TUITION RECOVERY FUND

"The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program."

(b) In addition to the statement required under subdivision (a) of this section, a qualifying institution shall include the following statement in its school catalog:

"It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to the Bureau for Private Postsecondary Education, 1747 N. Market Blvd, Ste 225, Sacramento, CA 95834, (916) 574-8900 or (888) 370-7589.

To be eligible for STRF, you must be a California resident or are enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The institution, the location of the institution, or an educational program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out plan approved by the Bureau or did not complete a chosen teach-out plan approved by the Bureau.
2. You were enrolled at an institution or a location of the institution within the 120-day period before the closure of the institution or location of the institution or were enrolled in an educational program within the 120-day period before the program was discontinued.
3. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure."
4. The institution has been ordered to pay a refund by the Bureau but has failed to do so.
5. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.
6. You have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the award from the institution.
7. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.

To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF.

A student whose loan is revived by a loan holder or debt collector after a period of non-collection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law.

However, no claim can be paid to any student without a social security number or a taxpayer identification number."

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

In accordance with the Family Educational Rights and Privacy Act (FERPA), the University protects the privacy of student records, including address, phone number, grades and attendance dates. Student records are permanently kept in locked fireproof file cabinets and a backup copy of student records is kept on an off-site server. Students have the right to review their academic file by submitting a request to the Registrar.

The University does not release school records or any other information about a student to any third party without the consent of the student, except as allowed by law. Students may view an unofficial copy of their transcript and/or request an official copy through the University’s student web portal. The University permanently maintains records of academic progress. The Family Education Rights and Privacy Act (FERPA) of 1974, as amended (the “Act”), is a federal law. DULA will maintain the confidentiality of educational records in accordance with the provisions of the Act and will accord all the rights under the Act to eligible students who are or have attended DULA.

Student records are maintained at the school site for five years from the last date of attendance. Transcripts are maintained permanently.

The Act affords students certain rights with respect to their educational records.

- Right of Inspection: To inspect and review their records.
- The right to request and amend their records to ensure that they are not inaccurate, misleading, or otherwise in violation of their privacy or other rights.
- The right to disclose only with student consent of personally identifiable information contained in their records, except to the extent that the Act authorizes disclosure without consent.
- The right to file with the US Department of Education a complaint regarding the school to comply with the requirements of the Act. The address to file a complaint is:

Students are required to refer to the University Policy Handbook, MSOM or DAOM Catalog and Student Handbooks for more detailed information about FERPA Policy. By signing the Student Enrollment Agreement, the student agrees that he/she has been informed about FERPA policy in DULA, understand and agree to the FERPA Policy in DULA.

QUESTIONS

Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education

Physical Address: 1747 N. Market Blvd, Ste 225, Sacramento, CA 95834
Mailing Address: P.O. Box 980818, West Sacramento, CA 95798-0818
Phone Number: (916) 574-8900 Toll Free: (888) 370-7589 Fax Number: (916) 263-1897
www.bppe.ca.gov

COMPLAINT

A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 toll-free or by completing a complaint form, which can be obtained on the bureau’s Internet website www.bppe.ca.gov CEC 94911(j)(2); or the Accreditation Commission for Acupuncture and Oriental Medicine by completing a complaint form which can be obtained on ACAOM’s website http://www.acaom.org.

PRIOR TO SIGNING

Prior to signing this enrollment agreement, you must be provided a copy of the Student Handbook or Brochure and School Performance Fact Sheet and directed to the current catalog on the university website, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, salaries or wages after graduation, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement. CEC 94911(i)(1) ___________________________
I certify that I have received the catalog, student handbook, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact Sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.

CEC 94911(i)(2) __________________

**LEGALLY BINDING**

This enrollment agreement is legally binding when signed by the student and accepted by DULA. Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it and that you have been given: (a) a written statement of the refund policy, and; (b) a catalog including a description of the course or educational service(s) including all material facts concerning the school and the program or course of instruction which are likely to affect your decision to enroll. Immediately upon signing this agreement, you will be given a copy of it to retain for your records. CEC 94911 (d)

**PROGRAM EXPENSE**

THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT: $________

THE TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE: $________

THE ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM:

<table>
<thead>
<tr>
<th>Program</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master of Science in Oriental Medicine (MSOM)</td>
<td>$47,685</td>
</tr>
<tr>
<td>Doctorate in Acupuncture and Oriental Medicine (DAOM)</td>
<td>$22,340</td>
</tr>
</tbody>
</table>

**UNDERSTAND**

“I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.”

Student Name __________________________ Signature ________________ Date ______________

[Ed. Code 94911 (c)]

Authorized Employee __________________ Signature ________________ Date ______________
TUITION, FEES AND REFUNDS

All tuition and fees are subject to change without notice. The charges for a period of attendance and the total charges for the entire program are the same.

Tuition for the MSOM program is $155 per didactic unit, $11 per clinic hour. The total tuition for the 3090-hour (2130 didactic hours or 213 units and 960 clinical hours or 48 units) MSOM program is $43,575, not including additional fees.

Tuition for the DAOM program is $200 per didactic unit, $10 per clinic hour. The total tuition for the 1290-hour (640 didactic hour or 64 units and 650 clinical hours or 32.5 units) DAOM program is $19,300, not including additional fees.

<table>
<thead>
<tr>
<th>Supplies / Kits</th>
<th>$1,500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Textbooks</td>
<td></td>
</tr>
<tr>
<td>DULA Lab Coat / Scrubs</td>
<td></td>
</tr>
</tbody>
</table>

<p>| Application Fee (New Student) | $100 |
| Late Application Fee (New Student) | $0 |
| International Student Processing Fee | $100 |
| I-20 re-issue and/or extension processing, OT, etc. | $50 |
| Transfer Credit Evaluation Fee (Prior to Matriculation) | $100 |
| Transfer Credit Evaluation Fee (During Matriculation) | $50 / course |
| Quarterly Registration Fee | $50 |
| Late Didactic Class Registration Fee (After the end of official didactic class registration period) | $100 |
| (Quarterly Registration Fee $50 + Late Fee $100 = Total $150) |
| Add Class After Official Registration Period | $0 |
| Drop Class (from the first day of new academic quarter) | $20 / Each Class |
| Changing Clinic Shifts (adding, changing, dropping) After the End of the Official Clinic Registration Period | $20 / Each Shift |
| Mid-Curriculum Exam (MCE) – Initial / Retake | $50 |
| Comprehensive Graduation Exam (CGE) – Initial / Retake | $100 |</p>
<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Condition of Scheduled CGE Fee</td>
<td>$350</td>
</tr>
<tr>
<td>Makeup Final Exam</td>
<td>$100 / Exam</td>
</tr>
<tr>
<td>Challenge Exam</td>
<td>50% of tuition</td>
</tr>
<tr>
<td>Class Audit Fee</td>
<td>Free for 1st time, then 50% of tuition</td>
</tr>
<tr>
<td>Course Incompletion / Grade Change</td>
<td>$50</td>
</tr>
<tr>
<td>Graduation Fee (Including Commencement, Photo and Gowns) – MSOM and DAOM</td>
<td>$200</td>
</tr>
<tr>
<td>DAOM Capstone Review Fee</td>
<td>$100</td>
</tr>
<tr>
<td>Quarterly Clinic Malpractice Insurance Fee</td>
<td>$55</td>
</tr>
<tr>
<td>Student / Clinic ID Card</td>
<td>$10</td>
</tr>
<tr>
<td>Quarterly Facility and Technology Fee</td>
<td>$50</td>
</tr>
<tr>
<td>Certificate of Attendance</td>
<td>$10 (Express $15)</td>
</tr>
<tr>
<td>Certificate of Graduation</td>
<td>$10 (Express $15)</td>
</tr>
<tr>
<td>Certificate of Clinical Training</td>
<td>$5 (Express $10)</td>
</tr>
<tr>
<td>Certificate of Letter</td>
<td>$5</td>
</tr>
<tr>
<td>Certificate of Patient Log (Including Notarization Fee)</td>
<td>$60</td>
</tr>
<tr>
<td>Clean Needle Technique Certificate Re-issue</td>
<td>$5</td>
</tr>
<tr>
<td>Diploma Re-issue</td>
<td>$100</td>
</tr>
<tr>
<td>Official Transcript</td>
<td>$15</td>
</tr>
<tr>
<td>Unofficial Transcript</td>
<td>$10</td>
</tr>
<tr>
<td>Tuition Verification</td>
<td>$10 (Express $15)</td>
</tr>
<tr>
<td>Parking</td>
<td>$50 / Academic Quarter ($5 / Day)</td>
</tr>
<tr>
<td>Returned Check Charge</td>
<td>$25</td>
</tr>
<tr>
<td>Late Payment Fee Without Prior Installment Agreement</td>
<td>$100 / Each Deadline</td>
</tr>
<tr>
<td>Installment Payment</td>
<td>$20 / Each Payment</td>
</tr>
<tr>
<td>Late Installment Payment Fee With Prior Installment Agreement</td>
<td>$50 / Each Deadline</td>
</tr>
<tr>
<td>Service</td>
<td>Fee</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Quarterly Student Association Fee</td>
<td>$0</td>
</tr>
<tr>
<td>Deposit Upon Notification of Acceptance</td>
<td>$0</td>
</tr>
<tr>
<td>Fax Service – Domestic (Charged Per Page)</td>
<td>$1</td>
</tr>
<tr>
<td>Fax Service – International (Charged Per Page)</td>
<td>$3</td>
</tr>
<tr>
<td>Scanning Service</td>
<td>$3</td>
</tr>
<tr>
<td>Mailing Service (Domestic and Certified)</td>
<td>$5</td>
</tr>
<tr>
<td>Mailing Service (International)</td>
<td>Cost + $5 Handling Fee</td>
</tr>
<tr>
<td>In-resident Housing</td>
<td>Not offered</td>
</tr>
<tr>
<td>Student Tuition Recovery Fund (STRF) Fee</td>
<td>$0.00 / $1000</td>
</tr>
</tbody>
</table>


** Tuition and fees are subject to change at the discretion of the University. Please refer to A List of Complete Fees, available at the front desk, for a complete list of fees.

*** This estimate includes total estimated tuition, required fees, required equipment and supplies, and textbooks for completing the program in the minimum time allowed (3 years) for all didactic and clinical hours at Dongguk University Los Angeles.

**** STRF: Currently the institution is charging $0 for every $1,000 tuition. The STRF rate is subject to change by BPPE based upon the balance in the STRF account. Statute requires the Bureau begin collecting if the balance falls below $20 million and caps the account at $25 million.

***** For express process, there is an extra fee. Please refer to the school document request form that can be obtained at DULA front office.

****** For new students, upon initial enrollment, must sign an enrollment agreement outlining the entire course of study, tuition, and fees charged, as well as a statement that DULA reserves the right to raise all fees and charges, including tuition, in any amount, at any time.

******* For continuing students and returning students: DULA reserves the right to raise all fees and charges for continuing students and returning students, including tuition, in any amount, at any time.

STRF Fee is currently not assessed by BPPE. When BPPE starts to assess STRF fee, DULA will update and notify the assessment rate. Currently the institution is charging $0 for every $1,000 tuition. The STRF rate is subject to change by BPPE based upon the balance in the STRF account. Statute requires the Bureau begin collecting if the balance falls below $20 million and caps the account at $25 million.

For express process, there is an extra fee. Please refer to the school document request form that can be obtained at DULA front office.

For new students, upon initial enrollment, must sign an enrollment agreement outlining the entire course of study, tuition, and fees charged, as well as a statement that DULA reserves the right to raise all fees and charges, including tuition, in any amount, at any time. For continuing students and returning students: DULA reserves the right to raise all fees and charges for continuing students and returning students, including tuition, in any amount, at any time.
In addition, there will be additional costs such as transportation, room and board, etc., for which the student is responsible, that are not stated herein. The institution reserves the right to raise all fees and charges as for all new, continuing, and returning students, including tuition, in any amount at any time. Furthermore, the institution reserves the right to increase hours/units as required by private or public regulators or as the institution deems to be necessary for the interest of the program, in any amount, at any time, with or without cause.

**Tuition Payment Policy**

All students, including financial aid students, are required to have their balances paid in full prior to the end of each quarter. Students who do not pay their tuition as agreed or who have an outstanding balance at the end of the quarter will not be allowed to register for classes for the upcoming quarter. Balances must be paid by the end of the quarter for which they are incurred.

**Late Payment Fee**

All students, including financial aid students, must pay all other fees and charges (i.e. parking, insurance) at the time they incur such fees or charges by the Friday of 2nd week of each quarter. For financial aid students, they must pay the full charges within 7 calendar days after their financial aid funds are distributed.

If the student fails to make the full payment for the charges without the tuition installment payment plan, the following charges will be applied for each deadline:

1. $100 of late payment fee – after the 2nd week of each quarter
2. $150 of late payment fee – after the 4th week of each quarter
3. $200 of late payment fee – after the 8th week of each quarter

Late payment penalty may be exempt only for new students with the verification from the director of admissions, financial aid manager, or dean of academic affairs.

**Tuition Installment Payment Plan**

All students, including financial aid students, must pay all other fees and charges (i.e. parking, insurance) at the time they incur such fees or charges. However, the university allows students, who apply for the DULA Tuition Installment to pay their tuition in 3 installments. The tuition installment payment plan is for tuition only (tuition for didactic classes and intern hours).

The first payment must be 40% of their total chargeable tuition, and the second and third payments must each be 30% of their chargeable tuition. As indicated above, there will be an administrative processing fee assessed on the second and third installment payments. Students may avoid paying these fees by paying their tuition balance in full at any time.

The first payment is due at the Friday of the 2nd week of each quarter, the second payment is due on the Friday of the 4th week of each quarter, and the third payment is due the Friday of 8th
week of each quarter. If the students fail to make the installment payment on time, $50 of late payment fee will be applied for each payment due.

Late payment penalty may be exempt only for new students with the verification from the director of admissions, financial aid manager, or dean of academic affairs.

**Student’s Right to Cancel**

You have the right to cancel the enrollment agreement and obtain a refund of charges paid through attendance at the first-class session, or the seventh day after enrollment, whichever is later. CEC 94911(e)(1) If you wish to cancel this agreement. Provide a written notice that states that you no longer wish to be bound by this agreement. Your notice must be timely delivered to the institution. If your notice is mailed, it must be postmarked on or before the date notice is required.

**Refund Policy**

The tuition refund policy in full compliance with the rules and regulations from all the agencies approving and licensing the University. In particular CEC 94918 Compliance with Federal Statutes, 94919 Institutions Participating in Federal Student Financial Aid Programs, 94920 Mandatory Cancellation, Withdrawal, and Refund Policies, 94921 Alternative Refund Calculations, and all the Title IV regulations related to student refunds and the Return to Title IV (R2T4) policy.

Refund calculations are related to the amount of tuition and fees to be returned by the University in the event the student withdraws from the program. Withdrawals could be initiated by the student or by the school. For students enrolled in school under Federal financial aid, the R2T4 procedure is performed first and the institutional refund policy is performed second.

The University shall refund 100 percent of the amount paid for institutional charges, less a reasonable deposit or application fee not to exceed two hundred fifty dollars ($250). Students may cancel classes during the first week of the class.

The University refund policy for the return of unearned institutional charges if the student cancels an enrollment agreement or withdraws during a period of attendance. The refund policy for students who have completed 60 percent or less of the period of attendance shall be a pro rata refund.

If a student obtains a loan for the program, the student will have to repay the full amount of the loan plus interest, less the amount of any refund, and that, if the student receives federal student financial aid funds, the student is entitled to a refund of the money not paid from the federal financial aid funds. Dongguk University Los Angeles shall pay or credit refunds within 45 days of a student's cancellation or withdrawal.

The California State Pro Rata Refund Policy applies to students who have not completed more than 60% of the course of instruction and is calculated as follows:
Student Charges During Add/Drop Period 100% refund.

After Add/Drop Period: 10% charged for each week attended

- After the 2nd Week Session 80%
- After the 3rd Week Session 70%
- After the 4th Week Session 60%
- After the 5th Week Session 50%
- After the 6th Week Session 40%
- After the 7th Week 0%

* Pro Rata will be calculated only if the withdrawal form is submitted. The term “week” above refers to the number of weekly class meetings or clinic shifts. For example, if the student took a class in week 1 and week 2, the student is allowed 80% refund for the same class. Verbal requests will not be considered.

**Return to Title IV Policy**

Return to Title IV Funds (R2T4) Policy is fully compliant with all the policies, procedures, and guidelines from the US Department of Education and the related Federal laws and regulations, including regulations of the Federal Student Financial Aid programs, under Title IV of the Federal Higher Education Act of 1965.

Federal financial aid (Title IV funds) are awarded to a student under the assumption the student will attend school for the entire period for which the assistance is awarded. When a student withdraws, the student may no longer be eligible for the full amount of Title IV funds they were originally scheduled to or did receive.

If a recipient of Title IV funds withdraws after beginning attendance, the amount of Title IV funds earned by the student must be determined. If the amount disbursed to the student is greater than the amount the student earned, unearned funds must be returned to the Federal government.

When a recipient of Title IV funds withdraws from an institution during a payment period of enrollment, the school must determine the amount of Federal Student Aid funds the student earned based on the student’s Last Date of Attendance (LDA). By subtracting the amount of funds the school is entitled to retain from the total amount of funds the school received, the school will determine the amount of funding to be returned to the Department of Education (Return to Title IV) and the amount of funds to be retained by the school.

The return of Title IV Funds is performed and must be completed within thirty (30) days from the student's Last Day of Attendance (LDA), or within forty-five (45) days from the Date of Determination (DOD) of the student's withdrawal.

Funds are returned to Title IV programs in the following order:

- Direct Unsubsidized loan
- Direct Subsidized loan
Federal PELL grant

Student Tuition Recovery Fund

"The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program."

(b) In addition to the statement required under subdivision (a) of this section, a qualifying institution shall include the following statement in its school catalog:

"It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to the Bureau for Private Postsecondary Education, 1747 N. Market Blvd, Ste 225, Sacramento, CA 95834, (916) 574-8900 or (888) 370-7589.

To be eligible for STRF, you must be a California resident or are enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The institution, the location of the institution, or an educational program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out plan approved by the Bureau or did not complete a chosen teach-out plan approved by the Bureau.
2. You were enrolled at an institution or a location of the institution within the 120-day period before the closure of the institution or location of the institution or were enrolled in an educational program within the 120-day period before the program was discontinued.
3. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.
4. The institution has been ordered to pay a refund by the Bureau but has failed to do so.
5. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs."
6. You have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the award from the institution.

7. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.

To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF.

A student whose loan is revived by a loan holder or debt collector after a period of non-collection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law.

However, no claim can be paid to any student without a social security number or a taxpayer identification number."

Please make sure you keep copies of your enrollment agreement, all financial documentation, receipts and any other records obtained or given to you by the University. Questions regarding the STRF may be directed to:

Bureau for Private Postsecondary Education

Mailing Address: P.O. Box 980818. West Sacramento, CA 95798-0818
Physical Address: 1747 N. Market Blvd, Ste 225. Sacramento, CA 95834
Phone: (916) 574-8900
Toll Free: (888) 370-7589
Fax: (916) 263-1897
Web Site: www.bppe.ca.gov
E-mail: bppe@dca.ca.gov
FINANCIAL AID

Federal Student Financial Aid Program

Currently in DULA, only MSOM program offers the financial aid program. The DAOM program does not offer the financial aid.

Federal Financial Aid Eligibility

Students wishing to obtain financial aid must meet the following requirements:

- The student must be a citizen or an eligible non-citizen of the United States of America.
- The student must be enrolled on at least a half-time basis (6 units) for each quarter for which they would like to receive financial aid.
- A male student between the ages of 18-25 must be registered with the Selective Service.
  Older students must have been registered during this age period.
- Females and students born before 1960 are exempt from this requirement.
- The student must maintain SAP (satisfactory academic progress) as defined by school policy while in attendance.
- The student must complete verification if required, prior to funds being disbursed.
- Not owe any refunds on a Pell Grant or other awards received and not be in default on repayment on any type of student loan.

Types of Federal Financial Aid and Grants

Federal Title IV Programs: Federal Title IV funds are a combination of grants and loans. Loans are borrowed money and must be paid back; grants do not have to be repaid. The University participates in and receives funding from the following Federal Title IV programs:

Federal pell grant: Aid awarded to undergraduate students who demonstrate financial need. For financial aid purposes, an undergraduate student is a student who has less than a cumulative 120 semesters or 180 quarter credit units and has not received a bachelor’s or any other type of professional degree, regardless of the country of origin. As this is a grant, it does not need to be repaid.

Federal direct subsidized Stafford loan: Need-based, fixed, low interest rate loans available to dependent and independent undergraduate students who demonstrate financial need. Repayment begins six months after graduation or six months from the time the student drops below half-time enrollment or withdraws from school. The government pays the interest while the student is attending school and during the six-month grace period.

Federal direct unsubsidized Stafford loan: Non-need-based, fixed, low interest rate loan available only to independent undergraduate and graduate students. Repayment begins six
months after graduation or six months from the time the student drops below half-time enrollment or withdraws from school. The government does not pay the interest while the student is attending school or during the grace period; therefore, the student is responsible. Interest begins accruing when the loan funds are disbursed. The student may elect to pay the interest while attending school or have the interest capitalized (added to the principal loan amount when the loan goes into repayment).

Loan amounts: The maximum annual loan amount for independent undergraduate students is US $12,500. Of this amount, US $5,500 is a direct subsidized loan and US $7,000 is unsubsidized. The maximum annual loan amount for graduate students is US $20,500. Of this amount, US $8,500 is a direct subsidized loan and US $12,000 is unsubsidized.

Federal PLUS (Parent Loan for Undergraduate Students) loan: Non-need-based, fixed, low interest rate loan available to graduate students and parents of dependent undergraduate students. These loans are issued based on the parent's or graduate student's credit worthiness, and interest begins accruing once the loan funds have been disbursed. The loan enters repayment once it has been fully disbursed. For graduate students, the loan is automatically placed in a deferment status if the student is enrolled for at least six months, and for an additional six months after they are no longer enrolled or attend on a less than half-time basis. The PLUS loan amount is determined by the student's cost of attendance, minus any other financial aid the student is receiving.

**Federal Financial Aid Application Process**

To apply for financial aid, admitted students who have already entered into an enrollment agreement with the university must complete their financial aid packet, then schedule an appointment to meet with the financial aid officer.

The financial aid packet includes, but is not limited to, the FAFSA (Free Application for Federal Student Aid), which the student must complete every year. The student must also submit a copy of their federal tax return (and their spouse's if they are married; their parents if they are considered dependent), along with their driver's license; social security card; and naturalization certificate, alien registration card, or United States passport.

For more information on financial aid or to schedule an appointment (again, once you have been admitted and have entered into a DULA enrollment agreement), please contact the financial aid officer at (213) 487-0110.

Please note: As mentioned above, and notwithstanding the immediately foregoing, all students—including financial aid students—must comply with the university’s leave of absence policy and satisfactory academic progress policy, as set forth more fully under the appropriate informational heading located elsewhere in this catalog.
In addition, financial aid personnel are professionally and ethically bound by the federal government. Therefore, they may use their professional judgment to either deny certain federal financial aid or refuse to certify a student’s loan application.

**Federal Financial Aid Policies**

Students who receive federal financial aid while attending DULA will be subject to the Financial Aid Satisfactory Academic Progress Policy as well as the University Academic Progress Policy. If you receive federal financial aid and withdraw from DULA after classes have begun, you will be subject to the Federal Return of Title IV Funds Regulations and must notify the school according to school policy. The Return of Title IV Funds Regulations will be applied first, after which the school’s refund policy will be applied. Both the Federal Aid Satisfactory Academic Progress Policy and the Return of Title IV Funds Policy are described in the student handbook.

During registration, state law requires all students to sign a contract to protect their student rights and specify their enrollment and financial agreement with DULA.

**Loan Repayment**

If a student obtains a loan to pay for an educational program, the student is responsible for repaying the full amount of the loan, plus interest, less the amount of any refund in the case of a student’s withdrawal. If a student obtains Federal Financial Aid and chooses to pay tuition and fees using financial aid monies, the student is entitled to a refund of any applicable charges that were previously paid out of pocket.

**Applying for Federal Financial Aid**

Students wishing to obtain a Federal Direct Student Loan must complete the following steps:

1. Apply for an FSA ID. To create an FSA ID, go to [www.fafsa.ed.gov](http://www.fafsa.ed.gov). Click on the “Create an FSA ID” link. After filling in the required information, please make sure to confirm your email address.
2. Complete and submit the latest FAFSA application at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). DULA’s school code is 031095
3. Complete Online Entrance Counseling. This is required of first time borrowers. Go to [StudentLoans.gov](http://StudentLoans.gov), sign in, and go to Counseling→ Entrance Counseling.
4. Complete and sign your Electronic Master Promissory Note (MPN). To do this, go to [StudentLoans.gov](http://StudentLoans.gov), login, and go to Complete New MPN for Student Loans → Subsidized/Unsubsidized. You must complete this MPN all at once. If you exit prior to completing it, your changes will not be saved. Make sure you have your FSA ID available, as well as two references (names, addresses, and phone numbers). These should be people who have known you for at least one year (preferably relatives) and who live at different addresses.
5. Complete your DULA Financial Aid Application packet, including:
   - Financial Aid Application
   - Disbursement of Federal Funds and Credit Balances
   - Federal Student Aid Policy

6. Bring the following required documents to the Financial Aid Office:
   - Driver’s License
   - Social Security Card (if applicable)
   - INS Documentation (if applicable). For citizens: Passport, Naturalization Certificate, or birth certificate. For eligible non-citizens: Green Card

For more information on financial aid or to schedule an appointment (again, once you have been admitted and have entered into a DULA Enrollment Agreement), please contact the Financial Aid Officer at (213) 487-0110.

Please note: As mentioned above, and notwithstanding the immediately foregoing, all students, including financial aid students, must comply with the University’s Leave of Absence Policy and Satisfactory Academic Progress Policy, as set forth more fully under the appropriate informational heading located elsewhere in this catalog.

In addition, Financial Aid personnel are professionally and ethically bound by the Federal government. Therefore, they may use their Professional Judgment to either deny certain Federal Financial Aid or refuse to certify a student’s loan application.

**Disbursements**

Disbursement is the process used to make funds available to students who applied for federal financial aid. Federal Financial aid check is disbursed in each equal payment per academic year. Student will be notified by email for either pickup or mail to the mailing address provided on file. Disbursements are made by the third week of each quarter after add and drop period.

The funding amount you receive based upon the number of units you are enrolling at the time of disbursement. Your award/disbursement will be adjusted accordingly if you add or drop units after the freeze date.

Dropping units or stop attending or withdraw from your classes can affect your aid eligibility. Student’s Satisfactory Academic Progress will be reviewed before disbursement. For more information about SAP see this catalog.

Students have the following responsibilities:

- Complete FAFSA with accurate information
- Respond promptly and submit all requested additional documentation for verification, corrections, and any revised information
- Meet and maintain Satisfactory Academic Progress (SAP) standards
- Must complete Direct Loan Entrance / Exit Counseling when applying for Federal Stafford Direct Loans
- Repay any Federal aid funds if it is determined that the student is ineligible to receive the funds
- Repay any overpayment made to you through financial aid funds
- Repay student loan(s) promptly, and notify the lender of changing name, address or contact information

Verification: In accordance to the procedures governed by the Higher Education Act of 1965 (34 CFR Part 668.53), verification is required for the Federal Pell Grant and Federal Direct Stafford Loan.

When a student completes their FAFSA, the CPS (Central Processing System) may select them for verification. An ISIR (Institutional Student Information Report) selected for verification must be dealt with immediately. No aid can be disbursed until verification has been completed. In order for the selected student to receive their funding, verification must be completed within thirty (30) days from the receipt of the ISIR. This date will be enforced at the discretion of the University.

1. The ISIR is received showing either an asterisk (*) after the EFC (Estimated Family Contribution) figure, which means the student is flagged for verification, or a “C” after the EFC, meaning there is a C-code exception
2. If it is an asterisk, the FAO must complete verification by having the student complete the Verification Worksheet
3. If the student or FAO did not use the DRT (Data Retrieval Tool) when completing the FAFSA (Free Application for Federal Student Aid), a tax transcript must be requested to accompany the Verification Worksheet.
4. If there is a “C” following the EFC as stated above, in many cases it is in regard to the C-code exceptions for Selective Service. The following must be done to clear this item:
   a. The student must complete the "Request for Status Information Letter" and return it to the FAO, or the student may contact the Selective Service directly at the number printed on the ISIR.
   b. If the FAO is able to establish no violation has taken place in regards to the student not registering for Selective Service from the information supplied by the student on the Request for Status Information letter, the letter may be placed in the student’s file and the financial aid hold on the student's funding in the system may be released.
   c. If the FAO is unable to establish whether or not a violation has taken place, the student may contact the Selective Service directly at the number printed on the ISIR and also mail the Request for Status Information Letter to Selective Service.
   d. A response will either be mailed to the student of the school.
   e. A review of the letter from Selective Service must be conducted
   f. In most cases the letter will state it is up to the school to make the decision as to whether the student will be eligible to receive Title IV funds or not.
   g. All information from the student must be reviewed to make sure the student was actually unable, not unwilling to register for Selective Service.
h. If it is determined that the student was actually unable (which is usually the case with students who are or eligible non-citizens at the time they should have registered, but are not U.S. citizens and because of their age, can no longer register, or because of hospitalization, incarceration, or institutionalization) to register at the required time, aid should be granted.

i. If it is determined the student was seemingly unwilling to register, aid should not be granted.

j. The refusal to grant aid based on the student’s seemingly unwillingness to register must be documented with evidence and the reason given by the FAO and/or the institution.

Federal Financial Aid Resources

- FSAID: https://fsaid.ed.gov/
- NSLDS: http://www.nslds.ed.gov/ [You will need your FSAID]
- Entrance / Exit Counseling: https://studentloans.gov/
- Federal student aid guide: click here
- Selective Services: https://www.sss.gov/
- IRS: https://www.irs.gov/

Financial Aid Entrance/Exit Counseling

Students are required to complete entrance counseling if you are a first time borrower and prior to receiving your first disbursement. To complete your Direct Loan Entrance Counseling, go to www.studentloans.gov and sign in using your FSA ID. Select “Complete Entrance Counseling.” Note that you can add an email address to which correspondence about your loans can be sent. For additional information, read “Direct Loan Entrance Interview” pamphlet and/or go https://studentloans.gov.

If a student withdraws or terminate and the institution is unable to have the student complete exit counseling prior to the students’ departure, the institution will send a letter to the student, requesting exit counseling to be completed at www.studentloans.gov.

Direct Loan Quality Assurance

Reporting loan records, disbursements and adjustments to disbursements correctly to the Common Origination and Disbursement (COD) System:

Third Party Servicer, R. Gonzalez Management, Inc., is responsible for reporting of disbursements and adjustments to disbursements to COD. RGM completes monthly reconciliation using DOE’s SAS reports to compare to G5 and in-house actual disbursement reports to ensure accurate reporting.
Disbursing and returning loan funds in accordance with regulatory requirements:

RGM notifies the Institution of pending deposits with estimated deposit dates. The Institution watches for deposits and ensures that the funds are transferred from Federal Funding account to the Operating Account within 3 business days as required by regulation. Any required refunds due to ineligibility are deposited into the Federal Funds Account within 3 business days and any refunds due to withdrawal / R2T4 are deposited into the Federal Funds Account within 45 days from the Date of Determination. RGM is notified of funds transferred in Federal Funds Account and they return funds to DOE.

Disbursing the correct loan amount to the correct student:

The Institution reviews disbursement amounts on the check processing log prior to disbursing checks and posting payments to student ledger.

Completing monthly reconciliation and Program Year Closeout:

RGM completes monthly reconciliation using SAS Reports, G5 Summary and in-house Actual Disbursement Reports. RGM completes Program Year Closeouts after confirming the schools Net Disbursement total corresponds to the net total reflected on COD and FAS’ in-house records. RGM will reconcile the Actual Disbursement Report contained within the closeout packet to student ledgers to ensure that disbursement amounts and dates are correctly recorded.

Yearly Review of Process:

These processes will be reviewed yearly on July 1 to ensure that Quality Assurance processes are still being followed. Any changes will be noted, and this document will be revised.

Veteran Education Policies

Certificate of Eligibility (COE)

The MSOM program is approved by both the applicable federal and state regulatory agencies.

Standards of Progress [CFR21.4253 (d) (1) (ii)]

Students certified to receive VA benefits are subject to the same enrollment, attendance, tardiness, student conduct, minimum term and cumulative GPA requirements (2.25 GPA) and all other satisfactory academic progress requirements as laid out in the University Catalog and the MSOM Student Handbook.
Students enrolled in a program and receiving VA benefits in the state of California have two additional evaluation points. These are not for purposes of determining academic standing but, rather, are for the purposes of determining continued eligibility to receive VA benefits:

Students certified to receive veteran benefits who fail to comply with the aforementioned policies will be placed on an academic review period no longer than two (2) terms. Failure to return to good academic and/or professional standing after two (2) consecutive terms will result in an interruption of benefits.

Previous Education and Training [CFR21.4253 (d) (3)]

This institution maintains a written record of previous education and training of the veteran or eligible person, which clearly indicates the appropriate credit has been given by the institution for previous education and training, with the training period (or length of the program) shortened proportionately, and the veteran notified accordingly.

Institutional Scholarships and Financial Assistance at DULA

In addition to the above financial assistance, DULA has the following scholarships available for new and current students, such as Didactic and Clinic Merit Scholarship for current DULA students, Scholarship for New students, etc.

Qualifications for scholarships are primarily based on financial necessity, academic merits and strength of essay. Contact the office of the Dean of Academic Affairs (dean@dula.edu) for additional information.

Scholarship for Current DULA Students

Purpose: The purpose of offering scholarship is to encourage students of DULA to achieve a high academic standard.

This scholarship is currently offered only for students who enrolled in MSOM program. The scholarship will be offered on two categories. One is for didactic course for all students and the other is the clinical course for interns.

Didactic Merit scholarship:
- Criteria:
  Selecting candidates for scholarships will be held on the beginning of fall quarter of the current academic year. Candidates who are top 10 students with the highest GPA will be chosen among all students who have been enrolled minimum 36 units within the last 4 consecutive quarters. The List of candidates will be delivered to the Academic Committee meeting and Scholarship Awards will be determined in the meeting.
    o President Merit scholarship (The best student): $1000 per year.
    o Dean Merit scholarship (The second-best student): $500 per year.
Clinical Merit scholarship:

- **Criteria:**
  The supervisors in the Clinic will recommend an outstanding intern as the scholarship recipient candidate to the Director of Clinic. The Director of Clinic will choose one outstanding student, from the recommended interns, who will be rewarded the scholarship through EC approval.
  - Clinic Director Merit scholarship: $500 per year.

New Incoming Student Scholarship

DULA believes that in achieving its institutional mission as well as to accomplish the program educational objectives, a high standard of the academic performance should be encouraged and maintained. As such, the purpose of the new incoming student scholarship is to attract and encourage prospective students with outstanding academic achievements to enroll in MSOM program and become a part of DULA community. The New Incoming Student Scholarship is only applied for MSOM program.

Prospective students who are interested in applying to this scholarship should complete the application of the new incoming student scholarship. This application should then be submitted to the Dean of Academic Affairs. Students who need more information about this scholarship may proceed their inquiries to the Dean of Academic Affairs.

An amount of $1000 will be awarded to nominates of this scholarship. By the end of each year of the academic calendar, DULA will nominate two (2) candidates to be awarded. The nominates are selected from the list of new students (including the transfer students) that began their program in DULA within the nominated academic year.

The requirement to be eligible for the candidacy of this scholarship are as follows:

- Submit a complete application of the new incoming student scholarship
- A minimum of GPA 3.5 (out of 4.0 scale) from the most recent colleges that student attended
- A personal essay, which should be written in English, describing:
  - A personal reason of why the student should be nominated for the scholarship
  - The student’s vision and goal after achieving the AOM education in DULA
  - What have been accomplished by the student in achieving his/her vision and goal
  - What are the challenge that students found in relates to accomplish his/her vision and goal along with his/her plans

Factors which influenced the applicants to be nominated as scholarship candidates includes as but not limited to the high academic achievements, student’s vision and goal as well as his/her
contribution to DULA and AOM field, degree background, number of enrolled units from the previous colleges, etc.

The academic committee led by the Dean of Academic Affairs will select and establish a list of candidates for the scholarship awardees. The candidates will then be scheduled for interview with the Dean of Academic Affairs. The Dean of Academic Affairs shall make his final recommendation of the two (2) nominees that will be awarded with this scholarship to the Executive Committee (EC) for final approval.

The scholarship will be awarded to the winner during the DULA town hall gathering, which is held annually on January of each academic year.

**Family Tuition Discount Policy**

**Policy Statement**

Dongguk University Los Angeles (“DULA”) offers a tuition discount to families with two or more students enrolled concurrently at DULA. This policy provides general guidance on the terms and conditions under which a discount is applied. DULA reserves the right to periodically review and revise the policy to comply with relevant federal and state requirements and changes to DULA’s operations and practices, to ensure the policy continues to further DULA’s core mission.

**Rationale**

DULA is committed to improving the affordability of tuition costs for families with multiple siblings and parents enrolled at DULA while remaining responsible stewards of University funds. This policy provides a discounted tuition rate to families with two or more students enrolled concurrently.

**Entities Affected by this Policy**

This policy applies to families who are enrolled concurrently at DULA.

**Definitions**

For the purposes of this policy, the following terms are defined as follows:

A. Eligible Student – Siblings and/or parents deemed eligible for the tuition discount by the Office of Financial Aids and Finance. Siblings and parents must be admitted through the Admissions Office and meet all admission standards. Only DULA degree programs’ students are eligible for a tuition discount. The tuition discount applies to tuition only, not fees. In situations where two or more family members are concurrently enrolled in programs, both may be deemed eligible for the Family Tuition Discount.
B. Schedule of Fees – Information published on the DULA website each year as the Cost of Attendance.

C. Family – Any enrolled student who is related by birth, adoption or marriage to another enrolled student at DULA in that they form part of the same immediate family. Families are defined as married couples and the dependents of the same parent(s) or guardian(s). This includes biological and adopted siblings, stepbrothers or stepsisters and half-brothers or half-sisters. The Office of Financial Aids and Finance retains sole discretion in determining the eligibility of a Sibling.

D. Family Tuition Discount
   • If two or more family members are deemed Eligible Students, the Family Tuition Discount would be applied to all the family members. A twenty percent (20%) discount shall be applied to tuition fees for families with two or more Eligible Students. The discount is applied only toward tuition, as set forth in DULA’s Schedule of Tuitions. The tuition invoice discloses the applied discount.
   • If any family members are graduates of DULA, the students of the family members are eligible for a ten percent (10%) of the Family Tuition Discount. The discount is applied only toward tuition, as set forth in DULA’s Schedule of Tuitions. The tuition invoice discloses the applied discount.

Policy Procedures

The following procedures provide general guidance on the implementation of the policy. This policy and related procedures are subject to DULA’s enrollment and student financial aids policy and procedures.

A. Application for Tuition Discount
   In advance of the Summer Quarter of each year (July 1st), and according to a timetable communicated to DULA community, students or parents must file a Family Tuition Discount Application with the Office of Finance. Applications are limited to a single academic year and a renewal application is required each school year.

B. Determination of Eligibility
   • Prior to the start of each quarter, the Office of Admissions and/or Registrar shall generate a report of candidates who are eligible for the Family Tuition Discount.
   • Eligibility for the Family Tuition Discount is confirmed by appropriate staff in the Office of Finance, and Office of Financial Aids.

C. Application of Tuition Discount
   • The Family Tuition Discount is applied to the tuition of Eligible Students. The discount applies to tuition only as set forth in DULA’s Schedule of Tuitions. The Family Tuition Discount does not apply to application, enrollment or other fees and charges such as technology fees, laboratory fees, study abroad programs, etc.
   • The Family Tuition Discount may not be used in conjunction with any other fee discount or financial aids offered by DULA such as staff discount, bursary or fee assistance.
D. Discontinuation of Eligibility
   The Family Tuition Discount is decreased to 10% when a sibling leaves DULA for any reason including graduation or the family has fewer than two students enrolled at the same time.

E. Documents Required
   All applications for the Family Tuition Discount must be accompanied by a certified true copy (must have a raised seal) of the following documents.
   - Birth Certificate of the Applicant
   - Birth Certificate of Sibling(s)
   - Marriage license (blended family situations)
   Applicants from foreign countries also must submit the corresponding documents stated above with notarized English translations.

F. No Transferring
   There will be no transfer of the Family discount such as one receiving the full amount for both, and the other $0. All discounts will be applied per family member, per eligible quarters. Note: Graduate family members do not qualify for the discount.

G. Implementation and Monitoring
   The offices of the Finance, Financial Aids, Admissions, Registrar and Program Director Office are charged with implementing and monitoring this policy and periodically recommending updates to the Responsible Officers, as needed.

Interim Policies

There are no interim policies.

Sanctions

Should a family in receipt of the Family Tuition Discount fall into arrears with payment of school fees, the tuition discount for the Eligible Student may cease unless an arrangement has been made with the program director/finance manager and/or the director of financial aids to clear the debt and ensure that all future fees are paid.

Student’s Signature : __________________
Student’s Name : ____________________
Signing Date : ______________________

To learn more about this policy, please contact Finance Manager at coo@dula.edu

Scholarship from External Sources

DULA also provides information about scholarship from external sources. For more information about this, please refer to http://www.dula.edu/node/750#
STUDENT SERVICES

The university provides a wide array of services to students at DULA. Our student services include:

- Student Healthcare Services
- Academic Advising
- International Student Services
- Communications
- Student Council
- Externship
- Student Employment
- Career Development
- Placement Assistance
- Alumni Association
- Campus Facilities and Amenities

Student Healthcare Services

The Oriental Medical Center offers healthcare provides services to students and their family members at substantially discounted rates for treatments and some herbal prescriptions.

Academic Advising

The student services coordinator is the principle student advisor for the MSOM and the DATM programs. The dean of academic affairs, program director, and associate dean are also available to assist students. Advising includes academic and nonacademic matters. The international student advisor is available to assist students who need help with visas, work permits, housing, or transportation.

International Student Services

DULA provides special advising to international students. The Office of International Student Advising / Student and Exchange Visitor Information System (SEVIS) compliance electronically processes all student-related U.S. Citizen and Immigration Service (USCIS) documents and other related transactions. The Office of International Student Advising / SEVIS compliance is staffed by DULA’s international student advisor/SEVIS compliance officer, whose purpose is to address the administrative and other needs of DULA’s international students.

Communications

The University maintains internet and data platforms to facilitate effective administration, student and alumni interaction. Communications include direct email, the university’s student information system, social media, and emails.
**Student Council**

The primary purpose of the student council is to provide comprehensive representation for maximum student participation at DULA. The student council actively participates in all of the DULA events. The Council meets regularly with the administration, playing a vital role in enhancing the further development and growth of the university and its students.

**Externships**

Community externships offer you the valuable opportunity to network with experienced practitioners and gain clinical experience in a broad range of health care settings. Externship opportunities include working at AIDS Healthcare Foundation (AHF), and treating individuals in a community clinic setting. DULA also offers Study Abroad program is a coveted international externship, allowing you to travel to Asia to gain clinical experience at leading hospitals in Korea.

**Student Employment**

Students who qualify for need-based financial aid are eligible to earn money through the Federal Work Study program. Eligibility is awarded based on financial need and is earned money that does not have to be repaid.

**Career Development**

The university offers on-going courses in practice management and marketing to assist students in their development as successful AOM practitioners. Students may refine their presentation skills by participating in annual health fairs and speaking at public events. In addition, DULA supports the alumni association and promotes the exchange of ideas to foster professional development. Graduates are invited to share their expertise with students during on-campus lectures. See [http://www.dula.edu/career/development](http://www.dula.edu/career/development) for additional information regarding career development lectures at DULA. Lecture from within and outside the DULA community are held regularly.

**Placement Assistance**

DULA corresponds with medical professionals who may be looking for qualified AOM graduates and regularly posts professional vacancies in the field of acupuncture and AOM throughout the campus. DULA and Clinic receive referral requests nationwide for competent, qualified, licensed acupuncturist. If DULA alumni are located within the requested area, patients are referred to these practitioners. Alumni referral information is available on the DULA website on the Job Opportunities page: [http://www.dula.edu/career/jobs](http://www.dula.edu/career/jobs). DULA provides placement assistance for licensed graduates whenever possible.
Alumni Association

DULA’s Alumni Association connects graduates to each other and to the university, on both social and professional levels. DULA Alumni Association encourages its members to assist currently enrolled students in obtaining employment upon graduation. Alumni Association members also offer free tutorial assistance. Graduates play an important role in the definition of successful programs and continue to play valuable roles in the profession.

Campus Facilities and Amenities

Oriental Medical Center

DULA’s Oriental Medical Center features 14 professionally equipped treatment rooms and a fully stocked herbal dispensary with over 700 herbs, widely recognized for their therapeutic value. The Medical center is the ideal place to gain experience in a clinical environment and to learn how to provide quality healthcare to our patients.

Classrooms

Large classrooms and small class sizes provide the best environment for dynamic discussion and meaningful teacher-student interaction. The campus has xxx equipped classrooms, to provide instruction and space for students and faculty. Classrooms may be used for continuing education seminars and special presentations in fields related to AOM.

Equipment and Materials

Standard teaching equipment is available for classroom usage, including white boards, computers and overhead projectors, video equipment, anatomical models, acupuncture charts, and treatment tables for acupuncture training demonstrations. Classrooms used for clinical training are supplied with necessary acupuncture supplies such as treatment tables, sterile disposable acupuncture needles, heat lamps, and electronic stimulation machines.

Library and Learning Resources

The DULA library houses more than 8,368 volumes of books, 3,944 journals and 260 videos on The and 40 journals on Traditional Chinese Medicine, Western medicine, and related topics. The collection includes texts and journals in Chinese and Korean. These collections support instructional, clinical, and research needs of students, faculty, and staff. Computers are available in the library to access the internet, online catalog, and other available learning resources. For detailed information regarding library procedures and policies please refer to the Student Handbook or the Library and Research section of our website: http://www.dula.edu/library.
Student Lounge

A place to rest, nourish yourself and socialize, the student lounge is fitted with comfortable seating, tables for study, a kitchen to prepare meals, wireless Internet, and a bulletin board to check out current campus events.

Administrative Offices

Administrative offices are located on the second floor of the building.

Parking

Parking is available to students on a first come first serve basis, to accommodate the needs of students that commute. The parking pass is always required to be visibly displayed on the vehicle.

Housing

DULA programs are non-residential and student dormitories or other housing is not provided, and DULA does not provide housing search assistance to students. According to the data provided by Equal Housing Lender published at research by rate.com, the median monthly rent cost in Los Angeles, CA is $1302.00. According to Zillow.com, the median list price per square foot in Koreatown Los Angeles, CA is $619.00.

Campus Safety and Security

The Clery/Campus Security Act of 1990 (Title II of Public Law 101-542) requires that all colleges and universities provide annual statistics on several specific categories of crime. DULA publishes an annual security report in compliance with the Federal Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics. See http://www.dula.edu/publications for the most current statistics. This report provides information on campus security regulations and crime statistics to current and prospective students, as well as any other interested parties. This report may be found at: http://ope.ed.gov/security/GetOneInstitutionData.aspx
ACADEMIC POLICIES AND PROCEDURES

Carnegie Unit

The university operates under the Carnegie unit. For every hour of lecture, minimum 2 hours additional homework and reading; For every 2 hours of lab, minimum 1-hour additional course activities. Reading: 2 hours weekly | Review and exam preparation: 4 hours weekly

Attendance

Most classes meet for 3 hours once weekly for ten weeks, with a final examination during the 11th week of each quarter. Instructors are required to take attendance for each class, and students who miss more than two class sessions, or 20% of the lectures, will receive an F (fail) for the course.

Three marks of tardiness will count as one absence and may result in a grade of “F.”

Attendance is mandatory in the clinical internship. Students with 2 excused absences for one specific clinic shift day and time may be allowed to perform make-up hours at the discretion of the director of the OMC. Students with more than 2 excused absences for one specific clinic shift day and time will fail and must repeat the whole clinic shift next quarter. All student interns must verify attendance through daily timecards. Any intentional misrepresentation of clinic hours performed by an intern may subject the intern to disciplinary sanctions including but not limited to disqualification of internship hours allegedly clocked during the related quarter.

Full-Time Enrollment

In MSOM program, for academic and financial aid purposes, a student must enroll in a minimum of 12 but not more than 24 units to be considered a full-time student. A special written exception must be obtained from the office of the dean of academics in order to enroll in more than 24 units in any given quarter. In DAOM program, to be enrolled as a full-time status, students must enroll for and satisfactorily complete a minimum of 7 units in any one quarter of study.

Part-Time Enrollment

In MSOM program, to be enrolled part-time, students must enroll for and satisfactorily complete a minimum of 6 units in any one quarter of study. In DAOM program, to be enrolled as a part-time status, students must enroll for and satisfactorily complete a minimum of 4 units in any one quarter of study.
Add/Drop

Students may add or drop classes during the first 10 days of each quarter (end on the Wednesday of the 2nd week of the quarter at 12:00PM). All withdrawals after the add/drop period will be recorded on the student’s transcript as a “W” (withdrawal). Beginning the 7th week and through the end of the quarter any classes dropped will be recorded as “WF” (withdrawal/fail) with no credit (see grading policy).

It is critical that students register for classes during the official registration period (see academic calendar, late registration period begins on the first day of add/drop period). After the closing of the official registration period, classes that do not have enough students may be canceled. To prevent cancellation of one class, each class has to reach a minimum of 3 enrolled students; however, the final decision for which classes are being kept/cancelled and the minimum number of enrolled students for each class in each quarter is fully determined by the academic committee meeting on the Wednesday of the 2nd week of the quarter. Students whose registered classes got cancelled are opened to register for other classes until the Friday of the 2nd week of the quarter with an exemption of the late registration fee. All class registration for the current quarter will be closed after the Friday of the 2nd week of the quarter.

MSOM Program Examinations

1. Final Exam
Final examinations, or the equivalent, are required for each course. Midterms, as well as quizzes and/or other classroom assignments, are administered at the discretion of the instructor. Final exams are held every 11th week of the quarter (Monday to Saturday). All final exam will be held together for all 3 language programs in the lotus room on the 4th floor. Each subject for the final exam will follow the same day and time with the current quarter schedule. Each subject's faculty, along with academic staff, will proctor the students during the entire exam period. Please refer to the academic calendar for each quarter’s final exam period.

2. Makeup Final Exam Policy
- Makeup final exams must be requested by the end of the 12th week of the current quarter.
- Makeup final exam must be taken during the current inter-quarter break prior to the first day of the next quarter.
- Requests for the make-up final exam must first be approved by the faculty, then by the academic dean.
- Once the request is approved, the student must pay a fee of $100 (per exam) to the front office.
- Once the $100 fee is paid, faculty will provide academic affairs with a different version of the final exam. Academic affairs will coordinate the exam day/time with
the student and oversee the exam administration process. The result will be scanned and emailed to the faculty.

- The make-up final exam will be one letter (full) grade lower than the actual scored test result. However, the student has a chance to receive a better final course grade, as the score of the final exam is calculated with other scores in class (i.e. quizzes, mid-term, attendance).
- A make-up exam cannot be taken earlier than the scheduled final exam (which occurs during the 11th week). Any instructor should not permit it earlier.
- An exception can be made only by the decision of the academic committee meeting and signed by the academic dean.

3. Institutional Exam
   a. Mid-Curriculum Exam (MCE): Written and Practical
      Prior to beginning level II clinical internship, students are required to pass a mid-curriculum exam / MCE (both written and practical) in order to evaluate their progress, skills, and competencies.

      **The passing score for the mid-curriculum exam / MCE (both written and practical) is 70%.**

      **MCE Written Part:**
      - The MCE (written) is held in the lotus room of 4th floor on the Sunday of the 7th week of the quarter: part 1 from 10AM - 12PM and part 2 from 2PM - 4PM.
      - Test materials are provided by academic staff, including pencils and scantrons. Scratch paper will also be provided upon request.
      - Please refer to the academic calendar for the exam date and registration period of each quarter.
      - After the exam registration has ended, students are not allowed to register for the exam, and they must register again following the same exam registration requirement as in other quarters.
      - Effective from Summer 2019, DULA will implement mock questions system to the Institutional Exam (MCE and CGE). Mock questions are defined as but not limited to the new questions that have yet to be determined for their difficulty and appropriateness to the students’ capability in either MCE or CGE.
      - From 200 questions that will be tested in MCE and CGE, 20 questions will be considered as mock questions. These 20 questions will not be counted for credit to the result of the exam. Therefore, only 180 questions in total that will be counted for credit and students must score at minimum of 70% to pass the exam (Passing score is 126 for written exam).

      The content of the MCE Written Part is consisted of following:
      - OM (17%) – (developing a diagnosis impression):
- OM diagnosis 1 – 3 (11 questions)
- OM theory 1 – 2 (11 questions)
- Treatment Principle (12 Questions)
  - Acupuncture (32%):
    - Acupuncture anatomy 1 – 2 (21 questions)
    - Acupuncture physiology 1 – 2 (22 questions)
    - Meridian (21 questions)
  - Herbs (11%):
    - Intro herbs (10 questions)
    - Herbs 1 - 4 (12 questions)
  - Biomedicine (33%) – Patient assessment:
    - Anatomy and physiology 1 – 4 (46 questions)
    - CPR (10 questions)
    - WM terminology (10 questions)
  - Regulations for public health and safety (7%):
    - CNT (14 questions)

In order to be eligible to take MCE Written Part, students must meet the following requirements:
  - Successfully completed at least 100 units of the didactic courses
  - Successfully completed the 200-hours of Clinical Internship Level I
  - Successfully completed and passed the following didactic courses:
    - OM 121 and 211 – Basic Theory of OM 1 and 2
    - OM 221, 311 and 312 – OM Diagnosis 1, 2 and 3
    - AC 111 and 112 – Acupuncture Anatomy 1 and 2
    - AC 211 – Meridian Theory
    - AC 311 and 312 – Acupuncture Physiology 1 and 2
    - At least one (1) of AC 321 or 322 – Acupuncture Techniques 1 or 2
    - HB 110 – Introduction to Botany and Herbs
    - HB 211, 212, 213 and 214 – Herbs Category 1, 2, 3 and 4
    - WM 110 – Western Medical Terminology
    - BS 211, 212, 213 and 214 – Anatomy and Physiology 1, 2, 3 and 4
    - At least one (1) of BS 311, 312 or 313 – Pathology 1, 2 or 3
    - TB 211 – Tuina

The following are the list of instructions related during the exam day of MCE Written Part:
  - Test instructions will begin 5 minutes after the start time, and doors will be closed 10 minutes after start time.
  - All belongings, including cell phones, must be placed in the back of the room. **Turn off cell phones.** Students will be permitted to bring an unmarked bottle of water/beverage to the desk with them.
Take your assigned seat at the desks, which will be marked with your student ID number. A seating chart will also be posted on the testing door prior to entrance.

Once seated, all students must sign the examination agreement form before taking the exam. **No talking is permitted at all time during the test.**

Sign the front page of the exam question paper. Students may use the back as scratch paper, but it must be turned in when students turn in their exam. If students require extra scratch paper, academic staff will provide it, but it must be collected when students turn in their exam.

Students will then be instructed to begin the exam. Students will have **2 hours** total to finish the test.

Upon completing the exam, students need to raise their hand for one of the test proctors to pick it up from them. Pick up your belongings from the back of the room and quietly exit the testing room.

Students are only permitted to go to the outside of the lotus room in the event of an emergency, accompanied by one of the proctors the whole time until they are back inside the lotus room. While students are leaving, the test and clock will still be counted, and students are not to be given any extra time. Students need to raise their hand during the test, and they may leave the testing room with their proctor quietly.

Students are permitted to go to the restroom, accompanied by one of the proctors the whole time, until they are back to the inside the lotus room. While students are leaving, the test and clock will still be counted, and students are not to be given any extra time. Students need to raise their hand during the test, and they may leave the testing room with their proctor quietly.

Students may leave upon completing the exam before 4PM.

The test results will be emailed to each student by the Academic Department.

**MCE Practical Part:**

The exam will be held in the lotus room of the 4th floor on the Thursday of the 7th week of the quarter (12PM -2PM).

Please refer to the academic calendar for the exam date and registration period of each quarter.

There are 12 acupuncture points in total that will be tested.

In efforts to standardize the difficulty level of the MCE practical acupuncture point location exam, 2 mock points are also being added to the 10 points. The mock points will not be counted for credit.

Point locations:
- Point locations are based on *Chinese Acupuncture and Moxibustion* (CAM 3rd Edition 2010: Cheng, Xinnong).
- Points on the exam have been chosen by a randomized selection.
• Point markers on the trunk will be equal to the size of a quarter.
• Point markers on extremities and face will be about a penny in size.
• Acupuncture points will consist of all regular channel points and extra points. Off-limits points: no scalp, ear, or within the hairline. No groin or breast/nipple area.
• No points list will be provided.

Grading:
• More than two clinic supervisors will grade the students’ answers.
• Students will receive credit if their sticker touches any part of the marker.
• Students will receive credit if any one of the grading clinic supervisors passes a specific point.
• If most exam takers fail a point within a reasonable range, the academic committee may review the grades based on the input of the grading clinic supervisors.

Model positions:
• Each exam takers will be assigned with one (1) model.
• Points on all models will be marked by one clinic supervisor based on the CAM textbook.
• Marking, locating, and grading position of models are as follows:
  • For points on trunk (front), extremities, and face – lying down on the back (face up).
  • For points on trunk (back) – lying prone (face down).

MCE Practical Part procedure:
• Test materials will be provided (0.25” round colored stickers, list of 12 exam points) and students have the option to bring their own cun measurer.
• Doors will be closed, and test instructions will begin at 5 minutes after the start time.
• All belongings, including cell phones, must be placed on the indicated tables alongside of the room. Cell phones must be turned off. Students may take an unmarked bottle of water/beverage with them to their seat.
• Students will take a seat in the area to the right side of the room, behind the dividers. No talking is permitted.
• 3 students will be called at a time. When a student’s name is called, they will proceed to the testing area where 3 treatment tables are set up, with 1 model on each table.
• Students will be given their list of points at that time. Begin placing points on the indicated side of your model when the start time begins. Students will have 15 minutes total time to place all points.
o Students may ask their model to move a body part, such as bend their arms or legs, turn over to face down, or turn or tilt their head. Other than these requests, all other communications with the model are not allowed.

o When finished placing all 12 points, students need to raise their hand. They must then turn in the list of points to the proctor. Students will then pick up their belongings from the table and exit the lotus room and the 4th floor. No talking is permitted. Students do not stay for the checking of the points.

o Students are only permitted to go to the outside of the lotus room in the event of emergency, accompanied by one of the proctors the whole time until they are back to the seating area inside the lotus room. This permission is only given while students are still waiting for their turn at the seating area and not during the 15 minutes of the practical test with the model. Students need to raise their hand during the test, and they may leave the testing room with their proctor quietly.

o Students are only permitted to go to the restroom, accompanied by one of the proctors the whole time until they are back to the seating area inside the lotus room. This permission is only given while students are still in waiting for their turn at the seating area and not during the 15 minutes of practical test with the model. Students need to raise their hand during the test, and they may leave the testing room with their proctor quietly.

Please refer to the exam registration form and consult first with the OMC manager for the exam requirement list. An exam registration form can be obtained at DULA front desk. Please contact the Academic Department regarding exam content and additional procedures.

b. Clinic Level Exam (Clinical Performance Examination / CPX)
Prior to beginning level III clinical internship, students are required to pass a clinical performance examination / CPX in order to evaluate their progress, skills, and competencies. **The passing score for the CPX is 70%.**

The CPX will evaluate your clinical skills in the following areas:

- Communication
- Focused, appropriate history taking
- Focused, appropriate physical examination
- Adequate diagnosis and treatment principle
- Acupuncture treatment based on CNT and safety standards
- Accurate point location and technique
- Effective use of adjunctive therapies
- Comprehensive herbal treatment
- Clinical courtesy / etiquette
- Patient satisfaction
Clinical performance of level II interns on 4 cases of real patient treatment will be evaluated by the clinic supervisor. Level II interns will be notified of exam week, and the clinic supervisor will go to the treatment room where level II interns treat the patient and evaluate their clinical performance. During the exam, the clinic supervisor can discontinue treatment at any time if he/she feels that the patient has a predictable risk and report to the OMC director. The OMC director and clinic supervisor will discuss the predictable risk and decide on an appropriate course of education student needs. Level II interns who do not have an average score over 70% will participate in a series of workshops recommended by the OMC director and may be required to participate in a re-test of the CPX. Please contact the Academic Department for the exam content and additional procedures.

c. Comprehensive Graduation Exam (CGE)

Students are required to pass the Comprehensive Graduation Exam (CGE) in order to graduate. They are eligible to take the CGE once they have completed 150 didactic units and 520 clinic hours. Students are strongly encouraged to take the CGE as soon as they are eligible in order to have enough time to practice and pass the exam.

The CGE is a 200-multiple choice questions test based on the CALE. The passing score for CGE is 70%. The academic affairs department establishes the minimum acceptable level of competencies in each CGE, which students must possess in order to take the CALE. Students who do not pass the CGE may take it again in the following quarter.

Effective from Summer 2019, DULA will implement mock questions system to the Institutional Exam (MCE and CGE). Mock questions are defined as but not limited to the new questions that have yet to be determined for their difficulty and appropriateness to the students’ capability in either MCE or CGE.

From 200 questions that will be tested in MCE and CGE, 20 questions will be considered as mock questions. These 20 questions will not be counted for credit to the result of the exam. Therefore, only 180 questions in total that will be counted for credit and students must score at minimum of 70% to pass the exam (Passing score is 126 for written exam).

The CGE is held on Sunday of the 7th week every quarter. Please check Academic Calendar to see when the exam will be held. Students take Part I (100 questions) of the CGE from 10 AM -12 PM and continue with the Part II (100 questions) of the CGE from 2 PM – 4 PM during the same day.

Students requiring special accommodations must submit a doctor’s note to the Academic Department prior to registering for the CGE. Students taking the CGE
with special accommodations will take the exam in a separate room and will have an extra hour for each half of the exam. As such, they will take part I from 9 AM – 12 PM and part II from 2 PM – 5 PM.

The content of the 200-questions in CGE is consisted of following:

- **OM (17%)** – (developing a diagnosis impression):
  The practitioner evaluates patterns of disharmony according to theories of oriental medicine to arrive at a final diagnosis.
  - Form diagnosis impression (7%)
  - Differentiation of syndrome (4%)
  - Education and referral (4%)
  - Treatment plan (2%)

- **Acupuncture (32%)**:
  The practitioner implements knowledge of the therapeutic effects of points and combinations of points in modifying pain, normalizing functioning, and treating disharmonies. The practitioner uses anatomical landmarks and proportional measurements in locating points on or near body surfaces. The practitioner identifies clinical indications for using alternate treatment modalities.
  - Point selection (8%)
  - Point categories (8%)
  - Point location and needling technique (5%)
  - Provide auxiliary treatment (8%)
  - Microsystems (1%)
  - Observation and modification (2%)

- **Herbs (11%)**:
  The practitioner prescribes herbs and formulas based on diagnostic criteria. The practitioner modifies formulas and dosage of herbs according to the patient's condition. The practitioner identifies situations and conditions where herbs and formulas would produce undesired effects.
  - Identification of herbs (5%)
  - Prescribing and administering herbs (6%)

- **Biomedicine (33%) – Patient assessment**:
  The practitioner obtains the patient's history and performs a physical examination to determine presenting a complaint and interrelationship among symptoms. The practitioner determines the effects of western medications the patient is taking. The practitioner uses modern diagnostic testing procedures to augment traditional assessment methods.
  - Patient history (15%)
  - Physical exam (14%)
  - Pharmacology (3%)
  - Diagnosis testing (1%)

- **Regulations for public health and safety (7%)**:
  The practitioner understands and complies with laws and regulations
governing hygiene and the control of pathogenic contaminants. The practitioner applies legal guidelines for office practice and maintenance of patient records. The practitioner adheres to legal requirements for reporting known or suspected abuse.

In order to be eligible to take CGE, students must meet the following requirements:
  - Successfully completed at least 150 units of the didactic courses
  - Successfully completed at least 520 hours of clinical internship
  - Successfully completed and passed the following didactic courses:
    - OM 121 and 211 – Basic Theory of OM 1 and 2
    - OM 221, 311 and 312 – OM Diagnosis 1, 2 and 3
    - At least one (1) of OM 411, 412, 413 or 414 – OM Internal Medicine 1, 2, 3 or 4
    - AC 111 and 112 – Acupuncture Anatomy 1 and 2
    - AC 211 – Meridian Theory
    - AC 311 and 312 – Acupuncture Physiology 1 and 2
    - AC 321 and 322 – Acupuncture Techniques 1 and 2
    - At least one (1) of AC 411 or 412 – Acupuncture Therapeutics 1 or 2
    - HB 110 – Introduction to Botany and Herbs
    - HB 211, 212, 213 and 214 – Herbs Category 1, 2, 3 and 4
    - WM 110 – Western Medical Terminology
    - BS 211, 212, 213 and 214 – Anatomy and Physiology 1, 2, 3 and 4
    - BS 311, 312 and 313 – Pathology 1, 2 and 3
    - WM 224 – Physical Exam in Western Medicine
    - At least one (1) of WM 311, 312 or 313 – Western Internal Medicine 1, 2 or 3
    - TB 211 – Tuina
    - CM 101, 102 and 103 – Case Management 1, 2 and 3

The following are the list of instructions related during the exam day of CGE:
  - Cancellation: If students change their mind and decide to postpone their test, students must do so at least 48 hours prior to the test date and time. Please let the front desk know of your decision to postpone your exam.
  - Exam schedule: The exam consists of two halves, each with 100 questions. Combining parts 1 and 2, the exam has 200 questions. The first half of the exam is from 10:00 am to 12:00 pm. The second half of the exam is from 2:00 pm to 4:00 pm. The exam is held in the lotus room on the 4th floor.
  - Students must arrive on time: The doors to the lotus room will be shut at 09:45AM and 01:45PM. Student will not be allowed to take the test if they arrive after this time. This is in keeping with the standards of the CALE.
  - Students cannot have anything with them at their desk other than a beverage: Students will be required to turn off their cell phone and leave
it, with all their other belongings, in the back of the room. Any beverage students do have cannot have any sort of label.

- **Agreement:** Once seated, all students must sign the examination taking agreement document before taking the exam. No talking is permitted at this time.
- **Students are allowed to write on your tests:** This refers to the test itself, not the answer sheet. Do not write on the answer sheet (other than student’s answers and name, etc.).
- **Emergency:** Students are only permitted to go to the outside of the lotus room in the event of an emergency, accompanied by one of the proctors the whole time until they are back to the inside the lotus room. While students are leaving, the test and the clock will still be counted, and students are not to be given any extra time. Students need to raise their hand during the test, and they may leave the testing room with their proctor quietly.
- **Restroom:** Students are permitted to go to the restroom, accompanied by one of the proctors the whole time until they are back to the inside the lotus room. While students are leaving, the test and the clock will still be counted, and students are not to be given any extra time. Students need to raise their hand during the test, and they may leave the testing room with their proctor quietly.
- The test results will be emailed to each student by the Academic Department.

Please contact the Academic Department for the exam content and additional procedures.

4. **Institutional Exam Review**
   After the DULA institutional exams, DULA will provide scores for each subject area for all test takers, so each student can assess their weak subject areas. If a student has concerns about the examination results, they can make an appointment with the associate dean and/or dean of academic affairs for further discussion. When a student has any concern about the institutional examination’s questions, DULA also provides a comment sheet on which the student may write any comments during the examination. If a student needs further time for the comments on the question, DULA will provide 5 minutes extra time for writing the comments. The student’s comments will then be discussed and investigated internally with the program director, OMC director, and/or dean, as well as, (if needed) the academic committee meeting. The students will then be notified of the result of the discussion. Students who have failed on their CGE will be asked to meet with the dean, program director or associate dean, to discuss about their recent exam and to help preparing them for their next CGE.
DAOM Program Examinations

In DAOM program, most of the mid-term and final examinations are through the paper project and oral presentation. However, all other equivalent evaluations may also be applied by the instructor in some courses. DAOM students are required to review their class syllabi for each class assignments and course evaluation projects.

MSOM Program Grading Policy

DULA uses the following grade point system:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Grade Points</th>
<th>Grade Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.0</td>
<td>94-100</td>
</tr>
<tr>
<td>A-</td>
<td>3.75</td>
<td>90-93</td>
</tr>
<tr>
<td>B+</td>
<td>3.35</td>
<td>87-89</td>
</tr>
<tr>
<td>B</td>
<td>3.0</td>
<td>83-86</td>
</tr>
<tr>
<td>B-</td>
<td>2.75</td>
<td>80-82</td>
</tr>
<tr>
<td>C+</td>
<td>2.55</td>
<td>77-79</td>
</tr>
<tr>
<td>C</td>
<td>2.25</td>
<td>73-76</td>
</tr>
<tr>
<td>C-</td>
<td>2.0</td>
<td>70-72</td>
</tr>
<tr>
<td>F</td>
<td>0.0 / Fail</td>
<td>&lt;70</td>
</tr>
<tr>
<td>P</td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td>AUD</td>
<td>Audit</td>
<td></td>
</tr>
<tr>
<td>FN</td>
<td>Failure for Non-Attendance</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>IP</td>
<td>In Progress</td>
<td></td>
</tr>
<tr>
<td>R</td>
<td>Retake</td>
<td></td>
</tr>
<tr>
<td>W</td>
<td>Withdraw</td>
<td></td>
</tr>
<tr>
<td>WF</td>
<td>Withdraw-Fail</td>
<td></td>
</tr>
</tbody>
</table>

A “W” is given to those students who withdraw from a course after the add/drop period but before the 7th week of class. No academic penalty is attached to a grade of “W.” “WF” is given to those students who withdraw from a course during or after the 7th week. A “WF” grade is computed into the student’s CGPA.

An “I” is given to those students who fail to complete all the requirements of the course due to either a prolonged illness or other serious circumstances beyond the student’s control. A written explanation and acceptable documentation validating the need for the absence must be provided. Additionally, the student is still responsible for paying all appropriate fees and completing an incomplete form with their instructor, which must be approved by the dean. All course requirements must be completed by the end of the second week of the following quarter, or the “I” grade will automatically change to a grade of “F.”

All required courses including elective courses must be taken for a letter grade, except for the following: Qi Gong, Tai Chi, Tui-na, CNT and Safety Codes, and CPR/First Aid. These courses
may be taken as pass/fail. The changing of pass/fail grades may change at any time and may be at the discretion of faculty with prior approval and notification of students.

All courses attempted by the student will appear on the student’s official transcript. Only failed courses may be repeated for credit. Students are required to pay the full tuition in order to repeat the course. If the student passes a failed course on the second attempt, both grades will appear on the student’s transcript.

DAOM Program Grading Policy

DULA will employ a pass/fail grading system for DAOM courses. A point system will be utilized to evaluate the assigned course work. Points will then be translated into percentages and the following graders will be assigned:

- **P** (pass) - Satisfactory completion of all required coursework. A percentage of 75% will be required to receive a Pass.
- **F** (fail) - Unsatisfactory completion of coursework. If a student fails a course, the student will be offered the opportunity to repeat the course with the next cohort. If retaking a failed course, students must pay the full tuition in order to receive full credit for the course. If the course is determined by the Doctoral Committee to be essential to the succeeding coursework, then the student may be dismissed from the program. That student may apply for re-admissions one year later.
- **W** (withdraw) - A student may withdraw from a class before final requirements for the course are due. The student must request and receive permission from the Program Director and course instructor. A (W) will become a permanent part of the student’s academic record. If the course is essential to the succeeding coursework the student will be required to take a leave of absence and repeat the course with the following cohort.
- **I** (incomplete) - A grade of incomplete indicates that further work in a course must be completed before a grade is given. A DAOM Student will have three months to complete any course work outstanding work and convert the grade to a Pass. After the three-month period, incomplete grade will remain on the record and the DAOM Student will be required to retake the class. If the course is essential to subsequent coursework the DAOM Student may be required to take a leave of absence until the course is offered.
- **IP** (In Progress) - Due to the structure of some courses, grades may not be assigned for more than six months. In those cases, a grade of (IP) indicating that the course is continuing and that a grade will be assigned when the course is completed.
Policy for Auditing the Course

This policy is only applied for the MSOM program. Here are the following rules for auditing classes:

- Students are not allowed to sit in any class without registration.
- The tuition for the auditing is half the charge of regular tuition. Currently the regular tuition is US $155 per unit, therefore the audit-class tuition is US $77.50 per unit for now (i.e. the audit-class tuition for a 3-unit class is US $232.50).
- Students do not pay the audit fee in only two cases:
  - **Case 1:** The student is auditing a previously paid class at DULA for the first time. Any subsequent audit after that first time will be charged the regular audit-class tuition in each occurrence.
  - **Case 2:** The student is auditing a previously paid class at DULA in a different language and may not be charged the audit-class tuition. Just as in case 1, the audit tuition is being waived for the first time only. Any subsequent audit after that will be charged the audit-class tuition in each occurrence.
- In order to receive credit, any student who is taking an audit class in case 1 or 2 must submit the audit-tuition waive request with the registrar.
- Students may “pay one, get one free” for the EL Comprehensive Review class series.
- If the student pays for EL Comprehensive Review level 1 taking EL Comprehensive Review level 2 later will be free. If the student pays for EL Comprehensive Review level 3, taking EL Comprehensive Review level 4 later will be free. The student must register a paid class (EL Comprehensive Review level 1 and 3) ahead of a free class (EL Comprehensive Review level 2 and 4, correspondingly).
- Auditing in advance is not allowed.
- The student is encouraged to meet with the MSOM program director and/or associate dean before registering the audit-class.

Academic Progress

The University operates on the quarter system for the MSOM and DAOM program, with each quarter consisting of 10 weeks of class work. Each quarter unit is equivalent to 10 hours of class. A grade is assigned for each registered course. The final grade is determined by the total points accumulated by the student as listed in the individual course syllabus. Clinical practice coursework and some other coursework receive a “Pass” or “No Pass” grade based on the completion of performance objectives. The academic courses are graded with a standard letter grading methodology. Please see the grading policy for MSOM and DAOM program for more specific information.
Requirements for Graduation – MSOM Program

In order to graduate and receive the MSOM degree from DULA MSOM Program, each student should comply with the residency requirement, successfully completed and passed all the MSOM program 213-didactic units and 48-units of clinical internship, including passed the Comprehensive Graduation Exam (CGE) in no more than 8 calendar years. Each student should meet the following requirements:

- Successfully completed and passed all the MSOM program 213-units (2130 hours) of didactic courses:
  - Basic Sciences and Western Medicine courses – Total 39 units / 390 hours
  - Oriental Medicine courses – Total 39 units / 390 hours
  - Acupuncture and Moxibustion courses – Total 30 units / 300 hours
  - Herbolgy courses – Total 45 units / 450 hours
  - Clinical Medicine and Public Health courses – Total 30 units / 300 hours
  - Professional Development and Case Management courses – Total 17 units / 170 hours
  - Adjunctive Therapies courses – Total 7 units / 70 hours
  - Elective courses – Total 6 units / 60 hours

- Successfully completed and passed all the MSOM program 48-units (960 hours) of clinical internship:
  - Clinical Internship Level 1 – Herbal Dispensary – Total 2 units / 40 hours
  - Clinical Internship Level 1 – Clinical Observation – Total 8 units / 160 hours
  - Clinical Internship Level 2 – Total 16 units / 320 hours
  - Clinical Internship Level 3 – Total 22 units / 440 hours

- Successfully passed the Comprehensive Graduation Exam (CGE)

Requirements for Graduation – DAOM Program

In order to graduate and be granted the DAOM degree from DULA, all students must comply with the residency requirement. The student must successfully complete and pass all the mentioned in the below didactic, clinical coursework and DAOM Capstone project in no more than 4 calendar years. Each student should meet the following requirements:

- Successfully completed and passed all the DAOM program 64-units (640 hours) of didactic courses:
  - Core Curriculum – Total 32 units / 320 hours
  - Clinical Specialties Curriculum – Total 32 units / 320 hours

- Successfully completed and passed all the DAOM program 32.5-units (650 hours) of clinical practice:
  - Residency – Total 250 hours
  - Mentorship – Total 200 hours
  - Preceptorship – Total 200 hours

- Successfully completed and passed the Doctoral Capstone Project
Honors of Graduation

Honor of graduation are awarded to the students based on their final GPA with the following criteria:
- **Summa cum laude**: cumulative GPA 3.9 – 4.0
- **Magna cum laude**: cumulative GPA 3.8 – 3.89
- **Cum laude**: cumulative GPA 3.65 – 3.79

Academic Committee

Academic committee members review academic progress of students to ensure their success in the program. Students who need assistance to maintain good academic standing are required to meet with Academic Department to devise a plan to improve their academic performance. Students may ask the academic department for help in finding tutors and/or other resources to assist with successful completion of the program.

The Academic Committee is responsible for ensuring a fair and impartial disciplinary process for students who breach standards of professionalism. Most cases are resolved in ways that serve to foster the ethical development and personal integrity of students, and to provide a safe and comfortable campus environment.

Standards of Professionalism

The Standards of Professionalism policies are intended to protect the rights of all students, faculty, staff and patients at Dongguk University Los Angeles while on campus and at all sponsored events. DULA may impose discipline for violation of these standards of professionalism including, but not limited to dishonesty, disrespect, disrupting a professional atmosphere, substance abuse, and sexual harassment.

Academic dishonesty includes providing or receiving answers from other students during or after an examination, plagiarism, knowing use of illegally copied educational material in any format, using informational aids such as “crib sheets” or other types of notes during an examination (if not allowed), or anything else that might reasonably be construed as cheating. Students who are found to be academically dishonest will automatically receive an "F" in that course and are subject to dismissal or suspension for one (1) quarter and may be placed on administrative probation.

For more information about the university policy, please refer to the University Policy Handbook.
Student Code of Professional and Academic Conduct

DULA’s staff and faculty rely on students to conduct themselves in a manner that upholds the university’s student code of professional and academic conduct. All students should understand that they are training to be skilled medical professionals, and as such will be held to a high standard of responsibility. Students who act in a manner that violates this code will be subject to disciplinary actions.

The following misconduct would constitute violations of our community values and standards and subject to imposed sanctions:

- Violation of published University policies, rules or regulations.
- Violations of federal, state or local law, including but not limited to, conduct on University premises or at University sponsored or supervised activities.
- Use, possession, sale or distribution of alcoholic beverages, drugs, drug paraphernalia, narcotics or other controlled substances on campus.
- Smoking in any interior area of the University, including classrooms, labs, restrooms, hallways, or lounge areas is prohibited.
- Endangering, threatening or causing physical harm to any person.
- Attempted or actual theft of University property.
- Disruption or obstruction of teaching, research, administration, or other University activities.
- Harassment, whether it be physical, verbal, graphic, or written, based on race, sex, color, ethnic or national origin, religion, age, sexual orientation, or disability. Also, unwelcome sexual advances, requests for sexual favors, and other forms of such verbal or physical conduct may constitute harassment.
- Cheating, plagiarism, or other forms of academic dishonesty, including aiding another student in an act of academic dishonesty.

Disciplinary Procedures

- If any individual has reason to believe a student has engaged in prohibited behavior, that individual may present a written notice to the Academic Coordinator.
- The student will be notified of the charges as soon as possible by mail or hand-delivered message. The University will begin an investigation of the facts, and the student will have the opportunity to present, in writing or verbally, all pertinent evidence pertaining to the alleged misconduct.
- If the Academic Dean feels a breach of the Student Code of Conduct has not occurred, the charge will be dismissed, and the student will be notified of the dismissal in writing. A written notice of the dismissal shall be placed in a file pertaining to the incident, and the matter will be considered closed.
- If the Academic Dean believes there has been a violation of the Student Code of Conduct, an investigation will be conducted. If the violation is deemed to be minor, the Academic Dean will arrange an in-person meeting with the student to discuss the
charges and propose a suitable sanction or solution, which may include counseling, guidance, or a written reprimand.

- The Academic Dean will deliver the findings in writing to the student. The student will then have ten days in which to appeal the decision in writing to an Academic Committee.
- The appeal will be limited to the following: a) the presentation of new pertinent evidence previously unavailable, b) sanction that is not supported by the evidence, or c) unfair prejudice or bias in the decision.
- The Academic Committee will hold a meeting within ten days of the student’s written notice of appeal. At this meeting, the student may be, but is not obligated to be present, and may be accompanied by an advisor who is part of the university community and not legal counsel. The Academic Committee will come to a decision and this decision will be final.
- If the alleged misconduct is deemed to be of a more serious nature, a formal hearing may be held by an Academic Committee consisting of the Academic Dean, one administrator and a faculty member not involved in the original incident.
- The following procedures will be followed:
  - All pertinent documents and evidence will be submitted to the Academic Committee, and the student will be notified in writing of the charges, the hearing date, time, and location. The student will have the right and the opportunity to view the evidence prior to the hearing and will have ten days in which to respond in writing. At the hearing, the Academic Committee will review all materials submitted by the student and the evidence so far gathered.
- The Academic Committee will deliberate and come to a decision as to the sanction or action to be taken against the student and will notify the student of such decision in writing within ten days.
- The student will have an additional ten days following receipt of the Academic Committee’s decision in which to present a written appeal via certified mail to the University President. The appeal will be limited to the following: a) the presentation of new pertinent evidence previously unavailable to the Academic Committee, b) sanction that is not supported by the evidence, or c) unfair prejudice or bias in the decision.

**Student Request**

In DULA, a student request is defined as a request from student to DULA to develop, process, or modify something that may have an impact on DULA and its students in the future. For example: a student request to open a specific elective class in one quarter, request to open a free lunch lecture by a specific invited speaker, and request for a student activity.

Student Request is different than the Student Grievance. A grievance is a complaint or allegation on student(s) against other student(s), faculty, staff or DULA administration. For example: being treated unfairly, wrong, or discriminatorily in academic performance by faculty, student, or others; violations of DULA procedures or policies; infringement of established or inferred rights; or violation against ethical conduct. Grievance may not be filed solely to repeal
DULA regulations or policies but may address how a regulation or policy was reached, interpreted, or implemented.

The following are the procedure related to the student request:

- Students may provide student requests to the DULA student services coordinator. A student request form is available for students and can be obtained at DULA front office, student services coordinator office, or in a downloadable format at DULA website (http://www.dula.edu/Forms).
- Students then request an appointment with student services coordinator and bring the filled-in student request form attached with all the necessary supportive documents.
- Student services coordinator will discuss the request with the student, then investigate the necessary further action required. If necessary, student services coordinator may bring the request to student council and the Academic Department.
- Once the student request has been evaluated and a conclusion is presented, the student services coordinator will provide a response to the student via email.
- If the decision is provided from the academic committee meeting, written notice of the decision will be transmitted within a reasonable time, not exceeding 30 days from the time the request was provided by the student.

**Student Grievances**

Students with complaints concerning administrative or academic policy may submit the grievance in writing to the Student Services Coordinator. The grievance will then be sent to the Dean of Academic Affairs for a review and to gather all relevant information and for possible resolution.

If a resolution cannot be reached, the complaint is submitted to the Executive Committee, consisting of the President, the Dean of Academic Affairs, and Chief Operation Officer. If the grievance is against one of the Executive Committee members, the committee meeting will exclude the involved member. The Executive Committee responds to the grievance within thirty (30) days.

If the complainant is dissatisfied with the decision of the Executive Committee, she/he may submit a written appeal with all relevant documentation to the Board of Directors for further review. The Board will then make one of two determinations: (1) The issue is not appropriate for the Board to consider, in which case, the decision of the Executive Committee is final, or (2) the Board may decide to consider the grievance, confirming or overturning the decision reached previously. In either case, the decision of the Board of Directors will be final.

A student or any member of the public may file a complaint about this institution at any time with the following regulatory agencies:

**Bureau for Private Postsecondary Education**
1747 N. Market Blvd, Ste 225
Satisfactory Academic Progress (SAP) – MSOM Program

All students in attendance must maintain a minimum quarterly and cumulative GPA of 2.25. The course work shall extend over a minimum of 4 academic years or 12 quarters. The maximum time frame a student must graduate this 4 academic year program is 8 calendar years, otherwise such related student will be terminated from the program.

If a student's quarterly or cumulative GPA falls below a 2.25 in any specific quarter, the following quarter they will be placed on academic probation and required to attend mandatory academic advising. During this time the student's Program Director and Academic Dean will evaluate the student and analyze the reasons for poor performance. Students receiving financial aid will be placed on financial aid probation. Students on academic probation must earn a quarterly GPA of at least 2.25 for each quarter that they are on probation.

In addition, if the student fails to bring his/her cumulative GPA up to a 2.25 within the quarter that they are on academic probation, their academic probation will continue for a 2nd consecutive quarter. These students will only be allowed to enroll in a maximum of 12 units which will include the mandatory repeating of any failed courses from quarter(s) prior. They will continue to be required to attend mandatory academic advising. During this second probationary quarter the Academic Dean and Program Director will analyze the reasons for the poor performance. If the student is a financial aid recipient, their financial aid for this quarter will be suspended.

If the student fails to bring their cumulative G.P.A. up to 2.25 for a 3rd consecutive quarter, they will be dismissed from the program. Once a student is dismissed from the program, they will not be allowed to re-enroll for two quarters.

If the student returns to the program, they will only be allowed one quarter to achieve a quarterly G.P.A. of 2.25 or will again face academic dismissal. A second academic dismissal will be grounds for permanent non-reentry into the program. If the student formerly received financial aid, they will not be allowed to apply for financial aid during their first quarter of re-entry.
Satisfactory Academic Progress – DAOM Program

Because the DAOM is constructed in modular cycles, coursework may be completed in a flexible manner, however all first-year coursework is suggested to be completed before advancing to second year coursework.

DAOM program is designed as a twenty-four (24) months length of study. A maximum of four (4) years is allowed for program completion, otherwise such related student will be terminated from the program. If a student requests and is granted a leave of absence from the program, the student will be fall into the leave of absence policy.

If a student fails in all of his/her enrolled course in one quarter and consecutively fail in all of his/her enrollment in the following quarter, the student will be placed on academic probation in the following quarter and required to attend mandatory academic advising. During this time the student’s Program Director and Dean of Academic Affairs will evaluate the student and analyze the reasons for poor performance. Students on academic probation must pass in all the registered course for each quarter that they are on probation.

In addition, if a student fails to pass all his/her registered course within the quarter that he/she is on academic probation, his/her academic probation will continue for the 2nd consecutive quarter. This student will only be allowed to enroll in a maximum of 7 units of courses. The student will continue to be required to attend mandatory academic advising. During this second probationary quarter the Program Director and Dean of Academic Affairs will analyze the reasons for the poor performance.

If the student fails to pass all his/her registered course for the 3rd consecutive quarter, the student will be dismissed from the program. Once a student is dismissed from the program, he/she will not be allowed to re-enroll for two quarters.

If the student returns to the program, he/she will only be allowed one quarter with maximum of 7 units enrolled course and pass all his/her registered course or will again face academic dismissal. A second academic dismissal will be grounds for permanent non-reentry into the program.

Academic Road Map

Academic Road Map is currently only applied for the MSOM program. Academic Road Map is to guide DULA students who are having difficulties in meeting the academic requirements based on the Satisfactory Academic Progress (SAP) report. Under the guidance of the Dean of Academic Affairs, the academic department will meet the students to discuss their academic road map.
Students who fall into one of the following criteria are notified to have a meeting with one of academic department staffs:

1. Cumulative GPA below 3.0
2. Fail to meet the attendance requirement in the classroom/clinic.
3. Students who have not completed the MSOM program after four (4) academic years.

In certain special cases, the Academic Committee may also request a meeting with the students if it is determined as necessary.

**Academic Progress Counselling**

Academic Progress Counselling is to guide DULA students to graduate MSOM program within the recommended timeline of four (4) academic year.

Under the guidance of the Dean of Academic Affairs, the Associate Dean will meet the students who are currently in the 9th quarter of their academic year. In this meeting, the Associate Dean will discuss, guide and plan the courses that each student needs to take in order to graduate within the recommended timeline.

**Leave of Absence**

A leave of absence refers to a specific time period during a student's course of study when they are not in academic attendance. It does not include non-attendance for a scheduled break in a student's program. DULA declines to treat an approved leave of absence as a withdrawal from school by the student. A student on an approved leave of absence is permitted to complete the coursework he or she began prior to their leave of absence.

A student may be granted one Leave of Absence within any 12-month period, not to exceed 180 calendar days. One subsequent Leave of Absence within that same 12-month period can be granted for unforeseen circumstances, such as jury duty, military duty, and criteria covered under the Family and Medical Leave Act of 1993. Such exceptions must be approved by University Administration. If after the extension of one subsequent leave, student fails to enroll in DULA coursework for at least one academic quarter, then the student is considered to be terminated from the program. The 12-month period is calculated from the first day of the student's most recent leave of absence. For the leave of absence to be approved, the student must provide the request in writing using the DULA leave of absence form that includes a reason for the request and date of return from leave of absence. This form should be signed and dated prior to the time period the leave is to occur, unless unforeseen circumstances prevent the student from doing so. The leave of absence request form can be obtained at the DULA front office. The MSOM Program Director, International Student Service (ISS) Officer, and Financial Aid Officer must approve the request.

If the leave of absence is not approved and the student leaves anyway, then the student is considered to be terminated from the program. In this case, if the student is receiving Title IV
funding, these funds will be returned and/or cancelled. Upon returning to DULA, any such student previously receiving financial aid must reapply.

**Leave of Absence Policy for International Students**

Students on I-20 may apply for limited leaves of absence if all governmental and university requirements and regulations are complied with. Students must file a leave of absence request and obtain approval from the MSOM program director, international student services (ISS) officer, and financial aid officer (please see section on general leave of absence policies, set forth above). In addition, foreign students must matriculate as a full-time student for one academic year before they may apply, and the leave of absence may be no longer than 1 quarter during any calendar year.

**Withdrawal from the Program**

Withdrawal from the program requires the submission of a Withdrawal form and an exit interview with the admissions director. If you have received financial aid, you will be required to complete an exit interview with the financial aid director. Following withdrawal from the program, if you wish to reapply you are required to complete a new application for admission. Upon readmission, after an absence of one year or more, you will be required to complete the program of study that is in place in the term in which you return. All readmission is subject to approval.

**Readmissions after Withdrawal**

Readmissions process after withdrawal from the university process is the same as for a new student. Students approved for readmission are responsible for fulfilling the current curriculum requirements at the time of their readmission. In addition, the academic department must evaluate the student’s standing. If more than five years have elapsed since the last prior enrollment, the Academic Committee will reevaluate the student’s placement and the student may be required to take a placement exam; if this fails, he or she needs to retake the class.

**Academic Warning and Probation**

Students unable to maintain good academic or professional standing are placed on academic warning or probation. Students will be notified by letter of the reasons that led to this action and an explanation of the corresponding satisfactory academic progress requirements for the ensuing term. Student enrollment is subject to review until the student returns to good academic or professional standing.
Warning

Written notice or reprimand to the student that a violation of specified university policies or regulations has occurred and that continued or repeated violations of university policies or regulations may be cause for further disciplinary action, normally in the form of disciplinary probation and/or loss of privileges and exclusion from activities, suspension, or dismissal.

Disciplinary Probation

A status imposed for a specified period during which a student must demonstrate conduct that conforms to the university’s standards of conduct. Conditions restricting the student's privileges or eligibility for activities may be imposed. Misconduct during the probationary period or violation of any conditions of the probation may result in further disciplinary action, normally in the form of suspension or dismissal.

Academic Dismissal

Academic dismissal is termination of enrollment at the University for the inability to meet academic or professional standards. Failure to comply with the requirements set forth by the Academic Committee for remediation of a probationary status will result in academic dismissal. Students may appeal this action through the academic appeal process.

Dismissal

Termination of student status for an indefinite period. Readmission to the university shall require the specific approval of the executive committee and may be granted only under exceptional circumstances.

Academic Appeal

The Academic Committee is responsible for reviewing and approving appeals. Appeals must be submitted to the Academic Committee in writing, describing any extenuating or mitigating circumstances that prevented compliance with DULA policies. An appeal must explain what has changed in the student’s situation, and the precise steps the student will take or is taking to regain good academic standing.

Please follow this procedure for the academic appeal process:
- The student who wishes to appeal the non-satisfactory progress status must initiate the process by submitting a written request to the academic dean who will proceed with the Academic Committee.
- The request is to be presented within 10 days of the non-satisfactory progress status determination and must describe any circumstances that the student believes affected his/her performance and deserve special consideration, as well as the measures that the
student has taken to resolve those circumstance in a manner that would not interfere his/her progress again.

- The academic committee shall evaluate the appeal within 5 business days and notify the student in writing of his/her decision. Should the student’s appeal be denied, he or she may appear before the president of the institution, who will provide a written notice to the student of its decision within 3 business days. The decision of the president shall be final.

- If the appeal is approved, the payment period for the students who are under financial aid status that originally placed under ineligibility status would be modified to a financial aid probation status. The student will be eligible for aid for the period under financial aid probation. If, at the end of the payment period under probation status, the student fails to make satisfactory academic progress, the student will be ineligible for financial aid.

- **Financial Aid Warning:** For a student who fails to make Satisfactory Academic Progress (SAP), the school may reinstate eligibility for aid for one payment period and may do so without a student appeal. DULA checks SAP at the end of each payment period and this status is only for students who are in the first payment period of their program or students who were making SAP in the prior payment period they were enrolled.

- **Financial Aid Probation:** For a student who fails to make satisfactory academic progress and who successfully appeals, eligibility for aid may be reinstated for one payment period. DULA only places a student on probation if they fail to make satisfactory academic progress and successfully appeal.

### Loss of Privileges and Exclusion from Activities

Students may be excluded from participation in designated privileges and activities for a specified period. Violation of any conditions in the written notice of loss of privileges and exclusion from activities, or violation of university policies or regulations during the period of the sanction, may be cause for further disciplinary action, normally in the form of probation, suspension, or dismissal.

### Suspension

Termination of student status for a specified period of time with reinstatement thereafter being certain, provided that the student has complied with all conditions imposed as part of the suspension and is otherwise qualified for reinstatement. Violation of the conditions of suspension or of university policies or regulations during the period of suspension may be cause for further disciplinary action, normally in the form of dismissal.

### Interim Suspension

Exclusion from class, or from other specified activities or areas of the campus, as set forth in the notice of interim suspension, before final determination of an alleged violation. A student shall be restricted only to the minimum extent necessary when there is reasonable cause to believe
that the student's participation in university activities or presence at specified areas of the campus will lead to physical abuse, threats of violence, or conduct that threatens the health or safety of any person on university property or at official university functions, or other disruptive activity incompatible with the orderly operation of the campus. A student placed on interim suspension shall be given prompt notice of the charges and the duration of the interim suspension, as well as the opportunity for a prompt hearing on the interim suspension. Interim suspension shall be reviewed by the chancellor within twenty-four hours. If a student is found to have been unjustifiably placed on interim suspension, the university is committed to a policy whereby reasonable efforts are taken to assist an individual who has been disadvantaged with respect to employment or academic status.

**Exclusion from Areas of the Campus or from Official University Functions**

Exclusion of a student as part of a disciplinary sanction from specified areas of the campus or other university-owned, -operated, or -leased facilities, or other facilities located on university property, or from official university functions, when there is reasonable cause for the university to believe that the student's presence there will lead to physical abuse, threats of violence, or conduct that threatens the health or safety of any person on university property or at official university functions, or other disruptive activity incompatible with the orderly operation of the campus.

**Restitution**

A requirement for restitution in the form of reimbursement may be imposed for expenses incurred by the university or other parties resulting from a violation of these policies. Such reimbursement may take the form of monetary payment or appropriate service to repair or otherwise compensate for damages. Restitution may be imposed on any student who, alone or through group or concerted activities, participates in causing the damages or costs.

**Revocation of Award or Degree**

Subject to the concurrence of the academic committee, the executive committee, and the board of directors, the conferral of the degree of Master of Science in Oriental Medicine, or any award granted while pursuing such degree, may be revoked or withdrawn, if it is proven by clear and convincing evidence that the awarded of the degree was obtained by fraud. Furthermore, such revocation is subject to review by special petition to the president.

**Posting Suspension or Dismissal on Academic Transcripts**

When, as a result of violations of the student code of professional conduct, a student is suspended or dismissed, a notation that the discipline was imposed must be posted on the academic transcript for the duration of the suspension or dismissal. Thereafter, notations of
suspension or dismissal reflected on a student’s transcript may be removed by special petition to the president.

**Official and Unofficial Student Academic Transcripts**

Official copies of student academic records will be forwarded to either the student or to a designated addressee upon written request. Unofficial copies of student academic transcripts will only be provided to the student, unless exceptional circumstances warrant otherwise. Requests for academic transcripts may be obtained at the DULA business office. Processing of transcript requests will be withheld if the student has failed to submit the required documents or other items, or has an unpaid tuition balance, ancillary fees, or other charges owed to the university.

**Reservation of Rights to Increase Units/Hours**

DULA expressly reserves the right to increase didactic unit/hour requirements and/or clinical hour requirements in compliance with the mandates of the state of California, the United States of America, any applicable private regulatory body, any applicable quasi-public regulatory body, or as deemed appropriate by the university.

The affairs of the university are managed by a board of coordinators. The board receives recommendations from the university president and executive committee (on which the president sits), and also includes the office of the dean of academic affairs, program coordinators, and director of the oriental medical center. The executive committee regularly reviews the university’s administrative procedures and provides recommendations to the board on various relevant matters, including the implementation of state and federal educational requirements in such areas as curriculum, tuition and fees, refund policies, personnel qualifications, institutional facilities, and immigration regulations.

Individual students and informal student groups participate in the decision-making process by completing course evaluations at the end of each quarter, as well as periodic program surveys. Students may also speak to members of the faculty and/or administration about individual concerns or suggestions for the program. Delegated members of the student body associations are invited to attend the faculty committee, administrative committee, and other appropriate and relevant committee meetings.
NON-DISCRIMINATORY POLICY

In compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990, the university does not discriminate on the basis of race, color, national origin, religion, sex, gender, sexual orientation, disability, or age in any of its policies, procedures, or practices. This nondiscrimination policy covers admissions, financial aid, and employment policies of the university, as well as access to and treatment in university programs, activities, and facilities. Students may freely complain of any action which they believe discriminates against them on any of the foregoing grounds.

To file for accommodations for the Americans with Disabilities Act, contact the student services coordinator and submit your request for the specific accommodations in any written form.
DULA is an equal opportunity institution and does not discriminate based on age, race, color, religion, national origin, ethnicity, gender, or sexual orientation, in the administration of admission, educational policies or employment. The University abides by Title II of the Americans with Disabilities Act, which prohibits discrimination against any “qualified individual with a disability.”

DULA is committed to accommodating students with physical and learning disabilities. Accommodations and other support services are tailored to meet the needs of the individual student and are intended to comply with Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.

Students desiring academic support services for disabilities are required to submit documentation to verify eligibility under Section 504 of the Rehabilitation Act of 1974 and the Americans with Disabilities Act. All assessment reports will be kept confidential at disability services in compliance with the Family Educational Rights and Privacy Act (FERPA), and the professional and ethical standards of the Association on Higher Education and Disability (AHEAD).

**Designated University Officer for Disability Services:**
Student Services Coordinator
440 Shatto Place, 2nd Floor, Los Angeles, CA 90020
213-487-0110 ext. 406 (AC@dula.edu)

Registration for assistance from the student services coordinator is on a voluntary, self-identifying basis. However, services are only available after a student has registered and presents current documentation of the disability from an appropriate specialist or physician. All information and documentation are confidential.

**Steps to Register with Disability Services:**
In order to receive disability services from the student services office, students must provide documentation of their disability from an appropriate professional. If a student already has the appropriate documentation, they may make an appointment with the student services coordinator. Students must bring their documentation to the meeting.

**General Guidelines for Required Documentation:**
- **Be current:** being within the last 5 years for learning disabilities is recommended, the last 6 months for psychiatric disabilities, or the last 3 years for all other disabilities (does not apply to physical or sensory disabilities of a permanent or unchanging nature).
- State clearly the diagnosed disability (including a DSM-IV code where appropriate).
- Describe the functional limitations resulting from the disability.
• Include complete educational, developmental, and medical history relevant to the disability for which testing accommodations are being requested.
• Include a list of all test instruments used in the evaluation report and relevant subtest scores used to document the stated disability (does not apply to physical or sensory disabilities of a permanent or unchanging nature).
• Describe the specific accommodations requested and a detailed explanation of why each accommodation is recommended.
• List relevant medications. Does medication substantially limit college-level academic pursuits? If so, how substantial is the limitation? Does the individual experience any side effects from the medication that may negatively affect his or her ability to study and or learn?
• BE TYPED OR PRINTED ON OFFICIAL LETTERHEAD and be signed by an evaluator qualified to make the diagnosis (include information about license or certification, background, and area of specialization).

*Prescription pad notes will not be accepted.*
The University discloses, without student consent or notification, information about a student who is required to register as a sex offender under the Wetterling Act.
DRUG AND ALCOHOL ABUSE POLICY

In accordance with the Drug-Free Workplace Act of 1988 (P.L. 100-690), the Drug-Free Schools and Communities Act of 1989 (P.L. 101-226) and 34 Code of Federal Regulation Part 84, Subpart F, this institution is committed to maintaining a drug-free workplace and a drug-free school. Drug and alcohol abuse can lead to liver, heart and other chronic diseases, low birth weight, birth defects and infant mortality in expectant mothers, and death. The unlawful manufacture, distribution, dispensing, possession or use of drugs, alcohol or other controlled substances at this institution is strictly prohibited.

It is the policy of DULA that the learning environment be free of addictive substances. Specifically, all members of the university community—which includes the administration, faculty, staff, students, and guests—will abstain from the consumption/use of alcohol/narcotics, and/or misuse of prescription drugs while on university property. Violation of this policy could lead to suspension, expulsion, termination, and, within the context of criminal activity, referral to law enforcement agencies.

Students and employees are required, as a condition of enrollment and/or employment, to abide by this policy.

To the extent allowed by local, state and federal laws, this institution will impose disciplinary action against students and employees for violating these standards of conduct. These actions may include suspension, expulsion, and termination of employment, referral for prosecution and/or required completion of a drug or alcohol rehabilitation or similar program.
DULA ORIENTAL MEDICAL CENTER (OMC)

Location & Hours of Clinic Operation

The DULA Oriental Medical Center (OMC) is located at 440 Shatto Place, Los Angeles, California 90020. The patient reception area is directly adjacent to building elevators onto the second floor. Telephone numbers for the OMC reception desk are: (213) 487-0150 and (213) 487-0527 (fax).

OMC hours of operation are Monday through Sunday
Morning : 9:00 a.m. -- 1:00 p.m.
Afternoon : 2:00 p.m. -- 6:00 p.m.
Evening (Mon-Thurs only) : 6:00 p.m. – 10:00 p.m.

California Law Pertaining to the Practice of Acupuncture

In 1978, AB 1391 (Torres) essentially established acupuncturists as "primary health care providers" (B&P Code, section 4926) by eliminating the requirement for "prior diagnosis or referral" by a doctor, dentist, podiatrist or chiropractor. AB 2424 [(Chapter 1238, Statutes of 1978) Jim Keysor, Democrat, San Fernando] authorized Medi-Cal payments for acupuncture treatment. Legislation was passed which established acupuncture as a certified health care profession, certification dependent upon successful completion of a competency examination; four public members were added to the Acupuncture Advisory Committee. It was also clarified that the Division of Allied Health Professions (DAHP) within the Board of Medical Quality Assurance had the authority to enforce acupuncture laws; the DAHP was directed to establish training standards and authorized to establish apprentice programs and continuing education requirements for acupuncturists. [SB 1106 (Song); (B&P Code sections 4927, 4928, 4940 and 4945)].

Scope of Practice for OMC Students

The scope of practice of students in the OMC is exactly that which is determined by the laws of the State of California as implemented by the OMC administration. Students are permitted to practice ONLY under the supervision of an OMC Clinic Supervisor. Students who engage in advising, consulting, history taking, examining, treating or other related activities under any other circumstances constitutes the unauthorized practice of acupuncture, and is grounds for criminal malpractice in the State of California. For further clarification of the scope of practice issue, please see the Department of Consumer Affairs’ Legal Office’s Legal Opinion No. 93-11, dated December 14, 1993.

Students are not authorized to execute any documents intended for external entities including insurance forms, clinical status/progress forms, work/school/gym excuses, disability certificates.
and any other official document. All correspondence to doctors, attorneys and insurance personnel must be signed by a licensed acupuncturist. However, student’s notations in patients’ charts, including history and examination forms, narrative reports and progress notes must be signed by the students in black or blue ink and co-signed by a Clinic Supervisor.

Students are so entitled in the OMC to denote his/her function not his/her degree or legal status in California. MSOM students may not refer to themselves as “acupuncturists.” DAOM students who hold valid and non-expired license to practice as Acupuncturist in the state of California may refer to themselves as “acupuncturists” but shall practice ONLY under the supervision of an OMC Clinic Supervisor. Students also may not contact other health care professionals on behalf of a patient without the authorization of a Clinic Supervisor.

**Clinic Space and Equipment**

<table>
<thead>
<tr>
<th>Treatment Rooms</th>
<th>14 rooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Space</td>
<td>2637 sq ft</td>
</tr>
<tr>
<td>Treatment Beds</td>
<td>23 beds</td>
</tr>
</tbody>
</table>

DULA Oriental Medical Center (OMC) at 2nd floor contains 12 treatment rooms, 2 treatment rooms for faculty clinic, herbal dispensary / storage / decoction room, Observation Theater room, Room for full-time Clinic Supervisors, Supervisor conference room, intern & resident conference room, and offices for Director of OMC, OMC Manager, and Clinic Supervisors. Patient waiting room is spacious and open to hall and elevator.

Each treatment room contains 1 bio-hazard waste, 1 needle disposal containers, and 1 desk for consultation in addition to treatment tables with headrests or pillows, clean field area, alcohol, cotton balls, and chair. OMC provides various non-useable and reusable medical devices such as disposable acupuncture needles with various sizes and thickness, disposable portable trash bags, ear seeds, moxa, towels, gowns, pillows, diagnostic equipment (although all students are required to have their own), electro stimulator, cupping cups, gua-sha tools and portable blood pressure measure. Each student is required to have their own stethoscope and sphygmomanometer. There are two treatment rooms designated for special modality called moxibustion due to strong order created by moxa stick or cones.

Herbal dispensary room serves as herb storage, dispensary of needles or cupping cups for treatment, patient file storage, and control center of patient management. Spacious main room is consisted of reception area, raw herb, cupping, and power herb dispensary. Reception area, which consist two computers and phones, is in front of herbal dispensary, and receptionist manages overall patient flow from here. There is copy machine available at the corner so OMC can provide its own copy of papers. Patient files are securely kept in black fire-resist cabinet in a main room. All herb-made pills are stored in glass sliding open cabinet, and powdered herb is kept in wooden cabinet with top shelve. All the raw herbs used in the OMC are stored in wooden drawers made for herb storage, and these herbs are labeled in Chinese pinyin and systemic Latin name arranged in alphabetic order. In the middle of the herbal dispensary, there is a table
for herbal preparation, packing, and distribution. Herbs that are required to be refrigerated are kept in refrigerator located in herbal decoction room. In herbal decoction room, one herbal extractor and packing devices are securely located under venting hood, and these two machines are regulated promptly upon herbal decoction.

Intern & resident conference room serves primarily as students’ waiting room as well as internal lecture hall for clinic related practical education. Due to its spacious capacity and availability of good visual aid such as projector and a curved screen, most of important presentations are lectured in this conference room. There are various sizes of lockers available in this room, and each one is assigned upon request. Both locker and locks are provided by DULA OMC. Supervisor conference room is mainly used for student-Clinic Supervisor communication and discussion. After patient intake, the students introduce the case and receive supervision from Clinic Supervisors in this room and visit patients together for treatment. There are 1 large table for group discussion or meeting and 2 medium size tables for Clinic Supervisors. A large white board is also available in this room, so Clinic Supervisors’ quick lecture is held upon students’ request.

Patient waiting lobby is spacious and consisted of comfortable 20 chairs. There is TV attached on the wall to keep patient entertained while they are waiting, and both hot/cold water filter/extractor to keep them out of thirst. On the wall of hallway, there are pictures and licenses of each Clinic Supervisors as well as their specialty, so patients can refer, although receptionist receives appointment in accordance with patients’ condition.

**Clinical Training Objectives**

Clinic Supervisors will guide students in developing their clinical skills and competencies, helping to build upon students’ theoretical knowledge of acupuncture and Oriental medicine, expanding their understanding through clinical application.

**MSOM Program Clinical Training Objectives**

The MSOM Program Clinical Training is sectioned into 3 phases of Internship and 1 residency: Level I (Observation and Herbal Practicum), Level II (Supervised Practice), Level III (Independent Practice). All Clinical Training take place under the supervision of OMC Clinic Supervisors or Faculty members, all of whom are expert experienced licensed acupuncturists.
Objectives for skill and competency outcomes are set forth here:

<table>
<thead>
<tr>
<th>Level</th>
<th>Hours</th>
<th>Objectives of clinical training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level I internship</td>
<td></td>
<td>* Observation Theater (80HR)</td>
</tr>
<tr>
<td>Observation and Herbal Practicum</td>
<td>Observation Rounds (80HR)</td>
<td>* Observation of treatments by clinic faculty</td>
</tr>
<tr>
<td></td>
<td>Herbal Practicum (40HR)</td>
<td>* Record keeping</td>
</tr>
<tr>
<td></td>
<td>Total 200 Hours</td>
<td>* Management of Treatment rooms (keeping rooms stocked, clean, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Identification of herbs and management of Herbs</td>
</tr>
</tbody>
</table>

| Level II internship          | 320 Hours                      | * Supervised patient interviewing                                                               |
| Supervised Practice          |                                | * Supervised OM Diagnosis & Treatment plan                                                       |
| (320 Hours)                  |                                | * Performance of Acupuncture treatment under the direct supervision of Supervisor               |

| Level III internship         | 440 Hours                      | * Patient interviewing                                                                            |
| Independent Practice         |                                | * OM Diagnosis and Treatment plan                                                                |
| (440 Hours)                  |                                | * Western medical assessments                                                                    |
|                               |                                | * Performance of independent treatment under the supervision of Supervisor                       |

**DAOM Program Clinical Training Objectives**

The DAOM Program Clinical Training is sectioned through residency, mentorship and preceptorship as students develop their interests and establish professional relationships. Clinical instruction in the pain management specialty is integrated more explicitly in some settings and as a significant issue for the general patient population in other settings. Pain, in a variety of manifestations, is a primary condition for most patients seeking medical care. The on-campus residency has a devoted pain management focus but includes other specialty topics of interest to students and that is reasonably within the patient population. These core clinical experiences are under the direct supervision of DAOM faculty. Students build advanced skills and understanding in Oriental medicine and the DAOM program clinical specialty. They utilize assessment, diagnosis, intervention and treatment modalities of Oriental medicine with advanced and deepened competence; to integrate Western medical diagnostic techniques during care; to effectively collaborate with colleagues in multiple health care fields; and to be able to make evidence-based decisions.
Clinical Training - DAOM Students will complete 650 hours of clinical training including:
- 250 hours of residency at the DULA clinic with doctoral faculty,
- 200 hours of mentorship with a highly qualified mentor who meets the DAOM program qualifications, and
- 200 hours as preceptors overseeing master’s degree students.

Application for Clinical Training and Level Exams

MSOM Program

Required Documents

Students must prepare the following documents prior to applying for internship:
1. Application Form
2. One recently taken passport size (2”x2”) photo
3. Copy of CPR & First Aid Certificate, Child/Adult - 8 hours training
4. Copy of CNT Certificate
5. English language proficiency – Please refer to “English Language Proficiency” under “Admissions” category in the current MSOM Catalog for more information
6. $10 Name Tag Fee

Registration Order

Registration priority is determined by level of internship, and maximum priority given to current Level III interns, followed by incoming Level III interns, then current Level II interns, etc. If an intern, notwithstanding seniority, chooses to register late, their options will be limited to shifts currently available on a first-come, first-served basis.

Other Registration Policies

1. A maximum of 6 interns may register under 1 Supervisor per shift.
2. All interns must check with the OMC Manager before registering for internship hours.

Level Examination

1. Mid-Curriculum Exam (MCE)
2. Clinical Performance Examination (CPX)

DAOM Program

Required Documents

Students must prepare the following documents prior to applying for the clinical training (residency, mentorship, preceptorship):
1. Application form
2. CA Acupuncturist License
3. Acupuncturist license verification from CA Acupuncture Board
4. OSHA training certificate
5. HIPAA training certificate
6. Proof of student orientation attendance
7. CPR & First Aid Certificate, Child/Adult - 8 hours training
8. One recently taken passport size (2”x2”) photo
9. Name Tag
10. Acupuncturist Malpractice Insurance

Registration Order
To register for clinical course works, students may consult with the DAOM Coordinator before planning their schedules with the OMC Manager. Payment of tuition for didactic and clinical course works are paid at the front desk of the administration office. Registration for the available clinical shift will be on a first-come, first-served basis.

Clinical Residency is an opportunity for DAOM Students to develop skills and apply knowledge learned through practice with patients. DAOM students will see patients as teams in small groups (two to four) to allow for discussion, collaboration, and application of individual skill in the assessment and treatment of the patient.

Didactic and clinical teaching experience is created in the form of a Preceptorship in the DULA Didactic Classrooms and Oriental Medical Center (OMC). Doctoral students may choose to complete their preceptorship training either all in didactic setting, clinical setting or both didactic and clinical setting. In didactic and/or clinical setting, students will be assigned and work closely with the faculty who serves as their preceptor to develop their didactic teaching and leadership skills.

DAOM Students may conduct their clinical mentorship training either in DULA Oriental Medical Center (OMC) or in other clinical training facilities outside of DULA OMC.

Clinical Examination
There is no clinical phase examination in the DAOM program.
Clinical Training Requirements and Application Procedure

MSOM Program

Level I – Requirements and Application Procedure

Requirements for Entrance:

To apply Level I internship, Students must have successfully completed 60 units of didactic courses and these pre-requisite courses should be included.

- OM 121/211 Basic Theory of OM I, II
- OM 221/311/312 At least Two of OM Diagnosis I, II, III
- HB 110 Introduction to Botany and Herbs
- HB 211/212/213/214 At least Two of Herbs: Category I, II, III, IV
- AC 211 Meridian Theory
- AC 111/112 Acupuncture Anatomy I, II
- BS 211/212/213/214 At least Two of Anatomy & Physiology I, II, III, IV
- WM 110 WM Terminology
- WM 210 CNT, Equipment & Safety Review
- WM 321 CPR & First Aid

Steps to Registration:

1. Clinic registration occurs the week after academic registration to allow students to plan shifts around their academic schedule. Registration days are set-up by level, with priority given to more senior interns. Information of registration periods will be posted on the clinic bulletin board at least 1 week in advance of the beginning of registration. (Please also refer to Academic Calendar on MSOM Catalog for more information about registration date).

2. On your registration day schedule shifts for the upcoming quarter with the OMC Manager. Scheduling shift is on first come first serve basis.

3. The OMC Manager will input your shifts into the school’s main registration system.

4. Intern orientation session is held at the beginning of each quarter and attendance is mandatory.

5. Purchase clinical equipment (DULA scrub, stethoscope, sphygmomanometer, thermometer, Tweezer, ear acupuncture probe, etc.)

Requirements for Completion of Level I Observation and Herbal Practicum:

1. 200 Hours: 80 hours Observation Theater, 80 hours Observation Rounds, 40 hours Herbal Practicum

2. Successful pass of Intern Evaluations by Clinical Faculty

3. Successful completion of treatment for 30 patient visits

4. Successful completion of A Case study
Level II – Requirements and Application Procedures

Requirements for Entrance:

Students must complete 200 hours of Level I Observation and Herbal Practicum and pass Level II exam (Mid-Curriculum Exam / MCE) with 70% passing grade. And Students must have successfully completed 100 units of didactic courses and these pre-requisite courses should be included.

- OM 221/311/312: OM Diagnosis I, II, III
- HB 211/212/213/214: Herbs: Category I, II, III, IV
- BS 211/212/213/214: Anatomy & Physiology I, II, III, IV
- AC 311/312: Acupuncture Physiology I, II
- AC 321/322: At least One of Acupuncture Techniques I, II
- TB 211: Tui-Na
- BS 311: At least One of Pathology I, II, III

Steps to Registration:
1. Apply for and pass Level II exam (Mid-Curriculum Exam / MCE; Both written and Practical Exam).
2. Clinic registration occurs the week after academic registration to allow students to plan shifts around their academic schedule. Registration days are set-up by level, with priority given to more senior interns. Information announcing registration times will be posted on the clinic bulletin board at least 1 week in advance of the beginning of registration. (Please also refer to Academic Calendar on MSOM Catalog for more information about registration date).
3. On your registration day schedule shifts for the upcoming quarter with the OMC Manager. Scheduling shift is on first come first serve basis.
4. The OMC Manager will input your shifts into the school’s main registration system.
5. Purchase clinical equipment (Small penlight/flashlight, Reflex Hammer, Portable container for storage of supplies, and other optional supplies such as tuning fork, massage oil, and ambient music to provide to patients during treatment).

Requirements for Completion of Level II Supervised Practice Internship:
1. 320 Hours of supervised practice
2. Successful pass of Intern Evaluations by Clinic Supervisor
3. Successful completion of treatment for 150 patient visits
4. Successful completion of A Case study

Level III – Requirements and Application Procedures

Requirements for Entrance:

Students must complete 320 hours of Level II Supervised practice internship and pass Level III exam (Clinical Performance Exam / CPX) with 70% passing grade. And Students must have
successfully completed 150 units of specific didactic courses and these pre-requisite courses should be included.

OM 411/412/413/414  At least One of OM Internal Medicine I, II, III, IV
HB 311/312/313/314  At least Two of Herbal Formulas 1, 2
AC 321/322  Acupuncture Techniques I, II
AC 411/412  At least One of Acupuncture Therapeutics I, II
BS 311/312/313  Pathology I, II, III
WM 311/312/313  At least One of Western Medicine I, II, III

Steps to Registration:
1. Clinic registration occurs the week after academic registration to allow students to plan shifts around their academic schedule. Registration days are set-up by level, with priority given to more senior interns. Information announcing registration times will be posted on the clinic bulletin board at least 1 week in advance of the beginning of registration. (Please also refer to Academic Calendar on MSOM Catalog for more information about registration date).
2. On your registration day, schedule shifts for the upcoming quarter with the OMC Manager. Scheduling shift is on first come first serve basis.
3. The OMC Manager will input your shifts into the school’s main registration system.

Requirements for Completion of Level III Independent Practice Internship:
1. 440 Hours of Independent practice
2. Successful pass of Intern Evaluations by Clinic Supervisor
3. Successful completion of treatment for 200 patient visits
4. Successful completion of A Case study

DAOM Program

Residency – Requirements and Application Procedures

Requirements for Entrance:

Students may begin clinical residency in any academic quarter as long as they have completed the application and submitted the required documents to begin the clinical training. Please refer to DAOM Program - Required Documents in “Section IV - Clinical Training Requirements and Level Exams”.

Steps to Registration:
1. Clinic registration occurs the week after academic registration to allow students to plan shifts around their academic schedule. Information announcing registration times will be posted on the clinic bulletin board at least 1 week in advance of the beginning of registration. (Please also refer to Academic Calendar on DAOM Catalog for more information about registration date).
2. Students may consult first with DAOM Coordinator in regards of planning their schedule.
3. On your registration day, schedule shifts for the upcoming quarter with the OMC Manager. Scheduling shift is on first come first serve basis.
4. The OMC Manager will input your shifts into the school's main registration system.

Requirements for Completion of Residency:
1. Completion of 250 Hours of Residency clinical training
2. Completion of one (1) case management design for each 40 hours/2 units of residency clinical shift course.

Mentorship – Requirements and Application Procedures

Requirements for Entrance:
Students may begin clinical mentorship training in any academic quarter as long as they have completed the application and submitted the required documents to begin the clinical training. Please refer to DAOM Program - Required Documents in “Section IV - Clinical Training Requirements and Level Exams”.

Steps to Registration:
1. Registration occurs the week after academic registration to allow students to plan their schedule around their academic schedule. Please refer to Academic Calendar on DAOM Catalog for more information about registration date.
2. On your registration day, schedule your mentorship hours for the upcoming quarter with the DAOM Coordinator. Scheduling shift is on first come first serve basis.
3. The DAOM Coordinator will input your shifts into the school's main registration system.

Requirements for Completion of Residency:
1. Completion of 200 Hours of Mentorship clinical training.
2. Completion of one (1) mentorship report for each 40 hours/2 units of mentorship course.

Preceptorship – Requirements and Application Procedures

Requirements for Entrance:
Students may begin preceptorship training in any academic quarter as long as they have completed the application and submitted the required documents to begin the clinical training. Please refer to DAOM Program - Required Documents in “Section IV - Clinical Training Requirements and Level Exams”.
Steps to Registration:
1. Registration occurs the week after academic registration to allow students to plan their schedule around their academic schedule. Please refer to Academic Calendar on DAOM Catalog for more information about registration date.
2. On your registration day, schedule your preceptorship hours for the upcoming quarter with the DAOM Coordinator. Scheduling shift is on first come first serve basis.
3. The DAOM Coordinator will input your shifts into the school’s main registration system.

Requirements for Completion of Residency:
1. Completion of 200 Hours of Preceptorship training.
2. Completion of one (1) preceptorship report for each 40 hours/2 units of preceptorship course.

Roles and Responsibilities

MSOM Program

The following are guidelines regarding the role of student and Clinic Supervisor at each level of clinical training.

Level I (200 Hours) Observation and Herbal Practicum

<table>
<thead>
<tr>
<th>LEVEL I INTERN’S ROLE &amp; RESPONSIBILITY</th>
<th>SUPERVISOR’S ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Observe whole treatment procedures performed by Clinic Faculty in OMC (80 hours Observation Theater)</td>
<td>Show the interns interview, diagnose, and treat patients with acupuncture, Herbal prescription and appropriate modalities.</td>
</tr>
<tr>
<td>2. Assist Clinic Faculty in taking and recording patient’s history and physical exams (80 hours Observation Rounds)</td>
<td>Teach interns conversation skills and bedside manners.</td>
</tr>
<tr>
<td>3. Take patient’s pulse and observe patient’s tongue by instruction of Clinic Faculty (80 hours Observation Rounds)</td>
<td>Supervise interns’ taking and recording patient’s history.</td>
</tr>
<tr>
<td>4. Categorize and organize herbs and check the herb inventory in Herbal Dispensary under the direction of OMC Manager and Supervisor (40 hours of Herbal Practicum)</td>
<td>Teach category of Herbs and help interns learn how to maintain, organize, and make herbal formulas.</td>
</tr>
<tr>
<td>5. Keep a log of treatments observed and Prepare Herbal Dispensary</td>
<td>Check intern list for the day and maintain his/her attendance file.</td>
</tr>
<tr>
<td>6. Maintain cleanliness in Herbal Dispensary and treatment rooms with stocking medical equipment and supplies for patient treatment</td>
<td>Always check herb extractor safety and teach interns about safety measures.</td>
</tr>
<tr>
<td>Objectives</td>
<td>At the end of this level, students will be able to:</td>
</tr>
<tr>
<td>------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>1. Acquire a basic understanding of how to perform patient interview and diagnostic procedure with professionalism by observing supervisor’s practice</td>
</tr>
<tr>
<td></td>
<td>2. Obtain knowledge regarding techniques of Acupuncture treatment and other modalities by observing supervisor’s practice</td>
</tr>
<tr>
<td></td>
<td>3. Obtain knowledge in Herbal prescription with appropriate process of herbal dispensary by observing supervisor’s practice</td>
</tr>
<tr>
<td></td>
<td>4. Acquire proper patient management skills such as creating comfortable atmosphere for the patient with bedside manners and befitting attitude by observing supervisor’s practice</td>
</tr>
<tr>
<td></td>
<td>5. Understand various treatment methodologies in assessing required treatment course and adjusting treatments for return patients by observing supervisor’s practice</td>
</tr>
<tr>
<td></td>
<td>6. Describe and demonstrate beginning level of skills in performing a physical examination, Tongue diagnosis and pulse diagnosis</td>
</tr>
<tr>
<td></td>
<td>7. Understand basic diagnosis and treatment plan</td>
</tr>
<tr>
<td></td>
<td>8. Demonstrate knowledge of OM herbs, by category, properties, functions, indications and contraindications.</td>
</tr>
<tr>
<td></td>
<td>9. Locate commonly used acupuncture points</td>
</tr>
<tr>
<td></td>
<td>10. Learn and be knowledgeable about clinic rules and regulations including CNT, HIPAA, OSHA protocols</td>
</tr>
<tr>
<td></td>
<td>11. Learn and be knowledgeable about Emergency Procedures and CPR protocols</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Pass/fail depending on:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Satisfactory performance of roles and responsibilities</td>
</tr>
<tr>
<td></td>
<td>2. Achievement of objectives</td>
</tr>
<tr>
<td></td>
<td>3. Completion of one case study</td>
</tr>
</tbody>
</table>
**Level II (320 Hours) Supervised Practice**

<table>
<thead>
<tr>
<th>LEVEL II INTERN’S ROLE &amp; RESPONSIBILITY</th>
<th>SUPERVISOR’S ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Interview, diagnose and develop treatment plan of acupuncture and herbs with other applicable modalities</td>
<td>Listen to what intern presents about patients’ history, diagnosis, and treatment plan and assess intern’s interviewing, diagnostic procedure and treatment plan. Visit patients with Interns to confirm intern’s finding and supervise acupuncture and other Oriental medical treatments. Review Patient charts and confirm the completion of documentation before patients check out. Review Daily Internship Patient Record Sheet and Timecard and sign approval at the end of each shift.</td>
</tr>
<tr>
<td>2. Perform Acupuncture treatment and Herbal treatment under the direct supervision of Clinic Supervisor</td>
<td></td>
</tr>
<tr>
<td>3. Record patient chart and get Supervisor’s signature.</td>
<td></td>
</tr>
<tr>
<td>4. Return equipment and other materials to the original place after using them.</td>
<td></td>
</tr>
<tr>
<td>5. Take patients to front desk after treatments and help them to get next appointment</td>
<td></td>
</tr>
<tr>
<td>6. Organize and clean the treatment room after treatment and stock medical equipment and supplies for patient treatment.</td>
<td></td>
</tr>
</tbody>
</table>

**Objectives**

**At the end of this level, students will be able to:**

1. Perform Acupuncture treatment, Herbal prescription, and other treatment modalities of patient under the direct supervision of Clinic Supervisor
2. Demonstrate competency in acupuncture point location and needling technique
3. Exhibit introductory competency in patient management by filling out necessary forms
4. Take the Oriental and Western medical history of patients
5. Perform complete patient’s physical examination
6. Evaluate patients’ condition for referral to other healthcare practitioners
7. Demonstrate professionalism, a positive attitude, and befitting bedside manner in welcoming and assisting patients
Level III (440 Hours) Independent Practice

Level III internship consists of 440 hours of independent practice of acupuncture and oriental medicine under the supervision of clinic supervisor. Interns complete a clinical impression and oriental medical diagnosis, as noted in Level II internship, for concurrence by the clinic supervisor. A treatment approach is recommended for concurrence by clinic supervisor, after which acupuncture, or other modalities are employed to treat the condition. The clinic supervisor is not required to observe the actual diagnosis or treatment but must be near the location where the patient is being treated. Interns are required to consult with the assigned clinic supervisor before and after each treatment.

<table>
<thead>
<tr>
<th>LEVEL III INTERN’S ROLE &amp; RESPONSIBILITY</th>
<th>SUPERVISOR’S ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Perform physical exam, patient diagnosis and treatment plan.</td>
<td>Render final diagnosis and treatment plan to begin treatment.</td>
</tr>
<tr>
<td>3. Consult with Supervisor prior to patient treatment.</td>
<td>Stay near interns and Be available when interns need help or advice.</td>
</tr>
<tr>
<td>4. Independently perform acupuncture treatment, herbal treatment, and other applicable modalities</td>
<td>Confirm the completeness of treatment and advice any recommendation as needed.</td>
</tr>
<tr>
<td>5. Consult with clinic office staff to confirm patient appointment date.</td>
<td></td>
</tr>
<tr>
<td>6. Report immediately any problems or potential problems to the Supervisor.</td>
<td></td>
</tr>
</tbody>
</table>

Objectives

At the end of this level, students will be able to:

1. Prescribe and provide acupuncture treatment, herbal prescription, and other treatment modalities
2. Perform procedures in the treatment of patient independently
3. Demonstrate mastery in acupuncture point location and needling techniques
4. Evaluate patient’s condition for referral to other healthcare practitioners, and consult with them
| 5. | Demonstrate professionalism, a positive attitude, and appropriate befitting manner to patients during the times in the clinic |
| 6. | Demonstrate fluency in written and oral communication skills with patients, colleagues, clinic staff and other healthcare providers |

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Pass/fail depending on:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Satisfactory performance of roles and responsibilities</td>
</tr>
<tr>
<td></td>
<td>2. Achievement of objectives</td>
</tr>
<tr>
<td></td>
<td>3. Completion of one case study</td>
</tr>
</tbody>
</table>

**MSOM Case Study Guidelines**

Each student is required to complete and submit one written case studies for each level of internship. The case study is designed to enhance the intern’s learning process. Students are warned that merely copying information from patient files is of minimal learning value. Students are encouraged to choose a patient that they have seen over 3 times and cases that are unique.

Preferable cases are exemplary as:
- 1. Good examples of the application Oriental Medicine theory;
- 2. Striking outcomes;
- 3. Outcomes were questionable, leaving room for research and analysis.

Case study formatting is listed below:
- Summarize basic patient information without using the patient’s name or any other identifiers such as social security number. Briefly describe age, sex, occupation, medical history, chief complaint and any relevant western medical findings.
- Summarize OM’s Ten Questions. Show all positive & negative findings, if significant. (i.e.: no ear ringing; low back pain in patient complaining of polyuria)
- Record initial pulse and tongue readings. Note any changes as the treatment progresses.
- Western view of patient’s illness/injury. Outline the western medical understanding including Etiology of illness; diagnosis; physical assessments; and possible treatment protocols.
- Render OM Diagnosis including etiology and Explain how diagnosis was arrived at by specific elements of symptom/sign complex including pulse and tongue diagnosis, noting also any contradicting data.
- Describe treatment philosophy and plan conforming to Diagnosis: State the goal of treatment; choice of points and herbs explaining and defending your choices.
- Note patient progress: summarize patient progress over course of treatment. Note any unusual or significant changes or occurrences; note any changes in point choice, or in herb selection; explain and defend such change.
- Summarize and conclude: Include chief complaint and summary of progress to date. Assess the treatment and make conclusions and suggestion. Example: Explanation why
this treatment was not effective, what other treatment options might be applicable, how many sessions will be needed more to see expected outcomes.

DAOM Program

The following are guidelines regarding the role of student and Clinic Supervisor at each level of clinical training.

Residency (250 Hours)

<table>
<thead>
<tr>
<th>RESIDENT’S ROLE &amp; RESPONSIBILITY</th>
<th>SUPERVISOR’S ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Perform patient intake.</td>
<td>Review resident’s diagnosis, treatment content, treatment plan, acupuncture, herb, tui-na, moxibustion treatment, and other applicable modalities. Stay near residents and be available when residents need help or advice. Confirm the completeness of treatment and advice any recommendation as needed. Finalized and be responsible with the final diagnosis, treatment and patient management. Provides clinical expertise and skills with residents, in relation with DAOM core curriculum and specialty training. Supervises the residents case discussion. Evaluates the residents’ performance in meeting the residency course objectives.</td>
</tr>
<tr>
<td>2. Perform physical exam, patient diagnosis and treatment plan.</td>
<td></td>
</tr>
<tr>
<td>3. Independently perform acupuncture treatment, herbal treatment, and other applicable modalities.</td>
<td></td>
</tr>
<tr>
<td>4. Clearly record the SOAP in the patient’s chart.</td>
<td></td>
</tr>
<tr>
<td>5. Consult with clinic supervisor regarding the patient case and management, prior to discharging the patient.</td>
<td></td>
</tr>
<tr>
<td>6. Consult with clinic office staff to confirm patient appointment date.</td>
<td></td>
</tr>
<tr>
<td>7. Report immediately any problems or potential problems to the Supervisor.</td>
<td></td>
</tr>
<tr>
<td>8. Design 1 case management for each 40 hours of residency clinical shift course.</td>
<td></td>
</tr>
<tr>
<td>9. Involved in case discussion with clinic supervisor and other residents.</td>
<td></td>
</tr>
</tbody>
</table>

Objectives

- Core Clinical Competencies:
  - Demonstrate an ability to take an in-depth medical history and maintain patient charts in a standard SOAP format to enable collaborative care with another medical professional.
- Ability to use appropriate advanced techniques in the application of acupuncture and Oriental medical modalities for patient intervention.
  - Herbs:
    Ability to construct appropriate formulas and herbs to create individualized formulas for patients and be able explain the rationale for herbs used to the supervisor.
  - Case Management:
    Ability to prepare case studies demonstrating synthesis of logical, systematic and analytical thinking.

- **Advanced Clinical Competencies:**
  - Advanced OM:
    Ability to apply information and strategies from advanced OM texts to patient diagnosis and treatment plan.
  - Biomedicine:
    - Ability to apply biomedical information to patient diagnosis in development of a treatment plan and to refer patients appropriately.
    - Competence in the use of medical terminology when collaborating with biomedical practitioners.
    - Ability to interpret medical reports.
  - Research:
    Ability to research information and use critical thinking skills to diagnoses and apply appropriate treatment.
  - Case Management:
    - Demonstrate ability to combine resources including classical and biomedical texts and researches to diagnosis appropriately in managing a case
    - Able to demonstrate case management skills which include collaboration, referral, and written correspondence.
  - Integration:
    - Apply physical assessment that integrates appropriate knowledge and skills in Oriental medical techniques and in biomedicine.
    - Ability to integrate Oriental medical diagnostic methods and biomedicine diagnostic techniques and information.

- **Clinical Specialty Competencies:**
  - Knowledge and skills in the treatment in the area of specialization.
  - Ability to perform a comprehensive assessment in Integrative Pain Management.

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Satisfactory performance of roles and responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Achievement of objectives</td>
</tr>
<tr>
<td></td>
<td>Case study</td>
</tr>
</tbody>
</table>
Mentorship (200 Hours)

<table>
<thead>
<tr>
<th>STUDENT’S ROLE &amp; RESPONSIBILITY IN MENTORSHIP COURSE</th>
<th>SUPERVISOR’S ROLE IN MENTORSHIP COURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Observes the mentor in regard to the patient care, assessment and treatment</td>
<td>Provides clinical expertise regarding patient diagnosis and treatment in the clinical setting.</td>
</tr>
<tr>
<td>2. Involves in the active discussion with the mentor</td>
<td>Provide active discussion with the student.</td>
</tr>
<tr>
<td>3. Design 1 report reflecting their learning experience and achievement form the mentorship hours</td>
<td>Evaluates the student’s performance in meeting the mentorship course objectives.</td>
</tr>
<tr>
<td>4. Students are not allowed to directly treat the patient during the mentorship course hours</td>
<td></td>
</tr>
</tbody>
</table>

Objectives
- Identify and discuss the exceptional skills and knowledge of the mentor practitioner.
- Evaluate various methods of patient care of the mentor practitioner.
- Understand and apply new methods of patient assessment techniques, diagnosis and herbal formulas.
- Able to apply the learning experiences from the mentor to the evidence-based medicine references, integrative medical practices and to specialty area in pain management.

Evaluation
- Satisfactory performance of roles and responsibilities
- Achievement of objectives
- Mentorship Report

Preceptorship (200 Hours)

<table>
<thead>
<tr>
<th>STUDENT’S ROLE &amp; RESPONSIBILITY IN PRECEPTORSHIP COURSE</th>
<th>SUPERVISOR’S ROLE IN PRECEPTORSHIP COURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIDACTIC PRECEPTORSHIP:</td>
<td>DIDACTIC PRECEPTOR:</td>
</tr>
<tr>
<td>1. Observes the preceptor in the didactic teaching session, how to evaluate students, how to provide feedbacks from students, and how to assess the learning outcomes from each student in meeting the course objectives.</td>
<td>Provides expertise and role model as a didactic instructor.</td>
</tr>
<tr>
<td>2. Active discussion and learning, that may include designing learning plans, course exam or other</td>
<td>Provide active discussion with the student.</td>
</tr>
<tr>
<td></td>
<td>Evaluates the student’s performance in meeting the preceptorship course objectives.</td>
</tr>
<tr>
<td>Objectives</td>
<td>Evaluation</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>• Demonstrate academic professional role model reflecting in their</td>
<td>• Satisfactory performance of roles and responsibilities</td>
</tr>
<tr>
<td>capability in designing and performing academic teaching related to</td>
<td>• Achievement of objectives</td>
</tr>
<tr>
<td>their field either in clinical or didactic setting.</td>
<td>• Preceptorship Report</td>
</tr>
<tr>
<td>• Able to create the effective learning plan, objectives and academic</td>
<td></td>
</tr>
<tr>
<td>activities to engage in the teaching skills.</td>
<td></td>
</tr>
<tr>
<td>• Able to create the effective student’s evaluation and peer evaluation</td>
<td></td>
</tr>
<tr>
<td>method.</td>
<td></td>
</tr>
<tr>
<td>• Able to integrate the academic teaching and leadership skill to the</td>
<td></td>
</tr>
<tr>
<td>implementation of clinical practice.</td>
<td></td>
</tr>
<tr>
<td>• Able to apply the learning experiences from the preceptor to the</td>
<td></td>
</tr>
<tr>
<td>evidence-based medicine references, integrative medical practices</td>
<td></td>
</tr>
<tr>
<td>and to specialty area in pain management.</td>
<td></td>
</tr>
<tr>
<td>CLINICAL PRECEPTOR:</td>
<td></td>
</tr>
<tr>
<td>Provides clinical expertise regarding patient diagnosis and treatment in</td>
<td></td>
</tr>
<tr>
<td>the clinical setting.</td>
<td></td>
</tr>
<tr>
<td>Provides expertise and role model as a clinical instructor.</td>
<td></td>
</tr>
<tr>
<td>Provide active discussion with the student.</td>
<td></td>
</tr>
<tr>
<td>Evaluates the student’s performance in meeting the preceptorship course</td>
<td></td>
</tr>
<tr>
<td>objectives.</td>
<td></td>
</tr>
</tbody>
</table>

**CLINICAL PRECEPTORSHIP:**

1. Observes the preceptor in regard to the patient care, assessment and treatment.
2. Observes the preceptor in the clinical teaching session, how to evaluate students, how to provide feedbacks from students, and how to assess the learning outcomes from each student in meeting the course objectives.
3. Active discussion and learning, that may include observing other interns’ works and involves in clinical discussion, opinions and suggestions, designing learning plans and evaluation method, self-study evaluation, peer teaching, peer evaluation, small group learning activities with students, assisting in the clinical teaching, or any other activities / projects that may be assigned by the preceptor.
DAOM Case Study Guidelines

Each resident is required to design one written case management for each 40 hours/2 units of residency clinical shift course. The case management implemented with resident critical thinking and analysis to the AOM diagnosis and treatment plan, integrated to the DAOM core curriculum and specialty areas. The case management will be orally presented among other residents and clinic supervisor during the residency clinical shift in 9th – 10th week of the academic quarter. This presentation is intended to not only as part of the resident’s evaluation in meeting the DAOM residency course objectives, but also to share the knowledge, implemented with deep discussion, with regards to enhance the resident’s learning process. Students are warned that merely copying information from patient files is of minimal learning value. Students are encouraged to choose a patient that they have seen over 3 times and cases that are unique.

Preferable cases are exemplary as:

1. Good examples of the application Oriental Medicine theory;
2. Integrated to the DAOM core curriculum and specialty areas
3. Striking outcomes; or
4. Outcomes were questionable, leaving room for research and analysis.

Following are the important points that can be used as guideline in designing one case study:

1. Patient information, sex, age, occupation (without using the patient’s name or any other identifiers such as social security number)
2. Chief complains
3. Current medical history
4. Past medical history, consider including active medical problem, surgical and trauma history, childhood illnesses, medications and allergies
5. Family medical history
6. Social history
7. Nutrition and lifestyle history
8. Review of systems
9. Physical examination, includes general physical exam, orthopedic exam, neurological exam
10. Labs and other diagnostic studies
11. Relevant Western Medical Diagnosis to the presented case
12. Oriental Medicine diagnosis and principal reason behind the diagnosis
13. Oriental Medicine treatment principle and method
14. Acupuncture points and advanced acupuncture techniques, includes the explanation of the function of the selected points, scientific research that relates to the acupuncture treatment and the case
15. Herbs and formula, includes the selection of herbs, explanation of using the herbs and formula from Oriental Medicine classics, scientific research
16. Patient education, includes nutrition, exercise and lifestyle modification
17. Patient referral if applicable, suggestions for collaborative and integrative care with other medical specialties based on the presented case
Student Evaluation

MSOM Program

The OMC’s level performance evaluation assists students in achieving the most from his/her clinical experience while fulfilling curricular requirements. Progression through students’ level depend on attendance, evaluations of clinic competencies, attitude and conduct. The design and purpose of the quarterly evaluations is to determine whether the student has demonstrated sufficient learning and clinical competence to the assigned Clinic Supervisor.

General Evaluation

All aspects of the students’ learning and performance is assessed based on DULA’s MSOM program educational goal:

- Demonstrate an understanding of the theoretical and historical contexts of Oriental Medicine;
- Apply this understanding to accurately diagnose patients;
- Utilize bio-medical diagnostic methods and refer to other practitioners as appropriate;
- Competently plan, perform, assess and adjust acupuncture treatments for common conditions and patterns;
- Competently prescribe and modify herbal formulae for common conditions and patterns;
- Embody and advise on healthy lifestyle choices; and
- Identify, define and model best practices for professional success.

Including:

- Technical competence (i.e.: diagnosis, treating, herb preparation, cleanliness, room preparation, etc.)
- Administrative ability (i.e.: report preparation, appointment, and charting etc.)
- General attitude (towards others in the clinic, cooperation, tolerance, punctuality, appearance, etc.)

The assigned Clinic Supervisor will prepare and submit student evaluation. In addition to these general evaluations, the student is assessed through Mid-Curriculum examination that may include practical and written components, and Clinical Performance examination. These Exam are designed to test specific skill sets and competencies that are expected to be obtained in the internship.
Final Evaluation for Completion of Internship

At the end of clinical internship, each intern must have compiled the following:

- Total patient visits/treatments: 350 on patients log sheet
- Total internship hours: 960 hours on punch report
- Successful completion of 3 Case studies
- CPR & First Aid card
- CNT Certificate

The Comprehensive Graduation Exam is the final method of evaluating didactic learning and clinical internship learning.

DAOM Program

The student performance evaluation assists students in achieving the most from his/her clinical experience while fulfilling curricular requirements. The evaluation in general depends on attendance, evaluations of clinic competencies, attitude and conduct. The design and purpose of the quarterly evaluations is to determine whether the student has demonstrated sufficient learning and clinical competence according to the clinical coursework’s learning objectives.

Evaluation

All aspects of the students’ learning and performance is assessed based on DULA’s DAOM purpose and program educational goal. In order to achieve this purpose and program educational objectives, the student’s learning performance in clinical coursework is specifically evaluated through residency, preceptorship and mentorship course learning objectives.

By the end of the quarter, the assigned clinical supervisor, mentor and/or preceptor will prepare and submit the student evaluation.

In addition to general evaluation:

1. In residency coursework, the student is required to design 1 case study for every 40 hours of residency. Apart from the case study, the clinic supervisor will also review and evaluate how the resident provide the SOAP note in the patient’s chart. The case study and patient’s chart evaluation will also serve as additional tools in evaluating the resident’s performance in meeting the residency learning objectives.
2. In preceptorship coursework, the student is required to design 1 preceptorship report for every 40 hours of preceptorship. This report will also serve as additional tool in evaluating the student’s performance in meeting the preceptorship learning objectives.
3. In mentorship coursework, the student is required to design 1 mentorship report for every 40 hours of preceptorship. This report will also serve as additional tool in evaluating the student’s performance in meeting the mentorship learning objectives.
Guidelines for Professional Conduct

MSOM Program Internship Clinic Hours

1. Students may register for a maximum of 4 shifts (160 hours) per quarter while taking didactic courses.
2. Level III Interns who have completed all didactic training may register for and complete up to 10 shifts (40 hours/week for a total of 400 hours) per quarter.
3. Students may complete internship hours during quarter breaks with the approval of the OMC Director. To be eligible, the student must have attended the mandatory clinic orientation session and completed all other requirements during the quarter. Students may complete a maximum of 80 hours of internship during any quarter break. Hours missed must be made up during the same quarter’s vacation period – not after. Make-up hours are to be pre-scheduled and diligently completed.
4. Scheduled clinic hours/units must be registered. Students will not receive credit for clinic hours completed that are in excess of registered hours/units. Additionally, students will not receive credit for hours completed during shifts for which they are not registered, without written permission from the OMC Director.
5. The combining of more than one internship level during any given quarter is not allowed. For instance, if the student completes the Level II Internship during Fall Quarter, Level III Internship may not begin until Winter Quarter.

DAOM Program Residency Clinic Hours

1. Students may register for a maximum of 4 shifts (160 hours) per quarter while taking didactic courses.
2. Students who have completed all didactic course works may register for and complete all the residency hours (250 hours in total).
3. Students may complete residency hours during quarter breaks with the approval of the OMC Director. To be eligible, the student must have attended the mandatory clinic orientation session and completed all other requirements during the quarter. Students may complete a maximum of 80 hours of residency during any quarter break. Hours missed must be made up during the same quarter’s vacation period – not after. Make-up hours are to be pre-scheduled and diligently completed.
4. Scheduled clinic hours/units must be registered. Students will not receive credit for clinic hours completed that are in excess of registered hours/units. Additionally, students will not receive credit for hours completed during shifts for which they are not registered, without written permission from the OMC Director.
DAOM Program Mentorship Clinic Hours

1. Students may register for a maximum of 160 hours per quarter while taking didactic courses.
2. Students who have completed all didactic course works may register for and complete all the mentorship hours (200 hours in total).
3. Students may complete mentorship hours during quarter breaks with the approval of the Associate Dean of DAOM Program. To be eligible, the student must have attended the mandatory clinic orientation session and completed all other requirements during the quarter. Students may complete a maximum of 80 hours of mentorship during any quarter break. Hours missed must be made up during the same quarter’s vacation period – not after. Make-up hours are to be pre-scheduled and diligently completed. Students are required to meet with DAOM Coordinator if they have any hours missed of mentorship for the arrangement of the makeup hours.
4. Scheduled clinic hours/units must be registered. Students will not receive credit for clinic hours completed that are in excess of registered hours/units. Additionally, students will not receive credit for hours completed during shifts for which they are not registered, without written permission from the Associate Dean of DAOM Program.

DAOM Program Preceptorship Clinic Hours

1. Students may register for a maximum of 160 hours per quarter either for didactic or clinical preceptorship while taking didactic courses.
2. Students who have completed all didactic course works may register for and complete all the preceptorship hours (200 hours in total).
3. Students may complete only for clinical preceptorship hours during quarter breaks with the approval of the Associate Dean of DAOM Program. To be eligible, the student must have attended the mandatory clinic orientation session and completed all other requirements during the quarter. Students may complete a maximum of 80 hours of clinical preceptorship during any quarter break. No didactic preceptorship hours will be opened during the quarter breaks.
4. Hours missed either for clinical or didactic preceptorship must be made up during the same quarter’s vacation period – not after. Make-up hours are to be pre-scheduled and diligently completed. Students are required to meet with DAOM Coordinator if they have any hours missed of clinical / didactic preceptorship for the arrangement of the makeup hours.
5. Scheduled preceptorship hours/units must be registered. Students will not receive credit for preceptorship hours completed that are in excess of registered hours/units. Additionally, students will not receive credit for hours completed during shifts for which they are not registered, without written permission from the Associate Dean of DAOM Program.
**Attendance & Punctuality**

It is vitally important that students view attendance at the OMC as they would at a job. The smooth functioning of the clinic, as well as maintaining good relationships with patients and building patient retention for follow-up treatments depends on intern attendance and punctuality. Please adhere to your schedule; any unavoidable changes to your shift schedules MUST be arranged by written petition with OMC Manager and approved by the OMC Director.

Students are expected to be on time for each shift. It is suggested that students clock in before the shift begins. Clocking in after the shift begins or before the shift ends will result in having to complete make-up hours at the end of the quarter. For example, if your shift is from 6-10 pm, you must clock in no later than 6:00 pm and clock out no earlier than 10:00 pm. The following schedule may be used to determine any make-up hours that may be needed. Time is cumulative for each quarter:

- a) 31-75 minutes late: Make up 2 hours
- b) 76-120 minutes late: Make up 3 hours
- c) Missing more than 8 hours due to tardiness or absence during any quarter may result in having to repeat the entire 40-hour shift.
- d) Every missed shift and each missed hour must be made up.

In case of absence due to illness or other such emergencies, it is the student’s responsibility to inform the OMC Manager at the beginning of the day, as well as provide documentation (doctor’s note, etc.) for the absence. Lack of attendance on a scheduled day without a phone call is an unexcused absence. Unexpected and excessive absences and lack of punctuality are factors included in the evaluation of each student. **Three unexcused absences may result in an "F" grade for the shift and no hours earned.**

**Documentation of Clinic Hours Worked**

1. Beginning Spring Quarter, 2017, all clinic hours attended must be documented by clocking in and out via fingerprint scan.
2. Students must clock out when going to lunch and returning for the afternoon shift. Lunch is not included in clinic hours.
3. Clinic internship / residency hours will be tallied and totaled electronically by the OMC Manager. All students should turn in their patient logs to the OMC Manager at the end of each quarter. These records become part of your permanent student file.
4. Credit will be given only for actual time logged in the clinic. For this reason, it is important that you arrange your schedule in such a way that clinic hours do not overlap with didactic/academic classes. Registration for didactic courses during the internship / residency 4-hour shift or vice versa will result in "F" grades for both.
5. Attendance at clinic orientation and internship meetings are mandatory. **Interns may not begin internship unless they have attended the mandatory orientations.**

Attendance will be taken, and the latest updated information and important events will be discussed.
Professional Conduct & Grooming

As an integral part of the internship and residency process, students are expected to cultivate and maintain a professional appearance and demeanor, keeping in mind that at all times they represent the University and also the acupuncture profession. DULA Scrubs and/or white lab coat, with nametag attached, are expected to be worn at all times while working and regularly taken home for laundering. Clothing must be neat, clean, odorless, wrinkle-free and always presentable; grooming should be appropriate to the clinical setting.

<table>
<thead>
<tr>
<th>DO’S</th>
<th>DO NOT’S</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Wear DULA scrubs (White Lab Coat for DAOM program students)</td>
<td>• Flip flop sandals, heels higher than 2”</td>
</tr>
<tr>
<td>• Wear socks/stockings</td>
<td>• Chewing gum in the presence of patients</td>
</tr>
<tr>
<td>• Wear shoes without holes</td>
<td>• Long nails interfering pulse-check/needling</td>
</tr>
<tr>
<td>• Tie back unruly hair</td>
<td>• Facial piercings, stretched ear piercing</td>
</tr>
<tr>
<td>• Tattoos that are offensive to patients and co-workers must be covered</td>
<td>• Rings of more than 2 per hand</td>
</tr>
<tr>
<td>• Nametag must be worn at all times, and must be clearly visible</td>
<td>• Earrings of more than 2 per ear</td>
</tr>
<tr>
<td></td>
<td>• Hats, caps, headgear</td>
</tr>
<tr>
<td></td>
<td>• Excessive make-up</td>
</tr>
<tr>
<td></td>
<td>• Excessive perfume causing strong odor</td>
</tr>
</tbody>
</table>

Designated “Theme days” attire will be allowed by approval of OMC Director. As health care providers in training, students are required by law to maintain clean hands and fingernails. It is a health precaution for both your patient and you. Please be noticed that this dress code will be strictly enforced; students who violate this dress code will not be allowed to have any shift for the day with warning and will be forced to drop the internship for the whole quarter upon third violation without refund of tuition. Also, it is important to exhibit and maintain professionalism during clinic internship and residency. Therefore, any apparel against professionalism of health care provider in training will not be allowed.

Misconduct

Students are required to comply with all provisions of the Program Catalog (MSOM / DAOM). While in the OMC, students must also take care to avoid unbecoming, improper or unprofessional conduct, which includes the use of or residual effects of alcohol, and illegal drugs. Students must also avoid making false or misleading statements to a patient for incurable disease such as cancer, AIDS, leukemia or coronary artery disease. In addition to the above, the following are considered conduct unbecoming of university standards and will be reviewed by the OMC Director accordingly: injury of a patient during any procedure; removal of a patient file from the OMC or any other illegal act, theft, or willful destruction of DULA property;
falsification of clinic records, including both patient records and intern / resident requirements, as well as signing in for another intern / resident; falsification of a Clinic Supervisor’s signature; refusal to treat or otherwise provide assistance to any patient; the use of unauthorized procedures, techniques or therapies; moral turpitude; representation of an intern as a licensed doctor; violation of the OMC dress code.

Malpractice Insurance

All students must ensure that they obtain malpractice insurance coverage, available from the main office for a flat fee, before the start of each quarter. Students who do not obtain coverage will not be allowed to perform treatments in the OMC.

Sexual Harassment

The United States Equal Employment Opportunity Commission defines Sexual Harassment as “unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.” Such behavior is against the law. DULA is committed to creating a workplace for both its employees and its students free from sexual harassment so that all may enjoy their work. Sexual harassment has no place in any healing environment, and sexual harassment against a DULA employee, fellow student or patient will be considered grounds for dismissal.

Use of Clinic Time

Your clinic time is integral to the process of applied learning. Please avail yourself of knowledge to potentially be gained from every patient intake, observation and treatment. Studying in the intake room is not permitted, and students without scheduled treatments may either offer assistance to occupied students or study in the intern lounge, making themselves available for walk-in patients.

Observers in the intake room should participate fully in diagnosis of new patients, listening and asking questions when the case is discussed by the treating student and the Clinic Supervisor. Questions should be directed to the patient only once, initiated by the student assigned to the patient. Be sensitive about asking personal questions, and please show consideration to the patient by not talking amongst yourselves or working excessively on chart notes during an intake and diagnosis.

During downtime without patients, it is suggested that students discuss questions they may have on various topics with a free Clinic Supervisor, or help each other by practicing point location or techniques, reviewing point or herbal selection strategies or studying through an area of weakness. Students are asked to please confine their discussions to the Intern Lounge or Conference Room, in order to keep the reception and waiting areas quiet and professional. Clinic Supervisors may neither fill out prescriptions for nor discuss the illnesses of students or their family members during clinic hours, unless that family member has made an appointment
and is present in the clinic as a patient. Because of the time-pressure under which Clinic Supervisors are placed while in the clinic, students are requested to refrain from asking questions of Clinic Supervisors during clinic hours which are unrelated to immediate clinic function and necessity (e.g. concerning classroom courses).

**Cell Phones, Pagers and other Electronic devices**

Cell phone use by students in treatment rooms and hallways is strictly prohibited. Students are required to switch their phones off or into silent mode while on shift. All other Electronic devices are prohibited in examination or treatment areas unless Clinic Supervisor approves for clinical use only with patient consent.

**Equipment**

Students are required to purchase the following equipment upon enrollment in acupuncture techniques courses and is used throughout the internship. Equipment is to be maintained in excellent condition. The list of the instruments and supplies required by all students is as follows:

**Level I**
1. DULA scrub
2. Nametag
3. Stethoscope
4. Sphygmomanometer (manual)
5. Matches/lighter
6. Tweezer or Forceps
7. Ear acupuncture probe

**Level II, III**
1. DULA scrub
2. Nametag
3. Stethoscope
4. Sphygmomanometer (manual)
5. Matches/lighter
6. Tweezer or Forceps
7. Ear acupuncture probe
8. Small penlight/flashlight
9. Reflex Hammer
10. Portable container for storage of supplies

**DAOM Students (Resident, Precept, Mentee)**
1. White Lab Coat
2. Nametag
3. Stethoscope
4. Sphygmomanometer (manual)
5. Matches/lighter
6. Tweezer or Forceps
7. Ear acupuncture probe
8. Small penlight/flashlight
9. Reflex Hammer
10. Portable container for storage of supplies

Smoking and Alcohol

Smoking/Alcoholic beverages are not permitted within the confines of the OMC. Students shall not consume other drugs that may alter the student’s performance prior to working with patients.

Food and Beverages

Food and Beverages are to be confined to designated areas. Food and beverages are not permitted in examination or treatment areas.

Use of Lavatories/Restrooms

Always wash hands after visiting the lavatory/restroom following CNT protocols.

Bulletin Board Postings

The OMC regularly updates its bulletin boards with various important communications to students. No postings may be made or removed without appropriate authorizations.

Infractions, Incident Reports & Disciplinary Action

When a student is found to be in violation of any policy or protocol listed in this handbook, staff and Clinic Supervisors will file an incident report. The report will be forwarded to the OMC Director for review, investigation and action, and then the OMC Director will discuss the report with the student, who at that time will have the opportunity to explain and/or refute the alleged incident. The disciplinary action will be commensurate with the nature and severity of the infraction and may be influenced by prior history of infractions and/or recommendations by a Clinic Supervisor or staff member. If warranted, the OMC Director will refer the matter to the Executive Committee for further investigation, following protocols outlined in the Program Catalog.

The following guidelines may be used as the minimum disciplinary action for first/single violation of the infractions listed below. The disciplinary actions may include but are not limited to a loss of credit earned and/or any other actions deemed appropriate by the OMC Director. Repetitive or multiple offenses will result in more severe penalties, possibly including dismissal from the
OMC. OMC also reserves the right to impose disciplinary actions for infractions that are not listed below. The following list exemplifies infractions that will result in disciplinary action including but not limited to failure of clinical internship, loss of credit, suspension and expulsion:

- Unauthorized treatment of patients, including but not limited to unauthorized chiropractic adjustments, unauthorized needling and/or herbal recommendations
- Treatment of OMC patients outside of the OMC or one of its supervised programs
- Fraudulent entry into the patient record, including but not limited to entering false data and failing to enter pertinent information
- Inappropriate dress and/or poor personal hygiene
- Failure to follow or carry out a Clinic Supervisor’s recommendations or orders
- Failure to maintain patient records in the appropriate filing area in the OMC
- Failure to follow OMC policies and procedures
- Forgery of any document or instrument related to OMC activity
- Utilizing evaluation or treatment techniques that are not authorized in the OMC

Appeal of Disciplinary Judgment

See Program Catalog for description of procedures and the appeal process for disciplinary actions involving clinic internship / residency failure and other disciplinary actions.

Patient Treatment Protocol

Patient-Intern/Resident Relationship

Students are expected to protect patients’ rights to privacy and confidentiality, following protocols outlined by HIPAA (for more detail please consult the HIPAA Handbook). This not only applies to patients’ health and treatment but also all communications occurring between patient and intern/resident. Discussions with Clinic Supervisors and students regarding patients’ health concerns often involves matters personal and sensitive to the patient. All such discussions must take place only in clinic areas where patient confidentiality can be protected. Students must also take all precautions to avoid any situation where a patient is completely disrobed without clinical justification. Patients must be enrobed appropriately during examinations and treatment. A patient may not be involved in case demonstrations involving students without the patient’s full and informed consent. Both Clinic Supervisors and the OMC Director maintain oversight over such issues and are obligated to take disciplinary action when necessary.

Unassigned, non-observing and non-treating students may not be present in the treatment room to observe either the treatment, evaluation or examination of patients without the patient’s full and informed consent. All clinical case demonstrations and observations shall be scheduled and conducted by Clinic Supervisors.
During the treatment process, patients must not be left alone in the treatment room. To monitor treatment and to protect the patient, at least one intern must be present at all times.

**No Fraternization Policy**

Relationships between students and members of the OMC must be maintained within acceptable professional and ethical boundaries. Students are prohibited from dating or engaging in any intimate and/or sexual activity with their assigned patients and with any patient or staff member of a DULA affiliated outreach activity or program. Students violating this policy will be removed and/or excluded from the DULA activity or program.

**Appointments**

Students are encouraged to refer prospective patients to the OMC to take advantage of its quality care and affordable rates. The OMC Manager schedules patients to Clinic Supervisor who has specialties related with patients’ complaint. Both the OMC Manager and the Clinic Receptionist book all patient appointments and Students are not allowed to book appointments for patients; the OMC Manager keeps the front desk informed of all students’ and Clinic Supervisors’ schedules to aid patients who wish to receive treatment by a specific student or Clinic Supervisor.

**Patient Management**

Once the DULA OMC Staff (Receptionist) has prepared a patient’s file, the staff will call the student’s name. The student will then proceed to the front of OMC Pharmacy front desk to receive the patient’s file and then greet the patient that he/she is assigned.

Students are not allowed to enter OMC Pharmacy room unless permitted by the OMC staff and/or Clinic Supervisor. Students may ask permission to OMC staff and/or Clinic Supervisor at any time to enter the OMC Pharmacy if they need to, for example if the students need to check the current stock of herbs that the OMC has. In case when students need to request to use OMC equipments (such as acupuncture needles, moxa, E-stim, guasha, cutton balls, hand gloves, alcohol swab, etc), they may request with the OMC staff in charge in front of the OMC front desk for assistance.

After greeting a new patient and introducing themselves, students are expected to provide the patient with a brief explanation of the intake/diagnosis procedure. Follow-up patients should be acknowledged in the waiting area; this is particularly if a student is behind in schedule, to ensure that the patient is able and willing to wait. If a student is more than 15 minutes late to the call or not responding after 3rd call from front desk, his/her patient will be assigned to another student. Scheduled patients have priority over walk-in patients, but if a patient is more than 20 minutes late for an appointment, students should check with the Receptionist to determine whether the patient may still be seen that day.
Patient Consent

Prior to treatment, Clinic Supervisors and students shall confirm that the patient has signed all informed consent forms. Patients may not be treated at DULA OMC unless all required consent forms are signed.

Patients’ Right to Refuse Treatment

When advising patients of the proposed course of treatment and the various possible clinical protocols involved, Clinic Supervisors and students shall respect any patients’ right to reject treatment of any or all procedures and/or protocols. Should the patient refuse part or all of the proposed treatment, the student must document such refusal in the patient file. In any event, the patient is entitled to be fully informed of the diagnoses, examinations and any health care outcomes assessed by the Clinic Supervisor or student, who are obligated to clearly and thoroughly inform and explain proposed treatment protocols along with potential risks prior to initiating treatment.

Patient Check-Out & Follow-up

Once a treatment is finished, the student must ask assigned Clinic Supervisor about follow-up plan and escort the patient to the front desk for check out and schedule follow-up visits, as recommended by Clinic Supervisor. Students are responsible for cleaning up the treatment room and any equipment used during the patient visit following each treatment. If a patient fails to keep a scheduled appointment, the student assigned to that patient must inform the OMC front desk. The OMC front desk staff may either request the student to call the patient or make the call themselves to determine if the patient is all right and whether or not he/she wishes to re-schedule.

Clinical Records Policy

All patient files, including chart notes, exam results, x-ray films, test results and narratives, are the property of DULA and are protected by patient confidentiality laws and regulations. Copies may be provided to the patient or other authorized recipient only after properly executed forms are submitted according to due process (see HIPAA Handbook). Note that HIV-related information is not covered by standard record release authorizations; separate and distinct authorization is required to release HIV information.

Clinic Supervisors and students must maintain accurate, detailed and thorough documentation and charting within patient files. Adequate charting accurately and legibly documents a patients’ progress throughout the treatment course. All documents in the patient file shall indicate the date of treatment, treatment protocols utilized, student name and Clinic Supervisor name. White out should never be used to correct errors; all errors should be neatly drawn through with a single line and initialed.
After treating a patient, charting and obtaining a Clinic Supervisor’s signature, the student must return their file to Clinic Receptionist or OMC Manager. Strict compliance with this procedure secures patient privacy and limits the legal liability of lost files. If a patient’s file is needed for case discussion or case study preparation, a student may request the file from the OMC Manager who will record the date and time the file was taken out, and by whom.

Unless the patient authorizes and consents in writing, patient files or copies of such may not be removed from the OMC. Copies of patient files may be forwarded pursuant to request made by a duly authorized health care provider or to request by legal authority. The OMC Director shall be primarily responsible to approve all requests for copies of patient files and to ensure payment for such copies is received. Unauthorized removal or transmission of any original or copies of patient records is prohibited and will be considered a violation of clinic policy, potentially resulting in disciplinary action.

Clinical Records Keeping Procedure:
1. Patients check in on sign-up sheet by writing their name and time in presence of the appointment time.
2. After, the receptionist pulls out the patient file from fire-resist cabinet in herbal dispensary, and hand over the file to student for intake.
3. After the treatment, the student returns the file to receptionist, and receptionist put the file in the last drawer of cabinet.
4. At the end of shift, Clinic Supervisors come to herbal dispensary and pull their patient files for final check.
5. If all the patient files have both student and Clinic Supervisors’ signature and completed, the receptionist returns it to the cabinet where it belongs.
6. The patient file is arranged in alphabetic order.

**Treating Patients**

Students may not alter, modify or otherwise in any way change the Clinic Supervisor approved treatment protocols and herbal prescription. In the event that a student alters, modifies or otherwise changes the approved treatment protocol or herb prescription, disciplinary procedures may be imposed on such student up to and including disqualification of internship hours for one quarter and dismissal from DULA.

Prior to treatment, patients must be examined. Further examinations must be conducted to assess patient progress. A final examination is required in order to discharge the patient from OMC care. Treatments may not vary from established clinical practice of the acupuncture and Oriental medical practitioner community in California. Treatment modalities that are within the acupuncture and Oriental medical practitioners’ scope of practice pursuant to California law are currently: electro-acupuncture, acupressure, cupping, indirect moxibustion, oriental massage (Tuina), breathing techniques, exercise, nutritional counseling, heat lamps, hot/cold therapy, herbal formula and patient informal counseling.
Referring Patients to Other Health Care Providers

Patient referral to other health care providers shall be made only by Clinic Supervisors when it is determined that the patient requires care that is outside the scope of practice of a licensed acupuncturist. In the event the patient is referred to another health care provider, the Clinic Supervisor must document the recommended referral in the patient’s file. The Clinic Supervisor must record the health care provider’s name and contact information if available.

Treating Students

Students may receive treatments during clinic hours for which they are not assigned intern duties. An exception may be made if a student is not feeling well during clinic hours and would prefer to receive treatment. He/she may then do so after clocking out of the clinic and checking with the supervising doctor and the OMC front desk.

Teaching Clinic

Patients are aware that the OMC is a teaching clinic. Observers should at all times be able to enter treatment rooms and follow patient treatments. Students must inform OMC front desk staff if a patient object to being observed by students. Clinic Supervisors may request an exception to student presence in the treatment room if requested by the patient. Limitations of student presence may include minimizing the number of students in the treatment room at one time or patient preference of the gender of the student(s). Students must be sensitive to the requests and emotional needs of the patient.

Herbal Prescriptions

Herbal prescriptions are filled either by the OMC Manager, Herbologist, an observing intern, resident or Clinic Supervisor. An herbal formula sheet must be completed before the prescription is filled, and Clinic Supervisors must approve all herbal prescriptions by signing both the prescription sheet and the patient chart. Herbal prescriptions written by non-affiliated practitioners cannot be filled through the OMC Herbal Dispensary. Students must inform the patient of the cost of herbal formulas before they are filled.

Raw herbs should be placed in the provided bag, with the patient’s name and date of prescription clearly written on the front of the package; total cost to the patient should also be noted. It is the student’s responsibility to explain to the patient how to take their prescribed herbs. If the formula is meant for external use only, this must be marked clearly, in red, on the bag. If the formula is in the form of a prepared herb pill, a label must be affixed to the pill container that includes the following: patient’s name, date administered, indicated dosage. This information must also be listed in the patient’s chart. Leave all prescriptions at the receptionist’s desk. Patient will be directed to pick-up their herbal prescription after making payment. Do not give herbs directly to the patient.
Herbal Housekeeping

Students must assist the OMC Manager in keeping the herb drawers full. Herbs may be restocked from bins inside the storage room adjacent to the Herbal Dispensary. Empty or near-empty supplies are to be noted on a re-order list. Students are also responsible for keeping the herbal dispensary table, herbal and file cabinets, floor and all adjoining areas clean and orderly. Students may be called upon to prepare herb samples for classes and to assist the front desk or the OMC Manager if requested.

Referring Patients to Herbal Emporiums and External Pharmacies

Referring patients to other pharmacies for filling herbal prescriptions may raise legal issues. Because the herbs were prescribed by the OMC if the patient experiences any adverse reaction, DULA may have legal liability. It is therefore against DULA policy to refer any patient, in person or over the phone, to any non-DULA herb store.

Herb Return Policy

Students must inform the patient of the approximate cost of herb formulas before filling the prescription. Since herbal formulas (raw and powdered herbs) are custom prescribed they cannot be reused. Therefore, the OMC maintains a no return policy. It is recommended that if a formula is being given to a patient for the first time, initially prescribe a smaller amount. If the patient does not experience adverse reactions to the herb formula(s), he/she may obtain a larger refill at his/her next visit. Patients who are to pick up herbal formulas must be requested to pay in full and in advance for the herbs.

Patient Rights & Responsibilities

OMC students and Clinic Supervisors must ensure the following patient rights are upheld:
- Impartial access to care, irrespective of race, gender, religion or national origin
- Respectful and considerate care in an environment that permits reasonable privacy
- Request to have another person present during examination and/or treatment
- Complete, current information concerning his/her diagnosis, treatment and prognosis
- Informed consent regarding procedures, risks and alternatives
- Prompt and reasonable responses to questions and requests
- Refusal of treatment, except as otherwise provided by law
- Know the identity and professional status of the individuals providing service, and to know who has primary responsibility for coordinating his/her care
- Reasonable safety within a health care environment
- Expectation that all communications and records pertaining to his/her care will be subject to appropriate confidentiality
- By fully advised of and accept or refuse to participate in any research project and/or experimental procedure(s)
- Examine and receive an explanation of charges for services rendered
• Express grievances regarding any perceived violation of his/her rights, through the institution’s grievance procedure, to appropriate regulatory agencies

Patient Grievance Policies and Procedures

These policies and procedures are intended to provide a mechanism for responding to and resolving patient complaints and allegations. All written complaints or allegations by a patient (or his/her legally recognized advocate) regarding his/her handling or treatment by DULA, or made more specifically against a DULA student, Clinic Supervisor or clinic staff member must be forwarded to OMC Manager, Clinic Supervisor and/or OMC Director.

Resolving complaints through informal patient interaction with the Clinic Supervisors or staff is encouraged. When such conversations fail to produce satisfactory resolution, or when the complaint involves unprofessional or unethical behavior, or when the complaint is made in writing, the OMC Director must be informed.

The OMC Director shall respond in writing to all written complaints or allegations. When indicated, the OMC Director shall forward information regarding the patient’s complaint or allegation to Executive Committee for appropriate action. For each written complaint, the OMC Director will retain for at least one year a file consisting of the complaint or allegation, any investigation notes and associated documentation, the written response and any other related correspondence.

Care of Minors/Parental Consent

A parent or guardian must provide written consent for the evaluation or treatment of any patient under the age of 18.

Patient Confidentiality

All information obtained about the patient must be held in the strictest confidence, including case history, interviews, patient records or verbal interactions. Discussion with the Clinic Supervisor and/or student is necessary. However, discussions about individual cases in the clinic should be limited. Patient information should never be shared with other patients. Students are responsible for their patient’s file during the clinic shift. Files will be signed in and out by the student to ensure that the whereabouts of every patient chart is known. Patient names or other identifiers may not be used in case history presentations or in clinic notebooks. Patient initials may be used in place of names in order to identify individual cases.

Patient Gowning and Draping

Prior to undergoing examination, patients should be instructed to remove all clothing except undergarments, if necessary, for the examination, and to wear an examination gown with opening to the back or front. Areas receiving treatment must be exposed to allow direct
visualization of needles. Patient draping is essential when palpating and/or needling sensitive, private areas of the body such as the abdomen, and near the breasts, buttocks or groin areas. In cases of males treating females and females treating males, particularly when palpating or needling private body areas, a Clinic Supervisor or fellow intern should always be present.

Patient Treatment Costs

Standard Fees

All students must be fully informed of the cost of treatments to be rendered. Some insurance plans may be accepted for full or partial payment for services rendered at the OMC which include Worker’s Compensation, Medi-Cal and some managed care plans. Patients are responsible for payment for all uncovered services, including deductibles and co-payments. Patients will be given payment receipts that they may submit to third parties for reimbursement. Payments are to be received only by the front office staff person authorized to receive patient payments.

Discounted Rates

Special treatment rates are offered to the following groups: seniors (65+), low income patients, current active (must registered for 6 units minimum) DULA students and their immediate family. Table below is current service fee effective July 15, 2019:

<table>
<thead>
<tr>
<th>Service</th>
<th>BY INTERN</th>
<th>BY RESIDENTS</th>
<th>BY CLINICAL ACUPUNCTURIST</th>
<th>BACK AND FRONT ACUPUNCTURE</th>
<th>BY SUPERVISOR ONLY</th>
<th>COSMETIC ACUPUNCTURE (BY PROFESSIONAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACUPUNCTURE TREATMENT</td>
<td></td>
<td></td>
<td></td>
<td>EXTRA $ 10.00</td>
<td></td>
<td>$ 150.00 &amp; ABOVE</td>
</tr>
<tr>
<td>INITIAL CONSULTATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONSULTATION ONLY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDITIONAL MODALITIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TUINA MASSAGE (30 MIN. MAX.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELECTRICAL STIMULATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 10.00</td>
</tr>
<tr>
<td>MOXA (HEAT THERAPY)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 10.00</td>
</tr>
<tr>
<td>Service</td>
<td>Price</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REGULAR CUPPING</td>
<td>$10.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FIRE CUPPING</td>
<td>$10.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AURICULOTHERAPY (EAR SEED)</td>
<td>$5.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HERB</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TABLET</td>
<td>$22.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAPSULE</td>
<td>$30.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POWDER</td>
<td>$7.00 / DAY &amp; ABOVE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RAW</td>
<td>$10.00 / DAY &amp; ABOVE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DECOCTION (BOILING)</td>
<td>$250.00 &amp; ABOVE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DISCOUNT INFORMATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACUPUNCTURE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BY INTERN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SENIOR (ABOVE 65)</td>
<td>$25.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOW INCOME (UP TO 64)</td>
<td>$20.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BY RESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SENIOR (ABOVE 65)</td>
<td>$30.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOW INCOME (UP TO 64)</td>
<td>$25.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DULA STUDENT / ALUMNI / STAFF / FAMILY</td>
<td>$15.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HERBS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TABLET</td>
<td>$15.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAPSULE</td>
<td>$21.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAYMENT HISTORY</td>
<td>$20.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDICAL RECORD</td>
<td>$20.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDICAL RECORD AND PAYMENT HISTORY</td>
<td>$30.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDICAL RECORD, PAYMENT HISTORY AND FAX</td>
<td>$35.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RETURNED CHECK PENALTY</td>
<td>$25.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOCUMENTATION FEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORIENTAL MEDICINE DIAGNOSIS FEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXAMINATION AND ANALYSIS</td>
<td>$50.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DISCLAIMER:
- Discounts are only applicable for acupuncture treatment and pill / capsule herb
- Proof of document for low income must be updated annually
- Students must be enrolled in the current quarter with at least 6 units registered
- Student family members must be direct (Spouse, Parents, Children, Siblings)
- Additional modalities are not provided without acupuncture treatment
- Approval of supervisor / clinical acupuncturist is required for additional modalities

* All information may be changed by DULA Oriental Medical Center (OMC) at any time without prior notice or explanation to the customer.
For more information regarding patient treatment costs, please contact DULA Oriental Medical Center (OMC) directly at 213-487-0150.

**Charting and Clinic Procedures**

The patient chart is a legal document, serving as validation and record of services rendered. It also tracks and monitors the patient’s condition over time, including written record of treatment followed, and the patient’s response to that and past treatments. Inadequate charting may lead to inadequate treatment or poor documentation of treatment rendered, leaving the OMC and its Clinic Supervisors liable should the charts be used in legal proceedings. Therefore, it is in both the patient’s and DULA’s best interest to render the best possible service with the maximum amount of information. In order to ensure proper documentation, both the information sheet and intake sheets have been designed to assist you in your clinical work. Any suggestions for improvement will be welcomed by the OMC Director.

In addition to providing medical and legal records of treatment, the patient chart may be necessary to communicate information to other health care providers. All involved practitioners may use the patient’s record of treatment to monitor the patient’s progress, therefore accuracy, legibility, clarity and completeness are essential.

Since patient records are confidential and legal documents it is required that they be maintained securely; the proper maintenance of these documents cannot be understated. Patient records may not be copied, photographed or otherwise reproduced, and they may not, for any reason, be removed from the OMC. The inclusion of patient names into student notebooks or charts is not permitted and students should identify the patient by his/her initials only. Compromising the security and confidentiality of patient files is grounds for dismissal from the OMC.

**Range of Treatment**

Upon arriving at the clinic, patients will be given standard medical forms that will assist the student in his/her understanding of the patient. Students must carefully review all information provided and ensure that the patient has responded to all items. Pursuant to DULA’s malpractice insurance policy, only patients who sign the arbitration agreement will be seen and treated.

**Charting Styles**

There are two main types of charting styles:
General

Overall findings including patient progress, patient complaints, pulse, tongue, treatment plan, treatment used and results.

Specific

“SOAP” note protocol. This is used to identify the patient’s statements, observations by practitioners, findings and treatment. This is usually referred to as S.O.A.P. charting which stands for Subjective, Objective, Assessment and Procedure/Plan.

- **Subjective**: Described by the patient; their reported symptoms as well as their self-appraisal should be quoted in their own words. Both positive and negative symptoms should be recorded. The response to treatments is also recorded in the patient’s own words. Example: S (Subjective) - “I sleep a lot,” “I get out of breath easily,” “lately I feel very tired,” “my hands and feet are always icy cold.”
- **Objective**: Clinical signs obtained through observation, assessment or palpation by the student. Any pertinent medical test results supplied by the patient should be noted here. Example: O (Objective) - Dark circles around eyes, yawning, sighs frequently, cyanotic fingernails, pulse: weak and thready; tongue: pale.
- **Assessment**: Conclusions reached based on observation, inquiry, palpation and other assessment tools and based on patient response to treatment and recommendations. Example: A (Assessment) - Deficiency of kidney Qi. Deficiency of Lung Qi.
- **Procedure/Plan**: This is a notation of the treatment plan and specific therapeutic intervention performed and plan for follow up visits, including patient education and treatment plan. Example: P (Procedure/Plan) - Energize and Tonify LU1, LU7, K3, SP6.

DULA’s OMC uses the “Specific” charting format with the SOAP notes protocol. All charting and comments listed in the patient’s charts are to be written in English. There will be no exceptions. To maintain clarity and legibility, charting must be done in black ink. Students are reminded that before any treatment can be initiated the Clinic Supervisor must initial the patient’s chart indicating his/her approval of the proposed course of treatment.

Because patient files are medical records and legal documents that serve as evidence of services rendered, the following guidelines are to be followed during every intake:

- All written entries should be charted in black or blue ink
- All entries must be clearly dated using the month, date and year
- Record all data collected from and about the patient
- Be certain that entries are not ambiguous and can be clearly interpreted
- Record ALL recommendations made to the patient, including diet, herbal, exercise and life-style recommendations
- Document any mishaps or unusual occurrences such as fainting, moxa burns or bruising from needles or cupping by completing an Incident Report Form as deemed necessary by the Clinic Supervisor
- Document any referrals made to other health care practitioners or physicians, the reason for the referral and the date of the referral
- Document any phone calls or other pertinent interactions with the patient, including content of the communication, date and time
- Document evidence of patient non-compliance
- NEVER destroy or replace a prior record. To correct a notation, draw a single line through it, allowing it to remain readable, and complete the correction as necessary, finishing with your initials and the date.

**Patient Intake Procedures**

The patient intake is the most important tool for assessing a patient’s condition and to deliver a meaningful diagnosis. The patient intake form is comprised of questions regarding all aspects of a patient’s health. Vital signs are an important part of the intake and must be taken and documented. Student should understand the purpose of the questions and be efficient in gathering information. An effective treatment depends on a thorough intake. For returning patients, the student must review the patient’s record thoroughly. Observing interns must only observe the treating intern and/or Clinic Supervisor as he/she asks questions of the patient and wait until invited to ask any questions.

**Formulating Diagnoses**

Once all relevant information has been gathered and assessed by the student, he/she will present the case to the Clinic Supervisor who will then accompany the student to re-examine the patient and review the findings. A diagnosis, treatment principle and treatment plan will have been formulated by the student and reviewed by the Clinic Supervisor. The internship level and competency of the intern will determine the extent and nature of the Clinic Supervisor’s input.

It is advised that DAOM resident to consult with Clinic Supervisor prior to begin the treatment. The case discussion with Clinic Supervisor will differ between resident and intern. The resident is expected to have a more thorough discussion, suggestions, opinions, advance treatment techniques and/or scientific references when discussing the cases with Clinic Supervisor to fulfill the DAOM clinical coursework learning objectives. The resident is also required to report to the Clinic Supervisor prior to discharging the patients. The Clinic Supervisor will then finalize and be responsible with all the treatment, referral and other patient care (including but not limited to re-examination, consultation, follow up, etc) of the patient.

DAOM students who are in preceptorship and/or mentorship hours are not allowed to perform any direct treatment to OMC patients during their preceptorship / mentorship hours. Their main duty is to closely observing their assigned supervisor and do any other assigned tasks by their supervisor.
Treatment Plan

The treatment plan is a natural extension of the diagnosis. Once the student and Clinic Supervisor have agreed upon a treatment plan, the student may begin the treatment. A treatment plan that has been approved may not be altered in any way without the express written approval of the Clinic Supervisor. All changes and additions must be indicated on the intake form. Never erase anything, and never, ever use white-out on a patient chart. Mistakes are to be neatly lined through so as to be visible, with initials and the date written to the side of the correction. Students operate under the Clinic Supervisor’s acupuncture license and are therefore obligated to follow his/her instruction. In the event of unauthorized additions/changes, written warnings will be issued, and no credit will be granted for that treatment.

Needle Count

Accounting for every needle used is essential for patient safety. It is critical that students count the number of needles inserted prior to leaving the patient to rest. When removing the needles after the treatment, the number must coincide with the number indicated on the intake form. Keeping an accurate needle count ensures that you will remove each needle and prevent the patient from leaving the table with a needle in their body since it is possible to overlook a needle has been inserted in an obscure location or has broken.

Patient Comfort

Once the patient has rested for approximately 10 minutes, the student should check on his/her comfort. Patients at times may move and disrupt a needle position, creating significant discomfort. A heat lamp can also create discomfort from either insufficient or over abundant warmth; it is important to ensure heat lamp settings are optimal and safe before leaving the room. Lighting should also be adjusted for optimal comfort. Before leaving the patient, students should be sure to ask if they have any additional needs that can be met in order to best promote their ability to relax and enjoy the treatment. Needles are typically retained from 12-20 minutes and should not be left in the patient longer than 30-40 minutes. It is the student’s primary responsibility to manage his/her time when treating patients.

Other Policy

Guest Speaker Policy

The OMC may at times approve guest speakers who are competent or have expertise to address various academic and clinical practice subject matter at intern training lectures. Guest speakers are approved based on the following guidelines. The topic must be relevant to the clinical internship or DAOM clinical coursework practice description and objectives as detailed in OMC Handbook. The content of the presentation must be consistent with DULA’s mission statement and DULA’s program educational objectives. And, there must be reasonable
expectation that the guest lecturer will demonstrate appropriate professional respect for colleagues, DULA and its constituents. The lecture must be feasible within the schedule and resource limitations of the clinical internship level. Acupuncture or other techniques taught and/or demonstrated by guest lecturers are not approved for use in the OMC unless part of DULA’s curriculum.

**Transfer Student Policy**

The following procedures and requirements apply for all students who may have clinical internship experience at a prior institution and are transferring to DULA:

- **Orientation:** attendance is mandatory for all transfer students prior to entering clinical internship.
- **Level Exam:** transferring students must complete level entrance requirements including Level Examination.
- **CPR & First Aid Card:** A valid CPR and First Aid card must be submitted to participate in clinical internship.
- **The DULA/CNT (Clean Needle Technique) Certificate must be presented to participate**
- **Evidence of prior successful completion of clinical internship from Program Director.**
- **Prerequisites:** transfer students should consult with program directors for completion of prerequisites before applying to clinical internship.
- **Satisfactory of English Language Proficiency (please refer to program catalog for more information).**

DULA DAOM program does not accept any transfer credit for clinical course works.

**Externship Policy**

DULA doesn’t accept any externship other than DULA provides.

Student can apply for DULA’s externship program and it may be credited to his/her internship. DULA’s externship program is equivalent to DULA’s internship regarding clinic procedures, treatment protocols, and student’s performance evaluations. DULA OMC Clinic Supervisor will be assigned and supervise all clinical activities including diagnostic procedure, acupuncture treatment, herbal treatment, and patient management. Students must check in / out at DULA OMC via fingerprint scan. All other DULA’s internship procedure including Intern’s learning notes, patient log sheet, intern evaluation, and case study will be applied to the externship program equally.

Externship manual at AIDS Health Foundation (AHF) Healthcare Center at Hollywood Presbyterian Medical Center:

1. **Training Plan:**
   - Dongguk University Los Angeles has established an externship program to provide for our students the following:
     a. The opportunity to observe and treat a variety of conditions.
b. To learn patient management and treatment methodologies in a real-life clinic at a major university.

c. To have the opportunity to introduce acupuncture to AHF patient population.
   i. Date of Externship Program: From November 2017; and ongoing.
   ii. Names and license numbers of the Clinic Supervisors at the clinic: Please contact OMC Director at omcdirector@dula.edu
   iii. Length of time the student will be participating at the externship clinic: Minimum of 40 hours per quarter and up to a maximum of 200 hours total per each student.
   iv. Identify the entire spectrum of clientele that the students will be treating at the clinic: A wide spectrum of clientele including teenagers, adolescents, adults and seniors.
   v. How many patients, per week, will the students be treating: Each student will treat about 10 - 12 patients per week.
   vi. Number of students involved in externship training: Two to Four students per afternoon (2pm to 6pm) of once a week.
   vii. Patient chart management: Use EMR or computerized patient chart provided at the AHF.

2. How will the training provided by the Externship Program Clinic Supervisors be monitored by the Acupuncture Board-approved school:

   The training provided by the externship program Clinic Supervisors is monitored by the acupuncture board-approved school in the following ways:
   a. The students will evaluate the training provided by the externship program and the Clinic Supervisors by filling out the appropriate evaluation forms.
   b. The externship program Clinic Supervisors will fill out timecards for students that were present and on time.
   c. DULA will conduct routine checks of the externship program. Students will be directly supervised by DULA Supervisory personnel for the full duration of the program.

3. How will the training provided for the students be monitored by the Acupuncture Board-approved school:
   a. Evaluations forms
   b. Timecards
   c. Routine Checks
   d. Direct supervision

**Safety and Emergency Procedures**

**Cardio-Pulmonary Resuscitation (CPR) & First Aid**

Attendance and successful completion of a CPR & First Aid class is mandatory for all students. DULA hosts a CPR & First Aid class regularly or students may choose to go through an external
certification service so long as they are Red Cross or American Heart Association certified. The cards given after successful course completion are a requirement for students entering the clinic. It is the student’s responsibility to maintain current CPR & First Aid Certifications. It is a requirement for internship and/or DAOM clinical training at the OMC and required to sit for California Acupuncture Licensing Exam.

**Positioning your patient**

The patient should always be placed in a comfortable position that can be maintained for the length of the treatment. Elderly or handicapped patients may need assistance getting on and off the treatment table. Children should never be left unattended during treatment. Always ensure that the patient is comfortable before leaving the treatment room. After needles have been inserted all patients must be checked regularly at intervals. Students should show special concern towards those who are oversensitive or nervous.

**Depth of needle insertion**

In order to avoid causing injury to the patient, students must pay close attention to the direction and depth of the insertion according to major acupuncture texts, variations in body proportions, and your Clinic Supervisor’s instructions.

**Stuck needle**

Never insert a needle up to the handle. Explain to the patient the necessity of lying still while undergoing acupuncture. If a needle is stuck due to a muscle spasm ask the patient to relax and massage gently around the point, after which needle should remove easily. If the needle is still stuck, needle nearby to relax the spasms muscle. If the needle is entangled in fibrous tissue turn it slightly to the opposite direction until it becomes loose, then withdraw. Students always can ask Clinic Supervisor for help.

**Broken needles**

**Always** check the needle prior to treatments. The student should remain calm while advising your patient to relax and not to move. Contact a Clinic Supervisor or OMC Director immediately. If the entire needle is under the skin, do not allow the patient to move, and immediately seek appropriate medical care or call 911.

**Needlestick**

Needlestick or Other Exposure to Bloodborne Pathogens, per CDC guidelines & CNT 7th edition;

1. Immediately & thoroughly wash affected area with soap and water
2. Flush splashes to the nose, mouth, or skin with water
3. Irrigate eyes with clean water or saline (in the Intern Room)
4. Report the incident to your Clinic Supervisor & file an incident report
5. Immediately seek medical advice from a licensed physician as soon as possible

**Note:** Several studies indicate PEP (post-exposure prophylaxis) should be started within 2 hours if the level of exposure warrants. As soon as possible after exposure (within 24 hours) baseline tests for HIV, HBV, and HCV should be conducted. Periodic follow-up testing is recommended. The CDC provides an HIV PEP treatment hotline if questions about treatment or advice are needed. Call 888-448-4911, if desired.

**Note:** Students must obtain medical evaluation and testing for the above exposures.

**Fainting**

**Signs and symptoms:** dizziness, vertigo, oppressive feeling in chest, pallor, nausea, palpitation, cold extremities, cold sweating, weak pulse, loss of consciousness, hypotension and shock. **Causes:** Nervous tension, fatigue or extreme weakness of the patient, hunger, forceful manipulation resulting in excessive stimulation.

**Management:** Remove all needles immediately; Contact your Clinic Supervisor or OMC Director immediately. Allow patient to lay flat and elevate feet (to allow increased blood circulation to the brain). Offer the patient warm water. If the patient is having trouble in breathing contact your Clinic Supervisor or OMC Director immediately (always observe the facial color and expression). If symptoms continue, call Emergency Medical Assistance (911).

**Electro-Stimulation**

Use only AC current electrical stimulation. The level of electro-stimulation should never approach the level of pain. Electro-stimulation should not be applied from one side of the chest to the other (front to back or side to side) because it may interfere with the action of the heart muscle. Electro-stimulation should also not be applied crossing the spine (from one side to another side) on the back. Electro-stimulation should avoid “implanted cardiac device and pacemaker”.

**Moxibustion**

Be aware of your patient’s heart condition, especially with elderly patients or those with nerve damage or diabetes. If a patient has been burned, contact the Clinic Supervisor. Do not apply moxa for hot, febrile diseases, nor those with neuropathy. Be cautious about the use of moxa on the abdominal area during pregnancy.
Hand Washing

All students must scrub wash their hands with soap under a stream of warm running water before and after performing acupuncture on every patient and whenever your hands become contaminated. Other methods of cleaning the fingertips prior to the insertion of the needle may be used. Using alcohol or antimicrobial hand cleaners such as Purell are acceptable.

Biohazardous Material Disposal

Students must immediately isolate and dispose of used and unused loose needles. Each treatment room has designated biohazard receptacles (sharp containers) that are intended for needles and other sharp implements. Before removing needles, roll the cart close to the table to reduce handling time of the needle. Be sure that the biohazard or sharps container is securely placed on the cart to avoid potential destabilization of the biohazard receptacle. When the biohazard receptacle is near or at 3/4 full, the student must promptly notify a Clinic Supervisor, the OMC Director or OMC Manager.

According to OSHA regulations a used acupuncture needle is considered a contaminated sharp. All needles that have been used for treating must immediately thereafter be placed in the sharps container, not the waste basket, treatment tables, clean field or treatment room floor. Because this is so integral to ensuring the safety of patients, students and staff (particularly cleaning staff) we will repeat: ALL USED NEEDLES ARE TO BE PLACED IMMEDIATELY IN THE SHARPS CONTAINER.

Contaminated signifies either the presence of or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface. Contaminated sharps therefore by definition include any contaminated object that can penetrate the skin. This includes, but is not limited to, acupuncture needles, seven star and other cutaneous needles, lancets, etc. All contaminated needs must be placed immediately in a sharp container.

Please note that if a needle has been used to treat a patient, once its’ package has been opened it is no longer considered to be sterile. It is a violation of CNT, OSHA policy and OMC policy to use unsterile needles on patients; they should be disposed of in the sharps container as if they were contaminated.

All cotton balls used to prepare acupuncture points may be discarded in the trash can, unless they met blood, in which case dispose of them in the biohazard trash can available near the standard waste bin. Never place cotton balls in a sharp container.

Clean Needle Technique

Students must show proof of successful completion of the Clean Needle Technique (CNT) and safety course (WM210) offered by DULA prior to entry into the OMC. The knowledge and skills gained in this class must be part of the student’s day-to-day DULA clinic practice.
The Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) offers a CNT course which cannot be used in place of WM210. This course is a one-day course offered throughout the year. Although DULA will make every effort to host a CNT course on campus, DULA cannot guarantee such. Students are responsible for taking and passing this CNT course in order to take the NCCAOM examination. Students must maintain a working knowledge of the methods and procedures defined and required in the “Clean Needle Technique Manual for Acupuncturists, 7th Edition” published by the National Acupuncture Foundation, Washington, D.C.

**Gloves**

It is recommended that a rubber glove be used when there is a risk of contact with blood or other potentially infectious body fluid. The use of gloves is not necessary during the routine acupuncture practice in the absence of significant bleeding.

Gloves or a finger cot should be worn when the practitioner has a break in the intact skin barrier such as cuts, scratches, or punctures, when treating patients, handling or touching contaminated items or surfaces, and when it can be reasonably anticipated that a student may have contact with blood.

**Laundry Service**

Laundry must be handled as little as possible with a minimum of agitation. Place soiled laundry immediately in laundry bags; do not leave these bags in treatment rooms. The front desk staff will see to it that the laundry is then cleaned and re-stocked.

**Cleanliness**

Upon completion of treatment, and after the patient has left, clean the room and prepare it for the next patient. All working surfaces and treatment tables shall be sanitized after each patient. Treatment table cover, pillow covers, and the clean field must be changed after each patient. Food and drink are not permitted in treatment areas and shall not be kept in refrigerators, freezers, or on countertops where blood or other potentially infectious materials may be present. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure by potentially infectious material. Lab coats should not be worn out of the clinic area and need to be clean and pressed at all times.

**Universal Health Precautions**

The best way to reduce occupational risk of infection is to follow universal precautions. Health care workers must assume all patients are infected with HBV and HIV and take adequate non-discriminatory precautions to protect themselves. Universal precautions should apply to blood,
body fluids containing visible blood, sweat, saliva, semen, vaginal secretions, tissues, cerebrospinal fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. The Centers for Disease Control (CDC) has developed procedures to help health care workers protect themselves from a variety of possible infections including HBV and HIV. In general, these precautions include the use of an appropriate barrier (gloves, masks, goggles, etc.) to prevent contact with infected body fluids. Additionally, standard sterilization and disinfection measure as well as effective waste disposal procedures are to be followed. These practices are especially important for all invasive procedures. In addition to gowns, gloves, and surgical masks, protective eyewear or face shields should be worn where generation of droplets or splashing of blood or body fluids is possible. If the protective barrier becomes torn, it should be replaced immediately or as soon as patient safety permits. In the event of injury to the health care practitioner, the barrier should be removed, and the wound treated promptly. Any such injury should also be followed up with an incident report. For further detailed procedures regarding Blood Borne Pathogens and the procedures to handle all incident, please refer to the section below.

**Cleaning and Sterilization**

All instruments including cupping cups, gua-sha tools, and work surfaces must to be sanitized and decontaminated as soon as possible after contact with patients or other potential infective material. Since cupping cups and gua-sha tools are reusable, these materials must be sterilized immediately following every use.

To sterilize cupping cups and gua-sha tools use the following procedure:

<table>
<thead>
<tr>
<th>Sterility Category of Equipment</th>
<th>Acupuncture Practice Example</th>
<th>Disinfectant Level Required before Reuse</th>
<th>Disinfecting Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Critical</td>
<td>BP cuff, Stethoscope, e-stim clip,</td>
<td>Low or intermediate disinfecting agents acceptable.</td>
<td>Fabric equipment (BP cuffs) may be disinfected with isopropyl alcohol EPA approved solutions for non-critical items Smooth surfaces can be disinfected through 2 steps; soap and water cleaning followed by wiping with a low or</td>
</tr>
<tr>
<td>Category</td>
<td>Item Description</td>
<td>Sterilization Method</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------------------------------------------------</td>
<td>------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Semi-Critical</td>
<td>Cupping cups and gua-sha tools used on skin</td>
<td>Sterilize with high level disinfectant</td>
<td>Step 1. Removal of all biological and foreign material (e.g., soil, organic material, skin cells, lubricants) form objects using soap and water.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>before re-use</td>
<td>Step 2. Soak in appropriate FDA–cleared disinfectant for the time indicated for reusable equipment. Follow label directions for use as intermediate disinfecting agent.</td>
</tr>
<tr>
<td>Reusable Critical</td>
<td>Equipment that breaks the skin or enters the vascular system; No AOM</td>
<td>Must be sterilized.</td>
<td>Example: Autoclave</td>
</tr>
</tbody>
</table>
Sterility Critical; non-reusable

| Sterility Critical; non-reusable | Needles, 7-star hammers, lancets, press tacks, ear seeds. | Cannot be reused. | Example: Ethylene oxide gas |

Disinfectant wipes and Lysol are available in the Herbal Dispensary to sanitize work surfaces such as treatment tables, intake tables and chairs, faucet handles and door handles, countertops, heat lamp knobs and instrument carts. Hands should be thoroughly washed after performing the above procedures.

**OSHA Policy**

OSHA stands for Occupational Safety and Health Administration which was created in 1970 within the U.S. Department of Labor to:

- Reduce hazards within the workplace and to implement new or improved existing safety and health programs
- Develop innovative ways of dealing with occupational safety and health problems
- Establish separate but dependent responsibilities and rights for employees and employers
- Maintain reporting and record keeping systems to monitor work related injuries and illnesses
- Establish training programs to increase the number and competence of occupational safety and health personnel
- Develop mandatory job safety and health standards and enforce them effectively; provide for the development, analysis, evaluation and approval of state occupational safety and health programs

All DULA students at all phases of internships must be educated in OSHA policies and standards. DULA provides training and education in topics including, but not limited to, bloodborne pathogens, OPIM, disease transmission, universal precautions, sterilization procedures, personnel protective equipment, how to clean a blood or bodily fluid spill, dealing with biohazardous material, DULA’s exposure control plan, and safe practice techniques. Students must attend one training session per year, beginning with the New Intern Orientation, to keep their knowledge and skills current. No one is permitted to work in the clinic without an OSHA training/Clinic Orientation. Students will be given a selection of times to attend one OSHA training/Clinic Orientation at the beginning of each year.

OSHA guidelines apply to all businesses and industry. Healthcare professionals and all workers within such settings face an even greater risk of exposure to bloodborne pathogens. OSHA mandates work practice and how one deals with bloodborne pathogens, accidents, such as blood or body fluid spills, and needlesticks. For acupuncturists, techniques such as bleeding,
bloodletting with cupping, and simply needling are identified as potential risks for bloodborne pathogen exposure. Any exposure to blood or body fluids presents a risk of exposure to pathogens. Bloodborne and OPIM pathogens include but are not limited to hepatitis and HIV. Hepatitis is the most easily transmitted bloodborne pathogen. Safe practice will reduce the risk of exposure to bloodborne pathogens. The guidelines contained in this Handbook (see Bloodborne Pathogen Control Plan, infra) must be used by all practitioners and are in accordance with OSHA, the Center for Disease Control and the Council of Colleges of Acupuncture and Oriental Medicine Clean Needle Technique.


Fire Safety and Emergency Evacuation Procedure

In the event of fire or emergency evacuation, the following must be accomplished calmly and immediately:

- Promptly remove all the needles from patient.
- Instruct the patient to get dressed and gather his/her belongings immediately.
- Stay calm and wait for the Evacuation announcement
- Proceed to the nearest exit.

A Clinic Supervisor responsible for acting as a searcher will be assigned to every shift. He/she will ensure that everyone in the OMC has been evacuated, please do not assume this role yourself. Follow directions given by the Searcher and/or OMC Director, and do not re-enter the OMC until you have been instructed to do so by a DULA official.
Faculty Appointment

Definition of Faculty

The faculty consists of all individuals employed by DULA who are engaged either in scholarly and professional instruction or academic service activities. These activities include but are not limited to educational activities related to classroom and clinical instructions, language programs (department, clinic), course and curriculum development, research, participation in student academic advising, as well as a service to the profession.

The Acting Dean of Academic Affairs shall forward his or her hiring recommendations and proposed faculty rank to the president, who will then approve and authorize the hire. The Acting Dean of Academic Affairs, in collaboration with the program director, will maintain a pool of academic faculty candidates who have been previously approved for this status. Offering appointments to such faculty can be initiated by the program director and are subject to the approval of the Acting Dean of Academic Affairs and/or the President. The pool of academic faculty candidates should be reviewed at least annually regarding eligibility to remain in the pool.

All DULA faculty must demonstrate a willingness and ability to engage in quality work in teaching, research, scholarly activities, practice and professional activities, and citizenship. They must also display a potential for continuing professional growth. DULA, under the leadership of the president and the Executive and Academic Committee, shall maintain control of and responsibility for all academic matters and shall assure that the instruction and faculty satisfy the standards established by the BPPE Ed. Code and chapter 5 CCR §71720(a)(6).

Faculty members are appointed on a quarter-by-quarter basis. They are initially appointed at the rank of instructor after recommendation by the Acting Dean of Academic Affairs.

Faculty Qualifications

The DULA faculty members of the Master of Science in Oriental Medicine (MSOM) program shall have the following qualifications:

1. An acupuncturist instructor who:
   a. Holds a current valid license to practice acupuncture or be otherwise authorized to act as a guest acupuncturist in accordance with section 4949 of California Acupuncture Board Code (a “current valid license” is one that has not been revoked, suspended, placed on probation, voluntarily surrendered, or otherwise disciplined by the board).
b. They must also be:
Knowledgeable, current, and skillful in the subject matter of the course as evidenced through one of the following:
   i. Holds a Baccalaureate or higher degree from a college or university and with written documentation of experience in the subject matter;
   ii. Have at least two years’ experience in teaching similar subject matter content within the five years preceding the course;
   iii. Have at least two years’ experience in the specialized area in which he or she is teaching within the five years preceding the course.

c. MSOM Clinical supervisors must hold a current valid license to practice Acupuncture and Oriental Medicine (AOM) in the state of California.

d. MSOM Clinical supervisors should have a minimum of five years of documented professional experience as licensed AOM practitioners, with expertise in the program’s area(s) of concentration and/or specialization.

2. A non-acupuncturist instructor shall:
   a. Be currently licensed or certified in his or her area of expertise, if appropriate;
   b. Show written evidence of specialized training. This may include, but is not limited to, a certificate of training or an advanced degree in the given subject area;
   c. Have at least two years’ teaching experience in the specialized area in which he or she teaches within the five years preceding the course;

3. Have strong communication, organization, interpersonal, and problem-solving skills;

4. Have effective oral and written communication skills in English. For instructors who teach in the English, Korean, and/or Chinese language programs, such instructors must have fluent oral and written communication skills in his or her language program;

5. Possess the ability to read and interpret documents and procedure manuals; write routine reports and correspondence; and speak effectively before groups of students, patients and other employees;

6. Have knowledge of computer skills such as Microsoft Office (Excel, Word, and PowerPoint); the Internet (Web browser, website, and email) in relation to job responsibilities; and hardware (touchpad, mouse, and keyboard);

7. Possess the ability to adapt to curriculum changes and to design new and appropriate student learning activities;

8. Be able to get along and cooperate with fellow co-workers;

9. Be able to work as a team member; and

10. Possess a good attitude and be polite to students, patients, co-workers, candidates, and others.

The DULA faculty members of the Doctorate in Acupuncture and Oriental Medicine (DAOM) program shall have the following qualifications:

1. An acupuncturist instructor shall:
   a. Hold a current valid license to practice acupuncture or be otherwise authorized to act as a guest acupuncturist in accordance with section 4949 of California
Acupuncture Board Code (a “current valid license” is one that has not been revoked, suspended, placed on probation, voluntarily surrendered, or otherwise disciplined by the board).

b. They must also be:
Knowledgeable, current, and skillful in the subject matter of the course as evidenced through one of the following:

i. Hold a Doctoral Degree and/or Postdoctoral Fellowship in the Oriental Medicine field;
ii. Having at least five years’ experience of teaching in the field of Oriental Medicine, with two years of this teaching in a Doctoral program; and
iii. Have written, published, and/or presented scientific articles, papers, reports and/or research studies related to the Oriental Medicine field.

c. DAOM acupuncturist instructor who possesses the required DULA DAOM faculty members’ qualification may also be eligible as DAOM capstone advisor.

d. DAOM Clinical supervisors must hold a current valid license to practice Acupuncture and Oriental Medicine (AOM) in the state of California.

e. DAOM Clinical supervisors should have a minimum of five years of documented professional experience as licensed AOM practitioners, with expertise in the program's area(s) of concentration and/or specialization.

2. A non-acupuncturist instructor shall:

a. Be currently licensed or certified in his or her area of expertise if appropriate;

b. Possess a Doctoral Degree and/or Postdoctoral Fellowship in his/her area of expertise;

c. Have at least five years’ experience of teaching in his/her area of expertise, with two years of this teaching in a Doctoral program, and

d. Have written, published, and/or presented scientific articles, papers, reports and/or research studies related to his/her area of expertise.

3. DAOM Mentor shall:

a. Possess a Doctoral Degree and/or Postdoctoral Fellowship in his/her area of expertise;

b. Hold a current valid license to practice in their profession as regulated by the state where they practice; and

c. Have a minimum of five years of documented professional experience as licensed practitioners, with expertise in the program's area(s) of concentration and/or specialization.

4. DAOM Didactic Preceptor shall:

a. Hold a current valid license to practice acupuncture or be otherwise authorized to act as a guest acupuncturist in accordance with section 4949 of California Acupuncture Board Code (a “current valid license” is one that has not been revoked, suspended, placed on probation, voluntarily surrendered, or otherwise disciplined by the board);

b. Hold a Doctoral Degree and/or Postdoctoral Fellowship in the Oriental Medicine field;
c. Have at least five years’ experience of teaching in the field of Oriental Medicine, with two years of this teaching in a Doctoral program; and
d. Have written, published, and/or presented scientific articles, papers, reports and/or research studies related to the Oriental Medicine field.

5. DAOM Clinical Preceptor shall:
   a. Hold a current valid license to practice acupuncture or be otherwise authorized to act as a guest acupuncturist in accordance with section 4949 of California Acupuncture Board Code (a “current valid license” is one that has not been revoked, suspended, placed on probation, voluntarily surrendered, or otherwise disciplined by the board);
   b. Have a minimum of five years of documented professional experience as licensed AOM practitioners, with expertise in the program's area(s) of concentration and/or specialization;
   c. Hold a Doctoral Degree and/or Postdoctoral Fellowship in the Oriental Medicine field; and
d. Have written, published, and/or presented scientific articles, papers, reports and/or research studies related to the Oriental Medicine field.

6. Have strong communication, organization, interpersonal, and problem-solving skills.
7. Have effective oral and written communication skills in English.
8. Possess the ability to read and interpret documents and procedure manuals; write routine reports and correspondence; and speak effectively before groups of students, patients, and other employees.
9. Have knowledge of computer skills such as Microsoft Office (Excel, Word, and PowerPoint); the Internet (Web browser, website, and email) in relation to job responsibilities; and hardware (touchpad, mouse, and keyboard).
10. Possess the ability to adapt to curriculum changes and to design new and appropriate student learning activities.
11. Be able to get along and cooperate with fellow co-workers.
12. Be able to work as a team member.
13. Possess a good attitude and be polite to students, patients, co-workers, candidates and others.

Appointment Process

Appointment Process: All appointments are reviewed first by the Acting Dean of Academic Affairs in concurrence with the final approval of the president. There are two kinds of appointments:

Term appointment: This is offered for a period of one quarter only and consists of ten weeks of instruction and one week of examination. The term begins at the start of the academic term as set forth in DULA’s general catalog and is finished when all instructional responsibilities have been completed at the end of the term (examination week).
Annual appointment: This may be offered to any faculty member for a period of one academic year. Faculty members will be notified of renewal, non-renewal, or alteration of appointment no later than three months prior to the expiration of the current annual appointment.

The Acting Dean of Academic Affairs will work with the academic team to ensure that performance evaluation scheduling takes place at least once annually for subsequent appointments.

Faculty Orientation

Each new faculty member will be given an orientation by DULA. Whenever possible, this shall occur prior to the beginning of his or her instructional duties. The orientation, facilitated by the Acting Dean of Academic Affairs, relates to all matters specific to faculty members and common to DULA employees. It is ordinarily conducted on an individual basis and encompasses the following:

1. Introduction to executive and office staff, other faculty members (as soon as possible but is not essential to orientation), library staff, registrar, and any other staff with whom he or she will frequently interact with;
2. A brief tour of the DULA campus;
3. Information on: (a) current faculty handbook, employee handbook, program catalog and other related policy and process documents; (b) current library services and schedule guides; (c) list of available multimedia resources; (d) current class schedule; (e) DULA Populi system; and (f) any other necessary information.

Faculty Rights and Duties

Academic Freedom

Consistent with our mission statement and objectives, it is our policy to engender and maintain full freedom of discussion, inquiry, teaching, and research. All faculty members are entitled to organize their own course/s regarding content, support materials, and methods of evaluation (student learning), but in accordance with the objectives of the published course description, official syllabi, and the highest academic standards. In the areas of research and publication, faculty members are entitled to freely discuss any subject at which they feel competent, pursue any line of inquiry into any academic area, and present and argue the ideas and conclusions arising thereof. While free to discuss those ideas justified by facts, they are expected to maintain standards of sound scholarship and competent teaching. However, while academic excellence at times demands challenging established ideas, the disparagement (slander, libel, etc.) of individuals or ideas is not considered to be consistent with professionalism and citizenship.
Both inside and outside of DULA, all faculty members shall conduct himself or herself in a manner that does credit to both himself or herself and DULA. He or she shall be free from censorship or discipline, but in accordance with the principles and practice of scholarship, they should be accurate, exercise appropriate restraint, show respect for the opinions of others, and to clearly indicate that they are not a spokesperson for DULA, where appropriate and necessary. Guest speakers are also expected to comply with this policy and maintain the same standards of scholarship, teaching, and professional etiquette.

Faculty members shall input final grades and/or other appropriate evaluations of student learning in the DULA Populi system by the end of the first week of the quarter break. Further, faculty members shall be primarily responsible for informing students of their performance evaluations clearly and without prejudice and making them available for student review.

**Faculty List of Duties**

Faculty members shall work under the general direction of the Acting dean of academic affairs and must provide full cooperation with the program director. Faculty members shall be responsible for the following duties:

**Didactic Faculty**

1. Provide quality academic and clinical instruction and counseling to students.
2. Provide academic and clinical course content as indicated in the curriculum, course descriptions, and official syllabi.
3. Uphold DULA academic standards and policies.
4. Review and submit recommendations for curriculum development, teaching effectiveness, and faculty development plans.
5. Attend in-service training (FERPA, Title IX, etc.), and professional growth activities such as the faculty development plan.
6. Attend commencement and other official DULA functions, such as faculty meetings, when possible.
7. Maintain a record of student class attendance prior to each class session and input the attendance record in the DULA Populi system.
8. Adhere to the class schedule and conduct class sessions in a timely manner.
9. Report excessive absenteeism or non-attendance to the registrar immediately upon knowledge of such.
10. Submit a course syllabus to the Program Director or Acting Dean of Academic Affairs no later than one week prior to the first day of class for each course. Include a course outline setting forth the content, objectives, and methods whereby students will be evaluated.
11. Conduct more than one formal evaluation of student or intern learning through reliable assessment methodology. Assessment of knowledge, skills, and competencies should
evaluate students at their respective level of education and must be relevant to course content that is set forth in the syllabi.
12. Provide fair and honest grading.
13. Grade examinations in a timely manner to provide feedback.
14. Maintain and secure records of student grades.
15. Submit all accurate student examination scores no later than the end of the first week of the quarter break.
16. Report any teaching schedule changes to the program director.
17. Maintain scholarship and current knowledge of one's academic expertise. Provide any updates to the program director regarding personal file (curriculum vitae, etc.).
18. Maintain open-mindedness to the results of the evaluation.
19. Follow the administrative guidelines of copying, preparing tests, grading reports, submitting syllabi, and any other material as requested by the Acting Dean of Academic Affairs or program directors in a timely manner.
20. Comply with the faculty employment agreement and its contents.

Clinical Faculty
1. Support and evaluate the clinic intern/resident in conducting intake, charting, physical examination, completing a diagnosis, performing treatment, and determining a treatment plan.
2. Observe all clinic interns/residents performing treatment and to be readily available when interns/residents need help or advice.
3. Verify, approve, and sign assigned patient charts for complete and accurate information, charting all herbal formula prescriptions.
4. Verify and assess assigned interns/residents' competency in the study, performance, prescription of acupuncture points and herbal formulas, and techniques of acupuncture, moxibustion, and other modalities.
5. Ensure intern/resident compliance with the standards of practice of the OMC regulations including CNT, OSHA, and HIPAA.
6. Ensure intern/resident compliance with all DULA/OMC regulations, policies, and protocols by modeling positive, supportive, and safe behavior.
7. Assess intern/resident's clinical performance and competencies by participating in their evaluations, level exams, and case studies.
8. Maintain the safety of the patients and adhere to clinic procedures through verification.
9. Visit assigned treatment rooms regularly for quality control and risk management;
10. Be a role model exemplifying professional attitudes and behaviors in patient management.
11. Provide ongoing intern/resident evaluations, attendance checks, assessment, and feedback regarding qualitative and quantitative requirements.
12. Provide in-service training for interns/residents and other supervisors.
13. Participate in outreach and patient/student recruitment projects.
14. Work collaboratively with the clinic manager and administrative staff to ensure a balanced distribution of interns/residents and patients in the clinic.
15. Maintain a valid and current California acupuncture license, as well as CPR and first aid certificates
16. Report any incidents or inappropriate activities to the OMC director immediately by using the appropriate forms.
17. Perform any other clinical functions and duties as requested by the OMC director.

**Teaching**

The work of teaching entails basic tasks and functions including but not limited to:

**INSTRUCTION** of students in classroom sessions, tutorials, laboratories, and the clinic; instruction at workshops, retreats, and seminars; course management via planning student learning and grading; and maintaining student academic achievement and attendance records.

**ADVISING, GUIDING, MENTORING, AND SUPERVISING** of students in laboratories, the clinic, and DULA community outreach; advising students in academics, careers, and counseling referrals; and supervising teaching assistants, students in independent study, research projects, capstone projects, and clinical internships. Faculty members who teach in didactic courses are required to submit accurate and complete physical documentation of the student's academic evaluations including but not limited to examination questions, answers and scores, student assignments, student's projects, etc. no later than the end of the first week of the quarter break to the Program Director.

DULA conducts a regular 10-week didactic lecture for each academic quarter. One unit of didactic course is equivalent to 10 hours of in-person lecture and a minimum of 20 hours of out-of-classroom assignments. One unit of clinical course is equivalent to 20 hours of in-person training.

The academic teaching procedure for the independent study in DULA is the same as a regular class lecture. The only difference for independent study is that the student arranges their own schedule to meet with their course instructor. Faculty members are also required to submit all the physical evaluation documents of the students (for example: attendance, quizzes, exams, papers, etc.) to the Program Director in addition to the signed independent study form and schedule form. These documents serve as proof that students and faculty are complying with the regulation and will be attached to the student's files.

Part-time faculty are given 30 minutes per week for each didactic course to prepare and evaluate written materials prepared by students such as papers and examinations. Part-time faculty are paid 50% of their hourly pay rate for preparation time.

**CLASSROOM BREAK:** An hour of in-class lecture constitutes 50 minutes of lecture and 10 minutes break. A 3-unit class (which is equal to 3-hours lecture) has 150 minutes of lecture time and a 30-minute break in between each.

**ASSESSING STUDENT PERFORMANCE** by providing a clear grade that is fair to the content and learning objectives. Faculty members are required to design and conduct multiple
assessments of student comprehension that are linked to the course goals and objectives. Such assessments may include but not limited to multiple class assignments, tests (i.e., quizzes, midterm test, final test, etc), oral presentation, and/or other student's projects.

For the DAOM program, DULA considers student paper projects and oral presentations to be suitable for the Doctoral level of study. However, faculty members may consider different types of evaluations to assess students’ learning outcomes based on their decision for each of the course work under their instruction.

For the MSOM program, DULA considers class tests to have a tremendous value in upholding student academic performance. As such, it is required for faculty members to conduct the class tests only during regular class meeting hours and in a closed book format. All final tests for each class are conducted at the Lotus Room (4th floor) during the eleventh week of the academic quarter. Faculty members who wish to deliver the class tests in open book, take home tests, or any other format including not conducting the final tests in the Lotus Room, must submit a written request providing reasons why such exam format needs to be delivered to students. This written request should be submitted to the Acting Dean of Academic Affairs and/or MSOM Program Director at least four (4) weeks in advance, before the first day of the instruction quarter begins.

The Acting Dean of Academic Affairs and/or MSOM Program Director shall bring the request to the Academic Committee meeting for approval.

The Academic Committee shall consider the approval or non-approval of the faculty member’s request for a different format of assessment based on the following:

- The exam format is considered to encourage students to study more and improve their performance and knowledge of the class materials rather than the in-class closed book exam.
- The exam format is considered to directly improve the student’s performance in preparation for the CALE / NCCAOM rather than the in-class closed book exam.
- The exam format is considered to be fair to all other students with respect to the class’s grade.

The concerned faculty shall be notified of the Academic Committee’s decision within fourteen (14) days upon receipt of request.

DEVELOPING CURRICULUM: DULA’s core faculty provide leadership in faculty engagement in curriculum development as well as program assessment. The core faculty, as well as the Academic Committee members were instrumental in developing and planning the curriculum, staff and academic infrastructure, the assessment process for the program, and so forth.

The core faculty members are involved in various aspects of academia. Some of their activities include: revising course content, developing curriculum including teaching materials and manuals, conducting research activities, academic planning, enforcing of standards of academic quality pursuant to DULA’s mission and objectives, reviewing faculty hiring procedures, and
evaluation of faculty credentials. Core faculty members also participate in Academic Committee meetings, where academic issues relevant to institutional operations are discussed. In addition, faculty members attend quarterly faculty meetings where relevant issues on academic development, assessment, and faculty are discussed. Revision, development, and discussions of academic assessment and evaluation are regularly communicated and discussed with all members of the faculty during faculty meetings. The Program Director will be communicating regularly with faculty including formal and informal meetings and email communications.

INSTRUCTOR DEVELOPMENT by evaluating teaching competencies of fellow faculty members; attending continuing education seminars and workshops sponsored by DULA; and managing and mentoring fellow faculty members.

Academic freedom for students: Students shall have the right to freedom of expression, proper academic evaluation, and protection against improper disclosure.

Freedom of expression: Students should be free to reasonably disagree with the data and views offered in any course of study and to reserve judgment about matters of opinion. However, they are responsible for learning the content of any course of study in which they are enrolled in.

Improper academic evaluation: Students should have protection through orderly procedures against prejudiced or capricious academic evaluation. They are responsible for maintaining standards of academic performance established for each course in which they are enrolled in.

Improper disclosure: Students’ views, medical conditions, beliefs, and political associations that professors acquire during their work as instructors, advisers, and counselors should be considered confidential. Protection against improper disclosure is a serious professional obligation.

Faculty Workload

In achieving DULA's mission and objectives, members of the faculty are required to devote appropriate portions of their contract commitment to the following areas of work activity: teaching, research and scholarly activities, practice and professional activities, and citizenship. DULA acknowledges the diversity of faculty interests and experiences. As such, DULA does not expect all faculty members’ workloads to be identical. Each faculty member’s workload will be consistent with his/her aspirations and DULA's goals, objectives, and expectations as defined by its mission statement and objectives.

Full-time faculty: Members of the faculty with a workload consisting of clinical and teaching duties ranging between 32 to 40 hours per week will be considered full-time faculty. The ratio of teaching and clinical supervision will be fully determined by the OMC director, in collaboration with the program director, the Office of the Acting Dean of Academic Affairs and the President.
To provide additional support for faculty workload and learning outcomes, a teaching assistant will be assigned to members of the faculty holding a didactic class (not directly related with a practicum class) with more than 30 enrolled students. For didactic classes that are directly related to the practical setting such as acupuncture anatomy, acupuncture techniques, Tui Na, etc., a teaching assistant will be assigned to the faculty members if their related classes have more than 15 enrolled students. A teaching assistant is assigned to the junior instructor who has yet to meet the full qualifications of a faculty member for the related program. Offering appointments to such teaching assistant can be initiated by the program director and are subject to the approval of the Acting Dean of Academic Affairs and/or President. The pool of academic teaching assistant should be reviewed at least annually regarding eligibility to remain in the pool.

For clinical supervising, a maximum of 4 interns can be assigned to each clinical faculty in one clinic shift. At times, duties will be defined by areas of need as well as by aspirations and strengths of the faculty member. The remainder of the academic work week will consist of research and scholarly activities, practice and professional activities, and citizenship. This workload will be determined by mutual consent between the faculty member and his/her program director, subject to the approval of the Acting Dean of Academic Affairs and/or president.

**Overage and load balancing:** Subject to the approval of the program director and/or Acting Dean of Academic Affairs, a faculty member's workload may vary from the number of credit hours.

**Faculty Performance Guidance**

**Plan teaching sessions**

The instructor understood the goals and objectives of the overarching academic program. Constructed a syllabus (course outline) which included a course description, as well as goals and objectives as they appear in the master course syllabus. Designed teaching sessions from the course syllabus or master's course syllabus.

**Courses description and learning objectives**

The instructor understood, provided, explained, and emphasized the course description and learning objectives clearly to the students. The presented lesson was also related to the established course description and learning objectives. Accomplished the course description and learning objectives throughout the teaching.
Courses delivery

The instructor presented materials that adhered to the curriculum. Shifted between lectures to small group activities, as well as questions and answers to provide more feedback and interactive engagement from the students. Led the discussion to encourage and deepen comprehensive, critical, and broad thinking. Prevented and/or terminated monopoly and off-track discussion. Summarized the discussions and related them to the course content. Maintained and used the time effectively.

Sets expectations and establish purpose

The instructor established ground rules for class management and conduct, explaining to the students what was expected from them and what could be expected from the instructor. Provided and explained the detailed contents of the class syllabus to the students, explaining how the course related to other courses in the program, and why specific topics were being used in relationship with professional opportunities. Explained that students may be expected to know and understand things that may not be directly addressed in the classroom.

Assignments

The instructor clearly stated the amount and level of in-class and out-of-class work expected from students as correlated in the class syllabus. Explained the purpose and what to expect from the assignments that were given in class. The given assignments clearly related to the course description and learning objectives.

Professionalism

The instructor was a good role model and professional practitioner/scholar. Maintained a professional appearance, attitude, resourcefulness, adaptability, and flexibility through well-prepared teaching materials and well-organized instructions. Maintained respectfulness toward the students.

Integrate principle for effective adult learning into the teaching

The instructor determined learners’ understanding of the prerequisite material, and incorporated teaching activities that recognized and addressed these varied learning styles. Clarified students’ motives to learn class material and, if needed, provided additional materials or exercises to improve the understanding of less knowledgeable students and challenge the abilities of more knowledgeable students. Developed problem-solving techniques and, if needed, provided appropriate supervision in practice activities conducted individually or in a pair/group.
Application

The instructor designed learning activities that reinforce the acquisition of course content (content-oriented activities) and its application (problem-centered activities). Used focused application to integrate new material and existing knowledge. Related the clinical activities to the subject of study. Discussed course material within the context of case studies and provided opportunities for reflection upon the application of new learning (i.e. asked learners to summarize how new knowledge could be applied to clinical practice).

Variety

The instructor demonstrated knowledge of using various training tools to support his/her teaching. Used attention-gaining devices (i.e. beginning with challenging questions, illustrations, or examples), achieved learning objectives by using various instructional techniques (i.e. literature reviews, demonstrations, field trips, structured discussions), and instructional aids (i.e. power point, handouts, and internet). Designed learning activities (i.e. data gathering and analysis) that develop higher-order cognitive skills such as summarizing, synthesizing, analyzing, and applying. Designed learning activities to stimulate group interaction. Organized instruction to allow for demonstration and guided practice. Assigned work to small or large groups. Assessed student learning using different kinds of evaluations (i.e. papers, projects, tests, case studies).

Academic standard

The instructor demonstrated and set a high standard of academic performance for the students through an expert knowledge of the course materials and the ability to deliver the related course information to students effectively. Presented the various relevant references through scientific, evidence-based research in delivering the course materials. Encouraged and supported the students in developing their research skills and actively applied evidence-based medicine through their learning activities.

Maximize and optimize learners' “time on task”

The instructor guided students to set challenging goals for their own learning, established and communicated systematic paper drafts, quizzes, and reviews to keep students on schedule and progress toward a clearly defined goal or objective. Communicated the importance of scheduling frequent and self-paced study sessions. Organized instruction around learning objectives specified in the syllabus, communicated the minimum amount of time students should spend preparing for a class. Provided periodic reviews or summaries of previously covered content. Required that students use libraries and other information resources appropriate for accomplishing learning objectives.
Communication and cooperation

The instructor answer students' questions clearly. Encouraged students to ask questions as well. Asked open-ended questions that drew out relevant learner knowledge and experience. Encouraged classroom cooperation and created student project teams within a course. Provided the time, during which they remained available or approachable to the students.

Assess student learning

The instructor, at the start of the course, explained the criteria for evaluating each graded course requirement and the weight of each requirement in determining the student's final grade. The grading system was clear and fair to the content and the learning objectives. Set a series of requirements such as attendance, multiple class assignments, regular quizzes, and class tests to allow the feedback of learning from students to guide them. Designed multiple assessments of learner performance that linked to the course goals and objectives. Provided opportunities for informal, non-evaluative feedback on the acquisition and application of new course material (i.e. solicit group responses, provided handouts with correct answers for self-checking). Distributed performance evaluation results throughout the course to provide ongoing feedback on the quality of each student's performance, including written comments specifying the strengths and weaknesses of each student's performance on a given assignment. Provided classroom exercises and problems which give learners immediate feedback about their performance. Solicit student feedback about class at multiple points during the course. Assessed student knowledge using more than one type of evaluation (i.e. multiple-choice questions, essay questions, projects). Returned the graded assignments in time.

Monitor and self-evaluate teaching

The instructor maintained the awareness of verbal and non-verbal communication to give positive encouragement to students while conveying enthusiasm for the subject. Sought and used their own and/or student feedback in their self-evaluation. Conducted regular reviews of current research in the field to add to and/or update the class materials, quizzes, assignments, and any other tests.

Faculty Performance Evaluation Policy and Procedure

The evaluation processes provide a means to assess a faculty member's performance and a basis for decisions regarding reappointment and promotion. These processes also ensure quality instruction in the institutional programs.

Each faculty member shall be evaluated quarterly, or as deemed necessary by his/her program director and/or director of the DULA Oriental Medical Center. These evaluations are submitted to the Acting Dean of Academic Affairs. The Acting Dean, in conjunction with the President, the
Associate Dean, and academic directors meet to review and finalize the results of the evaluation. In all cases, the President, as an executive academic leader is the final decision maker. Discussions of the results of such evaluations occur as soon as possible after the evaluation of each faculty member. If there areas of improvement that have been identified, the Program Director meets with the faculty to discuss improvements and future options.

The didactic faculty are evaluated three different ways:

1. Adhering to faculty duties in the Faculty Handbook.
2. In-class peer observation.
3. Student evaluation of faculty.

DULA also conducts in-class peer observations at least once a year for each faculty member as a performance evaluation tool. The evaluation may shall be conducted by the President, Acting Dean of Academic Affairs, Program Director (s), and/or the Oriental Medical Center Director. Students also evaluate faculty. DULA’s online Populi system allows DULA students to evaluate the faculty members and the course at the end of the quarter.

Clinical faculty (clinic supervisor) performance evaluation is done in three different ways:

1. Student evaluation of assigned clinic faculty members by the end of every quarter.
2. Quarterly in-shift peer evaluations.
3. The director of the Oriental Medical Center’s biennial evaluation of clinic faculty.

Review and grievance: If the faculty member disagrees with his/her performance evaluation and/or its decisions, he/she may use the normal grievance process set forth herein.

DULA has established a set of different evaluation criteria, as follows:

1. Didactic faculty:
   a. Effectiveness of teaching methods
   b. Usage of appropriate teaching materials
   c. Encouraging critical thinking
   d. Effective communication skills
   e. Adhering to high professional and academic standards
   f. Effective assessment tools to ensure achievement of competencies with appropriate feedback
   g. Professionalism

2. Clinical faculty:
   a. Punctuality on assigned shift and clinic meeting
   b. Availability for students
   c. Effectiveness teaching methods
   d. Clinical knowledge and expertise for supervision
   e. Compliance to the rules and regulations of DULA/OMC, including CNT, OSHA and HIPAA
   f. Professionalism to students, staff, and patients
   g. Effective communication skills with students and patients
h. Completion of assigned or requested work on time
i. Involvement with academic affairs to improving the quality of education and clinic Development

Reappointment

The faculty performance evaluation will play a major role in determining the reappointment of the faculty members. Each of the faculty members who in their result of the performance evaluation falls below the “satisfactory” level (60% or above), will receive a separate written notice regarding the requirement to improve their performance during the upcoming quarters of their teaching appointment. Faculty members who shall consistently fall below the “satisfactory” level will be required to meet for an interview with the Acting Dean of Academic Affairs and/or HR committee, if applicable. If the related faculty members are again not able to meet the “satisfactory” level in the following quarter, DULA will then terminate their reappointment.

For the details of faculty performance guidance, please refer to the “Faculty Performance Guidance” section of this handbook. For the guidance of faculty duties, please refer to the list of duties in the “Faculty Rights and Duties” category.

Faculty Personnel Policy

Personnel Records

DULA’s office of the Chief Operating Officer, academic and/or other offices designated by the president shall store and maintain each faculty member’s personnel file. This file will also function as the faculty member’s employee file. It will contain the faculty member's employment applications, resumes, official academic transcripts, proof of licensure (if applicable), copy of W-4 form, copy of the I-9 form, and various records related to employment status as generated by DULA (i.e. letters of appointment, employment agreement, status changes, salary adjustments, performance evaluations). The file will be maintained in accordance with the same policies regarding employee access, privacy, and notification of changes in personal status as found in the employee handbook.

A list of documents ordinarily filed in the employee file follows:

1. Curriculum vitae
2. 2” x 2” photos
3. Emergency contact information
4. Proof of legal residency in the U.S.
5. Copy of Social Security Number or driver license or real ID
6. Copy of diploma
7. Official transcript from the highest degree institute attended or evaluation from DoED-recognized agency (if foreign equivalent)
8. Award Certificate (if applicable)
9. Interview Evaluation (if applicable)
10. Offer of Employment
11. I-9 (if applicable)
12. W-4, 1099 or W-9 form
14. Acknowledgement of Receipt of Faculty Handbook
15. FERPA agreement
16. Employee Acknowledgement of Receipt of Unlawful Harassment, Discrimination and Retaliation and Personal Appearance and Behavior Policy
17. Acknowledgment of Receipt of OMC Handbook (Clinic Employee only)
18. Letter of acknowledgement (completion of the policy training)
19. Quiz of policy training (FERPA, HIPAA, OSHA, Title IX, Disability, Emergency Safety)
20. Recommendation letter (optional)

The Chief Operating Officer shall maintain a personnel file for each faculty member. Apart from the employee file, the didactic / clinical faculty member folder is also created for each faculty member and stored in the office of the Acting Dean of Academic Affairs and/or other offices designated by the president. The faculty folder will help ensure that common information of each faculty member is regularly updated and kept in maintenance.

The documents ordinarily filed in the didactic / clinical faculty folder are as follows:

1. Faculty contact information
2. Copy of professional license and/or verification
3. Faculty employment agreement that includes the job description and duties of faculty members
4. Faculty development plan
5. Malpractice insurance document (Clinical faculty only)
6. Copy of CPR and First Aid Training Certification or Card (Clinical faculty only)
7. OSHA Training Agreement (Clinical faculty only)
8. Hepatitis B Vaccination document (Clinical faculty only)
9. HIPAA Training Agreement (Clinical faculty only)

Personnel File changes: The Acting Dean of Academic Affairs shall notify a faculty member of any relevant documents being placed in the personnel file. Faculty members shall have the right to review the contents of his/her file at any time and, with the mutual consent of the Acting Dean of Academic Affairs, may add or delete documents. Deletion of documents relevant to the terms and conditions of employment must have additional approval of the president.
File retention: All employment files are maintained in either the office of the Dean of Academic Affairs and/or office of the Chief Operating Officer for a period of 5 years after a faculty member leaves DULA.

Faculty Benefits

DULA faculty members are entitled to all the benefits procedures set forth in the applicable DULA employee handbook. DULA faculty members may also receive a beneficial rate related to any Continuing Education (CE) courses that are offered by DULA.

DULA faculty members will also be entitled to the professional development benefits procedure as follows:

1. All DULA full-time and part-time staff and faculty members are encouraged to register with the professional growth activities such as seminars, workshops, training, certification programs, continuing education, etc.
2. All DULA full-time and part-time staff and faculty members will be allowed the benefits of $100.00 per year, to be used for such professional growth activities.
3. All staff and faculty members need to submit their request regarding this professional activity, attached with the activity brochure, in order to receive the approval from the DULA human resources (HR) committee to the entitled professional growth benefits.
4. After they have participated in the activities, all staff and faculty members who received professional growth benefits will need to report to the DULA HR committee with a summary of what they learned and a copy of the activity certificate and payment receipt.
5. Apart from this benefit, DULA will also review each requested professional growth activity from the staff and faculty members. If the activities are determined to have a very good impact to the school, DULA may request to reimburse all the expenses of the related staff and/or faculty members. After they have participated in the activities, the staff and/or faculty members who agreed to this request will then be required to report to the DULA HR committee with a summary of what they learned and a copy of the activity certificate and payment receipt. Furthermore, he/she will also be required to hold in-service training to present the materials that he/she learned from his/her activities to all DULA staff and/or faculty members.
6. Faculty are also entitled to either free or discounted participation in DULA sponsored CEU events.
7. Faculty may submit a request to sit in any classes, especially at the advanced doctoral level.

Faculty academic position and salary ranking system:

1. Professor Qualifications:
   a. DULA didactic and/or clinical faculty member who:
      • Has been teaching in his/her field of expertise for more than 10 years.
      • Holds a doctoral degree in the area of his/her teaching.
• Maintains a high level in the faculty performance evaluation.

b. Benefit:
DULA faculty members who are promoted to this position are eligible for the first level of the faculty salary, as set by DULA.

c. Procedures:
Qualified faculty member may submit his/her written request for the promotion of this position to the Acting Dean of Academic Affairs. The Acting Dean will review the record of faculty performance in DULA and bring it to the academic committee meeting. It is very important for the faculty member to maintain his/her faculty performance at a high level. Once the academic committee meeting approves the request of the promotion for the qualified faculty member, the recommendation will then be brought to the executive committee meeting, which will give the final approval.

2. Associate professor Qualifications:
   a. DULA didactic and/or clinical faculty member who:
      ▪ Has been teaching in his/her field of expertise for 7 to 10 years.
      ▪ Holds a doctoral degree in the area of his/her teaching.
      ▪ Maintains a high level in the faculty performance evaluation.
   b. Benefit:
      DULA faculty members who are promoted to this position are eligible for the second level of the faculty salary, as set by DULA.
   c. Procedures:
The qualified faculty member may submit his/her written request for the promotion of this position to the Acting Dean of Academic Affairs. The Acting Dean will then review the record of faculty performance in DULA and bring it to the academic committee meeting. It is very important for the faculty member to maintain his/her faculty performance at a high level. Once the academic committee meeting approves the request of the promotion for the qualified faculty member, the recommendation will then be brought to the executive committee meeting, which will give the final approval.

3. Instructor Qualifications:
   a. DULA didactic and/or clinical faculty member who has been teaching in his/her field of expertise area for less than 7 years since his/her first teaching appointment and does not hold a doctoral degree in the field of expertise of the area of his/her teaching shall be given the title of instructor.
   b. Benefit:
      Instructors are eligible for the third level of the faculty salary, as set by DULA.

4. Special promotion:
   DULA may reward faculty members for recognition of their outstanding and extraordinary academic accomplishments during their academic career. Nominated by the academic committee and based on evidence of special merit, they may be promoted to the
appropriate level by the approval of the executive committee, regardless of their eligibility for promotion.

**Faculty Absences and Leaves**

Absences and leaves: A faculty member is expected to conduct all his/her scheduled classes. Paid time off for full-time teaching faculty members are expected to be taken during recesses (i.e. quarter breaks). These recesses include winter, spring and summer breaks. DULA observes holidays as listed in the employee handbook. Faculty members are not required to conduct classes or to perform any other duties on days that DULA is officially closed.

When a faculty member takes a leave other than sabbatical (i.e. sick leave, jury duty, military duty) while classes are in session, he/she shall follow the appropriate procedures set forth in the employee handbook. He/she shall also discharge his/her responsibilities to his/her students. In cases of emergency or other unanticipated absence, he/she shall notify the Acting Dean of Academic Affairs and/or the program director as soon as possible, allowing time for a substitute to conduct the class session. During any kind of leave, the faculty member should arrange for a substitute, with prior approval from and in consultation with the Acting Dean of Academic Affairs and/or the program director. If a substitute cannot be arranged and classes are canceled as a result, the faculty member must make up the time and/or academic content missed upon his/her return to class.

**Procedures for separation**

**Resignation:** A faculty member may resign prior to completion of his/her letter of appointment and/or employment agreement by giving one term’s notice and leaving at the end of the term or at a time approved by the Acting Dean of Academic Affairs, program director, and president.

**Layoff:** Layoff is a severance action by DULA terminating the services of a faculty member, without prejudice to performance, before expiration of his/her letter of appointment. Layoff may result from academic restructuring, program changes, financial circumstances, or other emergency situations.

**Academic program changes:** Layoff may occur as a result of major changes in curriculum requirements or restructuring of an academic program. Such decisions reflect long-term judgments that will enhance the educational mission of DULA.

**Layoff procedures for specific faculty:** After collaboration with the program director, the DULA and/or faculty committees, Acting Dean of Academic Affairs, and program director shall make layoff recommendations to the president, who shall make the final decision.
**Progressive discipline:** Dismissal for cause due to performance-related issues shall be preceded by a written warning/admonition by the appropriate administrative office describing the alleged performance deficiency and warning that a faculty member's status is in jeopardy. The warning should also inform the faculty member of the period within which performance deficiencies are expected to be corrected. Failure and/or refusal to correct the deficiency may result in application of sanctions, including suspension, dismissal, and removal from a course during the quarter. Faculty members are advised that some conduct is serious enough to justify immediate suspension or dismissal and is not subject to progressive discipline.

**Suspension:** When justified, the president may suspend a faculty member without previous citation or warning. If a faculty member is suspended, it may result in partial or total discontinuance of all salaries and benefits, suspension of all promotion and salary increments, and temporary suspension or withdrawal of all faculty privileges. A suspended faculty member may pursue the grievance procedure in this handbook. If exonerated, he/she will receive any pay and benefits withheld during the suspension period within five working days of the decision exonerating him/her.

**Precautionary suspension:** This will temporarily separate a faculty member if the president determines that there is a strong probability that a faculty member's continued presence at DULA poses an immediate threat of harm to DULA, its constituencies, or any part of the DULA community. Suspension will last if a threat of harm continues, or until dismissal for cause.

**Disciplinary suspension:** This will be ordered by the president as disciplinary action, to emphasize the seriousness of faculty misconduct or violation of DULA's policies. This will last for a period reasonably related to the nature and extent of the misconduct or violation.

**Dismissal:** This is a severance action where DULA terminates the services of a faculty member for cause before expiration of his/her letter of appointment and/or employment agreement. In these cases, corrective procedures under DULA's progressive discipline policies should be followed before formal dismissal proceedings are initiated. Causes include, but are not limited to, the following:

1. Failure to fulfill and/or continual neglect of the academic, clinical, or professional duties and obligations of a faculty member's position in a satisfactory manner.
2. Professional and/or personal misconduct.
3. Falsification of credentials (education or experience) or other educational documents.
4. Failure to provide or secure required official records of earned degrees and/or licensure.
5. Professional incompetence and/or clinical malpractice.
6. Violation of the rights and freedoms of fellow faculty members, administrators, or students, including sexual or other illegal harassment.
7. Conviction of a felony or other criminal act.
8. Failure to follow the canons and professional ethics of the acupuncture and oriental medical profession in California.
9. Failure to follow institutional policies and guidelines set forth in all current official DULA publications or documents and this handbook, or as instructed by an appropriate DULA official.
Dismissal Procedures: The procedure for dismissal shall include the following steps:

1. Confidential written notice to the faculty member by the president of probable initiation of dismissal proceedings, including a specific statement of charges as well as the faculty member's rights.
2. Discussion between the faculty member and appropriate administrator in an effort to reach a mutually acceptable resolution.
3. If, after the above is completed, no resolution is attained and DULA decides to begin formal dismissal proceedings, the faculty member shall receive a written dismissal notice with a statement of charges described with reasonable specificity by the president.

Review of dismissal: After completion of the dismissal procedure, the president may elect to impose a lesser disciplinary action such as suspension with or without pay, oral or written reprimand, or reassignment.

Grievance procedure and binding arbitration: A faculty member who has been dismissed is entitled to use the grievance procedure described in this handbook. If the dispute is unresolved following the completion of those procedures, DULA and the faculty member may submit the matter to binding arbitration, pursuant to the expedited rules of the Judicial Arbitration and Mediation Service (JAMS), as the sole means of adjudication. The arbitrator's decision will be final and binding. Arbitration costs shall be shared equally by the parties. The arbitrator's authority shall be limited to interpreting DULA's policies, procedures, handbooks, and appointment letters/employment agreements. The arbitrator shall not have the authority to add to or modify any of these policies, procedures, or documents.

Conflict of Interest

Faculty members are encouraged to engage in outside professional activities related to their academic specialties. However, faculty involvement in the management of private companies requires that faculty not engage in any activities that create the appearance of the possibility of a conflict of interest.

Acceptance of gifts: DULA staff, including faculty, supervisors, and their immediate family members shall not solicit, accept, or retain personal benefit from any student, patient, or vendors with whom DULA is doing business or from any individual seeking to do business with DULA. In this context, a personal benefit is regarded as any type of gift, gratuity, favor, service, fee, or compensation—anything of monetary value. Specific exceptions to the personal benefit prohibitions are made if there is no reasonable likelihood of improper influence in the faculty member's performance of duties on behalf of DULA. Any personal benefit received is to be reported to the program director and/or Acting dean of academic affairs, who will review the situation and instruct the faculty member as to the appropriate course of action.
Confidentiality: Safeguarding confidential information for DULA and its students and patients is essential. It is the policy of DULA that confidential information acquired by a staff member through his/her employment must be held in the strictest confidence. Personal information concerning students and patients should be released only with their written consent, or by subpoena or court order. Confidential information about students and patients should never be discussed with anyone outside DULA, and, within DULA, only with those who have a legitimate need to know. Faculty members are responsible for familiarizing themselves with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Student Conduct and Discipline Procedures

Students are members the DULA community, as well as members of the local community at large. Like faculty, they have certain rights and responsibilities. Students are expected to comply with all state laws as well as with DULA policies and regulations. Upon enrollment, students shall receive and will be subject to the DULA student handbook. All faculty members are provided a copy of the same. Faculty members are also responsible for being conversant with the various grounds for imposing student discipline, as well as for knowing the different types of disciplinary actions which may be imposed, all of which are set forth in the DULA student handbook.

Student discipline procedures: Procedural due process is basic to the proper enforcement of DULA policies and procedures.

All students shall be given formal written notice—including a brief statement of the factual basis of the charges, the DULA policies or regulations allegedly violated, and the time and place of a hearing—within a reasonable time before the hearing.

The opportunity will be provided for a prompt and fair hearing in which DULA shall bear the burden of proof, and at which time the student shall have the opportunity to present documents and witnesses, as well as confront and cross-examine witnesses presented by DULA. No inference shall be drawn from the silence of the accused.

A record of the hearing shall be recorded with an expeditious written decision based upon the preponderance of evidence and shall be accompanied by a written summary of the findings of fact and a description of the appeals process.

Administration of student discipline: The executive committee may impose discipline for violations of DULA policies and regulations, whether such violations are also violations of law, and whether or not proceedings are or have been pending in the courts involving the same acts. If an alleged violation of DULA policies occurs in connection with an official DULA function not on-campus, the student accused of the violation shall be subject to the disciplinary procedures. The loss of DULA employment shall not be a form of discipline.
If, as a result of an official appeal, it is determined that the student was improperly disciplined, the president shall, if requested by the student, have the record of the hearing sealed, and have any reference to the disciplinary process removed from the student's record. In such a case, the record of the hearing may be used only in connection with legal proceedings. The president may also take other reasonable actions to ensure that the status of the student's relationship with DULA is not adversely affected.

Whether or not a hearing is conducted, DULA may provide written notice to a student that his or her alleged behavior may have violated DULA policy or regulations and that, if repeated, such behavior will be subject to the disciplinary process. Evidence of the prior alleged behavior, as detailed in the written notice, may be introduced in a subsequent disciplinary action in order to enhance the penalty.

**Sexual and Other Harassment Policies**

In addition to prohibiting other forms of unlawful discrimination, DULA maintains a strict policy prohibiting sexual harassment and harassment on the basis of race, color, national origin, ancestry, religion, creed, physical or mental disability, medical condition, marital status, sexual orientation, age, or any other basis protected by federal, state, or local law. All such harassment is prohibited. DULA's anti-harassment policy applies to ALL PERSONS involved in the operations of DULA and prohibits harassment by any employee of DULA, including managers, supervisors, and co-workers.

In addition, DULA's anti-harassment policy protects faculty members and employees from harassment by students of DULA, vendors, or any others doing business with DULA. If harassment occurs on the job by someone not employed by DULA, the procedures in this policy should be followed as if the harasser were an employee of DULA.

**Sexual harassment defined**

Federal law defines sexual harassment as unwanted sexual advances; requests for sexual favors; or visual, verbal, or physical conduct of a sexual nature when:

1. Submission to such conduct is made a term or condition of employment.
2. Submission to or rejection of such conduct is used as the basis for employment decisions affecting the individual.
3. Such conduct has the purpose or effect of unreasonably interfering with an employee's work performance or creating an intimidating, hostile, or offensive environment.

State and local law's definitions of sexual harassment include various forms of offensive behavior. The following is a partial list:
1. Unwanted sexual advances.
2. Offering employment benefits in exchange for sexual favors.
3. Making or threatening reprisals after a negative response to sexual advances.
4. Visual conduct: leering; making gestures; and displaying of sexually suggestive objects or pictures, cartoons, or posters.
5. Verbal conduct: making or using derogatory comments, epithets, slurs, sexually explicit jokes, and comments about an employee's body or dress.
6. Verbal sexual advances or propositions.
7. Verbal abuse of a sexual nature; graphic verbal commentaries about an individual's body; sexually degrading words to describe an individual; and suggestive or obscene letters, notes, or invitations.
8. Physical conduct: touching, assault, impeding or blocking movements.
9. Retaliation for reporting harassment or threatening to report harassment.

It is unlawful for males to sexually harass females or other males, and for females to sexually harass males or other females. Sexual harassment on the job is unlawful, whether it involves co-worker harassment by a supervisor or manager, or by persons doing business with or for DULA.

**Other types of harassment**

Prohibited harassment based on race, color, national origin, ancestry, religion, physical conduct or mental disability, marital status, sexual orientation, or age includes:

1. Verbal conduct such as threats, epithets, and derogatory comments or slurs.
2. Visual conduct such as derogatory posters, photographs, and cartoon images;
3. Physical conduct such as assault, unwanted touching or blocking of normal movements. Retaliation for reporting harassment or threatening to report harassment.

**Special complaint procedures relating to allegations of harassment**

DULA's complaint procedure provides for an expeditious, thorough, and objective investigation of any claim of unlawful or prohibited harassment, appropriate disciplinary action against one found to have engaged in prohibited harassment, and appropriate remedies to any victim of harassment. Appropriate action will be taken to deter any future prohibited harassment. A person may have a claim of harassment even if he or she has not lost his/her job or some economic benefit.

Faculty members and/or employees who believe they have been harassed on the job, or are aware of the harassment of others, should provide a written or verbal complaint to the Title IX
coordinator as soon as possible. The complaint should include details of the incident(s), names of individuals involved, and the names of any witnesses.

All incidents of prohibited harassment that are reported will be investigated. DULA will immediately undertake or direct an effective, thorough, and objective investigation of the harassment allegations. The investigation will be completed, after which a determination regarding the alleged harassment will be made and communicated to the employee(s) who complained of the accused harasser(s).

DULA strictly prohibits retaliation against any person by another employee or by DULA for using this complaint procedure or for filing, testifying, assisting, or participating in any manner in any investigation, proceeding, or hearing conducted by a government enforcement agency. Prohibited retaliations include, but are not limited to, termination, demotion, suspension, failure to hire or consider for hire, failure to give equal consideration in making employment decisions, failure to make employment recommendations impartially, adversely affecting working conditions, or otherwise denying any employment benefit.

If a complaint or prohibited harassment is substantiated, appropriate disciplinary action, up to and including discharge, will be taken. A person who engages in unlawful harassment may be held personally liable for monetary damages. Whatever action is taken against the harasser will be communicated to the employee who complained.

DULA does not consider conduct in violation of this policy to be within the course and scope of employment or the direct consequences of the discharge of one's duties. Accordingly, to the extent permitted by law, DULA reserves the right not to provide defense or pay damages assessed against a person for conduct in violation of this policy.

**Faculty Grievances Procedures**

These procedures are stated below to provide administrative recourse for resolving differences when informal measures have failed. Informal settlements of disagreements are strongly encouraged before initiating these procedures. All avenues of deliberation, consultation and mediation should be used before a grievance is filed. Disputes being adjudicated outside of DULA are excluded from these procedures.

**Definition**

A grievance is a complaint or allegation on the part of a faculty member against a member or members of the faculty, staff, or DULA administration. Examples include violations of DULA procedures or policies; infringement of established or inferred rights of faculty members; issues related to compensation, appointment, reappointment, promotion, or separation; and violation of academic freedom or ethical conduct. Grievances may not be filed solely to repeal DULA
regulations or policies but may address how a regulation or policy was reached, interpreted, or implemented.

Committee

A grievance committee shall decide which grievances will be heard. The committee shall consist of 5 members: 2 faculty members selected and approved by the Acting Dean of Academic Affairs and program director, 2 members appointed by the president, and 1 member from the administration selected unanimously by all members. The 5 committee members shall elect a chair. Individuals who are a party to the grievance or who have been previously involved in the attempts at informal resolution are not eligible for selection to the committee. The committee shall be autonomous in its organization and operation. All 5 members shall be present during the hearing of every case. In some circumstances, when a member cannot serve, a replacement shall be made according to the selection process noted above.

Filing grievances

If all informal efforts to resolve are unsuccessful, a faculty member wishing to file an official grievance must do so in writing to the Acting Dean of Academic Affairs within 90 days of occurrence of the grievable action. If filed after 90 days, justification for the delay should be included in the grievance document. The acceptance or rejection of a delayed filing shall be the decision of the grievance committee. The document should be a concise statement setting forth the basis for the complaint and allegation; it should also include details such as identify of parties involved, description of any alleged violation(s), actions and statements made by the involved parties, presentation of evidence supporting the grievance, and a description of all measures taken to resolve the dispute informally.

Procedures

Upon receipt of a grievance, the Acting Dean of Academic Affairs shall:

1. Request appropriate documentation from the grievant and all other parties concerned.
2. Notify the president of the pending grievance in order to begin the committee selection process.

When the committee has been formed and a chairperson elected, he/she shall obtain from the Acting Dean of Academic Affairs all documentation related to the grievance. The committee will convene within ten working days from receipt of the grievance. It will also decide if the grievance has merit and should be heard. If it chooses not to act upon the grievance, all decisions reached, or actions taken prior to the filing of the grievance shall stand. If the committee decides to hear the grievance, it shall, within three working days of its meeting, provide all parties
concerned with copies of all documentation regarding the grievance. Concerned parties will have at least five working days in which to review this documentation before the hearing.

Grievance hearings will be private, and all participants are bound to confidentiality throughout. Both parties shall be permitted advisors or counsel (including legal counsel), who may be heard only upon consent of the committee chair. Each party shall have the right to call witnesses, present evidence, and cross-examine witnesses. If a witness who has made prior statements is unwilling or unable to appear at the hearing, the committee shall determine whether such evidence has relevance and/or probative value and rule on its admission. Also, in the interest of fairness to both parties, appropriate continuances may be granted by the grievance committee.

All formal proceedings shall be recorded on audiotape or digital media by the committee chair. During the proceedings, all persons involved in the grievance hearing shall have full access to all relevant records, while protecting records that are deemed to require confidentiality. After the hearing, all written records will be forwarded to the Acting Dean of Academic Affairs, who will maintain them for at least one year. Within seven days of the hearing, the committee shall send its decisions to the president, including an explanation for its decision and any recommendations. The president shall notify all parties of his final decision in writing and shall include an explanation for his decision.

All parties to any grievance are responsible for substantiating their allegations with appropriate evidence, documents, and witnesses. The committee and the president shall consider all evidence before making a final decision. Any action taken by DULA that may have formed the basis for the grievance shall remain in effect during the grievance proceedings. The president may retroactively reinstate any and all rights and/or privileges removed as a result of the final decision in favor of the grievant within thirty (30) days.

Appeal Procedure

All parties to any grievance may request an appeal review of the final decision. Within 10 days of receipt of a written request for appeal, the president shall appoint an appeal committee consisting of three impartial and unbiased members who did not serve on the grievance committee. The appeal committee may request interviews of all parties, consider any new evidence, request written responses from parties, and make recommendations to the president.

Should the reporting faculty member, or any other affected party, remain displeased with the outcome provided by the university, they may contact:

**Accreditation Commission for Acupuncture and Oriental Medicine**

ACAOM is located at 8941 Aztec Drive, Eden Prairie, Minnesota 55347;

Phone 952/212-2434; fax 301/313-0912.

[www.acaom.org](http://www.acaom.org)
Faculty Handbook Amendment Policy

DULA’s policies and procedures shall undergo amendments from time to time to reflect advances in Acupuncture and Oriental Medical care and changes in academic organization, governance and function based on DULA’s mission and objectives. The following amendment processes provide for an effective means to keep the faculty informed of pertinent changes in policies and procedures. The Program Director, Acting Dean of Academic Affairs and President shall be primarily responsible for overseeing the process of keeping the Faculty Handbook up to date.

Initiation the Amendment Process: Any member of the faculty, staff or administration may submit written suggestions or requests for Faculty Handbook changes which may include but are not limited to errors, deletions, additions, revisions, etc. Non-substantive changes that are information only to be updated routinely may be made by either the Program Director and/or Acting Dean of Academic Affairs, in consultation with each other, without the approval of the President and Board of Directors.

Substantive amendments, i.e., those having major policy and procedural impact, must be reviewed by the Program Director and the Acting Dean of Academic Affairs. Within two (2) weeks, a report of their review of the proposed substantive amendment(s) will be forwarded to the President who will incorporate the amendment as an agenda item in the Executive Committee meeting agenda. If approved, the amendment will be submitted to the President for approval. If the President approves the amendment, it will be submitted to the Board of Directors for ratification and incorporation into the Handbook. The Acting Dean of Academic Affairs will be responsible for overseeing the printing and distribution of the Faculty Handbook revisions.
Survey within DULA about Amendments: At least once a year, the Program Director and Acting Dean of Academic Affairs will contact all DULA constituencies (e.g. facilities, student services, academic affairs, admissions, human resources, clinic supervisors, etc.) and request information about any new and revised policies and procedures that should be incorporated into the Handbook. This procedure is designed to be an effective communication mechanism whereby various non-faculty individuals are encouraged to communicate freely and effectively with faculty.

Ultimate Authority: The DULA Board of Directors retains ultimate authority for resolving content and publication issues regarding the Faculty Handbook, consistent with its legal responsibility for managing the institution.
EMPLOYEES POLICY

DULA Trade Name

DULA identifies itself uniquely through use of an official logo on letterhead, envelops, brochures, publications, transcripts, business cards, etc. All official DULA documents will bear the logo and will be used only by DULA authorized administrative officials. The logo is considered property of DULA and as such may only be used under proper DULA authority. The official logo and name of the institution may not be used for private purposes without the written consent and approval of an appropriate DULA official.

Faculty/Staff Use of DULA Trade Name

Use of the DULA trade name in non-DULA related publications of any kind by a DULA faculty or staff person may be permitted only with the approval of the President prior to such publication. Upon leaving the employ of DULA, former faculty or staff must remove any reference to DULA in any non-DULA related publications, unless prior approval of the President is obtained.

Background Screening

To ensure that employees of the DULA continue to be qualified and continue to have a strong potential to be productive and successful, to further ensure that the DULA maintains a safe and productive work environment free of any form of violence, harassment or misconduct, and to determine eligibility for promotion, re-assignment or retention, the DULA reserves the right to conduct background screening on all of its employees. Background reports on applicants and current employees can be vital tools for the DULA, both during the hiring process and during the employment relationship itself. In response to the explosion of identity theft, and in order to protect the privacy and accuracy of information gathered about employees, federal and state governments have enacted laws to protect applicants’ and employees’ privacy rights. Therefore, all background screening will be conducted in accordance with the Fair Credit Reporting Act (“FCRA”), with the California Investigative Consumer Reporting Agencies Act (“ICRAA”), and with the California Consumer Credit Reporting Agencies Act (“CCRAA”). Careful individual assessment will be conducted to ensure that any employment decision based on background screening is job-related.
Let’s Communicate

Employee Relations Philosophy

We are dedicated to continuing what we believe to be an excellent relationship with our employees. We will do our best to maintain good working conditions, competitive wages and benefits, open communications, and employee involvement. Over the years, our University has earned a fine reputation in our industry. We know that our reputation is a direct result of the loyalty, commitment, and continued efforts of our employees. We will continue to look to our employees for ideas about how to improve all areas of our business -- in areas like customer service, safety, efficiency, and employee relations.

If You Have a Question

We encourage you to discuss questions or concerns regarding handbook, your job, or any work-related issues you may experience with us. We cannot address any of your questions or concerns unless we know about them.

If you have a problem, please speak with your immediate supervisor as soon as possible. Your immediate supervisor is the person responsible for what takes place in your immediate work area and may be in the best position to help you.

If you prefer not to speak with your immediate supervisor, or if you feel your immediate supervisor cannot or has not satisfactorily resolved the issue, contact the Human Resources Manager. Finally, if you still feel the need to speak to other members of management, we encourage you to contact the President.

If you have a complaint of harassment, discrimination or accommodation, please refer to the Equal Employment Opportunity Policy or the Policy Against Unlawful Harassment, Discrimination and Retaliation in this handbook.

The University takes all employee concerns and problems seriously. We will work to address your concern and/or resolve your problem as soon as possible under the circumstances. You are encouraged to utilize this procedure without fear of retaliation.

Please note that the University utilizes private, binding arbitration for employee disputes that cannot be resolved by other means, and which would otherwise be subject to resolution in court.
What You can Expect from Us

Introductory Period

For every new employee, including rehires, the first ninety (90) days of employment is an introductory period. During this first ninety (90) days, your job performance, attendance, attitude and overall interest in your job will be assessed. Employees who fail to demonstrate the expected commitment, performance and attitude may be terminated at any time during the introductory period. However, completion of the introductory period does not change or alter the “at-will” employment relationship. You continue to have the right to terminate your employment at any time, with or without cause or notice, and the University has the same right.

During the introductory period, you may not be eligible for certain University benefits.

As a result of an excused absence during your introductory period or for other reasons identified by management, the University may choose to extend your introductory period as necessary to give you a further opportunity to demonstrate your ability to do the job. If your introductory period is extended, you will be notified.

Equal Employment Opportunity Policy

We are committed to providing equal employment opportunities to all employees and applicants without regard to race, religion, color, sex (including breast feeding and related medical conditions), gender identity and expression, sexual orientation, national origin, ancestry, citizenship status, uniform service member and veteran status, marital status, pregnancy, age, protected medical condition, genetic information, disability, or any other protected status in accordance with all applicable federal, state and local laws.

This policy extends to all aspects of our employment practices, including but not limited to, recruiting, hiring, discipline, termination, promotions, transfers, compensation, benefits, training, leaves of absence, and other terms and conditions of employment.

Requests for Accommodation

The University is committed to complying with all laws protecting qualified individuals with disabilities, as well as employees’, unpaid interns’ and volunteers’ religious beliefs and observances. This policy extends to all aspects of our employment practices, including but not limited to, recruiting, hiring, discipline, termination, promotions, transfers, compensation, benefits, training, leaves of absence, and other terms and conditions of employment. The University will provide a reasonable accommodation for any known physical or mental disability of a qualified individual and/or employees’ religious beliefs and observances, provided the
requested accommodation does not create an undue hardship for the University and/or does not pose a direct threat to the health or safety of others in the workplace and/or to the individual.

If you require an accommodation to perform the essential functions of your job and/or for your religious beliefs or observances, you must notify the Human Resources Manager. Once the University is aware of the need for an accommodation, the University will engage in an interactive process to identify possible accommodations.

If you believe that you have been treated in a manner not in accordance with these policies, please notify the University immediately by speaking to the Human Resources Manager. You are encouraged to utilize this procedure without fear of retaliation.

Policy Against Unlawful Harassment, Discrimination and Retaliation

The University is committed to providing a work environment that is free of unlawful harassment, discrimination and retaliation. In furtherance of this commitment, the University strictly prohibits all forms of unlawful discrimination and harassment, including: discrimination or harassment on the basis of race, religion, color, sex (including breast feeding and related medical conditions), gender identity and expression, sexual orientation, national origin, ancestry, citizenship status, uniform service member and veteran status, marital status, pregnancy, age, protected medical condition, genetic information, disability or any other category protected by applicable state or federal law.

The University's policy against unlawful harassment, discrimination and retaliation applies to all employees, including supervisors and managers, as well as to all unpaid interns and volunteers. The University prohibits managers, supervisors and employees from harassing coworkers as well as the University’s students, patients, vendors, suppliers, independent contractors and others doing business with the University. Any such harassment will subject an employee to disciplinary action, up to and including immediate termination. The University likewise prohibits its students, patients, vendors, suppliers, independent contractors and others doing business with the University from harassing our employees.

Examples of Prohibited Sexual Harassment: Sexual harassment includes a broad spectrum of conduct including harassment based on sex, gender, gender identity or expression, and sexual orientation. By way of illustration only, and not limitation, some examples of unlawful and unacceptable behavior include:

- unwanted sexual advances;
- offering an employment benefit (such as a raise, promotion or career advancement) in exchange for sexual favors, or threatening an employment detriment (such as termination or demotion) for an employee’s failure to engage in sexual activity;
- visual conduct, such as leering, making sexual gestures, and displaying or posting sexually suggestive objects or pictures, cartoons or posters;
- verbal sexual advances, propositions, requests or comments;
• sending or posting sexually related messages, videos or messages via text, instant messaging, or social media;
• verbal abuse of a sexual nature, graphic verbal comments about an individual’s body, sexually degrading words used to describe an individual, and suggestive or obscene letter, notes or invitations;
• physical conduct, such as touching, groping, assault, or blocking movement;
• physical or verbal abuse concerning an individual’s gender, gender identity or gender expression; and
• verbal abuse concerning a person’s characteristics such as pitch of voice, facial hair or the size or shape of a person’s body, including remarks that a male is too feminine, or a woman is too masculine.

Other Examples of What Constitutes Prohibited Harassment: In addition to the above listed conduct, the University strictly prohibits harassment concerning any other protected characteristic. By way of illustration only, and not limitation, such prohibited harassment includes:

• racial or ethnic slurs, epithets, and any other offensive remarks;
• jokes, whether written, verbal, or electronic;
• threats, intimidation, and other menacing behavior;
• inappropriate verbal, graphic, or physical conduct;
• sending or posting harassing messages, videos or messages via text, instant messaging, or social media; and
• other harassing conduct based on one or more of the protected categories identified in this policy.

If you have any questions about what constitutes harassing behavior, ask your supervisor or another member of management.

Prohibition Against Retaliation: The University is committed to prohibiting retaliation against those who themselves or whose family members report, oppose, or participate in an investigation of alleged unlawful harassment, discrimination, or other wrongdoing in the workplace. By way of example only, participating in such an investigation includes, but is not limited to:

• Filing a complaint with a federal or state enforcement or administrative agency;
• Participating in or cooperating with a federal or state enforcement agency conducting an investigation of the University regarding alleged unlawful activity;
• Testifying as a party, witness, or accused regarding alleged unlawful activity;
• Making or filing an internal complaint with the University regarding alleged unlawful activity;
• Providing notice to the University regarding alleged unlawful activity;
• Assisting another employee who is engaged in any of these activities.

The University is further committed to prohibiting retaliation against qualified employees who request a reasonable accommodation for any known physical or mental disability and
employees who request a reasonable accommodation of their religious beliefs and observances.

**What You Should Do If You Feel You Are Being or Have Been Harassed, Discriminated Against or Retaliated Against**

If you feel that you are being or have been harassed, discriminated against or retaliated against in violation of this policy by another employee, supervisor, manager or third-party doing business with the University, you should immediately contact the Title IX Coordinator. In addition, if you observe harassment by another employee, supervisor, manager or non-employee, please report the incident immediately to the individual listed above.

Supervisors who receive any complaint of harassment, discrimination or retaliation must promptly report such complaint to the Title IX Coordinator.

Your notification of the problem is essential to us. We cannot help resolving a harassment problem unless we know about it. Therefore, it is your responsibility to bring your concerns and/or problems to our attention so we can take whatever steps are necessary to address the situation. The University takes all complaints of unlawful harassment seriously and will not penalize you or retaliate against you in any way for reporting a harassment problem in good faith.

All complaints of unlawful harassment which are reported to management will be investigated as promptly as possible by an impartial and qualified person and, upon conclusion of such investigation, appropriate corrective action will be taken where warranted. The University prohibits employees from hindering internal investigations and the internal complaint procedure. All complaints of unlawful harassment reported to management will be treated as confidentially as possible, consistent with the University’s need to conduct an adequate investigation.

Violation of this policy will subject an employee to disciplinary action, up to and including immediate termination. Moreover, any employee, supervisor or manager who condones or ignores potential violations of this policy will be subject to appropriate disciplinary action, up to and including termination. Additionally, under California law, employees may be held personally liable for harassing conduct that violates the California Fair Employment and Housing Act.
Timekeeping and Payroll Practices

Employee Classification

Full-Time Employees

Full-time employees are regularly scheduled to work 40 hours or more per week, as determined by the University in its sole discretion; are eligible for paid time off/vacation (as applicable); and are eligible to elect coverage under the DULA Benefits.

Part-Time Employees

Part-time employees are regularly scheduled to work at least 20, but less than 32, hours per week, as determined by the University in its sole discretion; may be eligible for some perquisites, like paid time off/vacation (as applicable), on a pro-rated basis; are not eligible to apply for coverage under DULA Benefits, unless legally required but may be eligible to apply for certain voluntary benefits.

Temporary Employees

Temporary employees are those employed to work on special projects for short periods of time, or on a “fill-in” basis. These positions are not intended to be a part of continuing operations. The employment status of temporary employees will not be changed due to an extension of employment in excess of that originally planned. Unless otherwise required by applicable law, temporary employees are not eligible for University benefits.

Non-Exempt Employees

Non-exempt employees include all employees who are covered by the overtime provisions of the Federal Fair Labor Standards Act or any applicable California state law.

Exempt Employees

Exempt employees include all employees who are classified by the University as exempt from the overtime provisions of the Federal Fair Labor Standards Act and any applicable California state law.
If you have any questions concerning your employee classification or the benefits for which you qualify, please consult the Human Resources Manager or the applicable benefit plan documents.

Your Pay

We distribute paychecks semi-monthly on the 10th and 25th of each month for the employees who are salary based. For the hourly pay rate employees, you are paid on bi-weekly bases (every 2 weeks). We distribute bi-weekly paychecks on the following Friday of the week that 2nd workweek ended. You should pick up your own paycheck on the normally scheduled pay day. If the scheduled payday falls on a Saturday, Sunday or holiday, paychecks will generally be distributed on the preceding business day. Any questions about the amount of your pay or deductions should be brought to the attention of the Human Resources Manager immediately.

The workweek starts on Monday at 12:01 a.m. and runs through Sunday at 12:00 midnight.

Timekeeping Procedures

Unless otherwise notified, you are required to accurately record your hours of work through the use of a timecard, an electronic timekeeping system, or a handwritten record. You are required to submit the time record promptly following the close of the pay period so that your time record can be reviewed by your supervisor before your paycheck is processed for the pay period. Accurately recording all of your time is required in order to be sure that you are paid for all hours worked as required by the wage and hour laws. “Hours worked” is defined by law as all-time an employee is subject to the control of an employer and includes all time that an employee is suffered or permitted to work, whether or not required to do so. Working “off the clock” is not permitted.

Your obligation to accurately record all hours worked does not relieve you of your obligation to obtain advance approval from your supervisor before working overtime or hours beyond your regular work schedule. Employees who work beyond their regularly scheduled work hours, including overtime or off-schedule hours, without prior authorization by their supervisor are subject to disciplinary action up to and including termination of employment.

You will be informed on your first day on the job whether you are required to keep your time by a time clock, a time sheet or some other method. Whatever your method of timekeeping, you are expected to follow the established procedures in keeping an accurate record of your hours worked.

Any changes or corrections to your timecard or time record must be initialed by you and your Department Manager. Under no circumstances may any employee punch or record another employee’s timecard.
Overtime and Work Schedule

The University may periodically schedule overtime or weekend work in order to meet production needs. We will attempt to give as much advance notice as possible, and we expect that all employees who are scheduled to work overtime will be at work, unless excused by their supervisor. Otherwise, all overtime work must be pre-approved by your supervisor. Working overtime without your supervisor's approval may result in disciplinary action, up to and including termination.

Your supervisor will inform you of the hours you are to work. Due to changing needs of our students and patients, your actual work schedule may vary from time to time. If it does, you will be notified by your supervisor. Management retains the right to reassign employees to a different shift where it is necessary for the efficient operation of the University.

Meal Periods

Except for certain salaried exempt employees, it is our policy to provide and afford all employees who work more than five (5) hours with an uninterrupted 30-minute meal period free from all duty to begin no later than the end of the fifth hour of work and a second uninterrupted 30-minute meal period free from all duty to commence no later than the end of the 10th hour, should an employee work that many hours in any given day. Only in limited circumstances, discussed below, can meal periods be waived. For this reason, unless there is a written agreement for an on-duty meal period approved by your Department Supervisor, employees must record the beginning and ending time of their meal period in the timekeeping system every day.

It is our policy to relieve you of all duty during your meal periods, so that you are at liberty to use the meal period time as you wish. The University schedules all work assignments with the expectation that all employees will take their duty-free meal periods and we encourage you to do so. You may be asked to confirm in writing that you have been relieved of all duty and otherwise provided all of your meal periods during a particular pay period, or in the alternative, identify any meal periods you missed. At no time may any employee perform off-the-clock work or otherwise alter, falsify, or manipulate any aspect of their timekeeping records to inaccurately reflect or hide meal periods or time spent working during meal periods.

Please note that no University manager or supervisor is authorized to instruct you how to spend your personal time during a meal or rest period. You should immediately report a manager’s or supervisor’s instruction to skip or work during a meal period to the Human Resources.

**Waiver of Meal Period.** You may waive your meal period only under the following circumstances: If you will complete your workday in six (6) hours, you may waive your meal period. If you work over ten (10) hours in a day you may waive your second meal period only if you take your first meal period and you do not work more than twelve (12) hours that day. You may not waive your meal periods to shorten your workday.
**On-Duty Meal Period.** In limited situations, certain designated employees may be authorized to work an “on-duty meal period” when the nature of the employee’s duties prevent the employee from being relieved of all duty. You will be permitted to take an on-duty meal period only if the nature of your job duties requires it and you and the University have agreed to an on-duty meal period in writing. In this situation, your on-duty meal period will be paid and treated as hours worked.

The University pays one-hour of pay at your regular rate of pay in instances where an employee is required by the University to work during a meal period or not provided an opportunity to take a meal period in accordance with this policy. Because this should be an exceptional occurrence, if you are aware of such a situation, please be sure to bring it to our attention. The one-hour premium will not apply in situations where the meal period is waived as permitted by law, where an employee has a lawful on-duty meal period, or when an employee personally chooses to deviate from the University’s schedules or policies providing meal periods as required by law.

**Rest Periods**

The University provides all employees with the opportunity to take a ten (10) minute paid rest period for every four (4) hours worked (or major fraction thereof), which should be taken so far as practicable in the middle of each work period. Rest breaks will be provided as follows:

Shift (Hours Worked in Day) Number of Paid Rest Breaks At least 3.5, but fewer than 6 hours 1 At least 6, but fewer than 10 hours 2 At least 10, but fewer than 14 hours 3

The University generally will not authorize a rest period for employees whose total daily work time is less than three and one-half (3 ½) hours. Employees are generally authorized and permitted to schedule their rest periods at their own discretion under these guidelines; however, a supervisor may ask that rest periods be scheduled to best ensure the smooth operation of their Department. Rest periods may not be combined with other rest or meal periods.

Rest periods are counted as hours worked, and thus, you are not required to record your rest periods on your timecards or the University’s timekeeping system. However, no supervisor is authorized or allowed to instruct or allow you to waive a rest period, and rest periods cannot be used to shorten the workday or be accumulated for any other purpose. You may be required to confirm that you have been provided an opportunity to take all of your rest periods during a particular pay period.

The University pays one-hour of premium pay at your regular rate of pay in instances where an employee is required by the University to work during a rest period or not provided an opportunity to take a rest period in accordance with this policy. Because this should be an exceptional occurrence, if you are aware of such a situation, please be sure to bring it to our attention. The one-hour premium will not apply in situations where the rest period is waived as permitted by law or when an employee personally chooses to deviate from the University’s schedules or policies providing rest breaks as required by law.
The University pays employees compensated on a “piece rate” basis for rest periods at an average hourly rate determined by dividing that employee’s total compensation for the workweek (exclusive of compensation for rest and recovery periods and overtime premiums) by the total hours worked during the workweek (exclusive of rest and recovery periods). The University pays employees for other nonproductive time at a rate that is no less than the minimum wage.

**Recovery Periods for Employees Working Outdoors**

The University provides all employees working outdoors in temperatures exceeding 80 degrees Fahrenheit with the opportunity to take an uninterrupted cool-down period of at least five (5) minutes as needed to avoid overheating. Employees are permitted to access the provided shaded area and drinking water at any time to avoid heat illness. Cool-down periods are counted as hours worked, and thus, you are not required to record your cool-down periods on your timecards or the University’s timekeeping system.

It is our policy to relieve employees of all duty during cool-down periods. As such, no supervisor is authorized or allowed to instruct you to waive or skip a cool-down period, and cooldown periods cannot be used to shorten the workday. You should immediately report a manager’s or supervisor’s instruction to skip, shorten, or work during a cool-down period to the Human Resources Manager.

The University pays one-hour of premium pay at your regular rate of pay in instances where an employee is required by the University to work during a recovery period or not provided an opportunity to take a recovery period in accordance with this policy. Because this should be an exceptional occurrence, if you are aware of such a situation, please be sure to bring it to our attention. The one-hour premium will not apply in situations where the recovery period is waived as permitted by law or when an employee personally chooses to deviate from the University’s schedules or policies providing recovery periods as required by law.

The University pays employees compensated on a “piece rate” basis for cool-down periods at an average hourly rate determined by dividing that employee’s total compensation for the workweek (exclusive of compensation for rest and recovery periods and overtime premiums) by the total hours worked during the workweek (exclusive of rest and recovery periods). An employee’s desire to maintain a high rate of productivity is not a justification for skipping a necessary cool-down period.

**Seating**

The University provides seating for employees wherever possible. If you do not have seating at your workstation and feel you need seating, please inform your supervisor or the Human
Resources Manager. At that time, we will determine whether seating can be reasonably provided.

**Lactation Break**

The University will provide a reasonable amount of break time to accommodate a female employee’s need to express breast milk for the employee’s infant child. The break time should, if possible, be taken concurrently with other break periods already provided. Non-exempt employees should clock out for any lactation breaks that do not run concurrently with normally scheduled rest periods. Any such breaks will be unpaid. The University will also make a reasonable effort to provide the employee with the use of a room or other location in close proximity to the employee’s work area, for the employee to express milk in private.

Employees should notify their immediate supervisor or the Human Resources Manager to request time to express breast milk under this policy. The University does, however, reserve the right to deny an employee’s request for a lactation break if the additional break time will seriously disrupt operations.

**University Benefits**

The University provides the following benefits to eligible employees. The University reserves the right to terminate or modify these plans at any time, for any reason, with or without notice to employees.

**Paid Holidays**

Full-time employees will receive these specific holidays off with pay any time they fall on a normally scheduled workday for the employee. Each calendar year the University will distribute a schedule of the year’s holidays. However, the University reserves the right to change the schedule or eliminate holidays with or without notice. The following are generally the paid holidays:

- **New Year’s Day** January 1
- **Presidents’ Day** Third Monday in February
- **Memorial Day** Last Monday in May
- **Independence Day** July 4
- **Labor Day** First Month of September
- **Thanksgiving Day** Last Thursday in November
- **Day after Thanksgiving** Last Friday in November
Christmas Day  December 25

To be eligible for holiday pay, you must work your last scheduled day before the holiday and the first scheduled day after the holiday, unless you are taking an excused absence on those days. Holiday pay does not count as “hours worked” for purposes of calculating an employee’s entitlement to overtime during the week in which the holiday occurs.

Some departments may be open on a holiday due to business necessity. Employees will be given as much advance notice as possible if they are required to work on a holiday, although advance notice may not always be possible. Employees asked to work on a holiday will only receive their normal rate of pay for work performed on a holiday. If an employee is required to work on a day which the University has designated as a paid holiday, the employee will be given a paid day off on another day. Managerial employees will generally not receive additional holiday pay. Please consult with Human Resources Manager if you have any questions.

Paid Vacation

Vacation time off with pay is available to eligible full-time employees to provide opportunities for rest, relaxation, and personal pursuits.

Regular Full-Time Employees

<table>
<thead>
<tr>
<th>Length of Service</th>
<th>Granted Per Year</th>
<th>Maximal Accrual Cap</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3 years</td>
<td>5-days</td>
<td>10-days</td>
</tr>
<tr>
<td>4-7 years</td>
<td>10-days</td>
<td>15-days</td>
</tr>
<tr>
<td>8 years and thereafter</td>
<td>10-days + 1 additional day per service year (max. 20-days)</td>
<td>20 days</td>
</tr>
</tbody>
</table>

President, Dean of Academic, Director of Administration

<table>
<thead>
<tr>
<th>Length of Service</th>
<th>Granted Per Year</th>
<th>Maximal Accrual Cap</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3 years</td>
<td>7-days</td>
<td>10-days</td>
</tr>
<tr>
<td>4-7 years</td>
<td>15-days</td>
<td>20-days</td>
</tr>
<tr>
<td>8 years and thereafter</td>
<td>15-days + 1 additional day per service year (max. 20-days)</td>
<td>20 days</td>
</tr>
</tbody>
</table>
Once employees have accrued the maximum number of vacation hours or "Maximum Accrual Cap", vacation hours will stop accruing. Employees will resume accruing vacation once they have used some of their accrued but unused vacation. All accrued but unused vacation benefits are paid at the time of separation of employment.

Employees must provide their supervisor with as much advance notice of anticipated vacations as possible so that assigned work may be adequately staffed. Employees requesting vacation of two or more working days must complete a Vacation Request form. In some instances, it may be necessary for an employee to change vacation schedule due to scheduling conflicts, deadlines, and other business needs. The University reserves the right to approve or to deny vacation at any time during which the absence of the employee would adversely affect business operations. The University also may require employees to take vacations for scheduling or budgetary reasons.

**Paid Sick Leave**

The University provides paid sick leave to employees who have worked 30 or more days in California within a year of their employment with the University. Eligible employees will receive 48 hours or six (6) days of paid sick leave each year. Beginning on the 90th day of employment, employees may begin to use paid sick leave. At the beginning of each year, employees will be granted the full 48 hours or six (6) days of paid sick leave. Sick leave cannot be taken in increments of less than two (2) hours. Accrued unused paid sick leave shall carry over to the following year of employment, but the sick leave available for employee shall be capped at 72 hours or nine (9) days per year.

Leave under this policy may be used in connection with the diagnosis, care, or treatment of an existing health condition of, or preventive care for, the employee or the employee’s family member. “Family member” for purposes of this policy includes a spouse, registered domestic partner, child (regardless of the child’s age), parent (including a step-parent or parent-in-law), grandparent, grandchild, or sibling. Leave under this policy may also be used by an employee who is a victim of domestic violence, sexual assault, or stalking to seek aid or medical attention, obtain services or counseling, or participate in safety planning.

Consult the Human Resources Manager for detailed information on how the dollar amount of your sick pay is calculated and the amount you are entitled to receive. The actual dollar amount that an employee receives may vary according to the compensation plan of the employee.

Employees requesting time off under this policy must provide as much advance notice as possible, if the need for leave is foreseeable. Where your need for paid sick leave is unforeseeable, you must provide notice as soon as practicable. Accrued, unused time under this policy will not be paid out at the time of separation from employment. However, employees who are re-employed with the University within a year of separation will have any unused paid sick leave accrued under this policy reinstated.
Leave under this policy may run concurrently with leave taken under local, state or federal law, including leave taken pursuant to the California Family Rights Act or the Family and Medical Leave Act. For more information regarding this policy, contact the Human Resources Manager.

**Insurance & Retirement Benefits**

All eligible full-time regular employees may sign up for Group Health Insurance benefits provided by DULA. Full-Time regular employees are eligible for health benefits after 90 days of their employment.

Summary plan descriptions will be provided and explained during new-hire orientation and further information can also be obtained from the Human Resources Manager.

Employees must contact the Human Resources Manager when experiencing any “qualifying event”, such as, a marriage, divorce, and death of a spouse, birth or adoption of a child and/or the loss of other health coverage that was provided by a spouse, within 30 days after the event. It is essential that employees notify the Human Resources Manager of such events to ensure that the appropriate insurance forms will be completed, and explanation of benefits provided.

**Consolidated Omnibus Budget Reconciliation Act (COBRA)**

The Federal Consolidated Omnibus Budget Reconciliation Act (COBRA) offers employees and qualified beneficiaries the opportunity to continue health insurance coverage under DULA’s group health plan when a qualifying event would normally result in the loss of eligibility. Some common qualifying events are termination of employment; death of an employee; a reduction in an employee’s hours or a leave of absence; an employee’s divorce or legal separation; and an employee’s dependent child no longer meeting eligibility requirements.

Under COBRA, the employee or beneficiary pays the full cost of coverage at DULA’s group rate plus an administration fee. The maximum period for continuation depends upon the qualifying event. DULA provides each eligible employee and participating dependent(s) with a written notice describing rights granted under COBRA. For any questions about COBRA contact the Human Resources Manager.

**Acupuncture Care**

All regular part-time and full-time employees, their spouse and dependent children are eligible to receive acupuncture care at a discounted rate of $10 per treatment through the DULA Health Center upon hire.
Employees interested in receiving acupuncture care must schedule their appointments during non-working hours.

**Oriental Herbal Medicine**

All regular part-time and full-time employees, their immediate family members are eligible to receive up to 40% discount from any oriental herbal medicine purchased at the DULA Health Center upon hire.

**State Mandated Insurance Benefit Programs**

**State Disability Insurance**

By state law, we are required to deduct a certain amount from your pay to provide State Disability Insurance ("SDI"). SDI benefits are payable when you cannot work because of illness or injury unrelated to your employment. For information concerning these benefits, contact the Employment Development Department of the State of California, which administers the SDI program.

**Family Temporary Disability Insurance**

In addition, we are also required to withhold a certain percentage of your wages pursuant to the Family Temporary Disability Insurance Act ("FTDI") in order to fund the Paid Family Care Leave Program. FTDI is another disability benefits program that is administered by California’s Employment Development Department which allows you to receive compensation for lost wages, for up to six (6) weeks in a twelve month period, if you take time off work to provide care for a seriously ill child, spouse, parent, domestic partner, grandparent, grandchild, sibling, parent-in-law, or to bond with a new child.

Despite its name, the FTDI is not a “leave” program; it does not provide you with any entitlement to leave beyond that to which you are entitled pursuant to University policy. You will be required to use up to two (2) weeks of accrued vacation prior to receiving FTDI benefits during any twelve (12) month period. You may also elect to use your sick leave during receipt of FTDI benefits. You must notify the University if you intend to file for FTDI benefits.

All claims for FTDI benefits must be submitted directly to the Employment Development Department of the State of California. The Employment Development Department ultimately determines whether you receive FTDI benefits based on the serious health condition of certain family members that require your care. You may not be eligible for FTDI benefits if you are
receiving State Disability Insurance, Unemployment Compensation Insurance, or Workers’ Compensation benefits.

**Workers’ Compensation Insurance**

The University pays the entire amount of the Workers’ Compensation insurance premium, which provides benefits to employees who experience injury or illness that arises out of the course and scope of employment. Benefit entitlements are governed by law, but it is essential that you report all work-related accidents, injuries, and illnesses immediately. You should be aware that California law makes it a crime to knowingly file a false or fraudulent claim for Workers’ Compensation benefits, or to knowingly submit false or fraudulent information in connection with any Workers’ Compensation claim. Such conduct is also against University policy and will result in disciplinary action up to and including termination of employment.

**Leaves of Absence**

**Civic Duties**

The University encourages each of you to accept your civic responsibilities. We are a good corporate citizen, and we are pleased to assist you in the performance of your civic duties.

Jury Duty: If you receive a call to jury duty, please notify your supervisor immediately so he/she may plan the department’s work with as little disruption as possible. Unless otherwise required by state or federal law, time spent serving on jury duty will be unpaid.

Exempt employees will continue to receive their regular salary when they work partial weeks while on jury duty, pursuant to state and federal law.

Employees who are released from jury service before the end of their regularly scheduled shift or who are not asked to serve on a jury panel are expected to call their supervisor as soon as possible and report to work if requested.

Witness Duty: If you receive a subpoena to appear in court, please notify your supervisor immediately. You are expected to return to work as soon as your service as a witness is completed.

Voting: If you would like to vote in a public election, but do not have sufficient time to vote during non-work hours, you may arrange to take up to two (2) hours off from work with pay to vote. To receive time off for voting, you must obtain advance approval from your supervisor and must take the time off to vote either at the beginning or end of your work shift. The University reserves the right to request a copy of your voter’s receipt following any time off to vote.
Leave for Emergency Rescue Personnel

To the extent required by law, employees who are volunteer firefighters, reserve peace officers, or emergency duty personnel may receive unpaid leave to perform emergency duty as a volunteer firefighter, reserve peace officer, or emergency rescue personnel. Such employees may also take a temporary, unpaid leave of absence, not to exceed a total of fourteen (14) days per calendar year, in order to engage in fire, law enforcement, or emergency rescue training.

If you are participating as a volunteer firefighter, reserve peace officer, emergency rescue personnel, or an officer, employee, or member of a disaster medical response entity sponsored or requested by the state, please alert your supervisor so that he/she is aware of the fact that you may have to take time off for emergency duty and/or training. In the event that you need to take time off for emergency duty and/or training, please alert your supervisor in writing as far in advance as possible. You must provide the University with appropriate documentation evidencing your performance of emergency duty and/or attendance at training upon returning to work. If you are a healthcare provider, you must notify the University at the time you become designated as “emergency rescue personnel” and when you are notified that you will be deployed as a result of our “emergency rescue personnel” designation.

You may choose to use any accrued vacation or sick leave time, if available, for an absence described above.

Leave for Victims of Felony Crimes

To the extent required by law, employees who are victims of certain specified felony crimes, or who are an immediate family member of a victim, a registered domestic partner of a victim, or the child of a registered domestic partner of a victim, may receive unpaid time off from work to attend judicial proceedings related to that crime. Additionally, employees who are victims of such crimes may take unpaid time off from work to be heard at any proceeding, including any delinquency proceeding, involving a post-arrest release decision, plea, sentencing, post-conviction release decision, or any proceeding in which a right of the victim is at issue. To take this leave, you must provide the University in advance with a copy of the notice of the proceeding. If advance notice is not possible, you must provide the University with appropriate documentation evidencing your attendance at the judicial proceeding upon returning to work.

Leave for Victims of Domestic Violence, Sexual Assault, or Stalking

If you are a victim of domestic violence, sexual assault or stalking you may receive unpaid leave to attend legal proceedings or obtain or attempt to obtain any relief necessary, including a restraining order, to ensure your own health, safety, or welfare, or that of your child or children. You may also receive unpaid leave to: (1) obtain services from a domestic violence shelter or rape crisis center; (2) seek medical attention for injuries caused by domestic violence or sexual assault; (3) obtain psychological counseling for the domestic violence or sexual assault; or (4) take action, such as relocation, to protect against future domestic violence or sexual assault. To
take this leave, you must provide the University with advance notice of your need for leave. If advance notice is not possible, you must provide the University with the following certification upon returning back to work: (1) a police report showing that you were a victim of domestic violence or sexual assault, (2) a court order protecting you from the perpetrator or other evidence from the court or prosecuting attorney that you appeared in court, or (3) documentation from a medical professional, domestic violence or sexual assault victim advocate, health care provider, or counselor showing that your absence was due to treatment for injuries from domestic violence or sexual assault.

You may choose to use any [accrued vacation or sick leave] time, if available, for an absence described above.

In addition, employees who are victims of domestic violence, sexual assault or stalking are entitled to a reasonable accommodation for the employee’s safety while at work. A reasonable accommodation may include: the implementation of safety measures, including a transfer, reassignment, modified schedule, changed work telephone, changed work station, installed lock; assistance in documenting domestic violence, sexual assault, or stalking that occurs in the workplace; an implemented safety procedure; or another adjustment to the employee’s job duties and position. If you require such an accommodation, please notify your supervisor or the Human Resources Manager. The University will engage the employee in a timely, good faith, and interactive process to determine effective reasonable accommodations.

**Unpaid Family School Partnership Leave**

The University encourages its employees to be involved in the education of their children. Parents, guardians, step-parents, foster parents, grandparents, or individuals standing in loco parentis with custody of school age children (K-12) are eligible for up to forty (40) hours of unpaid leave each year, not to exceed eight (8) hours in any calendar month, to participate in school related activities of their children or their registered domestic partner’s children. Employees may take leave to find, enroll, or reenroll his or her child in a school or with a licensed childcare provider, or to participate in activities of the school or licensed child care provider, or to address child care provider or school emergencies.

You must personally notify your supervisor and the Human Resources Manager as soon as you learn of the need for the planned absence. You will not be allowed time off if you do not provide your supervisor with adequate notice. The University may require verification of the school-related activity. You are requested to schedule activities such as parent/teacher conferences during non-work hours. Employees who request leave for unauthorized purposes will be subject to disciplinary action, up to and including termination.
Leave for Organ and Bone Marrow Donors

An employee who has been employed for at least ninety (90) days and who provides written verification to the University that he/she is an organ or bone marrow donor (required for medical necessity) is entitled to receive a job protected paid leave of absence that may be taken in one or more periods in order to donate. Eligible organ donors are entitled to a leave of absence not to exceed thirty (30) business days in any one-year period of time. Eligible bone marrow donors are entitled to a leave of absence not to exceed five (5) business days in any one-year period. Employees will be required to use up to five (5) days of their vacation for bone marrow donor leave and up to two (2) weeks of their vacation for organ donor leave.

Pregnancy Disability Leave of Absence

Female employees may take a leave of absence up to four (4) months for disabilities relating to pregnancy, childbirth or related medical conditions (meaning a physical or mental condition intrinsic to pregnancy or childbirth). For the purposes of leave under this policy, “four (4) months” means the number of days the employee would normally work within four (4) calendar months (one-third of a year equaling 17 1/3 weeks), if the leave is taken continuously, following the date the pregnancy leave commences.

Prior to the start of your pregnancy disability leave, the University will require a statement from your health care provider indicating that you are unable to perform your job and the anticipated date of your return. In the event your leave exceeds the anticipated date of return, it is your responsibility to provide further verification from your health care provider that you are unable to perform your job and the revised anticipated date of return. Depending on your eligibility, medical insurance may be continued during the leave in accordance with the applicable plan document, COBRA, or provisions of federal/state law relating to unpaid medical leave.

Employees granted leaves for pregnancy will be returned to their same or similar position to the extent required by state law. Upon the advice of your health care provider, you may also be entitled to reasonable accommodation, to the extent required by law, for conditions related to pregnancy, childbirth or related medical conditions. In addition, a transfer to a less strenuous or hazardous position or duties may be available pursuant to your request, if such a transfer is medically advisable. You should promptly notify the Human Resources Manager of your need for a reasonable accommodation as soon as reasonably possible.

Medical Leave of Absence

Employees who are ineligible for leave under the Family and Medical Leave Act and California Family Rights Act as provided below are nonetheless eligible for medical leave according to the following policy:
Employees are eligible for unpaid leaves of absence for medical reasons. Medical reasons may include illness, injury, medical and surgical procedures, and related medical conditions. You must request a leave of absence if you will be unable to work for medical reasons for a period in excess of three (3) consecutive days. Such requests are subject to management approval and must be made as soon as possible. Each request must be accompanied by a certification from your treating physician or University approved physician that is acceptable to the University, which indicates that you are unable to work. The University reserves the right to have employees on a medical leave of absence examined by a physician of the University’s choice. The University may require periodic physician’s verification of your inability to work. Misrepresenting the reason for applying for a leave of absence may result in disciplinary action, up to and including termination.

During a leave of absence, the University’s medical insurance plan may allow covered employees and their eligible dependents to maintain medical insurance benefits by electing and paying for continuation coverage. The employee and his/her eligible dependents must pay the monthly premiums for any continuation coverage as elected. It is the applicable plan document that ultimately governs your eligibility and entitlement to these benefits.

Upon your return from a medical leave of absence, we will attempt to return you to your regular job if it is available. If it is not available, you will be placed in a similar job for which you are deemed by management to be qualified if such a job is available. If no jobs are available at the time, you will be given preferential consideration for any position for which you apply and for which you are deemed by management to be qualified following your notifying the University in writing that you are ready and able to return to work.

Failure to report to work as scheduled following a leave of absence can result in dismissal. Employees who are out on leaves of absence will not accrue such benefits as vacation or holiday pay during their leaves of absence.

You should speak directly with the Human Resources Manager prior to taking a leave to ensure your understanding of all of your obligations to the University while on leave, such as reporting and verification obligations. Failure to comply with University policy may substantially affect your ability to return to work.

**Family and Medical Leave Act/California Family Rights Act**

The Family and Medical Leave Act and California Family Rights Act (“FMLA/CFRA”) provide eligible employees the opportunity to take unpaid, job-protected leave for certain specified reasons. The maximum amount of leave you may use is either twelve (12) or twenty-six (26) weeks within a twelve (12) month period depending on the reasons for the leave.

**Employee Eligibility**

To be eligible for FMLA/CFRA leave, you must:
• have worked at least twelve (12) months for the University in the preceding seven (7) years (limited exceptions apply to the seven-year requirement);
• have worked at least 1,250 hours for the University over the twelve (12) months preceding the date your leave would commence; and
• currently work at a location where there are at least fifty (50) employees within seventy-five (75) miles.

All periods of absence from work due to or necessitated by service in the uniformed services are counted in determining FMLA eligibility.

Conditions Triggering Leave

FMLA and/or CFRA leave may be taken for the following reasons:

• Birth of a child, or to care or bond with a newly-born child including incapacity due to pregnancy or prenatal medical care;
• Placement of a child with the employee and/or the employee’s registered domestic partner for adoption or foster care or to care or bond with the child;
• To care for an immediate family member (employee’s spouse, registered domestic partner, child, registered domestic partner’s child, or parent) with a serious health condition;
• Because of the employee’s serious health condition that makes the employee unable to perform the employee’s job;
• To care for a Covered Servicemember with a serious injury or illness related to certain types of military service (see Military-Related FMLA Leave for more details); or,
• To handle certain qualifying exigencies arising out of the fact that the employee’s spouse, son, daughter, or parent is on duty under a call or order to active duty in the Uniformed Services (up to 12 weeks) (see Military-Related FMLA Leave for more details).

The maximum amount of leave that may be taken in a twelve (12) month period for all reasons combined is twelve (12) weeks, with one exception. For leave to care for a Covered Servicemember, the maximum combined leave entitlement is twenty-six (26) weeks, with leaves for all other reasons constituting no more than twelve (12) of those twenty-six (26) weeks. Also, in addition to leave available under the FMLA and CFRA, female employees may be eligible for leaves of absence during periods of disability associated with pregnancy or childbirth. Please see the Pregnancy Disability Leave of Absence Policy for further information on this type of leave.

Definitions

A “Serious Health Condition” is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee’s job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement includes an incapacity of more than three full calendar days and two visits to a
health care provider or one visit to a health care provider and a continuing regimen of care; an incapacity caused by pregnancy or prenatal visits, a chronic condition, or permanent or long-term conditions; or absences due to multiple treatments. Other situations may also meet the definition of continuing treatment.

**Identifying the 12-Month Period**

The University measures the twelve (12) month period in which leave is taken by the “rolling” twelve (12) month method, measured backward from the date of any FMLA/CFRA leave with one exception. For leave to care for a covered servicemember, the University calculates the twelve (12) month period beginning on the first day the eligible employee takes FMLA leave to care for a Covered Servicemember and ends twelve (12) months after that date. FMLA/CFRA leave for the birth or placement of a child for adoption or foster care must be concluded within twelve (12) months of the birth or placement.

**Using Leave**

Eligible employees may take FMLA/CFRA leave in a single block of time, intermittently (in separate blocks of time), or by reducing the normal work schedule (including the elimination of required overtime) when medically necessary for the serious health condition of the employee or immediate family member, or in the case of a Covered Servicemember, his/her injury or illness. Eligible employees may also take intermittent or reduced-scheduled leave for military qualifying exigencies. Intermittent leave is generally not permitted for birth of a child, to care for a newborn child, or for placement of a child for adoption or foster care; such leave must be taken in at least two-week increments. Employees who require intermittent or reduced-schedule leave for planned medical treatment must try to schedule their leave so that it will not unduly disrupt the University’s operations. Intermittent leave is permitted in increments of at least one hour.

**Use of Paid Leave**

Depending on the purpose of your leave request, you may choose (or the University may require you) to use accrued paid leave (such as sick leave, vacation, or PTO), concurrently with some or all of your FMLA/CFRA leave. To substitute paid leave for FMLA/CFRA leave, an eligible employee must comply with the University’s normal procedures for the applicable paid leave policy (e.g., call-in procedures, advance notice, etc.). An employee receiving Paid Family Leave is not on “unpaid leave,” and therefore cannot use paid leave (such as sick leave, vacation, or PTO) during this time. An employee who receives Paid Family Leave benefits and wishes to receive paid leave after those benefits cease, must notify the University of the cessation of Paid Family Leave benefits and their request for paid leave. Additionally, depending on the purpose of your leave request, you may choose to take leave pursuant to a short- or long-term disability leave plan, during the otherwise unpaid portion of your FMLA/CFRA leave. This paid disability leave runs concurrently with FMLA/CFRA leave and may continue longer than the FMLA/CFRA leave if permitted by the disability leave plan. However, paid disability leave cannot run concurrently with other paid leave (sick leave, vacation, or PTO).
Maintenance of Health Benefits

If you and/or your family participate in our group health plan, the University will maintain coverage during your FMLA/CFRA/PDL leave on the same terms as if you had continued to work. If applicable, you must make arrangements to pay your share of health plan premiums while on leave. In some instances, the University may recover premiums it paid to maintain health coverage or other benefits for you and your family. Use of FMLA/CFRA/PDL leave will not result in the loss of any employment benefit that accrued prior to the start of your leave. Consult the applicable plan document for all information regarding eligibility, coverage and benefits.

Notice and Medical Certification

When seeking FMLA/CFRA/PDL leave, you must provide:

- Thirty (30) days advance notice of the need to take FMLA/CFRA leave, if the need for leave is foreseeable, or notice as soon as practicable in the case of unforeseeable leave and in compliance with the University’s normal call-in procedures, absent unusual circumstances;
- Medical certification supporting the need for leave due to a serious health condition affecting you or an immediate family member within fifteen (15) calendar days of the University’s request to provide the certification (additional time may be permitted in some circumstances). If you fail to do so, we may delay the commencement of your leave, withdraw any designation of FMLA/CFRA leave or deny the leave, in which case your leave of absence would be treated in accordance with our standard leave of absence and attendance policies, subjecting you to disciplinary action up to and including termination. Second or third medical opinions and periodic re-certifications may also be required;
- Periodic reports as deemed appropriate during the leave regarding your status and intent to return to work; and
- Medical certification of fitness for duty before returning to work, if the leave was due to your serious health condition, unless your absence was taken on an intermittent or reduced leave schedule. The University will require this certification to address whether you can perform the essential functions of your position.

Failure to comply with the foregoing requirements may result in delay or denial of leave, or disciplinary action, up to and including termination.

Employer Responsibilities

To the extent required by law, the University will inform you whether you are eligible for leave under the FMLA/CFRA. Should you be eligible for FMLA/CFRA leave, the University will provide you with a notice that specifies any additional information required as well your rights and responsibilities. The University will also inform you if leave will be designated as FMLA/CFRA protected and, to the extent possible, note the amount of leave counted against your leave entitlement. If you are not eligible for FMLA/CFRA leave, the University will provide a reason for the ineligibility.
**Job Restoration**

Upon returning from FMLA/CFRA leave, you will typically be restored to your original job or to an equivalent job with equivalent pay, benefits, and other employment terms and conditions.

**Failure to Return after FMLA/CFRA Leave**

If you fail to return to work as scheduled after FMLA/CFRA leave or you exceed the twelve (12) week FMLA/CFRA entitlement (or in the case of military caregiver leave, the twenty-six (26) week FMLA entitlement), you will be subject to the University’s standard leave of absence and attendance policies. This may result in termination if you have no other University-provided leave available to you that applies to your continued absence. Likewise, following the conclusion of your FMLA/CFRA leave, the University’s obligation to maintain your group health plan benefits ends (subject to any applicable COBRA rights).

**Other Employment**

The University prohibits employees from holding other employment while on leave of absence. This policy remains in force during all leaves of absence including FMLA/CFRA leave and may result in disciplinary action, up to and including immediate termination of employment.

**Fraud**

Providing false or misleading information or omitting material information in connection with an FMLA/CFRA leave will result in disciplinary action, up to and including immediate termination.

**Military-Related FMLA Leave**

FMLA leave may also be available to eligible employees in connection with certain service-related medical and non-medical needs of family members. There are two forms of such leave. The first is Military Caregiver Leave, and the second is Qualifying Exigency Leave. Each of these leaves is detailed below.

**Definitions**

A “covered servicemember” is either: (1) a current servicemember of the Armed Forces, including a member of the National Guard or Reserves, with a serious injury or illness incurred in the line of duty for which the servicemember is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list; or (2) a “covered veteran” who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.

A “covered veteran” is an individual who was discharged under conditions other than dishonorable during the five (5) year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran. The period between October 28, 2009 and March 8, 2013 is excluded in determining this five (5) year period.
The FMLA definitions of “serious injury or illness” for current servicemembers and veterans are distinct from the FMLA definition of “serious health condition.” For purposes of Military-Related FMLA Leave, the term “serious injury or illness” means an injury or illness incurred by the servicemember in the line of duty while on active duty in the Armed Forces that may render the servicemember medically unfit to perform the duties of the servicemember’s office, grade, rank, or rating, or one that existed before the beginning of active duty and was aggravated by service in the line of duty while on active duty.

With regard to covered veterans, the serious injury or illness may manifest itself before or after the individual assumed veteran status, and is: (1) a continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember’s office, grade, rank or rating; (2) a physical or mental condition for which the covered veteran has received a VA Service Related Disability Rating (VASRD) of 50 percent or greater and such VASRD rating is based, in whole or in part, on the condition precipitating the need for caregiver leave; (3) a physical or mental condition that substantially impairs the veteran’s ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service or would be so absent treatment; or (4) an injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers.

“Qualifying exigencies” include activities such as short-notice deployment, military events, arranging alternative childcare, making financial and legal arrangements related to the deployment, rest and recuperation, counseling, parental care, and post-deployment debriefings.

Military Caregiver Leave

Unpaid Military Caregiver Leave is designed to allow eligible employees to care for certain family members who have sustained serious injuries or illnesses in the line of duty while on active duty. The family member must be a “covered servicemember,” which means: (1) a current member or veteran of the Armed Forces, National Guard or Reserves, (2) who is undergoing medical treatment, recuperation, or therapy or, in the case of a veteran, who was a current member of the Armed Forces, National Guard or Reserve who was discharged or released under conditions other than dishonorable at any time within five years prior to the treatment which an eligible employee requests; is otherwise in outpatient status; or is otherwise on the temporary disability retired list, (3) for a serious injury or illness that may render current member medically unfit to perform the duties of the member’s office, grade, rank, or rating. Military Caregiver Leave is not available to care for servicemembers on the permanent disability retired list. Serious injury or illness specifically includes, but is not limited to, aggravation of a preexisting condition while in the line of duty.

To be eligible for Military Caregiver Leave, you must be a spouse, son, daughter, parent, or next of kin of the covered servicemember. “Next of kin” means the nearest blood relative of the servicemember, other than the servicemember’s spouse, parent, son, or daughter, in the following order of priority: blood relatives who have been granted legal custody of the servicemember by court decree or statutory provisions; brothers and sisters; grandparents; aunts and uncles; and first cousins; unless the servicemember has specifically designated in writing another blood relative as his/her nearest blood relative for purposes of Military Caregiver
Leave. You must also meet all other eligibility standards as set forth within the FMLA Leave policy.

An eligible employee may take up to twenty-six (26) workweeks of Military Caregiver Leave to care for a covered servicemember in a “single twelve (12) month period.” The “single twelve (12) month period” begins on the first day leave is taken to care for a covered servicemember and ends twelve (12) months thereafter, regardless of the method used to determine leave availability for other FMLA-qualifying reasons. If you do not exhaust your twenty-six (26) workweeks of Military Caregiver Leave during this “single twelve (12) month period,” the remainder is forfeited.

Military Caregiver Leave applies on a per-injury basis for each servicemember. Consequently, an eligible employee may take separate periods of caregiver leave for each and every covered servicemember, and/or for each and every serious injury or illness of the same covered servicemember. A total of no more than twenty-six (26) workweeks of Military Caregiver Leave, however, may be taken within any “single twelve (12) month period.”

Within the “single twelve (12) month period” described above, an eligible employee may take a combined total of twenty-six (26) weeks of FMLA leave including up to twelve (12) weeks of leave for any other FMLA-qualifying reason (i.e., birth or adoption of a child, serious health condition of the employee or close family member, or a qualifying exigency). For example, during the “single twelve (12) month period,” an eligible employee may take up to sixteen (16) weeks of FMLA leave to care for a covered servicemember when combined with up to ten (10) weeks of FMLA leave to care for a newborn child.

An employee seeking Military Caregiver Leave may be required to provide appropriate certification from the employee and/or covered servicemember and completed by an authorized health care provider within fifteen (15) days. Military Caregiver Leave is subject to the other provisions in our FMLA Leave Policy (requirements regarding employee eligibility, appropriate notice of the need for leave, use of accrued paid leave, etc.). Military Caregiver Leave will be governed by, and handled in accordance with, the FMLA and applicable regulations, and nothing within this policy should be construed to be inconsistent with those regulations.

Qualifying Exigency Leave

Eligible employees may take unpaid “Qualifying Exigency Leave” to tend to certain “exigencies” arising out of the duty under a call or order to active duty of a “covered military member” (i.e. the employee’s spouse, son, daughter, or parent). Up to twelve (12) weeks of Qualifying Exigency Leave is available in any twelve (12) month period, as measured by the same method that governs measurement of other forms of FMLA leave within the FMLA policy (with the exception of Military Caregiver Leave, which is subject to a maximum of twenty-six (26) weeks of leave in a “single twelve (12) month period”). The maximum amount of “Qualifying Exigency Leave” an employee may utilize to bond with a military member on short-term, temporary rest and recuperation during deployment is fifteen (15) days.

Although Qualifying Exigency Leave may be combined with leave for other FMLA qualifying reasons, under no circumstances may the combined total exceed twelve (12) weeks in any twelve (12) month period (with the exception of Military Caregiver Leave as set forth above). The employee must meet all other eligibility standards as set forth within the FMLA policy.
Persons who can be ordered to active duty include active and retired members of the Regular Armed Forces, certain members of the retired Reserve, and various other Reserve members including the Ready Reserve, the Selected Reserve, the Individual Ready Reserve, the National Guard, state military, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve, and Coast Guard Reserve.

A call to active duty refers to a federal call to active duty, and state calls to active duty are not covered unless under order of the President of the United States pursuant to certain laws.

Qualifying Exigency Leave is available under the following circumstances:

- **Short-notice deployment.** To address any issue that arises out of short notice (within seven days or less) of an impending call or order to active duty.
- **Military events and related activities.** To attend any official military ceremony, program, or event related to active duty or a call to active duty status or to attend certain family support or assistance programs and informational briefings.
- **Childcare and school activities.** To arrange for alternative childcare; to provide childcare on an urgent, immediate need basis; to enroll in or transfer to a new school or daycare facility; or to attend meetings with staff at a school or daycare facility.
- **Financial and legal arrangements.** To make or update various financial or legal arrangements; or to act as the covered military member’s representative before a federal, state, or local agency in connection with service benefits.
- **Counseling.** To attend counseling (by someone other than a health care provider) for the employee, the covered military member, or for a child or dependent when necessary as a result of duty under a call or order to active duty.
- **Temporary rest and recuperation.** To spend time with a covered military member who is on short-term, temporary rest and recuperation leave during the period of deployment. Eligible employees may take up to fifteen (15) of days of leave for each instance of rest and recuperation. If your spouse or registered domestic partner is a member of the military, you may be entitled to an additional ten (10) days of unpaid leave. Please refer to the Military Leave of Absence below for more details.
- **Post-deployment activities.** To attend arrival ceremonies, reintegration briefings and events, and any other official ceremony or program sponsored by the military for a period of up to ninety (90) days following termination of the covered military member’s active duty status. This also encompasses leave to address issues that arise from the death of a covered military member while on active duty status.
- **Mutually agreed leave.** Other events that arise from the close family member’s call or order to active duty, provided that the University and the employee agree that such leave shall qualify as an exigency and agree to both the timing and duration of such leave.

An employee seeking Qualifying Exigency Leave may be required to submit appropriate supporting documentation in the form of a copy of the covered military member’s active duty orders or other military documentation indicating the appropriate military status and the dates of active duty status, along with a statement setting forth the nature and details of the specific exigency, the amount of leave needed and the employee’s relationship to the military member, within fifteen (15) days. Qualifying Exigency Leave will be governed by, and handled in accordance with, the FMLA and applicable regulations, and nothing within this policy should be construed to be inconsistent with those regulations.
**Personal Leave of Absence**

Additional types of unpaid personal leaves of absence may be granted in the sole discretion and authorization of management, for up to a maximum of thirty (30) days. An extension beyond thirty (30) days will be considered on an individual basis.

Failure to report to work as scheduled following a personal leave of absence may result in disciplinary action, including termination. Time spent on personal leave of absence will not be used for computing benefits such as vacation or holidays.

You should speak directly with the Human Resources Manager prior to taking a leave to ensure your understanding of all of your obligations to the University while on leave, such as your periodic reporting and re-verification obligations. Failure to comply with University policy may substantially affect your ability to return to work under this policy.

**Bereavement Leave**

Full-time employees are eligible to receive up to three (3) days of paid bereavement leave in the event they miss regularly scheduled workdays due to the death or funeral of a member of the employee’s immediate family. Immediate family includes your spouse, registered domestic partner, children, stepchildren, registered domestic partner’s children, parents, grandparents, grandchildren, brother or sister, your spouse’s parents, or your registered domestic partner’s parents.

An employee who is notified of a death in his/her immediate family while at work will be paid for the remainder of the scheduled hours that day. The three-day eligibility for paid bereavement leave will not commence until the next regularly scheduled workday which is lost. All time off in connection with the death of an immediate family member, as defined above, should be scheduled with your supervisor.

**Civil Air Patrol Leave**

The University will provide eligible employees who are volunteer members of the California Wing of the Civil Air Patrol and are called to emergency operational missions up to ten (10) days of unpaid leave per calendar year. Leave for a single emergency operational mission cannot exceed three (3) days unless an extension is granted by appropriate government entities and approved by the University.

To be eligible, employees must have been employed with the University for ninety (90) days immediately preceding the commencement of leave.

Employees are expected to notify the University of the need for Civil Air Patrol Leave by providing their supervisor with certification from Civil Air Patrol authorities as soon as possible. The University will restore employees who return from Civil Air Patrol leave to their former position or to a position of equivalent seniority status, employee benefits, pay and other terms and conditions of employment.
Military Leave of Absence

Employees who require time off from work to fulfill military duties will be treated in accordance with applicable requirements of state and federal laws. You are expected to notify the University of upcoming military duty by providing your supervisor with a copy of your orders as soon as possible. In addition, spouses and registered domestic partners of military personnel who are home on leave during a period of military deployment may be qualified for ten (10) days of unpaid leave.

What We Expect of You

This section discusses your responsibilities to the University as an employee. Please thoroughly familiarize yourself with these policies and apply them in your work.

The following policies focus on basic rules that may not be violated under any circumstances. Violation of any of these basic rules, the policies in this handbook, or any other policy of the University may lead to disciplinary action, up to and including immediate termination. Obviously, this list is not all inclusive and there may be other circumstances for which employees may be disciplined, up to and including immediate termination. If you have any questions about these basic rules, or what we expect of you as one of our employees, please discuss them with your supervisor.

These rules do not alter the at-will nature of your employment. You have the right to terminate your employment at any time, with or without cause or notice, and the University has a similar right.

Employee Conduct

Absenteism and Tardiness

You are expected to be at your workstation on time each day and to remain there throughout your work day. Absenteeism or tardiness, even for good reasons, is disruptive of our operations and interferes with our ability to satisfy our students’ and patients’ needs. Absenteeism or tardiness can result in disciplinary action, up to and including termination.

If you are going to be late or absent from work for any reason, you must personally notify your supervisor as far in advance as possible so that proper arrangements can be made to handle your work during your absence. Of course, some situations may arise in which prior notice cannot be given. In those circumstances, you are expected to notify your supervisor as soon as possible or practicable. Leaving a message, voice mail or sending an email or text message does not qualify as notifying your supervisor - you must personally contact your supervisor. If you are required to leave work early, you must also personally contact your supervisor and
obtain his/her permission. Leaving work early without authorization of your supervisor is strictly prohibited.

When absence is due to illness, the University may require appropriate medical documentation in accordance with state and federal law.

Although you may be terminated at any time for failing to report to work without contacting the University, if you fail to report for work or call in for more than three (3) consecutive calendar days, you may be considered to have abandoned your job and may be terminated.

**Alcohol and Drug Policy**

All employees are prohibited from manufacturing, cultivating, distributing, dispensing, possessing or using illegal drugs (including marijuana regardless of prescription) or other unauthorized or mind-altering or intoxicating substances while on DULA property (including parking areas and grounds), or while otherwise performing their work duties away from DULA’s premises. Included within this prohibition are lawful controlled substances, which have been illegally or improperly obtained. This policy does not prohibit the possession and proper use of lawfully prescribed drugs taken in accordance with the prescription.

Employees are also prohibited from having any such illegal or unauthorized controlled substances in their system while at work (including marijuana regardless of prescription), and from having excessive amounts of otherwise lawful controlled substance in their systems. This policy does not apply to the authorized dispensation, distribution or possession of legal drugs where such activity is a necessary part of an employee’s assigned duties.

All employees are prohibited from distributing, dispensing, possessing or using alcohol while at work or on duty. Furthermore, off-duty alcohol use, while generally not prohibited by this policy, must not interfere with your ability to perform the essential functions of your job.

**Prescription Drugs**

With the exception of medically prescribed marijuana, the proper use of medication prescribed by your physician is not prohibited; however, we do prohibit the misuse of prescribed medication. Employees’ drug use may affect their job performance, such as by causing dizziness or drowsiness. You are required to disclose any medication that may cause a risk of harm to yourself or to others in performing your job duties. It is your responsibility to determine from your physician whether a prescribed drug may impair your job performance.

**Notification of Impairment**

It shall be the responsibility of each employee who observes or has knowledge of another employee in a condition which impairs the employee in the performance of his/her job duties, or who presents a hazard to the safety and welfare of others, or is otherwise in violation of this policy, to promptly report that fact to his/her immediate supervisor.

**Who is Tested**

You may be required to submit to drug/alcohol screening whenever DULA has a reasonable suspicion that you have violated any of the rules set forth in this policy. Reasonable suspicion
may arise from, among other factors, supervisory observation, co-worker reports or complaints, performance decline, attendance or behavioral changes, results of drug searches or other detection methods, or involvement in a work-related injury or accident.

Additionally, employees in safety sensitive positions may be tested on a random or periodic basis. In addition, various job classifications are categorically subject to random or periodic drug testing to the extent permitted by applicable state and federal laws.

**Discipline**

Violation of this policy or any of its provisions may result in disciplinary action, up to and including termination of employment.

**Enforcement Policy**

In order to enforce this policy and procedures, DULA may investigate potential violations and require employees to undergo drug/alcohol screening, including urinalysis, blood tests or other appropriate tests and, where appropriate, searches of all areas of DULA's physical premises, including, but not limited to work areas, personal articles, employees' clothes, desks, work stations, lockers, and personal and DULA vehicles. You will be subject to disciplinary action up to and including termination of employment for refusing to cooperate with searches or investigations, to submit to screening, or for failing to execute consent forms when required by DULA.

**Investigations/Searches**

Where a manager or supervisor has reasonable suspicion that an employee has violated the substance abuse policy, the supervisor, or his/her designee, may inspect vehicles, lockers, work areas, desks, purses, briefcases, backpacks, and other locations or articles without prior notice in order to ensure a work environment free of prohibited substances. You may be asked to be present and remove a personal lock from a locker or locked container. A locked locker or container does not prevent DULA from searching such article. Employees therefore should have no expectation of privacy for personal belongings brought onto DULA premises and locked in a locker or locked container. Where the employee is not present or refuses to remove a personal lock, DULA may do so for him or her, and compensate the employee for the lock.

**What Happens When an Employee Tests Positive for Prohibited Substances**

All employees who test positive in a confirmed substance test will be subject to disciplinary action, up to and including termination.

**Attitude**

Every employee must display a positive attitude towards his/her job and arrive to work motivated to perform his/her job duties. A bad attitude creates a difficult working environment and prevents the University from providing quality service to our students and patients. If you consistently fail to approach your job duties with a positive attitude, you may be disciplined or terminated.
Damage to Property

Deliberate or careless damage to the University's property, as well as damage to your coworkers', students' or patients’ property, will not be tolerated.

Employee property

Employees are urged not to bring valuables to work. If necessary, to do so, all valuables should be kept in a secure location. The DULA assumes no responsibility for the loss, theft or damage of employees' personal property.

Fraud, Dishonesty and False Statements

Employees and applicants are prohibited from providing false, dishonest or misleading information on any application, medical history record, invoice, paperwork, timecard or time sheet, time entry, investigative questionnaire, workplace injury report or any other University document. Employees are likewise prohibited from making any material dishonest or false statement to an employee, vendor, student or patient with respect to the performance of the employee's job duties. Under the law, an employee may be held personally liable for making misrepresentations to students and patients. It is also against the law and against University policy for an employee to provide, or assist a student or patient in providing, false or misleading information on a credit application or regarding credit status to any financial institution.

Any employee found to have made false, dishonest or misleading statements or omissions as detailed above will be subject to immediate termination of employment. If you observe any such violations, please report them to the President immediately.

Gambling

Gambling is prohibited on University property, or through the use of the University's property such as computers and telephone equipment.

Gifts and Gratuities

Employees may not request or accept any gift or gratuity of any kind from a student, patient or supplier without the express written authorization of the President.

DULA staff, including faculty and clinic supervisors and their immediate family members, shall not solicit, accept, or retain personal benefit from any student, patient, or vendor with whom DULA is engaged or can be engaged in business, or with or from any individual seeking to do
be engaged in business with DULA. In this regard, a personal benefit is regarded as any type of gift, gratuity, favor, service, fee or compensation, or anything of monetary value. Specific exceptions to the personal benefit prohibitions may be made if there is no reasonable likelihood of improper influence in the staff member’s performance of duties on behalf of DULA. Any personal benefit received is to be reported to the President, who will review all relevant facts and circumstances and instruct the employee as to the appropriate course of action.

**Illegal Activity**

Employees are not permitted to engage in any kind of illegal activity while on duty or on the University’s property, or while off the job which reflects detrimentally on the University’s reputation.

**Insubordination**

We all have duties to perform and everyone, including your supervisor, must follow directions from his/her supervisor or manager. You shall not refuse to follow the reasonable, job related directions of a supervisor or management official or to treat a supervisor or management official in an insubordinate manner in any respect. For example, employees must fully cooperate with University investigations into potential misconduct. Refusal to fully disclose information in the course of a University investigation constitutes insubordination and will not be tolerated.

**Misuse of Property**

No employee shall misuse, or use without authorization, equipment, vehicles or other property of the University, students, patients, vendors, or other employees of the University.

**Off-Duty Use of Facilities**

Employees are prohibited from being on University premises or making use of University facilities while not on duty. Employees are expressly prohibited from using University facilities, University property or University equipment for personal use.

**Off-Duty Social and Recreational Activities**

During the year, the University may sponsor social or recreational activities for its employees. Your attendance at such social activities, however, is completely voluntary and is not required as a condition of employment. Neither the University nor its insurer will be liable for the payment
of workers’ compensation benefits for any injury that arises out of your voluntary participation in any off-duty recreational, social, or athletic activity that is not part of your job duties.

Outside Employment

There have been times when most of us have had the opportunity or the need to have two jobs at one time. It is important that other employment, as well as outside interests, do not interfere in any way with your job with the University. You should be careful that extra hours of work do not affect the safe performance of your job duties by leaving you tired or distracted. Also, if your second job creates a potential conflict of interest (i.e., working for a competitor) you are required to obtain written approval, in advance, from the Human Resources Manager or the President.

Personal Appearance and Behavior

We expect all employees to use good judgment with respect to their dress and appearance and to present a neat, well-groomed appearance and a courteous disposition. We feel that these qualities go further than any other factor in making a favorable impression on students, patients and your co-workers.

Employees shall dress and present themselves in a businesslike manner that reflects a professional image. Accordingly, DULA considers the following as unacceptable attire:

Athletic wear, sweatpants, cut off pants, mini-skirts, advertisement T-shirts or T-shirts with inappropriate words or pictures, blue denim jeans, spandex or lycra such as biker shorts, tennis shoes, tank tops, tube tops, halter tops with spaghetti straps, beach wear, midriff length tops, provocative attire, off-the shoulder tops, hoodies, workout clothes or shoes, flip flops, see through clothing, jewelry affixed to nose, tongue, cheek, lip or eyebrow, and visible tattoos.

Employees who report to work in unacceptable attire may be requested to leave work and return in acceptable attire. Such time away from work will be without pay. Repeated violations will result in disciplinary action, up to and including termination.

Employees are also expected to behave and conduct themselves in a professional manner at all times in the workplace. Unprofessional behavior in the workplace, such as inappropriate comments, jokes, practical jokes, gestures, distribution of printed materials, sexually related conversations or text messages, inappropriate touching of another employee (such as kissing, hugging, massaging, sitting on laps), and any other behavior of a sexual nature is prohibited. Employees who fail to observe these standards will be subject to disciplinary action, up to and including termination.

Personal Mail

All mail which is delivered to the University is presumed to be related to our business. Mail sent to you at the University will be opened by office personnel and routed to your department. If you do not wish to have your correspondence handled in this manner, please have it delivered to your home or personal mailbox.
University postage meters and letterhead may not be used for personal correspondence.

**Personal Telephone Calls and Visits**

The University has a limited number of telephone lines, and it is essential that we keep those lines open for business calls. Therefore, we ask our employees to refrain from making or receiving personal calls except in emergencies. Long distance business calls must be cleared by your supervisor unless your job duties include the routine making of long-distance calls. Under no circumstances are you permitted to use University telephones to call “900” lines or similar pay per call services. Employees will be held financially responsible for unauthorized calls and will be subject to disciplinary action, up to and including immediate termination.

Personal visits by friends or relatives during work hours can be disruptive to our operations. If you receive a non-business-related visit from a friend or relative, you must notify your supervisor at the time of your guest’s arrival and departure. Non-employees are strictly forbidden from entering unauthorized areas.

**Poor Performance**

You are expected to make every effort to learn your job and to perform at a level satisfactory to the University at all times. Consistent failure to do so may result in disciplinary action, up to and including termination.

**Romantic or Sexual Relationships with Other Employees**

The University has adopted this policy because of the potential problems posed by romantic or sexual relationships between employees. These problems include conflicts of interest, interference with the productivity of co-workers, and potential charges of sexual harassment. Such problems can be particularly serious in situations in which one person has a position of authority over the other, such as in a supervisor-subordinate position.

The University imposes the following restrictions on romantic or sexual relationships between employees:

1. When a supervisor or manager engages in a romantic or sexual relationship with his/her subordinate the supervisor or manager must disclose the existence of such relationship immediately to the Human Resources Manager. The University will take all steps it deems necessary to prevent conflicts of interest and potential legal claims, including but not limited to transferring one or the other employees and or terminating the employment of the manager or supervisor.

2. All employees must avoid romantic or sexual relationships with other employees that create conflicts of interest, potential charges of sexual harassment, or discord or distractions that interfere with other employees’ productivity.
3. All employees are expected to behave in a professional manner and avoid inappropriate displays of affection, arguments over relationship issues, etc., in the work environment. Questions and clarifications will be addressed by the Human Resources Manager.

Sleeping

Everyone needs to be fully alert while on the job in order to protect the safety of all employees and to properly serve our students and patients. Therefore, we cannot tolerate sleeping or inattention on the job.

Smoking

In keeping with DULA’s intent to provide a safe and healthful work environment, smoking in the workplace is prohibited except in all parking areas and open outdoor areas away from entrances to the University buildings. In situations where the preferences of smokers and nonsmokers are in direct conflict, the preferences of nonsmokers will prevail.

This policy applies equally to all employees, students, patients, and visitors.

Solicitation - Distribution Policy

Our primary goal at the University is to provide our students and patients with the best service possible. In order to allow employees to perform their job duties and provide our students and patients with their undivided attention, the solicitation by an employee of another employee for the support of any organization is prohibited during the working time of either employee. In addition, the distribution of paper advertising materials, handbills or other literature is prohibited in all working areas and sales areas at all times. Similarly, non-employees may not come on the University’s property at any time to solicit for any cause or distribute material or literature of any kind for any purpose.

Theft

Theft of money or property from the University, your co-workers, students or patients is strictly prohibited. Employees found to have stolen or misappropriated money or property will be subject to immediate termination and will also be reported to law enforcement. The University reserves the right to inspect all purses, briefcases, backpacks, packages, lockers and vehicles on the University’s property. Failure to cooperate in such a search will result in disciplinary action, up to and including termination.
Workplace Violence Policy

The University has a zero-tolerance policy for violent acts or threats of violence against our employees, applicants, students, patients or vendors.

We do not allow fighting, threatening words or conduct. Weapons of any kind are strictly prohibited and not permitted on University premises.

No employee should commit or threaten to commit any violent act against a co-worker, applicant, students, patients or vendor. This includes discussions of the use of dangerous weapons, even in a joking manner.

Any employee who is subjected to or threatened with violence by a co-worker, students, patients or vendor, or is aware of another individual who has been subjected to or threatened with violence, is to report this information to his/her supervisor or manager as soon as possible.

All threats should be taken seriously. Please bring all threats to our attention so that we can deal with them appropriately.

All threats will be thoroughly investigated, and all complaints which are reported to management will be treated with as much confidentiality as possible.

Attendance and Punctuality

Employees are expected to report to work at their scheduled time. Absenteeism and tardiness place a burden on other employees and puts a strain on the department as a whole. Employees who are unable to report for work due to illness or other justifiable cause must notify their supervisor prior to the absence or within thirty (30) minutes from the regular scheduled starting time. If the supervisor is unreachable, the employee must contact Human Resources Manager and state the reason for the absence and the approximate date of return.

Punctuality is an essential part of the job. When reporting to work and returning from lunch and breaks, employees are expected to report on time and remain at work for the scheduled shift. The attendance terms and guidelines are defined below:

**Absence:** Any time an employee is scheduled to work but does not report or leaves during work without prior approval.

**Tardy:** Any incident when an employee has not reported to work when scheduled or has previously agreed to work. This includes reporting to work, returning from lunch or breaks.

Children on Campus

Children of employees and students are not allowed on campus during working or closed hours. On occasion there may be a specific day where children are allowed on campus that will be announced in advance.
Code of Ethics

DULA conducts its business in compliance with all applicable laws and regulations. All employees are expected to act in accordance with the highest standards of business ethics, as set forth in this policy, both on and off DULA premises, and to avoid any appearance of impropriety. It is crucial that all employees observe all applicable laws and regulations while conducting business on DULA’s behalf. In the event there is an inconsistency between the requirements and procedures prescribed herein and those in federal or state law, the law shall control.

It is not possible in a general policy statement to define all the other various circumstances and relationships that would be considered “unethical.” The following list, some of which may have already described in more detail in this handbook, suggests some, but not all, of the types of activity that would pose a potential conflict or would limit an employee’s ability to discharge job duties and responsibilities in an ethical manner:

1. Using one’s position, knowledge, or access to DULA records for outside personal gains;
2. Directing the University business to a firm in which the staff member or relative has a substantial financial or management interest;
3. Accepting personal gifts or excessive entertainment from any outside vendor, organization or agency;
4. Falsifying timekeeping records or other University documents;
5. Using University property or equipment for personal tasks;
6. Working under the influence of alcohol or illegal drugs; and
7. Conducting personal business during scheduled work hours.
8. Presenting ideas, representations, or words of others as one’s own, or permitting another to present one’s work without the customary and proper acknowledgment of sources.
9. Referral to or use of, during work, unauthorized materials, sources, or devices. Examples include, but are not limited to:
   a. Books, manuals, written materials, Internet materials, etc.
   b. Falsification of DULA records or documents, alteration of his/her educational degrees, titles, job positions, etc.
   c. Inappropriate comments to other employees, visitors, patients, faculty, staff, students, etc.
10. Possession, purchase, sale or use of a copy of confidential internal materials intended for use by DULA. Providing DULA confidential materials or operational materials to outsiders without the written approval of the President.
11. Practice of any form of deceit at work or clinical setting, including stealing of the DULA property.
12. Dependence on the aid of others or providing such aid in a manner prohibited by the administration in research, preparation, creation, writing performance, or publication of work submitted for publication or submission to out-side agencies.
13. Attempts to change one’s personnel, attendance or academic record, to access DULA computers without proper authorization, and to break and enter DULA for reasons not in keeping with the utmost honesty and integrity.
14. Submitting intentionally misleading travel expenses, to tamper with the time-clock machine, to claim false sickness or injuries at work, etc.
15. Disruptive conduct that infringes the rights of others, or the rights other employees during work.
16. Making verbal or written threats, or any act of physical abuse towards students, faculty, or staff or DULA. These will result in immediate suspension while review is pending.
17. Willful violation or abuse of DULA’s canons of ethics or those of the Acupuncture and Oriental Medical profession.

Employee Responsibility Regarding DULA Policy Handbook

Each employee is responsible for understanding and familiarizing policies related to his/her job functions and is expected to participate in meaningful discussions to revise the handbook to be compliant with any regulatory changes.

Procedures and Guidelines

Bulletin and Message Boards

The University may maintain a bulletin or message board(s) as a source of information for employees. Any such bulletin or message board is to be used solely to post information approved by the University regarding University policies, governmental regulations, and other matters of concern to all employees. No information may be placed on these bulletin or message boards without the prior approval of the Human Resources Manager.

University Keys/Entry Cards

Each employee to whom a key and/or entry card is given is responsible for proper use of that key and/or entry card and will be required to sign for it. A lost or misplaced key and/or entry card must be reported immediately to your supervisor. Never duplicate or loan a key and/or entry card to anyone for any reason. See your supervisor if you need another key and/or entry card. All keys and/or entry cards must be turned in to the Human Resources Manager upon separation from the University. Employees who take a leave of absence must turn in any keys and/or entry cards prior to beginning their leave.
University Vehicles

Only authorized employees may operate University vehicles. If a University vehicle incurs any damage while under the charge of a particular employee, that employee must report the damage immediately.

You must hold a valid state driver’s license for the class of vehicle you are driving. Further, you may never use a motorcycle to conduct either business or provide transportation for a student, patient or fellow employee. All persons in University vehicles are required to use their seatbelts. Not using seatbelts in a University vehicle may lead to disciplinary action, up to and including termination. Only persons authorized by your supervisor can be passengers in University vehicles. Permitting unauthorized passengers may lead to disciplinary action, up to and including termination.

You must notify the University immediately of any change in the status of your driving record. Any employee whose duties include the operation of University or student or patient vehicles who is convicted of DUI/DWI or for reckless driving will be considered to have an unacceptable driving record and his/her continued employment will be subject to review. Any employee whose duties include the operation of University or student or patient vehicles who becomes uninsurable under the University’s liability policy will be considered to have an unacceptable driving record and his/her continued employment will be subject to review.

If you receive a traffic citation while operating a University or student or patient vehicle, you will be responsible for paying any fine or penalty. If you are involved in a traffic accident while operating a University or student or patient vehicle, you are required to call 911 and report the accident. You must also report the accident to the Human Resources Manager immediately.

Conflicts of Interest

Employees of DULA have an obligation to avoid conflicts between their private interests and their employment responsibilities and must avoid situations where there is a reasonable basis for the perception of such a conflict.

In general terms, “conflict of interest” relates to a self-interest that you might have which either (a) influences or (b) may appear to influence, your judgment as an employee of DULA.

Employees must not use their University positions to influence outside organizations or individuals for the direct financial, personal, or professional benefit of themselves, members of their families, or others with whom there is a personal relationship.

Employees should not accept employment outside the University if it interferes with satisfactory job performance in a University position, or if there is a conflict of interest or the appearance of a conflict of interest as a result of the outside employment.
All employees have an affirmative obligation to examine carefully any situation where there is potential for conflict of interest or the appearance of conflict of interest and immediately notify Human Resources Manager. Failure to do so may result in disciplinary action. Employees who are uncertain as to the effect or appearance of their activities should always consult with their supervisor or Human Resources Manager prior to engaging in the activity.

**Specific Examples of Conflict of Interest:**

The following examples may be determined to be evidence of a conflict of interest:

1. Appropriation or disclosure in any way of DULA documents and/or privileged information to any individual associated in any way to any educational institution, whether associated with Acupuncture and Oriental Medicine or not, without prior written authorization of the President.
2. Directly or indirectly pursuing the interests of other organizations, agencies, associations or employers above those of DULA while employed at DULA. Exceptions may be made after prior full disclosure and approval by the President.
3. Operation of business engaged with DULA or interest and/or direct or indirect participation in any entity that is engaged with DULA while employed at DULA. Exceptions may be made after prior full disclosure and approval by the President.
4. Receiving fees, royalties, bonuses from any business engaged with DULA while employed at DULA.
5. Sales and direct or indirect distribution of instructional materials, books, vitamin supplements, herbal products, educational tools and equipment to DULA students and/or staff if similar items are sold at a DULA related business (i.e., bookstore).
6. Receiving fees and/or any other payment for clinical treatment, loose Herbs, and herbal prescriptions from patients, students or any other persons while employed at DULA.

Any faculty or staff member who is determined to have conducted himself/herself in conflict with the interests of DULA may be subject to reprimand, suspension or termination of employment.

**Hiring of Relatives**

The employment of relatives in the same area of an organization may cause serious conflicts and problems with favoritism and employee morale. In addition to claims of partiality in treatment at work, personal conflicts from outside the work environment can be carried into day-to-day working relationships. “Relatives” are defined as spouse, mother, father, sister, brother, child, stepmother, stepfather, stepsister, stepbrother, stepchild, niece, nephew, cousin, uncle, aunt, grandparent, grandchild, and in-laws within these categories.

Relatives of persons currently employed by DULA may be hired only if they will not be working directly for or supervising a relative. Spouses of employees may not be employed under each other’s direct supervision and not in the same department. DULA employees cannot be transferred into such a reporting relationship. Employees who marry or should become related by marriage may continue their employment if they do not work in a direct supervisory relationship or otherwise present problems in supervision, safety, security or morale. If there are
problems, DULA will attempt to reassign one or both of the employees to an available position for which the employee is qualified to eliminate the problem, but if no such position is available, one of the employees may be asked to leave DULA. The employees will decide which of them will leave. If the employees do not decide, both may be terminated.

Employees shall not initiate, participate in, or exercise any influence over departmental or institutional decisions involving a direct benefit to a relative. Such benefits include but are not limited to, initial appointment, retention, promotion, compensation, leave of absence, or grievance procedure.

Housekeeping

Employees must maintain their work areas in a presentable manner. At the close of each business day, ensure that all equipment is cleaned and put away. Employees may not litter or discard such items as cigarettes or food wrappers on the premises. Remember, we want our students and patients to look at us as a professional, neat organization.

Work areas must be maintained in a clean, healthy and orderly fashion to prevent unsafe conditions and potential accidents. If you observe conditions or equipment which are potentially dangerous, report them immediately to your supervisor. It is each employee’s responsibility to make sure the work area is clean and orderly at the completion of the scheduled work shift.

Meetings

From time to time, individual or staff meetings may be held for the purpose of providing instruction, training, or counseling or to review University operating policies. You are required to attend all University meetings involving your department or which you have been asked to attend, unless excused by your supervisor.

Parking

So that we will have sufficient and convenient parking for our students and patients, we require all of our employees to park their vehicles in the area designated for employee parking. If you have any questions as to where you should park your vehicle, please ask your supervisor.

Personnel Records

Recognizing the confidential nature of the information in your personnel record, the University limits access to the personnel records to you and those with proper authorization or pursuant to legal process.
No documents contained in your personnel file will be released without your consent, except pursuant to legal process. Any records of medical evaluation results will be maintained in a separate file, in accordance with legal requirements, and may only be reviewed by authorized individuals with the approval of the Human Resources Manager.

You may review your own personnel file with the Human Resources Manager present to answer any questions. You may also correct or clarify personal information contained in your personnel file. Additionally, a manager may review your personnel file if you have a current reporting relationship to that manager or have been interviewed and are being considered for a position reporting to that manager. Your personnel records also are subject to review by investigative agencies, or during periodic internal audits conducted by the University.

Within thirty (30) days of an employee’s written request, or the written request of the employee’s designated representative, the University will either make personnel records available to the employee for his/her inspection or provide a copy of the employee’s personnel records to the employee or the employee’s designated representative. The employee shall be responsible for the cost of copying.

Safety

It is our policy to promote safety on the job. The health and well-being of our employees is foremost among the University’s concerns. For this reason, you are urged to follow common sense safety practices and correct or report any unsafe condition to your supervisor. Each employee is expected to assist the University in maintaining safe working conditions. Safety is a state of mind and requires constant vigilance and common sense. Safety is everyone’s responsibility. Remember: SAFETY FIRST.

To assist in providing a safe and healthful work environment for employees, students, and visitors, DULA has established a workplace safety program.

Every employee is responsible for working safely, both for self-protection and for protection of fellow workers. Some employee safety responsibilities/rules include but are not limited to:

1. Do not operate any equipment without proper training and authorization.
2. Report any safety hazards or defective equipment to your supervisor or the Campus Enhancement Manager immediately.
3. Do not remove and/or tamper with any guards or safety devices and never use any equipment with inoperative or missing guards or safety devices.
4. Report all accidents and injuries, no matter how minor, to your supervisor and the Human Resources Department within 24 hours.
5. Do not climb on shelves or stand on chairs; you must use a step stool or ladder.
6. Always follow safe lifting procedures when lifting any object and get help for heavy objects.
   a. Bend knees, not your back
   b. Keep object close to body
   c. Lift with legs
7. Do not lift and twist
8. All tools and equipment should be inspected for safe condition, grounding, and operation before using.
9. When required, employees must wear all safety articles and use protective equipment provided to them.

Employees violating any of these rules or practices or engaging in any conduct that creates a safety hazard or disruptive environment, will be subject to disciplinary action up to and including termination of employment.

All accidents -- including those which do not involve serious injury and those involving students and patients - must be reported immediately to your supervisor. It is only through full knowledge of every accident that the University can become a safer, healthier place to work for everyone.

Emergency Closings

If you are advised to evacuate the building, you should:

- Stop all work immediately.
- Contact outside emergency response agencies, if needed.
- Shut off all electrical equipment and machines, if possible.
- Walk to the nearest exit, including emergency exit doors.
- Exit quickly, but do not run. Do not stop for personal belongings.
- Proceed, in an orderly fashion, to a parking lot near the building. Be present and accounted for during roll call.
- Do not re-enter the building until instructed to do so.

Animals on Campus

Animals are not allowed on campus or in the parking lot at any time for the exception of Guide dogs for the visually impaired.

Searches and Inspections

In order to protect the safety and property of all of our employees, the University reserves the right to inspect employees’ lockers, desks, cabinets, briefcases, backpacks, toolboxes, purses, personal computers, personal motor vehicles and any other personal belongings brought onto University property. Employees are expected to cooperate in any search. Failure to cooperate will result in disciplinary action up to and including termination of employment. Prior written authorization must be obtained before any DULA property may be removed from the premises.
Technology and Information

Cellular Phones, Smart Phones, Tablets, and Other Handheld Electronic Devices

Excessive use of personal cellular phones, smart phones, tablets, and other handheld electronic devices (“handheld devices”) during the workday can interfere with employee productivity and be distracting to others. Employees are, therefore, prohibited from using handheld devices for personal purposes during working hours except in an emergency. Employees should ensure that friends and family members are aware of the University’s policy.

Employees may not use a handheld device in a manner that violates our Policy Against Harassment, Discrimination and Retaliation, Equal Employment Opportunity Policy, or any other University policies.

The University will not be liable for the loss of handheld devices brought into the workplace.

Personal Use of University-Provided Handheld Devices

Where job or business needs demand immediate access to an employee, the University may issue a business-owned handheld device to an employee for work-related communications. These handheld devices should be used in accordance with this policy. The University reserves the right to deduct from an employee paycheck any charges incurred for an employee’s personal or unauthorized use of the handheld devices.

Recording Devices

To maintain the security of our premises and systems, and the privacy of our employees, students and patients, employees are prohibited from taking photographs or making audio or video recordings of other employees during working time. Employees are prohibited from taking photographs or making audio or video recordings of our students and patients at any time. Employees are prohibited from taking photographs or copying for their own use confidential business documents not related to employee wages or working conditions at any time. These prohibitions include the use of handheld devices equipped with cameras and audio and video recording capabilities. Employees who violate this policy are subject to disciplinary action, up to and including immediate termination of employment.

Safety Issues for Handheld Devices

Employees are required to refrain from using handheld devices while driving in connection with their job duties, except as set forth below. Safety must come before all other concerns. You are not permitted to use any electronic wireless communications device to write, send, or read any text-based communication, including text messages, instant messages, and/or emails while driving. Regardless of the circumstances, including slow or stopped traffic, you are required to pull over to the side of the road and safely stop the vehicle before using any handheld device. Under no circumstances are employees allowed to place themselves or anyone else at risk to communicate via handheld devices.

Employees who are charged with traffic violations resulting from the use of handheld devices while driving will be solely responsible for all fines, penalties and liabilities that result from such
actions. Employees who violate this policy will be subject to disciplinary action, up to and including termination.

Reimbursement

The University reimburses employees for business expenses reasonably incurred in performing their duties, including employees’ mandatory use of their personal cellular phone. If your job requires you to use your personal cellular phone, such usage will generally be reimbursed at a reasonable rate, subject to the approved submission of a copy of your cellular phone bill by the first week after you receive your bill. If you believe that the business that is being conducted via your cellular phone results in an expense to you that is greater than what the University is offering, please contact the Human Resources Manager. To the extent possible, employees should conduct University business by using a University-provided land line rather than by their personal cellular phones.

University Computers, Databases, Email, Voice Mail and the Internet

The following policy governs the use of all University-owned computers, databases, and personal computers used for University business, email and voice mail systems, and Internet access via University computers and/or data lines, hereinafter referred to in this policy as “University computer systems.” Personal computers used for University business include laptops, tablets or home computers that are connected with the University’s network on a regular or intermittent basis.

The University invests in computer systems to facilitate the business of the University. These tools are intended to assist employees with the execution of their job duties and shall not be abused. Employees should not use or access the University’s computer systems in any manner that is contrary to this policy.

University Property

All University computer systems are the University’s property. All information that is temporarily or permanently stored, transmitted or received with the aid of the University’s computer systems remain the sole and exclusive property of the University.

In addition, all data temporarily or permanently received, collected, downloaded, uploaded, copied and/or created on University computer systems, and all data temporarily or permanently received, collected, downloaded, uploaded, copied and/or created on non-University computers used for University business that relates in any manner to the University’s business is subject to monitoring by the University, is the exclusive property of the University and may not be copied or transmitted to any outside party or used in any manner that violates this policy.

All software that has been installed on University computer systems may not be used in any manner that violates this policy.

Upon termination of employment, an employee shall not remove any software or data from University computer systems and shall completely remove all data collected, downloaded and/or created on non-University computers used for University business that relate in any manner to the University’s business. Upon request of the University, a terminating employee shall provide
proof that such data has been removed from all personal computers used for University business.

**Prohibited Use under Any Circumstances**

It is not possible to identify every type of inappropriate or impermissible use of the University’s computer systems. The following conduct, however, is strictly prohibited under any circumstances and at any time:

- Employees may not transmit, retrieve, download, or store inappropriate messages or images relating to protected category as defined in the Equal Employment Opportunity Policy, or any other status protected under federal, state and local laws.
- Employees may not use the University’s computer systems in any way that violates the University’s Policy Against Unlawful Harassment, Discrimination and Retaliation including sexual harassment. By way of example, employees may not transmit messages that would constitute sexual harassment; may not use sexually suggestive or explicit screen savers or backgrounds; may not access, browse, receive, transmit or print pornographic, obscene or sexually offensive material or information; and may not access, browse, transmit, retrieve, download, store or print messages or images that are offensive, derogatory, defamatory, off-color, sexual in content, or otherwise inappropriate in a business environment. Employees are also prohibited from making threatening or harassing statements to another employee, or to a vendor, student, patient, or other outside party.
- Employees may not use the University’s computer systems in any manner that violates the University’s Rules of Conduct.
- Employees may not use the University’s computer systems in any manner that violates the University’s Policy on Confidential and Trade-Secret Information.
- Employees may not use or allow another individual to use the University’s computer systems for any purpose that is competitive with the University. All such access and use is unauthorized.
- Employees must honor and comply with all laws applicable to trademarks, copyrights, patents and licenses to software and other electronically available information. Employees may not send, receive, download, upload or copy software or other copyrighted or otherwise legally protected information through the University’s computers, email and Internet systems without prior authorization.
- Employees may not engage in gambling of any kind, stream movies or videos, watch television programs or play electronic games through the University’s computer systems.
- Employees may not engage in day trading, or otherwise purchase or sell stocks, bonds or other securities or transmit, retrieve, download or store messages or images related to the purchase or sale of stocks, bonds or other securities through the University’s computer systems.
Prohibited Use during Working Time

The following conduct is prohibited during an employee’s working time, which excludes time spent on an employee’s meal or rest break, or before or after an employee’s shift:

- Employees may not solicit personal business opportunities or conduct personal advertising through the University’s computer systems.
- Employees may not access University computer systems for any purpose which does not advance the employer’s legitimate business interests.
- Employees may not download, transmit, stream or retrieve messages, data, or information from multi-network gateways, real-time data and conversation programs including, but not limited to, instant messaging services (e.g. G-Chat and Yahoo Messenger), chat rooms and message boards, unless such activity is necessary for business purposes.

Unsolicited Email

Email has become an extremely important and efficient means of communication. However, the abuse of email systems, as well as the receipt and transmission of unsolicited commercial email places an incredible drain on the University’s servers and network and imposes significant monetary costs to filter and remove unsolicited emails from our system. To eliminate the receipt and transmission of unsolicited commercial email, the University complies with the federal “CAN-SPAM” law. Commercial email means email the primary purpose of which is the commercial advertisement or promotion of a commercial product or service. You are responsible for complying with the federal Anti-Spam regulations and therefore you may not use the University’s computer systems to transmit unsolicited commercial email:

- Promoting the University’s business, goods, products and services without prior authorization.
- Promoting your own personal business, goods, products and services.
- To the University’s students and patients who have elected to “opt-out” of receiving the University’s electronic advertisements.
- That contains or is accompanied by maliciously false information.

In addition, to help the University eliminate the receipt of unsolicited commercial email from outside parties advertising various websites, products or services and to further prevent the receipt of offensive or undesired outside email, you should: Delete unfamiliar or suspicious email from outside the University without opening it.

Monitoring

Employees should expect that any information created, transmitted, downloaded, received, reviewed, viewed, typed, forwarded, or stored in University computer systems may be accessed
by the University at any time without prior notice. Employees should have no expectation of privacy or confidentiality in such data, messages, or information (whether or not password protected), or that deleted messages are necessarily removed from the system.

Employees must provide all passwords and access codes for University computers or personal computers used for University business to the Office Manager. Changing passwords or creating new passwords without notifying the Office Manager is strictly prohibited.

The University's monitoring policy may include, but is not limited to, physical inspection of home drives, memory devices, and handheld devices; review of content passing through the University's network, data lines, and other systems, review of personal email (including personal web-based password-protected email) and text messages accessed using University computers and/or University data connections; key loggers and other input monitoring mechanisms; and use of screen monitoring software, hardware, and video drives.

System Integrity

Because outside storage devices may compromise the University's computer systems, employees are not permitted to use personal storage devices or copies of software or data in any form on any University computer without first: (1) obtaining specific authorization from the Office Manager, and (2) scanning the data for viruses. Any employee who introduces a virus into the University's system via use of personal software or data shall be deemed guilty of gross negligence and/or willful misconduct and may be held responsible for the consequences, including cost of repair and lost productivity.

Similarly, information is not to be downloaded directly from the Internet onto the University's computer system. All information downloaded from the Internet is to be placed on a disk and scanned for viruses before being introduced into the University's system.

Enforcement

Violations of this policy may result in disciplinary action, up to and including termination. Employees who damage the University's computer system through unauthorized use may additionally be liable for the costs resulting from such damage. Employees who unlawfully misappropriate copyrighted or confidential and proprietary information, or who unlawfully distribute harassing messages or information, or who unlawfully access the computer systems and information it stores may additionally be subject to criminal prosecution and/or substantial civil money damages.

Fax Machines, Copiers, and Scanners

Any non-business use of the fax machines, copiers, and/or scanner must be approved by management. Employees are prohibited from using these machines for the purpose of
scanning, transmitting, receiving or copying materials which may be deemed offensive or insulting or in violation of the University’s Policy Against Unlawful Harassment, Discrimination, and Retaliation. Any employee who receives such materials via fax transmission, the mail, email, or from any other source, should report the transmission immediately to the Human Resources Manager.

Protection of the University’s Trade Secrets and Confidential Information

In the course of your employment with the University, you may be exposed to and/or provided with trade secrets ("Trade Secrets") and other confidential and proprietary information ("Confidential Information") of the University relating to the operation of the University’s business and its students and patients (collectively referred to as “Trade Secrets/Confidential Information”).

“Trade Secrets” mean information, including a formula, pattern, compilation, program, device, method, technique or process, that: (1) derives independent economic value, actual or potential, from not being generally known to the public or to other persons or entities who can obtain economic value from its disclosure or use; and (2) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy. The University’s Trade Secrets are: (1) not generally known to the public or to the University’s competitors; (2) were developed or compiled at significant expense by the University over an extended period of time; and (3) are the subject of the University’s reasonable efforts to maintain their secrecy.

“Confidential Information” means information belonging to the University, whether reduced to writing or in a form from which such information can be obtained, translated or derived into reasonably usable form, that has been provided to employees during their employment with the University and/or employees have gained access to while employed by the University and/or were developed by employees in the course of their employment with the University, that is proprietary and confidential in nature.

As part of the consideration employees provide to the University in exchange for your employment and continued employment with the University, you agree and acknowledge that all Trade Secrets/Confidential Information developed, created or maintained by you shall remain at all times the sole property of the University, and that if the University’s Trade Secrets/Confidential Information were disclosed to a competing business or otherwise used in an unauthorized manner, such disclosure or use would cause immediate and irreparable harm to the University and would give a competing business an unfair business advantage against the University.

You shall not, except as required in the conduct of the University’s business or as authorized in writing by the University, disclose or use during your term of employment or subsequent thereto any Trade Secrets/Confidential Information. Furthermore, all records, files, plans, documents and the like relating to the business of the University you prepare, use or come in contact with shall be and shall remain the sole property of the University and shall not be copied without written permission of the University and shall be returned to the University on termination or cessation of your employment, or at the University’s request at any time.
Social Media, Social Networking and Blog Policy

This policy governs employee use of social media, including any online tools used to share content and profiles, such as personal web pages, message boards, networks, communities, and social networking websites including, but not limited to, Facebook, Google+, Twitter, LinkedIn, Tumblr, Instagram, Reddit, and blogs. The lack of explicit reference to a specific site or type of social media does not limit the application of this policy.

The University respects the rights of all employees to use social media. However, because communications by University employees on social media could, in certain situations, negatively impact business operations, customer relations, or create legal liability, it is necessary for the University to provide these guidelines. These guidelines are intended to ensure employees understand the types of conduct that are prohibited. This policy will not be interpreted or applied so as to interfere with the rights of employees to discuss or share information related to their wages, hours, or other terms and conditions of employment. Employees have the right to engage in or refrain from such activities.

Employees engaging in use of social media are subject to all of the University’s policies and procedures, including, but not limited to, the University’s policies: (1) protecting certain confidential information related to the University’s operation; (2) safeguarding University property; (3) prohibiting unlawful discrimination, harassment and retaliation; and (4) governing the use of University computers, telephone systems, and other electronic and communication systems owned or provided by the University.

Employees are prohibited from the following:

- Using or disclosing the University’s trade secret information or proprietary and confidential information related to products, production processes, designs, or using or disclosing documents or similar information that has been designated or marked as business sensitive, confidential/private, intellectual property or business use only. Examples of confidential information include student and patient information, trade secrets, non-public financial performance information and strategic business plans, and does not include information related to wages, hours and working conditions.
- Using or disclosing a student’s, patient’s, vendor’s, partner’s or supplier’s trade secret information or confidential information (as defined above) related to products, production processes, designs, or using or disclosing documents or information that have been designated or marked as business sensitive, confidential/private, intellectual property or business use only.
- Using social media to post or to display comments about co-workers, supervisors, students, patients, vendors, suppliers or members of management that are vulgar, obscene, physically threatening or intimidating, harassing, or otherwise constitute a violation of the University’s workplace policies against discrimination, retaliation, harassment, or hostility on account of any protected category, class, status, act or characteristic.
- Posting or displaying content that is an intentional public attack on the quality of the University’s products and/or services in a manner that a reasonable person would perceive as calculated to harm the University’s business and is unrelated to any employee concern involving wages, hours, or other terms and conditions of employment.
• Unless authorized and approved by the University, disclosing or publishing any promotional content about the University or its products.
• Engaging in activities that involve the use of social media that violate other established University policies or procedures.
• Using social media while on working time, unless it is being used for University business and with the authorization of the University.
• Posting a photograph of a supervisor, manager, vendor, supplier, student or patient without that individual’s express permission.

Violations of this policy may result in disciplinary action, up to and including termination. If you have any questions about this policy, contact your supervisor or the Human Resources Manager.

Employees may not use employer-owned equipment, including University computer systems, University-licensed software or other electronic equipment, nor facilities nor University time, to conduct personal blogging or social networking activities.

Employees should know that the University has the right to and will monitor the use of its computer, telephone, and other equipment and systems, as well as any publicly accessible social media. Employees should expect that any information created, transmitted, downloaded, exchanged or discussed on publicly accessible online social media may be accessed by the University at any time without prior notice.

Social media account ownership: To the extent an employee is authorized as part of his/her job duties to use social media account(s) to advance the employer’s interests, the employer, not the employee, owns the account(s) and employees are required to return all logins and passwords for such accounts at the end of employment.

Unauthorized Interviews

Employees should not speak to the media on the University’s behalf without contacting the Human Resources Manager or President. All media inquiries should be directed to them.

Change in Status

Changes in Personnel Records

To keep your personnel records up to date, to ensure that the University has the ability to contact you, and to ensure that the appropriate benefits are available to you, you are expected to notify the University promptly of any change of name, address, phone number, number of dependents, or other applicable information.
Outside Inquiries Concerning Employees

All inquiries concerning employees from outside sources should be directed to the Human Resources Manager. No information should be given regarding any employee by any other employee or manager to an outside source.

Notice of Resignation

In the event you choose to resign from your position, we ask that you provide at least two (2) weeks’ written notice. You are responsible for returning University property in your possession or for which you are responsible.

Exit Interview

Any employee leaving the University may be required to attend an exit interview conducted by the employee’s supervisor or Human Resources Manager. The purpose of the interview is to determine the reasons for termination and to resolve any questions of compensation, University property or other matters related to the termination.

Employee Grievances

DULA employee may file a complaint with the grievance form regarding any problem raised by the behavior of an instructor, staff, administrator, or another student to the Human Resource (HR) Manager, who also serves as the complaint designee for the employee. The grievance form can be obtained at the DULA front desk. The complaint designee will review the matter. If more information is required before attempting to present a resolution, the complaint designee will investigate the matter thoroughly by having an interview with all individuals (including the reporting employee) and reviewing all documents that are related or may potentially related to the matter.

The complaint designee will report the matter to the executive committee along with a recommendation for a resolution. If the executive committee acknowledges the recommendation, then the matter will be considered resolved; if not, further discussions will be held until the majority of the executive committee agrees upon a resolution. Resolutions will vary depending on the seriousness of the complaint.

Employee may reopen a complaint case by appealing to another executive committee member; if no members acknowledge the employee’s request, the case will be considered closed. Once the case is closed, the employee and other appropriate parties will be notified of the executive
committee’s decision by HR Manager or any member of the executive committee within thirty (30) days. The details of the case shall remain private and no publication will be made.

Should the reporting employee, or any other affected party, remain displeased with the outcome provided by the university, they may contact:

**Accreditation Commission for Acupuncture and Oriental Medicine**

ACAOM is located at 8941 Aztec Drive, Eden Prairie, Minnesota 55347; Phone 952-212-2434; fax 301-313-0912. [www.acaom.org](http://www.acaom.org)

**Bureau for Private Postsecondary Education**

1747 N. Market Blvd, Ste 225, Sacramento, CA 95834 P.O. Box 980818, West Sacramento, CA 95798-0818 Tel. (888) 370-7589 or (916) 574-8900, Fax. (916) 263-1897. [www.bppe.ca.gov](http://www.bppe.ca.gov)

**California Acupuncture Board**

1747 N. Market Blvd, Suite 180, Sacramento, CA 95834 Tel (916) 515-5200, Fax (916)928-2204. [www.acupuncture.ca.gov](http://www.acupuncture.ca.gov)
EMPLOYEE ACKNOWLEDGEMENT AND AGREEMENT

EMPLOYEE ACKNOWLEDGEMENT AND AGREEMENT (February 15, 2018)

By signing below, I acknowledge that I have received a copy of the Dongguk University Los Angeles ("University") Employee Handbook and I will familiarize myself with its contents.

1. I acknowledge that nothing in the Employee Handbook creates or is intended to create a promise or representation of continued employment and that my employment, position, and compensation at the University are at-will, shall be for no specific duration, and may be changed or terminated at the will of the University. Both I and the University have the right to terminate my employment at any time, with or without cause or prior notice. By signing below, I certify that I understand that employment at-will is the sole and entire agreement between myself and the University concerning the duration of my employment and the circumstances under which my employment may be terminated. It supersedes all prior agreements, understandings, and representations (whether written or oral) concerning the duration of my employment with the University and/or the circumstances under which my employment may be terminated. My employment-at-will status may only be changed in a written document signed by the President of the University.

2. I and the University agree to utilize binding individual arbitration as the sole and exclusive means to resolve all disputes that may arise out of or be related in any way to my employment, including but not limited to the termination of my employment and my compensation. I and the University each specifically waive and relinquish our respective rights to bring a claim against the other in a court of law. Both I and the University agree that any claim, dispute, and/or controversy that I may have against the University (or its owners, directors, officers, managers, employees, or agents), or the University may have against me, shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act ("FAA"), in conformity with the procedures of the California Arbitration Act (Cal. Code Civ. Proc. sec 1280 et seq., including section 1283.05 and all of the Act's other mandatory and permissive rights to discovery). The FAA applies to this Agreement because the University's business involves interstate commerce. Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination, harassment and/or retaliation, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law, or otherwise. The only exception to the requirement of binding arbitration shall be for claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers’ Compensation Act, Employment Development Department claims, or other claims that are not subject to arbitration under current law. I and the University acknowledge that by signing or refusing to sign this Agreement, I make no representation or demonstration of support or rejection of concerted activity. However, nothing herein shall prevent me from filing and pursuing proceedings before the California Department of Fair Employment and Housing, or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). By this binding arbitration provision, I acknowledge and
agree that both the University and I give up our respective rights to trial by jury of any claim I or the University may have against the other.

3. All claims brought under this binding arbitration Agreement shall be brought in the individual capacity of myself or the University. This binding arbitration Agreement shall not be construed to allow or permit the consolidation or joinder of other claims or controversies involving any other employees or parties or permit such claims or controversies to proceed as a class or collective action. No arbitrator shall have the authority under this agreement to order any such class or collective action. By signing this agreement, I am agreeing to waive any substantive or procedural rights that I may have to bring an action on a class or collective basis.

4. In addition to any other requirements imposed by law, the arbitrator selected to hear claims under this Agreement shall be a retired California Superior Court Judge, or an otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, judgment on the pleadings, and judgment under Code of Civil Procedure Section 631.8 shall apply and be observed. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 47(b). As reasonably required to allow full use and benefit of this agreement’s modifications to the Act’s procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator’s written reasoned opinion. Resolution of all disputes shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of “just cause”) other than such controlling law.

5. This is the entire agreement between myself and the University regarding dispute resolution, the length of my employment, and the reasons for termination of my employment, and this agreement supersedes any and all prior agreements regarding these issues. Oral representations or agreements made before or after my employment do not alter this Agreement. If any term, provision or portion of this Agreement is determined to be void or unenforceable it shall be severed, and the remainder of this Agreement shall be fully enforceable.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE LEGALLY BOUND TO ALL OF THE ABOVE TERMS. I FURTHER UNDERSTAND THAT THIS AGREEMENT REQUIRES ME TO ARBITRATE DISPUTES THAT ARISE OUT OF MY EMPLOYMENT.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE ACKNOWLEDGMENT AND AGREEMENT.

Print Full Name : __________________________
Signature : __________________________
Date : __________________________

[RETAIN IN EMPLOYEE PERSONNEL FILE] February 15, 2018
HIPAA POLICY

Introduction

Dongguk University Los Angeles (DULA) recognizes the need to protect the privacy of patient health information to facilitate the effective delivery of health care. DULA patients must have confidence in and trust that DULA personnel will not inappropriately use or disclose patient health information. By fostering such confidence and trust, the clinic's patients will be more likely to provide accurate and complete information about their personal health, which in turn will assist the clinic's interns and supervisors in accurately diagnosing a patient's illness or condition and treating the patient more effectively.

In response to these concerns and to comply with applicable federal and state laws, DULA has implemented this privacy manual which provides guidance to DULA personnel regarding the policies and procedures DULA has implemented to ensure that patients are afforded their rights with respect to their health information and that DULA personnel use and disclose such information appropriately.

All DULA staff and interns are urged to maintain a working knowledge of the provisions of this manual as an ongoing job duty and for the protection of the patient's privacy. It is anticipated that with a detailed knowledge of this manual, DULA staff and interns will be able to confidently discharge their duties to patients and to DULA in providing the highest quality healthcare.

Privacy of Patient Health Information

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") was enacted to improve the efficiency and effectiveness of the health care system through the establishment of standards and requirements for the electronic transmission of certain health information. To achieve that end, HIPAA requires the Secretary of the U.S. Department of Health and Human Services (hereafter referred to as the Secretary) to issue a set of interlocking regulations establishing standards and protections for the health industry (collectively, the HIPAA Standards).

The HIPAA Standards apply to covered entities which are defined as health plans, health care clearinghouses, and those health care providers who transmit any health information in electronic form relating to certain administrative and billing transactions.

On December 28, 2000, the Secretary published a final rule setting forth standards for the privacy of individually identifiable health information (protected health information) maintained by covered entities (privacy standards). This rule was subsequently revised on August 14, 2002. In addition, on August 12, 1998, the Secretary issued a final (February 20, 2003) rule setting
forth standards relating to the security of health information and the use of electronic signatures by covered entities (security standards).

Protected Health Information

Protected health information (PHI) is information that is created or received by the clinic and relates to the past, present, or future physical or mental health condition of a patient; the provision of health care to a patient; or the past, present, or future payment for the provision of health care to a patient. It also identifies the patient or whomever there is a reasonable basis of information to identify as the patient. Examples of PHI are:

- Any health information that can lead to the identity of an individual or the contents of the information being used to make a reasonable assumption as to the identity of the individual.
- Patient's medical record number.
- Patient's demographic information (i.e. address, telephone number).
- Information of doctors, nurses, and other health care providers put in a patient's medical record.
- Conversations a provider has about a patient's care or treatment with others.
- Billing information about a patient at a clinic.

Privacy Standards

The privacy standards set forth general requirements relating to the use and disclosure of protected health information maintained by covered entities. They also describe the administrative requirements a covered entity must implement relating to the privacy of protected health information (i.e. workforce training). Finally, the privacy standards establish certain rights individuals have with respect to their protected health information (i.e. right to access, right to request amendments). Covered entities (excluding small health plans) must comply with the privacy standards by April 14, 2003.

Use and Disclosure of Protected Health Information

DULA will use and disclosure PHI only as permitted under HIPPA. The terms “use” and “disclosure” are defined as follows:

Use: The sharing, employment, application, utilization, examination, or analysis of individually identifiable health information by any person working for or within the clinic, or by an associate of the clinic.
Disclosure: For protected health information, disclosure means any release, transfer, provision of access to, or divulging in any other manner of individually identifiable health information to persons not employed by or working within DULA with a medical need to know PHI.

Under the privacy standards, covered entities are prohibited from using (within the entity) or disclosing (outside the entity) protected health information without patient authorization, unless such use or disclosure falls within an exception. There are numerous use and disclosure exceptions set forth in the privacy standards. For example, one exception permits covered entities to use and/or disclose protected health information without a patient’s consent or authorization to carry out treatment, payment, health care operations (i.e. quality assurance, utilization review, credentialing). In addition, covered entities are permitted to use or disclose protected health information without consent or authorization for other specified purposes (i.e. public health activities, required by law). Patient authorization is required, however, for most other uses and disclosures.

The privacy standards also require that, when a covered entity uses, discloses, or requests protected health information, it must make reasonable efforts to limit this information to the minimum amount necessary to accomplish the intended purpose of the use, disclosure, or request. This minimum necessary standard, however, does not apply to—among other things—disclosures to or requests by health care providers for treatment.

Required Administrative Procedures

The privacy standards set forth specific administrative requirements which a covered entity must implement. For example, covered entities are required to designate a privacy official to be responsible for the development and implementation of their privacy policies and procedures. Covered entities are also required to provide workforce training and implement specific policies and procedures designed to protect the privacy of protected health information.

Establishment of Individual Rights

The privacy standards establish certain rights which individuals have with respect to their protected health information. For example, under the privacy standards, individuals have the right to receive adequate notice of the privacy practices of a covered entity. Individuals also have the right to request that a covered entity restrict the uses and/or disclosures of their protected health information. In addition, the privacy standards require covered entities to allow individuals to inspect, copy, and request amendments to their protected health information.

Business Associates

The privacy standards only apply directly to covered entities. However, they are designed so that a covered entity bears the responsibility for ensuring the privacy of the protected health
information shared between it and certain other persons who perform functions or activities on behalf of the covered entity (business associates). Therefore, under the privacy standards, a covered entity may only disclose protected health information to a business associate, and may only allow a business associate to create or receive protected health information on its behalf, if the covered entity obtains satisfactory assurance that the business associate will appropriately handle the information. A covered entity must document such satisfactory assurance through a written contract or agreement which contains a number of specific provisions. In addition, a covered entity must take certain actions if they learn that a business associate materially breaches or violates the terms of such a written agreement.

Security Standards

As proposed, the security standards require each covered entity to develop and employ certain security requirements. These standards generally outline the administrative procedures, physical safeguards, and technical security services/mechanisms that must be developed and maintained by covered entities. Similar to the privacy standards, the security standards require covered entities to enter into agreements with their business associates to ensure each maintains the same level of security in connection with protected health information.

In general, the proposed security standards are designed to address the risk of improper access to electronically stored information, as well as the risk of interception of information during electronic transmission by requiring each covered entity to assess potential risks and vulnerabilities to the individual health data in its possession and to develop, implement, and maintain appropriate security measures with respect to such data (if such data is to be transmitted via electronic means). However, the final security standards do not reference or advocate specific technology because security technology is changing quickly. The Secretary of HHS has indicated that covered entities should have the flexibility to choose their own technical solutions.

The standards also do not address the extent to which a particular entity should implement specific features. Instead, HHS requires only that each affected entity assess its own security needs and risks to then devise, implement, and maintain appropriate security to address its business requirements. Thus, each organization must decide for itself the appropriate security measures to employ and which technology to use.

Privacy Officer

DULA is committed to protecting the privacy of the health information of its patients, ensuring that they are afforded their rights with respect to their health information, and are complying with applicable federal, state, and local laws.

DULA Oriental Medical Center (OMC) director is the privacy officer, a position which is integral to the continuing success of DULA's privacy efforts. The privacy officer is responsible for overseeing the development and implementation of corporate-wide privacy policies and procedures set forth in this privacy policy. The privacy officer is also responsible for overseeing
the office that provides further information about matters covered by DULA’s notice of privacy practices and receives complaints if a patient believes that his or her privacy rights have been violated.

OMC Director
440 Shatto Place, 2nd Floor, Los Angeles, CA 90020
TEL. 213-487-0150 Ext. 301
Email: omcdirector@dula.edu

PATIENT RIGHTS

Notice of DULA Privacy Practice:

a. Policy

Patients have certain rights with respect to their health information as it is created or received. For example, patients have the right to receive a notice of DULA’s privacy practices describing patient rights, and DULA’s legal duties, with respect to patient health information. The policy is that its personnel afford patients this right by complying with the procedure below.

b. Procedure

Delivery of notice: Except in an emergency treatment situation, DULA’s reception personnel shall give DULA’s Notice of Privacy Practices—a copy of which is attached as Appendix A to this manual (referred to as the “Notice”)—to each patient no later than the date of the first service delivery, including service delivered electronically.

Acknowledgment of receipt: Each Notice given to a patient shall have attached to it a cover page entitled Patient Acknowledgment of Receipt of Notice of Privacy Practices—a copy of which is attached as Appendix A to this manual—which the patient will be asked to date and sign at the time they are given the Notice. If the patient is unable or unwilling to date and sign the acknowledgment form, DULA personnel should document in writing the reason for the inability or refusal of the patient to sign on the face of the acknowledgment form. Such reason could simply be, for example, that the patient refused to sign after being requested to do so. DULA’s duty under the law is only to make a good faith effort to obtain the acknowledgment of receipt. If the patient does not want to sign the acknowledgment form, he or she is not required to do so. The acknowledgment form should be filed in the patient record and retained for at least 6 years from the date of first delivery of service. Emergency treatment situations: In emergency treatment situations, DULA personnel shall give the patient the Notice as soon as reasonably practicable after the emergency treatment situation.
Alternative means of communicating Notice: DULA will consider alternative means of communicating the contents of the Notice to certain populations, such as individuals who cannot read or who have limited English proficiency.

Available on request at any time: Even if the patient has previously received a copy of the Notice, the patient remains entitled to ask for another copy at any time.

Posting of Notice: A copy of the Notice should be posted in a clear and prominent location where it is reasonable to expect individuals to be able to read it.

Revision of Notice: Whenever the Notice is revised, it must be made available upon request and posted as required.

Availability on website: To the extent that DULA maintains a website, the Notice must be placed and maintained on DULA’s website and be available electronically through it.

Delivery and acknowledgment by electronic mail: If a patient wishes to receive the Notice by electronic mail, the patient shall submit an agreement to do so in writing to the privacy officer or their designee. When the Notice has been delivered to the patient electronically, the system should request them to acknowledge receipt electronically. If DULA is aware that an electronic mail transaction has failed, the patient should be sent a paper copy of the Notice. A patient who has received the Notice by electronic mail retains the right to obtain a paper copy from DULA upon request.

Responsibility for updating: DULA’s privacy officer will be responsible for developing and updating, as necessary, the Notice of Privacy Practices.

Training: The privacy officer will be responsible for ensuring employees are trained regarding the Notice of Privacy Practices in accordance with this manual.

Patient questions: Patient questions related to the Notice of Privacy Practices should be directed to the privacy officer.

Retention of documents: A copy of the original form of the Notice of Privacy Practices, and each revised form, shall be retained by DULA for at least 6 years from the date when the version was last in effect. Copies will be maintained in the office of the privacy officer. Acknowledgment forms will be retained in the patient record as provided above.

**Requesting Additional Privacy Protection**

a. Policy

Patients have certain rights with respect to their health information as it is created or received by DULA. For example, patients have the right to request that DULA restrict certain uses and disclosures of their health information. In addition, DULA must permit patients to request (and must accommodate reasonable requests) to receive communications regarding their health
information by alternative means or at alternative locations. It is DULA's policy that personnel afford patients these rights by complying with the procedures set forth below.

b. Procedure

Permitting patients to request a restriction: DULA must permit a patient to request that DULA restrict the following: (a) uses or disclosures of the patient's health information to carry out treatment, payment, or health care operations; and (b) disclosures to family members, relatives, close personal friends, and other assisting persons in the patient's care.

Agreeing to a restriction: DULA personnel are not required to agree to a restriction requested by the patient. However, if a member of DULA's personnel does agree to such a restriction, all of its personnel must honor the request, except that DULA's personnel may, in violation of such restriction, use or disclose otherwise restricted health information to a health care provider to the extent that the patient is in need of emergency treatment and such information is needed to provide it. However, if a member of DULA's personnel discloses restricted health information to a health care provider for treatment, such DULA personnel must request that the health care provider who receives the information not further use or disclose the information. Including a restriction in the patient's medical record: If DULA agrees to any request by a patient to restrict the uses and disclosures of his/her health information, details regarding such a restriction must be placed prominently in the patient's medical record.

Limitations on restrictions: Any restriction which is agreed to by DULA personnel is not effective to prevent uses and disclosures: (a) required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine a covered entity's compliance with the HIPAA privacy standards; (b) permitted in connection with respect to patient directories; and (c) permitted regarding uses and disclosures for which consent, individual authorization, or the opportunity to agree or object is not required.

Termination of restriction by DULA: DULA may terminate its agreement to any restriction if: (a) the patient agrees to or requests the termination in writing; (b) the patient orally agrees to the termination and the oral agreement is documented; or (c) DULA informs the patient that it is terminating its agreement to a restriction, except that such termination is only effective with respect to the health information created or received after DULA has so informed the patient. To the extent DULA agrees to a restriction, it must document the restriction in writing and maintain a copy in the patient record for a period of 6 years from the date when it last was in effect.
Requests by Patients to Receive Communications by Alternative Means or at Alternative Locations

a. Policy

Permitting patients to request to receive communications by alternative means: DULA must permit patients to request and must accommodate reasonable requests by patients to receive communications regarding their health information by alternative means or at alternative locations.

b. Procedure

Required form of request: Any such request by a patient must be in writing and describe the following: (a) specification of an alternative address or other method of contact; and (b) information on how payment, if any, will be handled, when appropriate. DULA personnel are not permitted to require the patient to provide an explanation as to the basis for his/her request as a condition of providing communication on such confidential basis.

Including a patient's request in the patient's medical record: If DULA agrees to provide the patient communications by alternative means or at an alternative location, details regarding these shall be placed prominently in the patient's medical record.

Patients’ Access to Their Health Information

a. Policy

Patients have certain basic rights with respect to their health information as it is created or received by DULA. For example, patients have the right of access to inspect and copy certain health information used by DULA, in whole or in part, to make decisions about them. It is DULA's policy that personnel afford patients this right by complying with the procedures set forth below.

b. Procedure

Request by patient: Any request by a patient to inspect and/or copy his/her health information must be in writing and directed to DULA's privacy officer.

Time limit for providing/denying access: In general, DULA must act on a patient's request for access no more than 30 days after receipt of the request. If DULA grants the request, in whole or in part, it must inform the patient of the acceptance of the request and provide the access requested. If DULA denies the request, in whole or in part, it must provide the patient with a written denial. If the request for access is for health information that is not maintained or
accessible by DULA on-site, DULA must take action no more than 60 days from the receipt of such request. If DULA is unable to take the action required in such time, DULA may extend the time for such action by no more than 30 days, provided: (a) DULA, within the applicable time limit set forth above, provides the patient with a written statement of the reasons for the delay and the date by which DULA will complete its action on the patient's request; and (b) DULA may have only one such extension of time for action on a patient's request for access.

Information a patient has the right to access: In general, a patient has the right of access to inspect and copy health information used by DULA, in whole or in part, to make decisions about the patient. This right, however, does not extend to certain types of information. In addition, DULA may, under certain circumstances, deny a patient access to his or her health information regardless of whether such information is contained in the patient's records.

Information a patient does not have the right to access: A patient does not have the right to access the following: (a) psychotherapy notes; (b) information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding; (c) information held by clinical laboratories if the Clinical Laboratory Improvements Amendments of 1988 ("CLIA") prohibits such access (i.e. the patient is not, under applicable law, an authorized person who is permitted to receive the laboratory test record or report); or (d) health information held by certain research laboratories that are exempt from the CLIA regulations.

Grounds for denial of access that are not subject to review: DULA may deny a patient's right to access his or her health information in the following circumstances:

Information excepted from the right of access: DULA may deny access to any information described above.

Request by inmate of a correctional institution: To the extent DULA is acting under the direction of a correctional institution, DULA may deny, in whole or in part, the request by an inmate to obtain a copy of his or her health information if providing such copy would jeopardize the health, safety, security, custody, or rehabilitation of the inmate or other inmates, or the safety of any officer, employee, or other person at such institution or any person responsible for transporting the inmate.

Information obtained in the course of research that includes treatment: A patient's access to his or her information created or obtained by DULA in the course of research that includes treatment may be temporarily suspended for as long as research is in progress, provided that the patient has agreed to the denial of access when consenting to participate in such research and DULA has informed the patient that his or her right of access will be reinstated upon completion of the research.

Information subject to the Privacy Act: A patient's access to his or her health information that is contained in records that are subject to the Privacy Act, 5 U.S.C. § 552a, may be denied, if the denial of access under the Privacy Act would meet the requirements of that law.
Information received from non-health care providers: DULA may deny access to information if DULA obtained the information from someone other than a health care provider under a promise of confidentiality and the access requested would not be reasonably likely to reveal the source of the information.

Grounds for denial of access that are subject to review: DULA may deny a patient's right to access his or her health information in the following circumstances—however, the patient has the right to request that any such denial be reviewed.

Endangerment of patient: A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the patient or another person.

Information refers to others: The patient health information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person.

Request by a personal representative: The request for access is made by the patient's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such a personal representative is reasonably likely to cause substantial harm to the patient or another person.

Providing the access requested: If DULA provides a patient with access, in whole or in part, to his or her health information, DULA must provide the access requested by the patient including inspection or obtaining a copy (or both). If the same information that is the subject of a request for access is maintained in more than one record or at more than one location, DULA need only produce the health information once in a response for request for access.

Form of access requested: DULA must provide the patient with access to his or her information in the form or format requested by the patient, if it is readily producible in such a form or format; if not, in a readable hard copy form or some such other form or format as agreed to by DULA and the patient. DULA may provide the patient with a summary of the information requested in lieu of providing access to the information or may provide an explanation of the information to which access has been provided if (a) the patient agrees in advance to such a summary or explanation, and (b) the patient agrees in advance to the fees, if any, imposed by DULA for such summary or explanation.

Time and manner of access: DULA must provide the access as requested by the patient in a timely manner, including arranging with the patient for a convenient time and place to inspect or obtain the copy of the health information, or mailing a copy of the information at the patient's request. DULA may discuss the scope, format, and other aspects of the request for access with the patient as necessary to facilitate the timely provision of access.

Fees: If the patient requests a copy of his or her health information or agrees to a summary or explanation of such information, DULA may impose a reasonable, cost based fee, provided that the fee includes only the cost of: (a) copying (including the cost of supplies for and labor of copying) the health information requested by the patient; (b) postage, when the patient has
requested that a copy, a summary, or explanation be mailed; and (c) preparing an explanation or summary of the health information, if agreed by the patient as required by the section above.

Denial of access: If DULA denies access, in whole or in part, to health information, the privacy officer must provide a timely, written denial to the patient in accordance with the above section. The denial must be in plain language and contain: (a) the basis for the denial; (b) if applicable, a statement of the patient's review rights, including a description of how the patient may exercise such review rights; and (c) a description of how the patient may complain to DULA (including the name, title, and telephone number of the contact person or office) or to the Secretary of the Department of Health and Human Services pursuant to the complaint procedures.

Making other information accessible: DULA must, to the extent possible, give the patient access to any other health information requested, after excluding the information as to which DULA has a ground to deny access.

Other repository of information: If DULA does not maintain the health information that is the subject of the patient's request for access and DULA knows where the requested information is maintained, DULA must inform the patient where to direct the request for access.

Review process: If access is denied for a reason described in above, the patient has the right to have such denial reviewed by a licensed health care professional who is designated by DULA to act as a reviewing official and who did not participate in the original decision to deny. DULA must promptly refer a request for review to such a designated reviewing official. The designated reviewing official must determine, within a reasonable period, whether or not to deny the access requested based on the standards outlined above. DULA must promptly provide written notice to the patient of the determination of the reviewing official and take such other actions as required by law to carry out the reviewing official's determination.

Documentation: DULA must document the following and retain such documentation for at least 6 years from the date of their creation or the date when they last were in effect, whichever is later: (a) the records that are subject to access by patients and (b) the titles of the persons or offices responsible for receiving and processing requests for access by patients. DULA medical records are also covered by DULA's record retention policy, which requires that DULA medical records be retained for periods longer than 6 years.

Amendment of Health Information

a. Policy

Patients have certain rights with respect to their health information. For example, patients have the right to have a covered entity amend their health information under certain circumstances, as long as the health information is maintained by said covered entity. It is the policy of the covered entity that its personnel afford patients this right by complying with the procedures set forth below.
b. Procedure

Request by patient: Any request by a patient to have DULA amend his/her health information must be in writing and directed to DULA’s privacy officer. Any such request must provide a reason to support the requested amendment.

Process for reviewing patient’s request: The privacy officer or their designee shall review the request upon receipt and consult with the health care provider(s) involved in the patient’s care and the privacy committee to determine whether or not the requested amendment is appropriate. Any request for amendment should be honored, except in those cases where DULA should deny the patient’s request.

Time limit for responding to patient’s request: Any request for amendment must be acted on no later than 60 days after receipt. If DULA requested the amendment, in whole or in part, it must take the actions outlined in the below. If DULA denies the requested amendment, in whole or in part, it must provide the patient with a written denial. If DULA is unable to act on the amendment within a 60 day period, DULA may extend the time for such action by no more than 30 days as long as DULA, within the original 60 day period, provides the patient with a written statement of the reasons for the delay and the date by which DULA will complete its action on the patient’s request. DULA may only have one such extension of time for action on the request for amendment.

Required actions for accepted requests: If DULA accepts the requested amendment, in whole or in part, DULA must take the following actions:

- Make the appropriate amendment to the patient’s health information or record that is the subject of the requested amendment by, at a minimum, identifying the records in the designated record set that are affected by the amendment and appending or otherwise providing a link to the location of the amendment.
- Inform the patient in a timely manner that the amendment is accepted and obtain the patient’s identification of an agreement to have DULA notify the relevant persons with which the amendment needs to be shared.
- Make reasonable efforts to inform and provide the amendment within a reasonable time to: (a) persons identified by the patient as having received health information about the patient and needing the amendment, and (b) persons, including DULA’s Business Associates, that DULA knows have the patient's health information that is the subject of the amendment and that may have relied on, or could foreseeable rely on, such information to the detriment of the patient.

Denying patient’s request: The privacy officer or their designee should deny the patient’s request for amendment if it is ultimately determined that the health information or record that is subject to the request:

1. Was not created by DULA (unless the patient provides a reasonable basis to believe that the originator of the disputed health information is no longer available to act on the requested amendment).
2. Is not part of the designated record set?
3. Would not be available for inspection by the patient or is accurate and complete.

Required actions for denied requests: If DULA denies the requested amendment, in whole or in part, DULA must take the following actions:

1. Provide the patient with a timely written denial as required in the above section. The denial must use plain language and contain:
   2. The basis for the denial.
   3. The patient's right to submit a written statement disagreeing with the denial and how the patient may file such a statement.
4. A provision saying that, if the patient does not submit a statement of disagreement, the patient may request that DULA provide the patient's request for amendment and the denial with any future disclosures of patient health information that is the subject of the amendment.
5. A description of how the patient may complain to DULA or to the Secretary of the Department of Health and Human Services pursuant to the complaint procedures described in chapter IV of this manual.
6. DULA must also permit the patient to submit a written statement disagreeing with the denial of all parts of the requested amendment and the basis for such a disagreement. DULA may reasonably limit the length of the statement of disagreement.
7. DULA may prepare a written rebuttal to the patient's statement of disagreement. If DULA prepares such a rebuttal, DULA must provide a copy to the patient.
8. DULA must, as appropriate, identify the record or health information in the designated record set that is the subject of the disputed amendment and append or otherwise link the patient's request for an amendment, DULA's denial of the request, the patient's statement of disagreement (if any) and DULA's rebuttal (if any) to the designated record set.

With respect to any future disclosures, DULA must comply with the following requirements:

1. If a statement of disagreement has been submitted by the patient, DULA must include the material appended in accordance with the above section. Alternatively, DULA may include an accurate summary of such information with any subsequent disclosure of the health information to which the disagreement relates.
2. If the patient has not submitted a written statement of disagreement, DULA must include the patient's request for amendment and its denial, or an accurate summary of such information, with any subsequent disclosure of the health information only if the patient has requested such action in accordance with the section above.
3. When the subsequent disclosure described is made during a standard HIPAA transaction that does not permit the additional material to be included with the disclosure, DULA may separately transmit the material required as applicable, to the recipient of the standard HIPAA transaction.
4. If DULA receives or is informed by another health care provider, health care clearinghouse or health care plan of an amendment to a patient's health information, DULA must amend the health information in designated record sets as discussed in the above section.

Documentation: DULA must document the titles of the persons or offices responsible for receiving and processing requests for amendments by patients and retain the documentation for at least 6 years from the date of its creation. DULA's medical records, including any amendments of such medical records, are also covered by DULA's record retention policy, which requires that DULA's medical records be retained for periods longer than 6 years. Please consult the record retention policy for the appropriate retention period.

### Accounting of Disclosures

**a. Policy**

Patients have certain rights with respect to their health information. For example, patients have the right to receive—subject to certain exceptions—an accounting of the disclosures of their health information made by a covered entity in the 6 years prior to the date on which the accounting is requested. It is the policy of the covered entity that covered entity personnel afford patients such rights by complying with the procedures set forth below.

**b. Procedure**

Request by patient of an accounting of disclosures: Any requests by a patient to receive an accounting of disclosures of his/her health information must be in writing and submitted to the privacy officer or their designee.

Time limits on responding to patient's request: DULA must provide the patient with the requested accounting no later than 60 days following the receipt of such request. If DULA is unable to provide an accounting within such a 60-day period, DULA may extend the time to provide the accounting by no more than 30 days as long as DULA, within the original 60 day period, provides the patient with a written statement of the reasons for the delay and the date by which DULA will provide the accounting. DULA may have only one 30-day extension of time for action on any request for an accounting.

Fees: DULA must provide the first accounting to a patient in any 12-month period without a charge. DULA may, however, impose a reasonable cost based fee for each subsequent request by the same patient within such 12-month period, as long as DULA informs the patient in advance of the fee to be charged by DULA and provides the patient with an opportunity to withdraw or modify his/her request in order to avoid or reduce such a fee.
Information required to be included in accounting: Limitations: DULA must provide the patient with an account of disclosures of patient's health information made by DULA and its business associates during the 6 years prior to the date on which the accounting is requested, except for disclosures:

- To carry out treatment, payment, and health care operations.
- To the patient.
- Incident to a permitted use or disclosure.
- Pursuant to an authorization.
- For DULA's patient directory purposes.
- To persons involved in the patient's care or for other notification purposes.
- For national security or intelligence purposes.
- To correctional institutions or law enforcement officials.
- As part of a limited data set (partially de-identified information that is used for specific purposes).
- That occurred prior to April 14, 2003 (the compliance date of the HIPAA privacy standards).

Suspending patient's right to receive an accounting: DULA must temporarily suspend a patient's right to receive an account of disclosures made by DULA to a health oversight agency or law enforcement official for the time specified by such agency or official, if such agency officially provides DULA with a written statement that such an account to the patient would be reasonably likely to impede the agency's activities and specifying the time which such a suspension is required. However, if the agency or official statement is made orally, DULA must:

- document the statement, including the identity of the agency or official making the statement;
- temporarily suspend the patient's right to an account of disclosures subject to the statement; and (c) limit the temporary suspension to no longer than 30 days from the date of the oral statement, unless a written statement as the one described above is submitted during that time.

Information required to be included in accounting: The written accounting provided by

DULA must meet the following requirements:

1. Except for the excluded disclosures described in the section above, the accounting must include disclosures of the patient's health information that occurred during the 6 years prior to the date of the request (or shorter time period as requested by the patient), including disclosures to or by DULA's business associates;
2. The accounting must include the following for each disclosure listed: (a) the date of the disclosure, (b) the name of the entity or person who received the health information and—if known—the address of such an entity or person, (c) a brief description of the
health information disclosed, and (d) a brief statement of the purpose of the disclosure that reasonably informs the patient of the basis for the disclosure (or, in lieu of such a statement, a copy of a written request for disclosure made by the Secretary of the U.S. Department of Health and Human Services or under one of the other regulatory exceptions, if any).

3. If during the period covered by the account, DULA has made multiple disclosures of the patient's health information to the same person or entity for a single purpose under one of the regulatory exceptions or to the Secretary of the U.S. Department of Health and Human Services, the account may, with respect to such multiple disclosures, provide (a) the information described in section 6.b. above for the first disclosure during the accounting period; (b) the frequency, periodicity, or number of the disclosures made during the accounting period; and (c) the date of the last such disclosure during the accounting period.

Disclosure for research: DULA has other accounting requirements for disclosures of patient health information for particular research purposes.

Documentation requirements: DULA must document the following and retain documentation for 6 years from the date of its creation or the date when it last was in effect:

1. The information described above is for disclosures of health information that are subject to an account.
2. The written account that is provided to the patient.
3. The titles of the persons or offices responsible for receiving and processing requests for an account by patients.

USING, DISCLOSING, AND REQUESTING PROTECTED HEALTH INFORMATION

Permitted Uses and Disclosures of Patient Health Information without Patient Consent or Authorization

a. Policy

DULA is permitted to use and disclose a patient's health information without obtaining the patient's consent or authorization for the purposes set forth below. This policy outlines the procedures DULA personnel must follow when using or disclosing patient health information for such purposes.

- Permitted uses and disclosures
- For DULA's own treatment, payment, or health care operations.
- Required by law.
- Public health activities.
• Health oversight activities.
• Information regarding decedents.
• Cadaveric organ, eye, or tissue donation purposes.
• Research.
• To avert serious threat to health or safety.
• Specialized government functions.
• Permitted disclosures

Subject to certain limitations, disclosures for the treatment, payment, or health care operations of a third party.

• Victims of abuse, neglect, or domestic violence.
• Judicial and administrative proceedings.
• Law enforcement purposes.
• Workers' compensation.

b. Procedure

Use of patient health information by DULA’s personnel: DULA personnel and assigned student interns are permitted, without obtaining the patient’s consent or authorization, to use patient health information for the purposes of DULA’s treatment, payment, and health care operations. In addition, DULA personnel and assigned student interns are permitted, under certain circumstances, to use patient health information for the treatment, payment, and health care operations of third parties. In general, clinical personnel who are involved in patient care are entitled to access and use the entire medical record of the patients they are treating on a need-to-know basis. Clinical personnel or student interns, however, may not access or use the medical record of a patient, unless they are treating, or assisting another in treating, such a patient. In addition, before using a patient's health information, DULA personnel and student interns should comply with any restriction on the use of a patient's health information agreed to by DULA. Non-clinical personnel are permitted to access and use the health information of DULA patients for purposes of treating the patient, obtaining payment for services provided to the patient, or DULA’s health care operations.

However, DULA personnel may only access and use the minimum amount of health information necessary to carry out their duties. In addition, regardless of whether a use exception applies, DULA personnel are prohibited from using any patient health information in violation of a restriction on the use of a patient's health information agreed to by DULA. The privacy officer has established various classes of DULA personnel who need access to patient health information to perform their duties, the categories of patient health information to which access is needed, and the conditions appropriate to such access. It is the responsibility of each member of DULA's workforce to understand the patient health information they are permitted to access and use to perform their duties. If you have any questions about the types of patient health information you are permitted to access and use to perform your duties, ask your supervisor or contact the privacy officer.
Disclosing patient health information to third parties: DULA personnel are permitted to disclose a patient's health information to a third party without first obtaining the patient's consent or authorization to the extent which such disclosure is permitted by law. To assist DULA personnel in determining the types of disclosures permitted, the privacy officer has established standard protocols for various disclosures that are made by DULA on a routine and recurring basis. These protocols are described in DULA's standard protocols for disclosing and requesting patient health information and outline the requirements relating to many routine disclosures (i.e. whether the disclosure is subject to the minimum necessary standard; how DULA personnel should comply with the minimum necessary standard, if applicable).

To the extent that a standard protocol has not been established for a particular disclosure (or if a member of DULA's personnel is not sure whether a particular protocol applies in a given situation), DULA personnel should obtain approval from the privacy officer or his or her designee before making the disclosure. In addition, regardless of whether a disclosure exception applies, DULA personnel and students are prohibited from disclosing any patient health information in violation of a restriction on the use of a patient's health information agreed to by DULA. Furthermore, DULA may rely, if such reliance is reasonable under the circumstances, on a requested disclosure as the minimum necessary for the stated purpose when (a) making disclosures to public officials, if the public official represents that the information requested is the minimum necessary for the state purposes; (b) the information is requested by a health plan, health care clearinghouse, or HIPAA-covered health care provider; (c) the information is requested by a professional who is a member of DULA's workforce or a business associate of DULA for the purpose of providing professional services to DULA; or (d) certain documentation or representations have been provided by a person requesting the information for research purposes.

Use and disclosure for purposes of treatment: Treatment means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.

Use and disclosure for purposes of payment: Payment includes those activities undertaken by a health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under a health plan. Payment also includes the activities undertaken by a health care provider or health plan to obtain or provide reimbursement for the provision of health care. Such activities relate to an individual to whom health care is provided and include, but are not limited to, the following:

1. Determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims.
2. Risk adjusting amounts based on enrollee health status and demographic characteristics.
3. Billing, claims management, collection activities, obtaining payment under a contract for reinsurance (including stop-loss insurance and excess of loss insurance), and related health care data processing.

4. Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges.

5. Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services.

6. Disclosure to consumer reporting agencies of any of the following patient health information relating to collection of reimbursement: (a) name and address, (b) date of birth, (c) social security number, (d) payment history, (e) account number, and (f) name and address of the health care provider and/or health plan.

Use and disclosure for purposes of health care operations: Health care operations include any of the following activities of the covered entity, to the extent that the activities are related to covered functions.

Use and disclosure for purposes of quality assessment and improvement: Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, or contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment.

Use and disclosure for purposes of reviews and evaluations: Reviewing the competence or qualifications of health care professionals or health plan performance; conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers; training of non-health care professionals; accreditation; certification; licensing; or credentialing activities.

Use and disclosure for purposes of contract placement: Underwriting, premium rating, and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, as well as ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance).

Use and disclosure for purposes of professional services: Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs.

Use and disclosure for purposes of business planning: Business planning and development, such as conducting cost management and planning-related analyses relating to managing and operating the entity, including formulary development and administration, as well as development or improvement of methods of payment or coverage policies.
Use and disclosure for purposes of business management and administration: Business management and general administrative activities of the entity, including, but not limited to, the following: (a) management activities relating to implementation of and compliance with HIPAA requirements; (b) customer service, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that patient health information is not disclosed to such a policy holder, plan sponsor, or customer; (c) resolution of internal grievances; (d) the sale, transfer, merger, or consolidation of all or part of a covered entity with another covered entity, or an entity that, following such activity, will become a covered entity and due diligence related to such activity; and (e) consistent with the applicable requirements of the privacy standards, creating de-identified health information or a limited data set, and fundraising for the benefit of the covered entity.

Other regulatory exceptions regarding use and/or disclosure: This section outlines the regulatory exceptions pursuant to which DULA personnel are permitted to disclose and/or use patient health information without the consent or authorization of the patient. The following is a general summary of the regulatory exceptions set forth in 45 C.F.R. § 164.512; it does not describe the specific requirements for each exception. The privacy officer may consider incorporating the specific requirements for relevant exceptions into this policy or attaching the specific requirements as a supplement to this policy.

Required by law: When it is required by law and the use or disclosure is limited to the relevant requirements of such law.

Public health activities: When it involves use and disclosure for public health activities such as mandated disease reporting and the reporting of vital events like births and deaths.

Health oversight activities: When disclosing information for the purpose of health oversight activities such as audits, investigations, licensure or disciplinary actions, or legal proceedings or actions.

Information regarding decedents: When disclosing information about deceased persons to medical examiners, coroners, and funeral directors.

Organ donation: When disclosing or using information for organ and tissue donation purposes.

Research: When disclosing information related to a research project when a waiver of authorization has been approved by the institutional review board.

Health or safety threat: When the privacy officer believes in good faith that the disclosure is necessary to avert a serious health or safety threat to the patient or to the public's safety.

Military activity and national security: When disclosure is necessary for specialized government functions, such as military service, for the protection of the president or for national security and intelligence activities.

Abuse or neglect: When reporting information about victims of abuse, neglect, or domestic violence as required by law.
Legal proceedings: When disclosing information for judicial and administrative proceedings in accordance with state and/or federal law; for instance, in response to a court order such as a subpoena or discovery request.

Law enforcement: When disclosing information for law enforcement purposes; for instance, to locate or identify a suspect, fugitive, witness, or missing person, or regarding a victim of a crime who cannot give consent or authorization because of incapacity.

Workers' compensation: When disclosure is necessary to comply with workers' compensation laws or purposes.

Inmates: In the case of a prison inmate, information can be released to the correctional facility in which he or she resides for the following purposes: (a) for the institution to provide the inmate with health care, (b) to protect the health and safety of the inmate or others, or (c) for the safety and security of the correctional facility.

DULA is permitted, in certain circumstances, to use or disclose certain patient health information without the patient's written consent or authorization, provided that the patient is informed in advance of the use or disclosure and has had the opportunity to agree to, prohibit, or restrict the use or disclosure of such information. This policy describes the circumstances under which such uses, and disclosures are permitted, and the procedures DULA personnel must follow in order to comply with applicable laws.

**Uses or Disclosures Patient Health Information without Patient’s Consent**

a. Policy

It is the policy of DULA that personnel do not use or disclose a patient's health information without the patient's written authorization, unless DULA is otherwise permitted or required to make such use or disclosure. This policy outlines authorization requirements and sets forth the required procedures DULA personnel must follow when the patient's authorization is required.

b. Procedure

Patient directory: Unless an objection is expressed, DULA may include the patient's name, location in DULA, general medical condition, and religious affiliation (for purposes of informing clergy) in DULA's patient directory. Any of this information may be disclosed to members of the clergy. Any of this information, except for religious affiliation, may be disclosed to other persons who ask for the patient by name. The patient will be informed in DULA's notice of privacy practices of the information to be included in DULA's patient directory and the persons to whom DULA may disclose such information, as well as provided with the opportunity to restrict or prohibit some or all the uses and disclosures. In the event of the patient's incapacity or an emergency treatment circumstance, where the opportunity to object cannot practicably be provided, DULA may include the above-described information in the patient directory and
disclose it in the limited manner described, so long as it is (a) consistent with any prior expressed preference of the patient known to DULA and (b) determined by DULA, in the exercise of professional judgment, to be in the patient's best interest.

Others involved in patient's care: DULA may disclose to a family member, other relative, or a close friend of the patient—or any other person identified by the patient—health information directly relevant to such a person's involvement with the patient's care or payment related to the patient's health care. DULA may also use or disclose health information to notify or assist in the notification of (including identifying or locating), a family member, a personal representative of the patient, or another person responsible for the care of the patient or the patient's location, general condition, or death. DULA personnel are permitted to orally inform the patient of, and obtain the patient's oral agreement or objection to, this use or disclosure.

Before releasing information to a person covered by this category, DULA must either obtain the patient's agreement; provide the patient with the opportunity to object to the disclosure (which the patient does not do); or reasonably infer from the circumstances, based on the exercise of professional judgment, that the patient does not object to the disclosure. Examples of situations in which DULA can "reasonably infer from the circumstances" that the patient does not object to the disclosure include:

1. When a spouse is present when treatment is being discussed with the patient.
2. When a colleague or friend has brought the patient to DULA for treatment and the patient has invited them into the exam/treatment room.

If the patient is not present (or cannot agree or object to the use or disclosure of his or her health information because he or she is unconscious or incapacitated) or it is an emergency, then DULA may exercise professional judgment to determine whether disclosure is in the best interest of the patient, and then may disclose only the health information that is directly relevant to the person's involvement with the patient's health care.

Disaster relief agencies: DULA may use or disclose health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities in the notification of family and friends regarding the patient's location, general condition, or death. DULA should attempt to obtain the patient's agreement to such use or disclosure to the extent that DULA, in the exercise of professional judgment, determines that obtaining such agreement does not interfere with the ability to respond to the emergency circumstances.

Fundraising activities: For the purpose of raising funds for its own benefit, DULA may use internally, or disclose to a business associate or institutionally related foundation, the following: (a) demographic information relating to a patient, including name, address, other contact information, age, gender, and insurance status; and (b) dates of service. Any fundraising materials sent to a patient must contain a description of how the patient may opt out of receiving any further fundraising communications in the future.
Procedures When the Patient’s Authorization is Required

a. Policy

Authorization requirements: In general, a valid authorization must contain the following core elements:

- A description of the information to be used or disclosed that identifies it in a specific and meaningful fashion.
- The identification of the persons or class of persons authorized to make the use or disclosure.
- The name or other specific identification of the persons or class of persons to whom DULA may make the use or disclosure.
- A description of each purpose of the use or disclosure. An expiration date or event.
- The signature of the patient (or the patient’s personal representative) and date.
- If signed by a personal representative, a description of such a person's authority to act on behalf of the patient.

A valid authorization must also:

- Be written in plain language.
- Contain specific statements regarding the patient's right to revoke the authorization and the ability or inability of DULA to condition treatment, payment, enrollment, or eligibility for benefits on the authorization.
- Contain a statement adequate to place the patient on notice of the potential for information (which is disclosed pursuant to the authorization) to be subject to disclosure by the recipient and no longer protected.

Prohibition on conditioning of authorizations: DULA may not condition the provision to an individual of treatment, payment, enrollment in a health plan, or eligibility for benefits on the provision of an authorization, except:

- A covered health care provider may condition the provision of research-related treatment on provision of an authorization for the use or disclosure of health information for such research.
- A health plan may condition enrollment in the health plan or eligibility for benefits on provision of an authorization requested by the health plan prior to an individual's enrollment in it, if (a) the authorization sought is for the health plan's eligibility or enrollment determinations relating to the individual or for its underwriting / risk rating determinations, and (b) the authorization is not for a use or disclosure of psychotherapy notes.
- A health plan, health care clearinghouse, or HIPAA-covered health care provider may condition the provision of health care that is solely for creating health information for disclosure to a third party, on provision of an authorization for the
disclosure of the patient health information to such a third party (i.e. DULA is performing pre-employment drug testing or fitness-for-duty exams).

- Prohibition on combining authorizations: Authorizations may not be combined with any other document to create a compound authorization, except as follows:
  - Combined authorizations are permitted in connection with certain research activities.
  - An authorization for a use or disclosure of psychotherapy notes may only be combined with another authorization for a use or disclosure of psychotherapy notes.
  - An authorization (other than one for a use or disclosure of psychotherapy notes) may be combined with any other authorization, except when DULA has conditioned the provision of treatment, payment, enrollment in the health plan, or eligibility for benefits on the provision of one of the authorizations.

b. Procedure

Processing requests of patient health information pursuant to an authorization received from a third party: All requests for release of health information pursuant to written patient authorization shall be referred to the DULA privacy officer. Before releasing any information regarding the patient to the requestor, DULA personnel should (a) verify that the authorization contains all of the core elements described above, and (b) verify the identity of the requestor.

Authorizations requested by DULA copy to patient: If DULA personnel request a patient to sign an authorization, the patient must be provided with a copy of the signed authorization. The privacy officer will establish standard protocols in which DULA personnel will be permitted to request a patient to execute an authorization. However, to the extent that no standard protocol has been established, DULA personnel must obtain the approval of the privacy officer before asking a patient to execute an authorization. DULA's standard authorization for the use and disclosure of patient health information is included in appendix B of this manual.

Limits on using or disclosing information pursuant to an authorization: Any use or disclosure made by VUAOM personnel pursuant to an authorization must be consistent with the authorization (i.e. made while the authorization is effective, limited to the purpose(s) of the authorization).

Revocation of authorizations: A patient may revoke his/her authorization at any time by notifying the medical records department in writing, except to the extent that either:

- DULA has taken action in reliance thereon.
- The authorization was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a policy or a claim under that policy.

DULA's standard revocation of authorization form, a copy of which is included in appendix B of this manual, should be provided to the patient upon request. The revocation must be kept with the original authorization form and a copy must be given to the patient.
Transition provisions: Except for certain prior permissions for research which are subject to different requirements (see below), DULA may use or disclose protected health information that it created or received prior to April 14, 2003 (the compliance date of the HIPAA privacy standards), pursuant to an authorization or other express legal permission obtained from the patient prior to April 14, 2003—provided that the authorization or other express legal permission specifically permits such a use or disclosure and there is no agreed-to restriction as described in chapter II of this manual.

Research

a. Policy

General: In general, DULA is permitted to use or disclose a patient's health information for research purposes (as defined below) only with a patient's written authorization, except in the following three situations: (a) When an institutional review board (IRB) or privacy board has approved a waiver of authorization; (ii) When the use or disclosure is sought solely to review patient health information as necessary to prepare a research protocol or for similar purposes preparatory to research; or (iii) When the use or disclosure is sought solely for research on the health information of decedents.

Definition. Research is defined as a systematic investigation (including research development, testing, and evaluation) designed to develop or contribute to generalizable knowledge. Note that studies relating to quality assessment and improvement activities may qualify as health care operations and may be used and disclosed without obtaining the patient's authorization.

b. Procedure

Permitted use of compound authorizations: An authorization for the use or disclosure of patient health information for a research study may be combined with any other type of written permission for the same research study, including another authorization for the use or disclosure of patient health information for such research or a consent to participate in such research.

Criteria for waiver of authorization: An IRB or privacy board is authorized to approve a waiver of authorization if the following criteria are met: (a) The use or disclosure of patient health information involves no more than a minimal risk to the privacy of patients based on, at least, the presence of the following elements; (b) an adequate plan to protect the identifiers from improper use or disclosure; (c) an adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research, unless either there is a health or research justification for retaining the identifiers or such retention is otherwise required by law; (d) adequate written assurances that the patient health information will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research study, or for other research for which the use or disclosure of patient health
information would be permitted; (e) the research could not practicably be conducted without the waiver or alteration; and (f) the research could not practicably be conducted without access to and use of the patient health information.

Transition provisions: DULA may, to the extent allowed by one of the following permissions, use or disclose (for research) health information that it created or received either before or after April 14, 2003 (the applicable compliance date of the HIPAA privacy standards), provided that there is no agreed-to restriction as described in chapter II of this manual and DULA has obtained, prior to April 14, 2003, either: (a) an authorization or other express legal permission from an individual to use or disclose health information for the research; (b) the informed consent of the individual to participate in the research; or (c) a waiver by an IRB of informed consent for the research, in accordance with applicable law—provided that DULA obtains authorization as discussed above if, after April 14, 2003, informed consent is sought from an individual participating in the research.

Psychotherapy Notes

a. Policy

General: DULA must obtain a patient's written authorization meeting the requirements of the above section for any use of disclosure of psychotherapy notes, except in the following situations:

- To carry out any of the following treatment, payment, or health care operations:
  - Use by originator of the psychotherapy notes for treatment.
  - Use or disclosure by DULA for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling.
  - Use or disclosure by DULA to defend a legal action or other proceeding brought by the patient.

When the use or disclosure is either:

- Required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine the covered entity's compliance with the HIPAA privacy standards.
- Required by law.
- Made to a health oversight agency with respect to the oversight of the originator of the psychotherapy notes.
- Made to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.
- Made to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, or as required by law.
Definition: Psychotherapy notes are defined as notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and; they are also separated from the rest of the individual's medical record. The term “psychotherapy notes” excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date. They are also for treatment of that patient; for case management or care coordination for that patient; or to direct or recommend alternative treatments, therapies, health care providers, or settings of care to that patient. The term "marketing" also includes an arrangement between DULA and any other entity to which DULA discloses patient health information in exchange for direct or indirect remuneration, for the other entity or its affiliate to make a communication about its own product or service that encourages recipients of the communication to purchase or use that product or service.

b. Procedure

Additional authorization requirements: If the marketing involves direct or indirect remuneration to DULA from a third party, the authorization must state that such remuneration is involved.

Patients have certain basic rights with respect to their health information created or received by DULA. Certain laws create a duty on the part of DULA to verify, in certain circumstances, the identity of a person requesting health information from DULA and the authority of any such person to have access to health information. It is DULA policy that personnel afford patients this right by complying with the procedures set forth below.

Verify identity and authority: Except with respect to uses and disclosures of health information in which the patient has the opportunity to object, DULA personnel must verify the identity of a person requesting health information and the authority of any such person to have access to health information, if the identity or any such authority of such a person is not known to DULA. Routine communications between providers where existing relationships have been established do not require special verification procedures.

Documentation, statements or representations: DULA will also obtain any documentation, statements, or representations (oral or written) from the person requesting the health information when such documentation, statement, or representation is a condition of the disclosure as described in chapter III of this manual. DULA is entitled to rely, if such reliance is reasonable under the circumstances, on documentation, statements, or representations that, on their face, meet the applicable requirements. For example, the conditions in the "Legal Proceedings" category in chapter III.A of this manual (permitted uses and disclosures of health information without patient consent or authorization) may be satisfied by the administrative or judicial subpoena (or similar process), or by a separate written statement that, on its face, demonstrates that the applicable requirements have been met.
Identity of public officials: DULA may rely, if such reliance is reasonable under the circumstances, on any of the following to verify identity when the disclosure of health information is made to a public official or a person acting on their behalf: (a) If the request is made in person, they must present at an agency identification badge, other official credentials, or other proof of government status; (b) if the request is made in writing, the request must be on appropriate government letterhead; or (c) if the disclosure is made to a person acting on behalf of a public official, they must present a written statement on appropriate government letterhead that the person is acting under the government's authority, or other evidence or documentation of agency (i.e. contract for services, memorandum of understanding, purchase order) that establishes that the person is acting on behalf of the public official.

Authority of public officials: DULA may rely, if such reliance is reasonable under the circumstances, on any of the following to verify authority when the disclosure of health information is to a public official or a person acting on behalf of the public official:

A written statement of the legal authority under which the information is requested or, if a written statement would be impracticable, an oral statement of such legal authority; (b) if a request is made pursuant to legal process, warrant, subpoena, order, or other legal process issued by a grand jury or a judicial or administrative tribunal is presumed to constitute legal authority.

Exercise of professional judgment: The verification requirements are met if DULA relies on the exercise of professional judgment in making a use or disclosure in those circumstances in which a patient has the opportunity to object or acts on good faith in making a disclosure in the "Health or Safety Threat" category of this HIPAA policy section.

Other Special Requirements for Certain Activities

Access of patients to their health information: A patient generally has the right to inspect and copy the health information used by DULA, in whole or in part, to make decisions about the patient. To the extent that a patient has this right, DULA is required to disclose such information to the patient. For specific information about the policies and procedures regarding patient access to health information, DULA's personnel should review the policy “Access of Patients to Their Health Information” contained in Chapter II.C.

Accounting of disclosures: A patient generally has a right to receive an account of certain disclosures of protected health information made by DULA. To the extent that a patient has this right, DULA is required to disclose such information to the patient. For specific information about the policies and procedures regarding a patient's right to receive an account of disclosures, DULA's personnel should review the policy “Accounting of Disclosures” contained in Chapter II.E.

Request by HHS: DULA is required to disclose patient health information at the request of the Secretary of the U.S. Department of Health and Human Services in order to determine DULA's compliance with the HIPAA privacy standards. If a member of DULA's personnel receives such
a request, he or she should immediately contact DULA’s privacy officer. Any disclosures made pursuant to this section should only be made by or under the direction of the privacy officer.

Disclosures required by federal or state law: DULA is required to disclose patient health information to the extent that disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of such law. According to the HIPAA privacy standards, the term "required by law" means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to, court orders and court-ordered warrants; subpoenas or summons issued by a court, grand jury, governmental or tribal inspector general, or administrative body authorized to require the production of information; a civil or authorized investigative demand; Medicare conditions of participation with respect to health care providers participating in the program; and statutes or regulations that require the production of information, including those that require such information if payment is sought under a government program providing public benefits. Any disclosures made pursuant to this section should only be made by or under the direction of the privacy officer.

Limiting information requests: Except as set forth in the section below, when requesting patient health information from a health plan, health care clearinghouse, or health care provider, DULA personnel should limit the amount of information requested to the minimum amount necessary for the intended purpose of the request. To assist DULA personnel in making such a determination, the privacy officer has established standard protocols for various requests of patient health information made by DULA on a routine and recurring basis. These standard protocols are set forth in DULA’s standard protocols for disclosing and requesting patient health information (see appendix E in this manual) and outline the requirements relating to many routine requests (i.e. how DULA personnel should comply with the minimum necessary standard, if applicable). To the extent that a standard protocol has not been established for a particular request (or if a member of DULA’s personnel is not sure whether a particular protocol applies in a given situation), DULA personnel should obtain approval from the privacy officer before requesting the information from a health plan, health care clearinghouse, or health care provider.

Requests by a health care provider for treatment: The minimum necessary standard relating to requests for information do not apply to requests made by a health care provider for treatment.

WORKPLACE TRAINING AND SANCTIONS FOR FAILURE TO COMPLY WITH POLICY AND PROCEDURES

a. Policy

DULA is required to train all members of its workforce, including certain nonemployees and volunteers, on DULA’s policies and procedures with respect to the privacy of patient health information, as necessary and appropriate for the members of the workforce to carry out their
function within DULA. It is DULA's policy to train all members of its workforce as described in the procedure set forth below.

b. Procedures

Employees: The following rules apply to the training of employees and sanctions for failure to comply with DULA's policies with respect to the privacy of patient health information.

The privacy officer is responsible for scheduling training sessions for all existing DULA employees prior to April 14, 2003. Employees will be trained on DULA's policies and procedures related to patient privacy.

New employee orientation programs will contain information regarding DULA's policies and procedures related to patient privacy.

Documentation that an employee has received information and initial training about DULA's policies and procedures must be placed in the employee's personnel file.

Any modifications or additions to DULA's policies and procedures related patient privacy will be presented to all employees through utilization of employee in-services, memoranda, or other appropriate methods within 30 days of the modification or addition.

Documentation that an employee has received information and/or training about modifications or additions to DULA's policies and procedures related to patient privacy must be placed in the employee's personnel file.

Employees will participate in reviews or updates of DULA's policies and procedures related to patient privacy on a periodic basis, as determined necessary and appropriate by the privacy officer in consultation with the privacy committee. Such reviews or updates may be conducted in conjunction with training related to modifications or additions to the existing policies and procedures.

Documentation that an employee has attended a review or update session on DULA's policies and procedures related to patient privacy must be placed in the employee's personnel file.

Employees who violate policies and procedures related to patient privacy will be subject to disciplinary action, up to and including termination.

Nonemployees and volunteers: The following rules apply to the training of nonemployees and volunteers and sanctions for failure to comply with DULA's policies with respect to the privacy of patient health information.

The privacy officer is responsible for scheduling training sessions for all existing DULA nonemployees (i.e. medical staff, others with DULA privileges) and volunteers prior to April 14, 2003. These individuals will be trained on DULA's policies and procedures related to patient privacy.
Orientation programs will contain information regarding DULA's policies and procedures related to patient privacy. Nonemployees and volunteers shall be required to complete orientation programs prior to obtaining access to patient information.

Documentation that a nonemployee or volunteer has received information and initial training about DULA's policies and procedures must be kept in a special section of DULA's personnel files.

Any modifications or additions to DULA’s policies and procedures related to patient privacy will be presented to all nonemployees and volunteers through utilization of in services, memoranda, or other appropriate methods within 30 days of the modification or addition.

Documentation that a nonemployee or volunteer has received information and/or training about modifications or additions to DULA's policies and procedures related to patient privacy must be placed and kept in a special section of DULA's personnel files.

Nonemployees and volunteers will partake in reviews or updates of DULA's policies and procedures related to patient privacy on a periodic basis, as determined necessary and appropriate by the privacy officer in consultation with the privacy committee. Such reviews or updates may be conducted in conjunction with training related to modifications or additions to the existing policies and procedures.

Documentation that a nonemployee or volunteer has attended a review session on DULA’s policies and procedures related to patient privacy must be placed or kept in a special section of DULA's personnel files.

Nonemployees who violate policies and procedures related to patient privacy will be subject to disciplinary action in accordance with DULA's policies and procedures, up to and including revocation of any privileges in DULA.

Volunteers who violate policies and procedures related to patient privacy will be required to surrender their volunteer status at DULA.

DULA shares patient health information with certain other individuals and entities who provide services for or on behalf of DULA (business associates). According to the HIPAA privacy standards, DULA may disclose patient health information to a business associate and may allow them to create or receive patient health information on DULA’s behalf, only if the business associate agrees in writing to, among other things, safeguard such information. As such, DULA personnel are prohibited from disclosing to a business associate or permitting them to create or receive on behalf of DULA, any patient health information until DULA and the business associate enter into an appropriate written agreement.
BUSINESS ASSOCIATES

a. Policy

In order to assist DULA personnel in identifying business associates, the following guidelines apply:

Business associates do not include members of DULA’s workforce (i.e. an employee; volunteer; trainee; or other person whose conduct, in the performance of work for DULA, is under DULA's direct control, whether or not they are paid by DULA).

Business associates include individuals or entities who, on behalf of DULA (other than in the capacity of a member of DULA’s workforce), perform or assist performance in a function or activity involving the use or disclosure of patient health information (i.e. processing or administration, claims processing or administration, data analysis, utilization review, quality assurance, billing, benefit management, practice management, and repricing) or any function or activity regulated by HIPAA.

Business associates include individuals or entities who provide (other than in the capacity of a member of DULA's workforce) legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services to or for DULA where the provision of the service involves the disclosure of patient health information from DULA or another business associate of DULA.

Questions regarding whether an individual or entity is a business associate should be directed to the privacy officer.

Examples of potential business associates:

- Service providers
- Accountants
- Attorneys
- Coding providers
- Collection service companies
- Transcription service companies
- Microfilm conversion providers
- Clearinghouse
- Billing companies
- Data backup/storage companies
- Document storage companies
- Practice management companies
- Temporary staffing agencies
- Medical directors
- Physician teaching arrangements / teaching affiliation arrangements
Examples of individuals and entities who are not business associates:

- Members of DULA’s workforce
- An entity that performs services as part of an organized health care arrangement in which DULA participates
- Construction, maintenance, and repair services
- Courier services (i.e., U.S. post office, FedEx, UPS)
- Financial institutions that merely process patients’ payments for health care

b. Procedures

Identifying business associates: The privacy officer and DULA’s privacy committee are responsible for assisting in identifying those vendor contracts that require HIPAA business associate provisions and ensuring that such contracts are amended appropriately. Unless otherwise approved by the privacy officer, DULA’s model business associate addendum (a copy of which is included in appendix C of this manual) should be executed contemporaneous with all new business associate contracts.

Contract review: The privacy officer or his/her designee must review any proposed new contract with an existing or potential business associate to ensure that the required provisions are included in the contract. The privacy officer should also consider whether the contract with the business associate should contain any additional language required by the other HIPAA regulations (i.e. security, transaction, code sets).

Prohibited activities: DULA personnel are prohibited from disclosing patient health information to a business associate or permitting a business associate to create or receive patient health information on DULA’s behalf, unless the representatives of both DULA and the business associate sign a contract that contains the required provisions.

Contract maintenance: Upon execution, a copy of the business associate contract must be sent to the privacy officer, who is responsible for maintaining a copy of all such contracts in a centralized location.

Reporting a suspected breach by a business associate: If any DULA personnel believes that a business associate has breached any of its obligations with respect to patient health information, such personnel must report his or her belief to the privacy officer as soon as possible.

Curing breach by a business associate: If, after investigation, the privacy officer believes that the business associate breached its obligations with respect to patient health information (i.e. inappropriately used or disclosed such information, failed to provide access to patient health information), the privacy officer or their designee should attempt to have the business associate cure the breach. If such steps are unsuccessful, either:

- Terminate the contract or arrangement, if feasible.
- If termination is not feasible, report the problem to the Secretary of the U.S. Department of Health and Human Services.
POLICY AND PROCEDURE MANUAL ACKNOWLEDGEMENT

The university provides all faculty members and student interns with a hard copy of the university policy handbook, which includes HIPPA policy. A HIPPA policy and procedure manual is equipped in the clinic and it is available to staffs, students, and faculties. This HIPPA policy and procedure manual works as a guide to policies, procedures, benefits, and general information.

APPENDICES

Notice of HIPAA privacy practices
Acknowledgement of notice of HIPAA privacy practices
Consent form

Appendix A

NOTICE OF HIPAA PRIVACY PRACTICES
Dongguk University Los Angeles (DULA)
440 Shatto Place, Los Angeles, CA 90020

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is provided to you pursuant to the Health Insurance Portability and Accessibility Act of 1996 and its implementing regulations (HIPAA). It is designed to tell you how we may, under federal law, use or disclose your health information.

For purposes of treatment, payment, or healthcare operations

We may use or disclose your health information for the purposes of treatment, payment, or healthcare operations without obtaining your prior authorization. Here is one example of each:

We may provide your health information to health care professionals including doctors, nurses and technicians— for the purpose of providing you with care.

Our billing department may access your information and send relevant parts to other insurance companies to allow us to be paid for the services we render to you.

We may access or send your information to our attorneys or accountants in the event that we need the information to address one of our own business functions.
We may also use or disclose your health information under the following circumstances without obtaining your prior authorization:

To notify and/or communicate with your family. Unless you tell us you object, we may use or disclose your health information to notify your family or assist in notifying your family, your personal representative, or another person responsible for your care about your location, about your general condition, or in the event of your death. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in any communications with your family and others.

**Required by law**

For public health purposes: We may use or disclose your health information to provide information to state or federal public health authorities, as required by law to prevent or control disease, injury, or disability; report child abuse or neglect; report domestic violence; report to the Food and Drug Administration problems with products and reactions to medications; and report disease or infection exposure.

For health oversight activities: We may use or disclose your health information to health agencies during the course of audits, investigations, certification, and other proceedings.

In response to subpoenas or for judicial and administrative proceedings: We may use or disclose your health information in the course of any administrative or judicial proceeding. However, in general, we will attempt to ensure that you have been made aware of the use or disclosure of your health information prior to providing it to another person.

To law enforcement personnel: We may use or disclose your health information to a law enforcement official to identify or locate a suspect, fugitive, material witness, or missing person; comply with a court order or subpoena; and other law enforcement purposes.

To coroners or funeral directors: We may use or disclose your health information for the purposes of communicating with coroners, medical examiners, and funeral directors.

For purposes of organ donation: We may use or disclose your health information for the purposes of communicating to organizations involved in procuring, banking, or transplanting organs and tissues.

For public safety: We may use or disclose your health information in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

To aid specialized government functions: If necessary, we may use or disclose your health information for military or national security purposes.

For worker's compensation: We may use or disclose your health information as necessary to comply with worker's compensation laws.

To correctional institutions or law enforcement officials, if you are an inmate
For all other circumstances, we may only use or disclose your health information after you have signed an authorization. If you authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. You should be advised that we may also use or disclose your health information for the following purposes:

Appointment reminders: We may use your health information to contact you to provide appointment reminders or to give information about other treatments or health-related benefits and services that may be of interest to you.

Change of ownership: In the event that our entity is sold or merged with another organization, your health information/record will become the property of the new owner.

Providing information to our plan sponsor (if a health plan): We may disclose your health information to our plan sponsor.

Your rights

You have the right to request restrictions on the uses and disclosures of your health information. However, we are not required to comply with your request.

You have the right to receive your health information through confidential or reasonable alternative means, or at an alternative location.

You have the right to inspect and copy your health information. We may charge you a reasonable cost-based fee to cover copying, postage, and/or preparation of a summary.

You have a right to request that we amend your health information that is incorrect or incomplete. We are not required to change your health information and will provide you with information about our denial and how you can disagree with the denial.

You have a right to receive an account of disclosures of your health information made by us, except that we do not have to account for disclosures: authorized by you; provided by you; made for treatment, payment, or health care operations; provided in response to an authorization; made in order to notify and communicate with family; and/or for certain government functions, to name a few.

You have a right to a paper copy of this notice of privacy practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the privacy officer or DHHS (contact information is below).

Our duties

We are required by law to maintain the privacy of your health information and to provide you with a copy of this notice.

We are also required to abide by the terms of this notice.
We reserve the right to amend this notice at any time in the future and to make the new notice provisions applicable to all of your health information, even if it was created prior to the change in the notice. If such amendment is made, we will immediately display the revised notice at our office and provide you with a copy of the amended notice. We will also provide you with a copy at any time, upon request.

**Complaints to the government**

You may make complaints to the Secretary of the Department of Health and Human Services (DHHS) if you believe your rights have been violated. We promise not to retaliate against you for any complaint you make to the government about our privacy practices.

**Contact information**

You may contact us about our privacy practices by calling the privacy officer at:

**OMC Director**

440 Shatto Place, 2nd Floor, Los Angeles, CA 90020  
TEL. 213-487-0150 Ext. 301  
Email: omcdirector@dula.edu

You may contact the DHHS at:

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W., Washington, D.C. 20201  
TEL. 202-619-0257  
Toll Free: 1-877-696-6775

I have received a copy of this Health Insurance Portability and Accessibility Act (HIPAA) NOTICE OF PRIVACY PRACTICES. I have been informed of whom to contact if I need more information.

Patient Name : ______________________  
Patient Signature : ______________________ Date : ______________
Appendix B

ACKNOWLEDGEMENT OF RECEIPT OF: NOTICE OF HIPAA PRIVACY PRACTICES

As required by the HIPAA privacy regulations, I hereby acknowledge that I have received a copy of DULA’s Notice of HIPAA Privacy Practices.

As required by HIPAA privacy regulations, Mr./Ms./Miss _______________ from Dongguk University Los Angeles, has explained the Notice of HIPAA Privacy Practices to my satisfaction.

As required by the HIPAA regulations, I am aware that Dongguk University Los Angeles has included a provision that it reserves the right to change the terms of its notice and to make those changes effective for all protected health information that it maintains.

____________________________________________
Patient name (print)

____________________________________________
Patient signature Date

***OFFICE USE ONLY***

Good faith effort to obtain receipt:
ACUPUNCTURE" means the stimulation of a certain point or points near the surface of the body by
the insertion of special needles. The purpose of acupuncture is to prevent or modify the
perception of pain and is thus a form of pain control. In addition, through the normalization of
physiological functions, it may also serve in the treatment of certain diseases or dysfunctions of
the body. Acupuncture includes the techniques of electroacupuncture (the therapeutic use of
weak electric currents at acupuncture points), mechanical stimulation (stimulation of an
acupuncture point or points on or near the surface of the body by means of an apparatus or
instrument), and moxibustion (the therapeutic use of thermal stimulus at acupuncture points by
burning artemisia alone or artemisia formulations).

The potential risks: slight pain or discomfort at the site of needle insertion, infection, bruises,
weakness, fainting, nausea, and aggravation of problematic systems existing prior to
acupuncture treatment.

The potential benefits: acupuncture may allow for the painless relief of one’s symptoms without
the need for drugs and improve balance of bodily energies leading to the prevention of illness or
the elimination of the presenting problem.

Please note: The acupuncture treatment (which includes the procedures described above) that
you will receive today and, in the future, at the intern clinic of Dongguk University Los Angeles,
will be carried out by a student(s) in his/her third year of acupuncture training. This means that
the student(s) treating you is NOT a licensed acupuncturist and is not yet qualified to perform
acupuncture treatments outside the intern clinic. However, the student(s) is closely supervised
by an acupuncturist who is licensed to practice acupuncture in the state of California.

I hereby consent to be treated with acupuncture administered by a Dongguk University Los
Angeles student intern under the supervision of a clinic supervisor L.Ac. I understand and
accept that no guarantee is made concerning the outcome of my acupuncture treatments, and I
understand that I may stop treatment at any time.

________________________________________
Patient signature                                      Date
OSHA POLICY AND PROCEDURE

CHAPTER 1: INTRODUCTION

Purpose

The purpose of this policy is to define and implement a field safety and health management system (SHMS) and appropriate safety and health programs, as identified in the subsequent chapters. Dongguk University Los Angeles (DULA) is responsible for ensuring that employees have a safe and healthful workplace that complies with the Occupational Safety and Health Act (OSHA) standards. Establishing an effective SHMS appropriate to employees' varied work responsibilities and workplace conditions is also an essential strategy to eliminate/control hazards before they lead to fatalities, injuries, and illnesses.

Scope

These instructions apply to all members of DULA.

References

4. Centers for Disease Control and Prevention; U.S. public health service guidelines for the management of occupational exposures to HBV, HCV, and HIV; and recommendations for post-exposure prophylaxis.

Cancellations

None.
CHAPTER 2: SAFETY AND HEALTH MANAGEMENT SYSTEM

The basic tenets of an effective SHMS are management commitment and leadership and employee participation, worksite analysis, hazard prevention and control, and safety and health training.

Policy

It is the policy of the Dongguk University Los Angeles (DULA) to provide a safe and healthful work environment for all permanent, temporary, and contract employees. It is also our policy to provide the same safe and healthful environment for our visitors. DULA is not only committed to ensuring a safe and healthful work environment for others but is equally committed to the safety and health of its employees. The development, implementation, and evaluation of this safety and health management system (SHMS) shall be a cooperative effort between labor and management in order to prevent injuries, illnesses, and death from work-related causes and minimize losses of material resources. The information contained in this SHMS shall be used to assist employees and supervisors in carrying out their responsibilities of ensuring a safe and healthful working environment.

This SHMS establishes the framework of a continuing process for providing occupational safety and health guidelines and information to all personnel. DULA's commitment is to ensure continuous improvement by establishing procedures for annual self-evaluation and followup, as well as safety, health, and well-being.

Participation

A. Each employee, student, and faculty covered by these instructions are responsible for:

1. Following all of the safety and health rules and practices of the SHMS, as well as safety and health programs.
2. Monitoring and reporting to their supervisor (or designee) any unsafe conditions for prompt correction.
3. Correcting any hazard that they have the ability to correct and report to the applicable supervisor (or designee).
4. Providing feedback to their applicable supervisor (or designee) regarding the need for additional controls to ensure safety and health standards are met.
5. Avoiding exposure to any recognized uncontrolled hazard.
6. Participating meaningfully in SHMS activities, for example: preparing job hazard analyses (JHA), conducting accident investigations, and serving on safety and health committees.
All employees shall be provided access to: training materials, safety data sheets, results of inspections, evaluations of their own SHMS, results of accident investigations (except for portions deemed confidential for personnel or medical reasons), hazard assessments, and such other materials produced by the SHMS that may be helpful to employees in improving safety and health in their workplace.

B. Incident reporting/investigation procedures

Prompt and accurate reporting and investigation of work-related incidents, which include all work-related injuries, illnesses, near misses, or accidents that could have caused serious injuries is a necessary component of effective accident prevention programs. This information can be used in evaluating and preventing hazards, fulfilling mandatory recordkeeping requirements, and filing for workers' compensation benefits.

All work-related incidents occurring during the performance of the employee's job duties must be reported promptly to the employee's supervisor (or designee).

Hazard prevention and control

Hazard prevention and control procedures must be reviewed and modified as necessary on a regular basis to follow the most current laws and regulations, and to ensure that the fullest level of protection is provided.

Supervisors (or designees) are responsible for ensuring that employees comply with all safety and health rules, policies, and programs, and are required to take appropriate action to prevent injury or illness to employees. Specific actions to be taken will be in accordance with existing personnel practices and regulations.

Safety and health training

The supervisor (or designee) will ensure that all employees are trained initially and given refresher training as appropriate on an annual basis thereafter.

Employee training will include all relevant chapters of the SHMS and specific safety and health programs.

Specialized technical training will be provided for employees who may encounter unique hazards associated with a particular industry or hazard.

Supervisors and employees who are engaged in safety and health activities for the agency will be trained to conduct those duties.
Specific safety and health programs

Safety and health programs for the specific topics identified in the subsequent chapters must be adopted and implemented. These may be supplemented or augmented to enhance employee safety and health. Safety and health on additional topics may also be adopted and implemented to address unique safety and health topics. All safety and health programs shall ensure the highest level of protection for employees, temporary employees, contractors, and the visiting public consistent with existing rules, standards, and guidance.

All changes to the SHMS (or programs other than those that describe site specific roles and responsibilities) must be submitted to the DTSEM for review and approval using the following procedure: DTSEM in conjunction with the joint labor-management committee is to review and respond to the region within 60 days of receipt of changes to policies and procedures.

The SHMS and programs provide baseline guidance to OSHA in order to implement an effective SHMS to prevent employee injuries, illnesses, and fatalities. Within established guidelines, regional administrators may supplement or augment the SHMS and programs to address the unique needs within the national office or their respective regions and ensure the health and safety of their employees. Changes to the SHMS or programs to make them site specific (i.e. identify areas of responsibility) may be made without national office approval. Changes to the SHMS or programs that alter their policies require national office approval.

CHAPTER 3: OFFICE SAFETY AND HEALTH

Purpose

This program is intended to protect employees from potential health and safety hazards in the office. This policy emphasizes the elimination or reduction of hazards by workplace and job design, taking into account differences among tasks and individuals.

Scope

This chapter applies to all DULA employees, students, and faculties.

Responsibilities

A. Responsible safety officer’s responsibilities include:
1. Working with the local safety and health committee to supplement this chapter to meet the needs of the specific office environment.
2. Ensuring office safety and health inspections are conducted quarterly.
3. Training all employees on this chapter.
4. Providing proper storage for office supplies.
5. Ensuring that office equipment is in safe working order.
6. Ensuring that safe procedures for processing incoming mail and deliveries are utilized.

B. Employee responsibilities include:

1. Reporting all safety or health concerns to management.
2. Maintaining an orderly and sanitary office environment.
3. Following all office safety and health policies.

Procedure

Housekeeping.

1. All aisles and passageways in offices must be free and clear of obstructions. Proper layout, spacing, and arrangement of equipment, furniture, and machinery are essential.
2. All tripping hazards must be eliminated. Some common hazards are damaged carpeting, cords in walking areas, and projecting floor electrical outlet boxes.
3. Chairs, files, bookcases, and desks must be maintained in safe operating condition. Filing cabinet drawers must always be kept closed when not in use.
4. Materials stored in supply rooms must be safely stacked and readily accessible. Care must be taken to stack materials so that they will not topple over. Heavy objects will be stored at low levels. Under no circumstances will materials be stacked within 18 inches of ceiling fire sprinkler heads or halon planes of operation.
5. Hazardous materials must be properly handled and disposed of. A waste receptacle of hazardous material must be labeled to warn employees of the potential hazards.

Electrical safety.

1. Electrical cords must be examined on a routine basis for fraying and exposed wiring. Particular attention should be paid to connections behind furniture, as files and bookcases may be pushed tightly against electric outlets, severely bending the cord at the plug. Defective cords will be replaced or repaired as needed.
2. Electrical equipment and wiring must be approved and used in accordance with NEC and local requirements.
4. Non-business-related small appliances, such as space heaters, are not permitted in the office unless approved by management. Re-locatable power taps (power strips) can be used in conjunction with small appliances if listed and labeled for such use.

5. Use of extension cords:

6. Extension cords must only be used as temporary wiring in accordance with OSHA's electrical standards.

7. Extension cords must be kept in good repair, free from defects in their insulation. Defective cords will be removed from service until repaired or replaced.

8. Extension cords must be positioned so that they do not present a tripping or slipping hazards.

9. Extension cords must not be placed through doorways having doors that can be closed and thereby damage the cord.

Indoor air quality (IAQ).

1. Smoking is prohibited within all DULA offices and buildings, except in designated locations. Smoking materials must be extinguished and placed in appropriate containers before leaving smoking areas.

2. The safety officer will investigate all complaints of IAQ. Air sampling will be conducted when appropriate, and the results will be shared with employee(s) and their union representative(s).

Noise.

1. Sound levels must be considered during the procurement and location or of any office equipment.

2. Provide proper maintenance of equipment, such as lubrication and tightening of loose parts, to prevent noise.

3. Locate loud equipment in areas where its effects are less detrimental. For example, place shredders away from areas where people must use the phone.

4. Barriers, walls, or dividers can be used to isolate noise sources. Acoustically-treated materials can be used as buffers to deaden noise and appropriate padding can be used to insulate vibrating equipment to reduce noise.

5. Schedule noisy tasks at times when it will have the least effect on other tasks in the office.

6. Hazard communication program.

7. Every employee must be made aware of all hazardous materials they may contact in the office.

8. The hazard communication program must follow the requirements of the hazard communication portion of this manual.
Emergency action plan.

1. DULA has a written emergency action plan covering actions that must be taken to ensure employee safety from fire and other emergencies, such as earthquakes or bomb threats.
2. The written emergency action plan must, at a minimum, including the following information:
3. Emergency escape procedures and emergency escape route assignments.
4. Procedures to account for all employees after emergency evacuation has been completed.
5. The methods of reporting fires and other emergencies.
6. The alarm or emergency notification system used to alert employees of emergencies.
7. Employees will be trained on the emergency action plan when first hired, whenever the plan changes, whenever any person’s responsibilities under the plan change, and not less than annually.

Fire extinguishers.

1. Employees are not to use fire extinguishers unless they have been trained in their proper use.
2. The responsible safety officer will ensure that all portable fire extinguishers are visually checked on a monthly basis and inspected annually.

First aid.

1. First aid kits must be available in designated place.
2. The first aid procedures outlined in the first aid and CPR chapter must be followed.

CHAPTER 4: EMERGENCY CONTINGENCY PLAN

Purpose

The purpose of this plan is to ensure that each employee is provided a safe working environment. The emergency contingency plan has been developed to provide an organized plan of action to prepare and respond to major natural and human-caused emergencies.

Scope

The program applies to all DULA employees, students, and faculties. This chapter includes the following emergency action plans.
Responsibilities

A. The responsible safety officer will ensure:
   1. Development and implementation of office-specific emergency programs.
   2. Employees are trained on emergency procedures.
   3. Exercises are conducted to evaluate the effectiveness of the emergency action plans.
   4. Maintenance of training records and documentation related to incidents and exercises.

B. Employees, students, and faculties are responsible for:
   1. Attending emergency training.
   2. Reporting potential emergency situations to their responsible safety officer.
   3. Following emergency action plans as directed.

Procedures

A. Emergencies will be assessed by the responsible safety officer and/or emergency personnel for the size of and potential to cause injury or illness to DULA employees. The appropriate emergency plan will be implemented based upon the nature and seriousness of the emergency.

B. Exercises will be conducted annually to evaluate the effectiveness of the plans.

C. Any time an emergency plan is implemented, whether it is for an actual emergency or an exercise, the response will be documented. The documentation will include the date, description of the scenario, actions taken, or parts of the plan implemented, participants, and critique. The critique will identify what went well and what areas need improvement. Plans will be modified as necessary to correct deficiencies.

Responsible personnel

The personnel responsible for the operation of the emergency plan are listed below. Their agreement to participate is appreciated by the university.

In cases of emergency, or in practice drills, it is expected that all instructions be followed properly and completely.
A. Emergency director

Basic responsibilities during drills / emergencies:

1. When a fire is reported to you, you must find out the location of the fire, the type of fire, size of the fire, likelihood of the fire spreading, and the name of the person reporting the fire.
2. Call the fire dept. (911) first. Tell the fire dept. where the fire is in the building and the type of fire.
3. Announce the emergency evacuation with PA system or our emergency mic located in the basement area's fire control room. Be available to help with any aspect of the evacuation—have keys with you to all areas of building.
4. When you have ascertained where the problem is (from operators or other team members funneling info to you) direct appropriate team members to their area (i.e. communicators, monitors).
5. Act as liaison/spokesperson to fire dept., police, etc.
6. If communications are down, assign someone to run or drive to the nearest phone to summon help.
7. Assign someone to stand near the driveway entrance to flag down fire trucks, ambulances, etc. when they arrive.
8. Announce reentry is O.K. only after all areas are reported clear.
9. Be knowledgeable of all other emergency team members' basic responsibilities.

* Responsible personnel are subject to change according to emergency director's decision
10. During an earthquake drill, station yourself at the switchboard to await a report from communicators that drill is complete, then advise them to announce end of drill.

11. During actual earthquakes, obviously no announcements can be made immediately, so follow the same procedure as everyone else in the building (i.e. get under your desk). When the quake and immediate aftershocks have subsided, you may see fit to order an evacuation due to potential gas leaks, etc., if the quake was substantial.

12. We do not have significant water storage for our people for post-earthquake survival. Ascertain the nearest evacuation / disaster relief center and direct them to it.

B. Communicators

Basic responsibilities during drills/emergencies

1. If anyone other than the emergency director informs you that there is fire, immediately contact the emergency director, report the location, and wait for further instructions.

2. Assist the emergency director in whatever way directed.

3. If an evacuation alarm is sounded, repeat the following several times: “Please evacuate the building immediately.”

4. For fire or other evacuation type drills:
   a. When instructed to initiate or other evacuation type drill, announce throughout your entire floor (including the lunchroom and conference areas).
   b. Repeat the following several times: “This is a drill. Please evacuate the building immediately.”
   c. Report to the emergency director and assist in whatever way directed.

5. For earthquake drills
   a. When instructed to initiate an earthquake drill, announce throughout your entire floor.
   b. Repeat the following several times: “This is an earthquake drill. Please get under your desks or tables immediately.” Make a mental note of non-cooperative persons.
   c. Report to the emergency director at the switchboard when complete. He will advise you when you should announce the end of the drill.
   d. After evacuation, report your assigned group to obtain roll call results.
   e. Write down and be prepared to give names of people not accounted for to the emergency director when asked for it.
C. Monitors

Basic responsibilities during drills/emergencies

1. Monitors are the key individuals in any emergency. By their actions they can maintain calm in their groups and ensure effective communications between the disaster team leaders and students, faculty, and staff of the university.

2. Monitors are responsible for maintaining a roster of the individuals in their groups and for knowing who is at the facility so that, in event of an evacuation, they can report individuals who may still be in the building. This is a very important responsibility as it may be necessary to search for individuals at risk of human lift.

3. Monitors are also the communication link between the communicators and the students, faculty, and staff.

4. Monitors are responsible for getting access to class schedules/intern schedules/patient rosters.

5. Upon hearing an announcement to evacuate the building, instruct everyone in your area (including visitors and VIPs) to leave the building immediately via the nearest exit.

6. Recheck the area to make certain everyone is gone.

7. Report to the emergency director that your area is clear.

8. Exit the building if no further instructions are given to you by the emergency director.

9. Prevent people in your group from reentering the building until reentry is ordered by the emergency director.

10. Take the roll of your group and report individuals unaccounted for (and their last known location) to the communicator who requests it.

11. Pass along to individuals in your group the information given to you by communicators. This will include information regarding finding individuals unaccounted for, termination of any drill, authorization to return to the building, authorization to start automobile engines, and instructions to go home.

Emergency action plan

A. FIRE PLAN

1. PLAN AHEAD: Be familiar with the locations of stairwells, fire alarm pulls, and fire extinguishers. See the floor plan posted in your office.

2. If a fire is observed or suspected, do the following.
   a. Alert others around you and activate the fire alarm.
b. Notify the emergency director and provide as much information as you can about the location, nature, and size of the fire.

c. Evacuate the building if the evacuation alarm is sounded or directed to do so.

d. If you are leaving the building, close but do not lock all doors as you leave. Ensure that all windows are closed.

e. Use the stairwells. DO NOT USE ELEVATORS.

f. Do not re-enter the building until given approval by the emergency director.

3. DON'T:

   a. Panic.
   b. Use elevators.
   c. Reenter the building for valuables.
   d. Break windows.
   e. Open hot doors.
   f. Become a spectator.
   g. Congregate at building entrances/exits after evacuation.

B. EARTHQUAKE

1. DO:
   a. Take cover under a desk, in a doorway, or in the center of the building's interior, or sit down against an interior wall.
   b. Stay clear of windows, bookcases, file cabinets, storage racks, and similar items.
   c. Follow the instructions of the emergency director and emergency personnel.
   d. Remain calm.
   e. Turn off all electrical equipment.
   f. If an evacuation is signaled, follow your escape route to the closest available stairwell and exit the building.

2. DON'T:
   a. Use telephones.
   b. Use elevators.
   c. React in a manner that may cause undue panic or alarm.
   d. Stand near windows.
   e. Use matches if the power fails.
   f. Panic if you are in an elevator. Emergency personnel will take action to remove passengers from inoperative elevators.
C. DEMONSTRATIONS AND CIVIL DISORDERS

1. All occupants will:
   a. Avoid contact with demonstrators and all media representatives.
   b. Continue working normally.
   c. Keep lobby and corridors clear.
   d. Stay away from windows and entrances.
   e. Report the presence of unauthorized persons in your office to the federal protective service.

D. BOMB THREAT PLAN

1. If a bomb threat is received, do the following:
   a. Identify the time the threat was received.
   b. Ask questions about the location, time set to go off, type of bomb, who placed it, and why it was placed.
   c. Listen for voice characteristics, speech pattern, background noise, age, and sex of caller.
   d. If a threat is received via mail, hand-carry it immediately to your supervisor and attempt to preserve it for fingerprints.
   e. Notify the federal protective service.

2. If a bomb is observed or suspected, do the following:
   a. Notify the emergency director and provide as much information as you can about the location, time set to go off, and type of bomb.
   b. Evacuate the building if the evacuation alarm is sounded or if directed to do so.

3. DON'T:
   a. Antagonize the caller.
   b. Touch or move the suspected bomb.
   c. Reenter the building until you are notified by emergency director.
   d. Retrieve your automobiles until notified that it is safe to do so.

E. EXPLOSION PLAN

1. If an explosion occurs:
   a. Vacate the office to a safe area.
b. Notify the federal protective service or pull the nearest fire alarm box.
c. Prohibit persons from entering the area.
d. Follow instructions given by emergency personnel.

2. If you are unable to evacuate the affected area:
   a. Get down in the prone position.
   b. Get under the best available cover (i.e. desk, table etc).
   c. Get away from glass, open areas, or perimeter rooms.
   d. Protect head, eyes, and torso.

F. POWER FAILURE

1. In the event of a power failure, do the following:
   a. Turn off electrical office machine appliances, including computer equipment.
   b. Remain calm. Emergency lighting will be available.
   c. Personnel should remain in their areas and await further instructions from their first line supervisors.
   d. Further direction or instruction to floor occupants will be issued by the floor communicator.
   e. Only by the sounding of the fire alarm will all personnel vacate the building.

G. SEVERE STORM

1. If a severe storm occurs, do the following:
   a. Stay away from windows and outside walls. Close all drapes and blinds on outside windows.
   b. Close all doors to outside offices.
   c. The emergency director will keep you posted on any further information and instructions.

2. DON'T:
   a. Attempt to leave the building; you are safer in one of the safe areas of the building than you would be in the street or a car.
   b. Use elevators.
   c. Get excited.
H. ELEVATOR ENTRAPMENT

1. In the event of an elevator entrapment, do the following:
   a. Press the emergency call button, located in the elevator control pad.
   b. Remain calm and wait for instructions.
   c. Follow the instructions from the emergency director or authorized personnel.

I. EMERGENCY MEDICAL SITUATION IN BUILDING

1. In the event of emergency medical situation in the building, do the following:
   a. Report the situation to the switchboard.
   b. If possible, have another individual remain with the person requiring medical aid.
   c. The individual remaining with the person requiring medical aid should not attempt to move the individual.
   d. He/she should make the person as comfortable as possible by using common sense.
   e. You should remain at the switchboard until the appropriate assistance has been secured. You may need to describe the exact situation over the telephone.
   f. The switchboard operator will notify the emergency director, who will immediately go to the switchboard to determine the assistance required.

J. ACTIVE THREAT

1. If an active threat is outside your building:
   a. Proceed to a room that can be locked, barricaded, or secured in some way; close and lock it; turn off the lights; and hide under a desk, in a closet, or in the corner.
   b. Call 911.
   c. Remain in place until the police, or the emergency director known to you, gives the all clear.

2. If an active threat is in the same building:
   a. Determine if the room you are in can be locked and, if so, follow the same procedure as described in the previous paragraph.
b. If your room can't be locked, determine if there is a nearby location that can be reached safely and secured, or if you can safely exit the building.

   c. If you decide to move from your current location, be sure to follow the instructions of safe escaping from the scene below.

3. If an active threat enters your office or classroom:
   a. Try to remain calm.
   b. Call 911 if possible, and alert police to the location of the threat; if you can't speak, leave the line open so the dispatcher can listen to what is taking place.
   c. You can make attempts to: run, hide, or fight (consider it a very last resort).

4. Safe escaping from the scene:
   a. Make sure you have an escape route and plan in mind.
   b. Do not carry anything while fleeing.
   c. Move quickly, keep your hands visible, and follow the instructions of any police officers you may encounter.
   d. Do not attempt to remove injured people; instead, leave wounded victims where they are and notify authorities of their location as soon as possible after you are safe.

CHAPTER 5: PERSONAL PROTECTIVE EQUIPMENT

Purpose

The object of this personal protective equipment (PPE) program is to protect employees from the risk of injury by creating a barrier against workplace hazards. PPE will be provided, used, and maintained when it has been determined that its use is required and that such use will lessen the likelihood of occupational injury and/or illness.

Scope

The program applies to all employees, students, and faculties required to wear PPE.
Responsibilities

1. Responsible safety officers have the primary responsibility for implementation of the PPE program in their work area. A responsible safety officer will:
2. Provide appropriate PPE and make it available to employees.
3. Ensure and certify completion of a PPE assessment.
4. Ensure employees are trained on the proper use, care, and cleaning of PPE.
5. Maintain records of training and PPE supplied.
6. Supervise employees to ensure that the PPE program elements are followed and that employees properly use and care for PPE.
7. Ensure defective or damaged equipment is immediately removed from service.
8. Ensure proper disposal and cleaning of contaminated PPE.
9. Designate a PPE coordinator to supervise the distribution, maintenance, and care of equipment.
10. DULA employees, students, and faculties are responsible for conforming to the requirements of this policy. Employees will:
11. Wear PPE as necessary.
12. Attend PPE training sessions.
13. Care for, clean, maintain, and dispose of PPE as necessary.
14. Report any damaged or defective PPE to the safety officer.

Procedure

1. General requirements.
2. Equipment will be maintained and worn in accordance with the manufacturer's specifications.
3. Care will be taken to ensure that the correct size is selected.
4. Eye and face protection.
5. Wherever hazards exist that may require additional eye protection, goggles or face shields will be worn.
6. The equipment is available in intern's room and herbal dispensary room.
8. Hand protection will be worn to protect against specific hazards such as chemical exposure.
9. Glove selection for chemical protection will be based on performance characteristics of the gloves, conditions, duration of use, and hazards present.
10. Based on a hazard assessment, the responsible safety officer will select and provide appropriate hand protection to employees that are potentially exposed.
11. Gloves are available in each treatment room.
12. DULA employees are responsible for checking the condition of gloves before use.
CHAPTER 6: HAZARD COMMUNICATION

Purpose

It is DULA’s policy to comply with the requirements of OSHA’s Hazard Communication Standard (HCS), 29 CFR 1910.1200.

Scope

This program applies to all DULA employees, students, and faculties, where there is exposure to hazardous chemicals that are known to be present in the workplace in such a manner that employees may be exposed under normal conditions of use or in a foreseeable emergency.

Procedure

1. List of hazardous chemicals.
2. A list of all hazardous chemicals used in the office will be maintained and updated as necessary.
3. The list will identify the corresponding material safety data sheet (MSDS) for each chemical.
4. Material safety data sheets.
5. MSDSs for all hazardous chemicals used in DULA will be readily accessible to employees at all times.
6. Requisitions for hazardous chemicals are to include a request for the MSDS. All MSDSs will be reviewed for content and completeness. Additional research will be done if necessary.
7. MSDSs of new material to be purchased must be reviewed and the chemical approved for use by the responsible safety officer or his or her designee. Whenever possible, the least hazardous substance will be obtained.

Warning labels

1. All containers of hazardous chemicals in the office will be properly labeled.
2. All labels will include the identity of the hazardous chemical and the appropriate hazard warning, including the target organ effects.
3. Each label will be checked with the corresponding MSDS to verify the information.
4. Alternate labeling provisions, such as tags or markings, may be made for containers that are of unusual shape or size and do not easily accommodate a legible label.
5. Chemicals that are transferred from a properly labeled container to a portable container, and that are intended only for the immediate use of the person who performs the transfer, are not required to be labeled.

CHAPTER 7: FIRST AID AND CARDIOPULMONARY RESUSCITATION

Purpose

To provide prompt and properly administered first aid, cardiopulmonary resuscitation (CPR), and automated external defibrillation (AED) to minimize the severity of injuries and illnesses that may occur in the workplace.

Scope

This chapter applies to all DULA employees, students, and faculties. Any reference to AEDs is reserved until further notice.

Definitions

Automated external defibrillator (AED). A medical device that analyzes the heart rhythm and can deliver an electric shock to victims of ventricular fibrillation to restore the heart's normal rhythm.

Cardiopulmonary resuscitation (CPR). The combination of artificial respiration and manual artificial circulation.

First aid. Immediate assistance, emergency care, or treatment given to an ill or injured person before regular medical aid can be obtained.

Responsibilities

The responsible safety officer or their designee is responsible for the development and implementation of this program in DULA.

Only designated first aid responders are expected to provide first aid as part of their job duties.

When emergency services cannot respond within fifteen minutes, the responsible safety officer or their designee will solicit a sufficient number of volunteers to administer first aid.

Where a sufficient number have not volunteered, the responsible safety officer or designee will designate individuals as first aid responders as a collateral job duty.
Designees will include members outside the bargaining unit and others within the bargaining unit subject to the collective bargaining agreement.

The responsible safety officer will assure the following:

1. All employees are offered first aid and CPR training.
2. Training certificates remain current.
3. The contents of first aid kits are replenished and maintained in a serviceable condition.

**Procedures**

In the event of an injury to an employee, an assessment of the injuries will be made by a designated first aid responder as to whether the injury requires treatment beyond first aid. If further treatment is needed, the employee will be transported to an appropriate facility. Call 911 for all transports deemed unsafe when controlled be anyone other than emergency response services.

In the event of an injury to a contract worker, first aid supplies will be made available to the individual. If the extent of an injury requires treatment beyond first aid, emergency response services (911) will be contacted.

In the event that first aid is required, it will be provided by a designated first aid responder.

Incidents in which employees provide first aid and/or CPR in the course of their duties must be reported to the unit manager for review and follow-up, which may be necessary to protect the health of the employee.

**First aid equipment**

In the absence of an infirmary, first aid kits will be provided for each office. First aid kits will be readily accessible and stored in a convenient area. The size of the kit will be determined by the number of employees in the office, based on the supplier’s recommendations.

The first aid kit for the office will comply with current ANSI standards.

**CHAPTER 8: BLOODBORNE PATHOGENS**

**Purpose**

This program establishes a uniform policy and guidance for protecting DULA employees, students, and faculties from bloodborne pathogens and other potentially infectious materials (OPIM).
Scope

This program applies to all employees, students, and faculties. DULA does not anticipate its employees, students, and faculties will have occupational exposure to blood or OPIM.

References

CPL 02-02-077, bloodborne pathogens exposure control plan and guidance on post-exposure evaluations for federal OSHA personnel, dated 09/27/2010.

Memorandum of understanding between the U.S. DOL and NCFLL, dated 10/21/2010.

Exposure control plan

Exposure determination. DULA does not anticipate that its employees, students, and faculties will have occupational exposure to blood or other potential infectious materials (OPIM). OPIM is defined as:

The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

HIV-containing cell, tissue, or organ cultures; HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV. The standard defines occupational exposure as “reasonably anticipated skin, eye, mucous, membrane, or parental contact with blood or other potentially infectious materials that may result from performance of the employee's duties.”

Hazard assessment

DULA employees, students, and faculties shall take necessary precautions to avoid contact with blood and OPIM and shall not participate in activities, nor enter areas that will require them to come into contact with blood or OPIM or with needles, instruments, or surfaces that are contaminated with it.

Methods of implementation and control.
**Universal precautions and work practices**

Employees, students, and faculties should consider all blood and OPIM to be infectious for HIV, HBV, and other bloodborne pathogens. Under circumstances where differentiation of body fluid types is difficult or impossible, all body fluids should be considered to be potentially infectious materials.

**Bloodborne pathogen training**

DULA employees, students, and faculties will be given bloodborne pathogen training at the time of initial assignment to work or internship and annually on the elements included on 29 CFR 1910.1030(g)(2), except for 1910.1030(g)(2)(vii)(I). The training required by 1910.1030(g)(2)(vii)(I) on the hepatitis B vaccine need only include information on its efficacy, safety, method of administration, and the benefits of being vaccinated. The trainer must be familiar with the bloodborne pathogens standard.

**Voluntary hepatitis B vaccination**

Firm management commitment to avoid contact with blood and other potentially infectious materials is the primary control method to prevent exposing field personnel to hepatitis B and other bloodborne pathogens. In addition, hepatitis B immunization is a safe and effective way to prevent its infection and serious consequences. OSHA will provide interested field personnel with hepatitis B immunization on a voluntary basis, for health promotion and preventive care in accordance with the memorandum of understanding between OSHA and NCFLL dated October 21, 2010. For additional information about the hepatitis B vaccination, please see the Center for Disease Control Guidance at:

http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html

**Post-exposure evaluation and follow-up**

DULA shall provide post-exposure evaluation and follow-up, and post-exposure prophylaxis when medically indicated to any employee who suffers an exposure incident as defined by 29 CFR 1910.1030(b), while performing work assignments. All medical evaluations and procedures are to be made available at no cost to DULA personnel at a reasonable time and place, and under the other conditions set forth in 29 CFR 1910.1030(f). Post-exposure evaluation and follow-up will be offered by OSHA to employees, students, and faculties who experience exposure to blood or OPIM (as defined in 29 CFR 1910.1030) while on duty when acting as a good Samaritan to others who have sustained a laceration, nosebleed, or similar incidents.
Recordkeeping: training records

Training records are to contain all information specified on 29 CFR 1910.1030(h)(2) and will be maintained for 3 years from the date on which the training occurred. Training records will be held by the office at which training took place.

Procedures for unforeseen contact with blood or other potentially infectious material (OPIM)

A. Work practice controls.

Intact skin-contact with blood or OPIM.

Employees, students, and faculties are to wash their hands and any other affected skin with soap and water immediately or as soon as feasible if there has been skin contact with blood or OPIM. As soon as possible, the employee must notify his/her supervisor regarding the exposure. If the OSHA employee and supervisor are not able to determine that the exposure was definitely not an exposure incident (i.e. the employee has an open wound, chapped hands), the supervisor should immediately contact the regional administrator or their designee. The regional administrator or their designee will then contact the director of the Office of Occupational Medicine (OOM) within 30 minutes to determine if post-exposure evaluation is warranted.

Contaminated equipment.

In the event that equipment becomes contaminated with blood or OPIM, the employee shall immediately contact a supervisor to review how to proceed in this situation.

Personal protective equipment.

Employees, students, and faculties are expected to avoid contact with blood and OPIM as well as surfaces and items contaminated with such materials. In the unlikely event that equipment becomes contaminated, DULA will provide appropriate gloves of proper size. Employees, students, and faculties will carry these gloves on inspections. Gloves are to be replaced as soon as practical if they become contaminated, torn, or punctured, or whenever their ability to function as a barrier appears to be compromised. These gloves are not to be washed or decontaminated for reuse. Employees, students, and faculties are to determine the extent of contamination of gloves prior to their removal. It is unlikely that gloves worn by field personnel would be contaminated to the extent that they would be considered regulated waste, but if this should occur, the gloves are to be discarded in a regulated waste container at the inspection site. In a facility, not in compliance with 29 CFR 19 10.1030 regarding regulated waste, see section 4.0.C.
Regulated waste

DULA does not anticipate that the duties of DULA employees, students, and faculties will generate regulated waste.

Post-exposure evaluation and follow-up

DULA may provide post-exposure evaluation and prophylaxis, as well as follow-up.

Handling an exposure incident. In the unlikely event of an exposure incident (as defined in 29 CFR 1910.1030[b]), the DULA employee, student, or faculty is to immediately, or as soon as feasible, wash the affected skin with soap and water and flush any affected mucous membranes with water. He/she should then seek medical attention. A bloodborne pathogens exposure incident is an event for which immediate attention must be sought, because the effectiveness of post-exposure prophylaxis is dependent on prompt administration. An employee, student, or faculty who has had an exposure incident is to report the incident to his or her supervisor as soon as possible.

The safety officer or designee shall instruct the employee to seek medical attention from a healthcare provider capable of performing a post-exposure evaluation and, if indicated, able to provide the hepatitis B vaccination series, baseline testing for hepatitis B/C and HIV, prophylaxis for hepatitis and HIV, and any future testing or prophylaxis as recommended by the U.S. public health service.

Information provided to the evaluating healthcare provider

The instructions for the healthcare provider describe the applicable requirements of 29 CFR 1910.1030(f) and instruct the healthcare provider to give a written opinion to the employee. The supervisor must obtain the written opinion from the employee when the employee returns to the duty station. The written opinion will be maintained at the employee's assigned duty station. While at the evaluating healthcare facility, the employee should ask to sign a medical records release form requesting that the healthcare provider send a copy of the evaluation's medical record to DULA. This medical documentation will become a part of the employee's confidential employee medical record maintained.
Procedures for evaluating an exposure incident.

The safety officer, or a designee to whom the affected employee is assigned, will evaluate the circumstances surrounding any exposure incident. The evaluation should consist of at least:

- A review of the exposure incident report completed by the DULA employee, student, or faculty.
- Documentation regarding a plan to reduce the likelihood of a future similar exposure incident.
- Notification of the oriental medical center and discussion of any similar incidents and planned precautions.

Management will ensure that employee medical records and all other personally identifiable information is afforded all safeguards in accordance with the applicable provisions of DLMS-5 chapter 200, “The Privacy Act of 1974 and Invasion of Privacy,” and DLMS-9 chapter 1200, “Safeguarding Sensitive Data Including Personally Identifiable Information.”

Such reports will be maintained at the employee’s assigned duty station, and copies are to be sent to DULA oriental medical center and safety officer. The safety officer will review these reports on a periodic basis so that this information can be considered when reviewing and updating this plan.

Responsibilities

DULA Safety officers will:

1. Ensure that employees are trained and that training records are maintained.
2. Determine how and if contaminated equipment can be decontaminated.
3. Provide gloves and other supplies (i.e. bags) to DULA employees, students, or faculty.
4. Arrange for appropriate disposal of regulated waste if an employee is unable to properly dispose of it on-site and is therefore obligated to bring it back to the office for disposal.
5. Instruct employees to obtain post-exposure evaluation and locate an appropriate healthcare facility for the evaluation in the event that an exposure incident occurs.
6. Work with the employee to complete an exposure incident report in the event of an exposure incident.
7. Ensure that the healthcare provider for any exposure incident is provided with a copy of 29 CFR 19 10.1030 and the other materials in appendix A of these instructions.
8. Obtain a written report completed by the healthcare provider who performs a post-exposure evaluation on an employee.
9. Evaluate the exposure incident report and other reports and send copies of these reports to OOM and the regional administrator.
10. Immediately notify the regional administrator or designee, as well as the ARA-AP, of any exposure incident that occurs to an employee.
11. Immediately notify the regional administrator when an employee reports that an on-site investigation could result in a potential exposure to blood or OPIM.

Employees, students, faculties Employees, students, faculties will:

1. Notify their supervisor immediately if they believe that an investigation could result in potential exposure to blood or OPIM and wait for approval prior to entering any area where an exposure could occur.
2. Not handle or touch contaminated objects.
3. Take appropriate action if an occupational exposure occurs or if equipment becomes contaminated.
4. Contact the supervisor immediately if an exposure incident occurs.
5. Work with the supervisor as soon as possible, if an exposure incident occurs, to complete an exposure incident report.
6. Bring a copy of the healthcare provider's written report back to the supervisor after any post-exposure evaluation for an exposure incident.
APPENDIX A

EXPOSURE INCIDENT REPORT

Please print

Employee’s name______________________________ Date____________________________

Date of birth______________________________________________________________

Telephone (business)____________________________ (Home)____________________

Job title____________________________________________________________________

Date of exposure_______________________________ Time of exposure AM   PM

Hepatitis B vaccination status__________________________________________________

Location of incident___________________________________________________________

Describe the job duties you were performing when the exposure incident occurred.
____________________________________________________________________________
____________________________________________________________________________

To what body fluid(s) were you exposed? _________________________________________
____________________________________________________________________________
____________________________________________________________________________

What was the route of exposure (i.e. mucosal contact, contact with non-intact skin, percutaneous)?
____________________________________________________________________________
____________________________________________________________________________

Describe any personal protective equipment (PPE) in use at the time of the exposure incident.
____________________________________________________________________________
____________________________________________________________________________

Did PPE fail?____________________ If yes, how? _________________________________
____________________________________________________________________________

Identification of source individuals(s) (names). [Unless infeasible or prohibited by state or local laws]
____________________________________________________________________________
____________________________________________________________________________

Other pertinent information______________________________________________________
DULA EMPLOYEE TRAINING / EDUCATION

Dongguk University Los Angeles encourages employees at all levels to participate in job-related training and development activities to enhance skills, expand knowledge, and grow as professionals.

The responsibility for identifying and participating in training is shared by individual employees, their supervisors, and the university. Employees are responsible for obtaining approval from their supervisor to attend training programs, and supervisors are encouraged, whenever possible and appropriate, to approve employee requests to participate in such programs—especially those offered by the university. Supervisor approval may be dependent on factors such as budget, the ability of the department to function in the employee's absence, and the relevance of the activity to either the employee's current position or their professional development plan. In all cases, participation in development activities should not interfere with the effective performance of job responsibilities.

Employees may be required by the university to attend certain educational or training programs for the following reasons:

- To maintain or improve skills required in the profession or by the position.
- To meet the requirement of employment by the university, applicable law, or regulations.
- To meet the requirement of applicable licensure or certification as needed for the job.

The university will cover the costs of any required training for employees. Other training which is not required but bears a cost may be the responsibility of the employee or shared between the employee and the university. In all cases, the employee and his or her supervisor should make a payment agreement before registering for or attending the training.

If an employee participates in job-related training and professional development activities during a scheduled workday, it will be considered work time. Professional development and training activities outside of and in addition to regular work hours for non-exempt employees require approval in advance from their supervisor; these activities are considered regular work hours for overtime compensation purposes.

Required Training:

- FERPA Training (at the time of hire and thereafter biennially): Any staff/faculty members involved with handling and securing student records and information.
- HIPAA Training (at the time of hire and thereafter annually): Any staff/faculty members involved with handling and securing patient records and information.
- OSHA / Blood Pathogen Training (at the time of hire and thereafter annually): Any staff/faculty members who physically work in the Oriental Medical Clinic (including interns).
- Title IX Training (at the time of hire and thereafter annually): All staff/faculty members.
- Title IX Training (at the new student orientation) and annual online training: DAOM and MSOM Students.

Recommended Membership:

- AAAOM (American Association of Acupuncture and Oriental Medicine): Staff and faculty with L.Ac., individually or through institutional membership.
- AACRAO (American Association of Collegiate Registrars and Admission Officers): Registrar, program director, program coordinator, and admissions director.
- AICPA (American Institute of Certified Public Accountants): Accounting manager.
- NAFSA (National Association of International Educators): International student advisor.
In consideration to the 71760. Self-Monitoring Procedures with the Bureau for Private Postsecondary Education (BPPE), the following activities are implied by DULA:

1. Ongoing:
   - Subscription to BPPE email notification with dean@dula.edu
   - Notification of changes and updates sent to appropriate staff

2. Monthly:
   - Attending BPPE workshop
     Members to attend: Academic staff, General Administration staff

3. Quarterly:
   - Updates BPPE information during staff meetings

4. Annually:
   - Updates all standards and regulations at the annual retreat