

SHAWNEE STATE UNIVERSITY

Medical Laboratory Technology Program

Policy and Procedure Manual

This manual contains a combination of Policies and Procedures that are from a variety of sources including those taken from the University Website.

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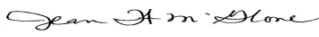
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Medical Laboratory Technology Program	Program Director	
	Clinical Coordinator	
Approved Signatures	Date policy edited	2/20/23

Purpose:

To ensure compliance with The Higher Learning Commission and the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) policies and procedures.

Policy:

The Program Director is ultimately responsible for all accrediting compliance related issues of the Medical Laboratory Technology Program with the standards consistent with the Higher Learning Commission and the National Accrediting Agency for Clinical Laboratory Sciences.

Procedure:

A review of the accreditation criteria and standards will be included within the Program Evaluation process.

All department publications stating the accreditation status will include the name and address of NAACLS. The NAACLS accreditation guidelines will be followed in describing accreditation status.

1.1.1 Submission of Accreditation Fees and Documentation

- Program Director: Receives the invoice of the accreditation fee from NAACLS
Electronically delivers the invoice to the Allied Health Sciences (AHS) Department Chair. AHS Administrative Assistant enters invoice into Bear Trax system for hierarchy approval as follows:

- Dean’s Office: Reviews/Approves invoice payment from Med Lab 10-account (Program Fees) and sends to Provost for final approval and payment initiation.

- Provost Office: Reviews/Approves invoice payment from Med Lab 10-account (Program Fees)

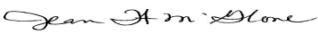

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1.1.2 Notification of Substantive Change

Program Director: In the event of a substantive change in the program (i.e., faculty change, budget changes that would impact the program, loss of accreditation of the University to offer the program from the Higher Learning Commission, the Program Director is responsible for notifying the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS).

Dean's Office: In the event of the Program Director being vacant the Dean's office will assume the responsibility of notifying the National Accrediting Agency for Clinical Laboratory Sciences.

Medical Laboratory Technology Program	Title: Non-Discrimination	Policy # 1.2	Date: 8-5-15	Page 1 of 2
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Medical Laboratory Technology Program	Program Director	
	Clinical Coordinator	
Approved Signatures	Date policy edited- <u>2/2023, 2/2025</u>	

Purpose:

To ensure that the Medical Laboratory Technology Program adheres to non-discrimination consistent with the University Policy: [5.01:Non-Discrimination/Harassment](#).

Policy:

The Medical Laboratory Technology Program will adhere to the University Policy which is as follows:

INSTITUTIONAL STATEMENT OF NON-DISCRIMINATION

Title IX:

Title IX of the Education Amendments of 1972 is a federal law that prohibits discrimination on the basis of sex in educational programs and activities at institutions that receive federal financial assistance. Sexual harassment, which includes acts of sexual violence, is a form of sex discrimination prohibited by Title IX. Sex discrimination is a continuum of behaviors ranging from sexual harassment and intimidation to sexual assault. Shawnee State University is committed to maintaining a learning environment free from discrimination on the basis of sex, which includes sexual harassment and sexual violence. These acts violate an individual's fundamental rights and personal dignity and will not be tolerated. The University seeks to address sex discrimination, sexual harassment, and sexual violence through education, policy enforcement, and by providing mechanisms for students, faculty, staff and visitors to [report concerns or complaints](#). Prompt corrective measures will be taken to stop sex discrimination, sexual harassment and sexual violence whenever it occurs. Contact Title IX Office tbuckmaster@shawnee.edu (740) 351-3291

University ADA Statement:

Any student who believes they may need an accommodation based on a documented disability should first contact the Coordinator of Accessibility Services at 740-351-3608, or SSUAccessibility@shawnee.edu (Hatcher Hall, 1001 4th Street) and schedule a meeting to identify potential reasonable accommodation(s). Students are strongly encouraged to initiate the accommodation process in the early part of the semester or as soon as the need is recognized.

The Office of Accessibility Services will gather relevant information and determine whether an accommodation is warranted. When an accommodation is determined to be warranted, an accommodation letter will be sent to the instructor(s) and student via secure e-mail prior to the semester start date, when possible, or as soon as is feasible.

The Office of Accessibility Services will not disclose the nature of any disability with instructor(s); if the student wishes to discuss the disability with one or more instructors, they may do so.

Any questions regarding the academic accommodation on the letter should be addressed to the Coordinator of Accessibility Services. If a student does not make a timely request for academic accommodation and/or fails to meet with the Coordinator of Accessibility Services, a reasonable accommodation may be denied or delayed.

Medical Laboratory Technology Program	Title: Privacy and Confidentiality	Policy # 1.3	Date: 8-5-15	Page 1 of 2
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Medical Laboratory Technology Program	Program Director <i>Jean Ann Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
	Date policy edited- <u>2/2023, 2/2025</u>

Purpose:

To ensure compliance with Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA)

Policy:

The Medical Laboratory Technology Program and the Program Director will inform the students of the importance of privacy and confidentiality upon entering the program. Additionally, the faculty of the MLT program will strictly adhere to the regulations governed within the FERPA legislation, and the HIPAA legislation.

Procedure:

The faculty of the MLT program will strictly adhere to the standards set in place by FERPA and HIPAA legislation.

In the event of a violation of the policy the following procedure will commence:

Once the program director has received a complaint or concern about a violation of HIPAA or FERPA he/she will perform interviews with all of the parties involved to collect more information, and then will pass the complaint/concern along to the Dean of the College of Health and Human Services. Any disregard for the patient's right to privacy and confidentiality is grounds for immediate dismissal from the program.

The following chain of command should be followed:

1. Individual making the complaint or concern
2. Program Director
3. Dean of College of Health and Human Services
4. Provost Office
5. President's Office

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If at any time during the gathering of information a decision can be made that would require disciplinary action (consistent with the SEA/SSU collective bargaining agreement) or the initial complaint is determined to be without just cause then the matter may be ended.

Responsibilities:

- Program Director: Inform the student of the policy upon acceptance into the program.
Serve as a “gate keeper” of any non-adherence to the policy.

- Faculty: Uphold Privacy and Confidentiality policy and report any violations to the Program Director

- Student: Do not share any Protected Health Information (PHI) regarding patients to anyone outside of the medical team that would need to be informed about the patient.

Report any violations to their immediate supervisor or instructor.

Medical Laboratory Technology Program	Title: Due Process/Discipline	Policy # 1.4	Date: 2-2023	Page 1 of 8
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Medical Laboratory Technology Program	Program Director <i>Jean Ann Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
	Date policy reviewed/edited- <u>2/2025</u>

PURPOSE: Conduct

To ensure the rights of both students and faculty in the event that disciplinary action by the Medical Laboratory Program faculty is necessary. Due Process shall be defined as the process that occurs whenever the expected disciplinary action taken may result in dismissal or removal of the student from the MLT Program.

The MLT Faculty will recognize the offenses based on severity of the offense. The MLT program also recognizes 2 types of dismissals and 2 types of probations.

Academic dismissal: Dismissal from non-compliance with Academic Standards and/or committing the Category offenses listed below. Consequence could lead to **Program dismissal.**

Professional dismissal: Dismissal due to professional or performance reasons. See “performance probation”

Academic probation: Probation due to violation of Category Offense (listed below). The probationary status is for the duration of the remaining program and may result in the student being dismissed.

Professional probation: Probation due to professional or performance reasons listed under the “Professional Probation” section. After the third offense with no improvement the student may be dismissed from the program. The probationary status is for the duration of the remaining program and may result in the student being dismissed.

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In order to aid in developing professional attitudes and behaviors, the following policy has been established to deal with discipline problems within the Medical Laboratory Technology Program. After review of alleged unethical behavior by faculty, the Program Director and if necessary, the Dean of the College of Professional Studies or designee, students may be dismissed or placed on Academic probation from the program for any or all of the following reasons:

Category I Offenses: Any student committing any of the following acts will be subject to *immediate* dismissal from the program.

1. Attendance on University or Clinical properties while under the influence or while in possession of any mind-altering substances (alcohol, non-prescription drugs, etc.) as outlined by the university policies (Policy No. 3.19, 5.06)
2. Revealing any protected health information (PHI) to outside parties without the need to know the information, per the HIPAA guidelines.
3. Verbal or physical acts of aggression or sexual harassment against another person while on University or Clinical properties.
4. Deliberate destruction or damage to University, Clinical, student, or faculty property.
5. Theft of University, Clinical, student, or faculty property.
6. Deliberate falsification of any Program, Clinical, or patient documentation or record either by omission or addition.
7. Plagiarism (to steal another's ideas or words and to pass them off as your own) or cheating on any type of program evaluation.
8. Practicing beyond the scope of a MLT student.
9. Failure to achieve a "C" in any MLTC class
10. Failure to maintain an overall 2.0 GPA

Category II Offenses: Any student committing any of the following acts will be subject to the following disciplinary procedures:

1st offense: Probation (To be in effect for the duration of the program).

2nd offense: Dismissal from the program (This offense may be from Category II)

1. Causing damage to University, Clinical, patient, student, or faculty property through negligence.

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2. Causing injury or potential harm to a patient, student, or faculty member through negligence.
3. Insubordination or refusal to obey an order relating to hospital function or patient care; except where the student is not qualified to perform a task; or, proper supervision is lacking.
4. Failure to follow program or clinical rules or policies.

PROFESSIONAL PROBATION

Students in the Medical Laboratory Technology Program are expected to maintain the highest standards of professionalism in their performance and in their attitudes while in the classroom, laboratories, and/or clinical affiliates. The development of these attitudes shall be evaluated using the "Affective Evaluation" and evaluations done by faculty and clinical faculty. Satisfactory performance on this instrument is required of all students. Prior to issuance of an unsatisfactory Affective Evaluation, the instructor will have a meeting with the student to recommend areas in need of improvement. This serves as a verbal warning that improvement is needed.

Students receiving an unsatisfactory Affective Evaluation (i.e. less than 73%), following a verbal warning will be notified by the instructor or Program Director in writing that improvement is required for continuance in the program. Following written justification of the unsatisfactory evaluation by the instructor, the student will be given recommendations for improvement and placed on "Professional Probation" by the program. Professional probation is defined as probation within the program for non-academic reasons.

Students placed on professional probation will be re-evaluated in five weeks (two weeks if unsatisfactory evaluation is received during practicum) for satisfactory improvement. Failure to document satisfactory improvement within this time period, i.e. less than 73% on the Affective Evaluation, will result in professional dismissal from the program. Note that students may appeal this decision by following the steps outlined in the SSU catalog for academic dismissal.

If, on the other hand, the student demonstrates satisfactory improvement during the five-week period following the issuance of the written warning, the student will be permitted to continue in the program but will remain on professional probation until all coursework is completed. Any student who is on professional probation (has received a written warning and receives another unsatisfactory Affective Evaluation, i.e. less than 73%) will be dismissed from the program.

Students dismissed from the MLT Program for unprofessional behavior will not be considered for re-admission to the program.

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Faculty members will use the weekly Affective Evaluation tool for application in the classroom or laboratory settings. As explained above, the faculty member will meet with the student to review the documentation of the reason for the student's being placed on "professional or academic probation".

POLICY:

1.4.1. Students

All students shall have the right to a due process. Student grade appeals, academic probation, professional probation and dismissal decisions from the MLT program progress through the chain of command to the Dean of College of Health and Human Services (CHHS). However, if the student files a formal grievance against a faculty member, then the chain of command may go to the President of the University if necessary.

1.4.2 Faculty/Staff

Faculty and staff of the MLT program shall have the right to informally or formally grieve an issue that may result in discipline or possible termination of employment. The MLT program has adopted the SEA/SSU Collective Bargaining Agreement language to outline the policy and procedure.

PROCEDURE

1.4.1. Students

Responsibility

Faculty: If the complaint is regarding a grade dispute the faculty should make a prudent attempt to resolve the complaint informally.

If the complaint cannot be resolved informally, the faculty member shall notify the program director of the complaint.

Program Director: If formal complaint is written by the student, then the program director will review all relevant information submitted and make a formal recommendation within 3 calendar days.

Notify the student of the program decision to dismiss or place on probation from the MLT program.

In all cases of complaint or dismissal appeal, if the student is not satisfied with the program director's recommendation, the program director shall notify the dean of CHHS of the situation and notify the student of the next level of appeal.

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Dean of College Receive the formal complaint or dismissal appeal after the Program Director

Review all relevant information, which may include speaking with the faculty and/or program director.

Form a committee to review the information and meet with the student filing the complaint or dismissal appeal within 7 calendar days.

Make a formal recommendation with the committee's input to the student within 3 business days after the student meeting.

Students: The student should make every good faith effort to resolve the complaint informally.

If the student is not able to resolve the complaint informally, he/she may file a formal grievance within 10 calendar days after receiving official notification of the program's intention.

The formal complaint or dismissal appeal must be typed and contain any supporting documentation that the student would like to be reviewed.

Attend any and all meetings that are requested within the complaint resolution process.

Student Grievance Procedure:

1. Students shall be notified of the allegation that may result in dismissal or probation from the MLT program by the MLT program leader or Clinical Coordinator.
2. Nothing herein contained in this grievance procedure shall be construed to prevent an individual grievant from first seeking to informally resolve a grievance if he/she chooses, provided that such an informal grievance settlement is not inconsistent with the terms of the policy, and the grievant has not initiated a formal grievance
3. In the event that an informal resolution cannot be met the students should follow the appropriate chain of command to grieve a decision. A formal grievance should be a typed letter explaining the details of the grievance and provide any supportive documentation, and should be filed with the MLT program leader. The Chain of command is as follows:
 - a. Faculty or Instructor (in the case of a grade dispute only)
 - b. MLT Program Director
 - c. Dean of College of Health and Human Services
 - d. Provost or appointee (Formal grievance only)
 - e. President or appointee (Formal grievance only)
4. Formal grievances must be filed within 10 calendar days of the official notification of the allegation from the MLT program Director.
5. If the grievance cannot be handled by the MLT Program Director then the grievance will be forwarded to the Dean of the College of Health and Human Services.

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6. The Dean shall form a committee to review the documentation and meet with the student within 7 calendar days after receiving the formal grievance.
7. The committee and Dean will make a formal recommendation within 3 calendar days after meeting with the student, and if the student would like to move further with the grievance, he/she may appeal in writing to the Provost or appointed Provost Representative to hear the complaint.
8. Refer to the faculty grievance procedure for details on how the process should be followed past the Dean of College of Health and Human Services.

1.4.2. Faculty/ Staff

Faculty or Staff Grievance Procedure: (may change as the result of a newly negotiated CBA between SSU and SEA)

1. Nothing herein contained in this grievance procedure shall be construed to prevent an individual grievant from first seeking to informally resolve a grievance if he/she chooses, provided that such an informal grievance settlement is not inconsistent with the terms of the Agreement and the grievant has not initiated the formal grievance process (i.e., filed a Grievance Form).
2. In the event that the above informal step is unsuccessful or not exercised, the grievant may file a formal grievance form. This form shall be completed in triplicate with one (1) to the grievant, one (1) to the SEA, and one (1) to the appropriate Dean. Insofar as practicable, grievance conferences will be scheduled so as not to interfere with the class or work schedule of the grievant or administrative officers whose presence will be required.
3. A grievant shall have the right to be present at any level in the grievance procedure without loss of pay.
4. Any grievance not acted on in the time limits provided in this article is automatically appealed to the next level.

Section 4. Level One – Dean.

A meeting shall take place between the grievant (or his/her designee) and Dean (or his/her designee) at a time mutually agreed to by all parties, but no later than ten (10) days following the date the grievance was filed with the Dean. A grievant may only be accompanied by a witness(es) and one (1) Association representative of his/her choice and an OEA Representative. The University Administration reserves the right to have comparable representation present. If the Dean lacks authority to resolve the grievance, the grievance shall be forwarded to Level 2 within ten (10) working days and the Dean shall notify all parties that the matter has been forwarded.

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A written answer will be given by the Dean or his/her designee no later than ten (10) days after this meeting.

Section 5. Level Two – Provost.

In the event that the formal grievance is not resolved to the satisfaction of the grievant at Level One or the Dean lacks authority to resolve the grievance, the grievant may request within ten (10) days a Level Two meeting with the Provost by filing a grievance form. A meeting shall take place between the grievant (or his/her designee) and the Provost (or his/her designee) at a time mutually agreed to by all parties, but no later than ten (10) days following the date the grievance was filed with the Provost. A grievant may only be accompanied by a witness(es) and one Association representative of choice and/or an OEA Representative. The University Administration reserves the right to have comparable representation present. The parties may mutually agree to expand the number of representatives for each side. If the Provost lacks authority to resolve the grievance, the grievance shall be forwarded to Level 3 within ten (10) working days and the Provost shall notify all parties that the matter has been forwarded. A written answer will be given by the Provost or his/her designee within ten (10) days after this meeting

Section 6. Level Three – President.

In the event that the formal grievance is not resolved to the satisfaction of the grievant at Level Two or the Provost lacks authority to resolve the grievance, the grievant may request within fifteen (15) work days a Level Three meeting with the President by filing a grievance form. A meeting shall take place between the grievant (or his/her designee) and the President (or his/her designee) at a time mutually agreed to by all parties, but no later than fifteen (15) work days following the date the grievance was filed with the President. A grievant may only be accompanied by a witness (es) and one (1) Association representative of choice and an OEA Representative. The University Administration reserves the right to have comparable representation present. The parties may mutually agree to expand the number of representatives for each side.

A written answer will be given by the President within fifteen (15) work days after this meeting.

Section 7. Level Four – Binding Arbitration.

In the event that the formal grievance is not resolved at Level Three, the Association may appeal the grievance to arbitration. Within ten (10) work days after receipt of the Level Three disposition, the Association may file a demand for arbitration to the American Arbitration Association (AAA) and to the President of the University. The SEA representative and the President then choose an Arbitrator pursuant to the voluntary selection rules of the American Arbitration Association (AAA). However, the arbitrator will not add to, subtract from, or otherwise change any provisions of this Agreement or the ORC not otherwise superseded by this Agreement. The decision of the arbitrator shall be final and binding upon both parties. The arbitrator shall be requested to issue his/her decision within thirty (30) calendar days after the conclusion of testimony and argument. Any award involving a salary adjustment shall be limited to the life of the contract. All other awards shall be limited to a period not to exceed sixty

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(60) calendar days from the filing of the grievance. The costs of the services of the arbitrator, and the cost of the hearing room, if any, shall be shared equally by the University and Association/Grievant.

Section 8. Miscellaneous.

Copies of all written answers at any level of this procedure shall be given to the grievant and the Association President. Any grievance not appealed within the time limits set forth above shall be considered settled on the basis of the last decision. No reprisal of any kind shall be taken by or against any participant in the grievance procedure by reason of such participation. By mutual agreement of the Association and the University, a grievance may be initiated at any higher applicable level. The grievant may withdraw the grievance at any level without prejudice with the understanding that if the same grievance is filed at a later date outside the time limits as defined in the grievance process, it will be considered untimely.

A copy of the grievance form shall not become a part of the unit member's personnel file unless the grievant, SEA and University agree otherwise.

Medical Laboratory Technology Program	Title: Complaints and Concerns	Policy # 1.5	Date: 8-5-15	Page 1 of 2
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Medical Laboratory Technology Program	Program Director <i>Jean Ann Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
	Date policy reviewed- 2/2025

PURPOSE:

To provide students, parents, community members, or any other stakeholders of the MLT program a method of resolving a grievance concerning an informal and/or formal complaint or concern

POLICY:

It is very important that students follow the proper channels when dealing with their concerns. Failure to do so may lead to miscommunication and failure to adequately address the concerns of students. For classes, the instructor of the course is primarily responsible for addressing concerns related to that class. Students with concerns related to classes should first bring those concerns to the attention of the instructor of the class. If dissatisfied with the response of that instructor, then the concerns should be directed to the Program Director.

Informal complaints made by students, parents, community members, or any other stakeholders of the MLT program can be resolved by discussing concerns with the instructor, then, if necessary, the department chair, then, if necessary, the Dean of the College of Health and Human Services (CHHS), then, if necessary, the Provost, in that order.

Formal complaints require appropriate documentation including the steps taken prior to resolve the complaint.

Persons wishing to resolve a complaint or concern (formal and informal) against a member of the University's faculty bargaining unit, the SEA, is handled under the complaint procedure in the current negotiated labor agreement between the SEA and Shawnee State University.

Under no circumstances will criticism of the program, faculty, or clinical sites be considered appropriate if this process is not followed. Students repeatedly failing to follow appropriate channels with concerns may be subject to disciplinary action. Since no employer will tolerate continuous complaining or criticisms that are not presented in the appropriate manner, this program feels justified in maintaining similar expectations of students.

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PROCEDURE:

<u>Responsibility</u>	<u>Action</u>
Complainant	1.1. Brings a personal and informal concern to course faculty 1.1.2. If the matter is not resolved with the faculty member, bring it to the Program Director. 1.1.3. If the concern is not resolved by the Program Director, appeal to the Dean of the College of Health and Human Services (CHHS). 1.1.4. If the concern is not resolved by the Dean CHHS, appeal to the Provost or President. 1.1.5. If informal concerns are not addressed to satisfy the complainant, then documentation is required to file a formal complaint and should include the prior steps taken to try and resolve the complaint to the Dean of CHHS.
Faculty	1.1.6 Attempt to resolve informal complaints with students, individuals. 1.1.7 Keeps a record of complaint and disposition. 1.1.8 Notify the MLT Program Director of complaint and resolution recommendations.
Program Director	1.1.9 Investigate complaint and meet with all involved parties to resolve issue. 1.2.0 Keep records documenting formal and informal concerns and complaints and resolution.
Dean	1.2.1 Investigates complaint if unresolved. 1.2.3 Meet with student 1.2.4 Meets with faculty member and Program Director 1.2.5 Makes written recommendation with copies to student, involved faculty member, and Program Director.
Provost/President	1.2.6 Reviews written documentation for unresolved complaints and meets with individuals as needed. 1.2.7 Makes final decision.

Medical Laboratory Technology Program	Title: Safety of Persons Associated with MLT Program	Policy # 1.6	Date: 8-5-15	Page 1 of 4
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Medical Laboratory Technology Program	Program Director <i>Jean Ann Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
	Date policy reviewed- 2/2025

PURPOSE:

To ensure the safety and health of students, faculty and patient/clients involved in the MLT Program.

POLICY:

Students will receive education/training in safety procedures that will be utilized during on-campus and off-campus educational experiences. Students will demonstrate competence in safety procedures prior to commencing with clinical assignments. All laboratory procedures (both in the student lab and in the hospital clinical laboratory) will take place under the supervision of trained and responsible clinical laboratory personnel.

PROCEDURES:

1.6.1 On-Campus Educational Experiences

Students are not permitted to perform interventions or use equipment in the absence of faculty unless students have permission from faculty and can be identified.

1.6.1.1. Emergency Procedures:

Each student is responsible for personal health and safety. The procedures below are intended as guidelines to assist students in emergency situations:

A. Illness

Contact the instructor or AHS Department secretary (ext. 3236). If illness is severe then contact campus security at 3232 from an on-campus phone, (351-3232 from off-campus) or dial 9-911 from a campus phone.

B. Thunderstorms- The program suggests that individual take shelter in a building or car. Do not stand near tall trees or telephone poles. Stay away from open water and metal objects.

C. Tornado - Individuals should take shelter on the lower floor of the building in hallways away from windows. In a car, get out and seek shelter in a low area or resident hall.

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- D. **Fire** - If a fire is discovered immediately contact security at ext. 3232 from an on-campus phone (351-3232 from off-campus phone). If the fire is obviously out of control, pull the nearest fire alarm and follow the emergency evacuation procedure located near the room exit then contact the fire department by dialing 9-911 from an on-campus phone.
- E. **Earthquake** - Light tremors – Get outside quickly. Do not take personal belongings with you. When outside, stay away from buildings and power lines.

Major tremors – Stay away from places with high ceilings, move away from the center if there are high ceilings around you. Get under sturdy objects (desk, table, bed, etc.). If you cannot get under something, stand under a doorframe. Do not re-enter a building until the building has been thoroughly checked for major damages (foundation, gas lines, power lines, etc.). Do not attempt to leave a building under major tremors. An earthquake can happen in 15 to 30 seconds, not allowing you enough time to exit. After an earthquake, exit the building immediately.

- F. **Inclement Weather** - On questionable weather mornings, the Office of the Provost is responsible to make the determination for delays or closure. This notification is reported to local news stations, and SSU alert system through the MySSU App.

1.6.1.2. Infection Control:

Each student is responsible for personal health and safety. The procedures below are intended as guidelines to assist students in infection control situations:

To prevent the transmission of blood and body fluid diseases, Universal Precautions will be used at all times when contact with potentially infectious body fluids is anticipated. All blood and body fluids and tissue will be treated as potentially infective.

Faculty will make available gloves (powder less and latex free gloves), gowns, masks and goggles, as appropriate for potential contact for laboratory classes.

Infection Control Procedure:

1. Gloves shall be worn when any contact with moist body substances (blood, saliva, pus, wounds, urine, feces, etc.) from any person is anticipated.
2. Gloves, lab coats or gowns shall be worn if soiling of clothing may occur.
3. Gowns shall be worn when potential soiling of clothing is apparent.
4. Masks shall be worn if aerosolization or splattering of blood or body fluid might occur. When determined by the CDC of case elevations of aerosol transmissible disease such as COVID-19, use of N95 Respirator masks may be required in the student laboratory. At such time N95 Qualitative Fit testing will be required. Respiratory Fit Testing Procedure and Completion Checklist with student signature will be kept in the student's file housed in the Program Director's office. See Appendix 1A for Respiratory Fit Testing Procedure and Completion Checklist sample document.
5. If a patient or client is known or suspected to have a disease that is transmitted by airborne route, masks shall be worn when entering the room.

Medical Laboratory Technology Program	Title: Safety of Persons Associated with MLT Program	Policy # 1.6	Date: 8-5-15	Page 3 of 4
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6. Goggles shall be worn if spattering of blood/body fluids might occur.
7. Soiled material shall be placed in a plastic bag, tied securely and disposed of in an appropriate receptacle.
8. Needles and other sharp objects will be placed in the puncture proof containers for proper disposal.
9. Hands must be washed before and after all procedures with contact with patient/clients or potentially infected material and immediately after removing gloves.
10. If contamination by body substances appears likely, the equipment will be cleaned with soap and water and disinfectant solution according to specific procedures for that equipment. Gloves should be worn.

Medical Laboratory Technology Program	Title: Safety of Persons Associated with MLT Program	Policy # 1.6	Date: 12-28- 2011	Page 4 of 4
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1.6.2. Off- Campus Educational Experiences

1.6.2.2. Clinical Experiences

MLT program has clinical rotations nearing the end of the second year of the curriculum (MLTC 2190). These rotations will be performed off-campus and assigned by the Clinical Coordinator. The following procedures shall be used to assure student safety while participating in these clinical rotations:

1. Students will adhere to OSHA standards for infection control.
2. Students will familiarize themselves with and follow the policies and procedures of their assigned clinical facilities.
3. Students will be responsible for identifying safety concerns at the workplace, which may include but are not limited to:
 - a. Wet floors
 - b. Equipment failure (damage)
 - c. Patient concerns
4. Students will use sound judgment to determine safety of themselves and others during the presence of personal illness, physical injury, and inclement weather.
5. Students will be responsible to notify their clinical instructor and the Clinical Coordinator of any and all safety concerns.

Enforcement: Violation of this policy will result in disciplinary action. Enforcement of this policy will be in accordance with the relevant Collective Bargaining Agreement, Student Handbook, or other University policies.

1.6.3. Student Competency Prior to Clinical Assignment

1. Student will complete Bloodborne Pathogen training and PPE training
2. Students will demonstrate safety competence in all academic coursework by meeting the following:
 - a. Complete appropriate Skill Check-off in each laboratory procedure prior to the initiation of clinical affiliations.
 - b. All laboratory procedures (both in the student lab and in the hospital clinical laboratory) will take place under the supervision of trained and responsible clinical laboratory personnel.

Medical Laboratory Technology Program	Title: MLT Faculty Roles and Responsibilities	Policy # 2.0	Date: 8-5-15	Page 1 of 2
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Medical Laboratory Technology Program	Program Director <i>Jean Ann Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
	Date policy reviewed- <u>2/2025</u>

PURPOSE:

To ensure that the MLT faculty are qualified and understand their roles and responsibilities as a faculty member in the MLT Program and Shawnee State University.

POLICY:

The MLT Program will only employ persons who are qualified by education and experience to fulfill their assigned responsibilities. Academic faculty must hold appropriate credentials and maintain activities within the profession consistent within the MLT program’s philosophy, University policy, and NAACLS standards.

Faculty associated with the MLT Program shall be informed of their roles and responsibilities which are as follows:

Program Director

Qualifications – A minimum of Master’s Degree with credentialing as a Medical Technologist or Medical Laboratory Scientist and experience in a medical laboratory. Teaching experience is preferred.

Responsibilities –

1. Coordinate the activities of the faculty and department in the recruitment and review of applicants for to the faculty;
2. Assist the Dean or designee in orienting new faculty;
3. Prepare and recommend course offerings of the program, considering student scheduling needs, development of the class schedule;
4. Provides for meetings of the program to discuss department needs, activities, and recommendations;
5. Represents the program to the administration;
6. Recommends all expenditures from the program budget;
7. Coordinates all dept. academic advising including acceptance of majors, and assessment of equivalency and transfer credits;
8. Prepares program information for program reviews, accreditation visits, and University publications;
9. Assists in planning program offerings through assessing needs and recommending revisions in curricula, new degree programs, and other approaches to improving education;

Medical Laboratory Technology Program	Title: MLT Faculty roles and Responsibilities	Policy # 2.0	Date: 8-5-15	Page 2 of 2
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10. Assists in recruiting and retaining students;
11. Assesses adequacy of library support and recommends acquisition relevant to department programs and offerings;
12. Attends Department meetings of Program Directors;
13. Serves as readily accessible point of contact and source information for students, faculty, and staff on matters involving program activities;
14. Recommends the need for part-time faculty;
15. Performs other assignments relevant to the program as assigned by the dean. These additional duties shall not include taking disciplinary action against a bargaining unit member.

Clinical Coordinator

Qualifications – Minimum of a Bachelor’s Degree – Master’s Degree Preferred with credentialing as a Medical Technologist or Medical Laboratory Scientist and experience in a medical laboratory. Teaching experience is preferred.

Responsibilities –

1. Fulfill all of the responsibilities and duties for full-service faculty according to the current SEA-SSU Collective Bargaining Agreement;
2. Maintain clinical site affiliation agreements;
3. Duties such as:
 - a. Assisting in faculty staffing decisions;
 - b. Textbook selection;
 - c. Program review;
 - d. Clinical coordination;
 - e. Attend faculty meeting;
 - f. Attend advisory committee meetings;
 - g. Teach 24 semester hours per academic year;
 - h. Teaching should represent 70-80% of workload with the remainder in service to the university and scholarship;
 - i. Student academic advising as assigned by the faculty
 - j. Participate in MLT program curriculum design, development, implementation, and evaluation of the MLT program.
 - k. Faculty advisor to SSU Med Lab Crew

Medical Laboratory Technology Program	Title: Faculty Program Meetings	Policy # 2.1	Date: 8-5-15	Page 1 of 2
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Medical Laboratory Technology Program	Program Director <i>Jean Ann Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
	Date policy reviewed- <u>9/2025</u>

PURPOSE:

To ensure that the MLT faculty are informed of University and program policy and procedures.
 To ensure that the MLT faculty are involved with the planning, implementing, and assessment of the MLT program for ongoing, systematic program development.

POLICY:

The Program Director will have regular and consistent contact with MLT students, faculty, and program personnel
 Program meetings will be held as needed with a goal of at least one faculty meeting per academic year.

PROCEDURE:

<u>Responsibility</u>	<u>Action</u>
Program Director	1.0 Schedule the meeting as needed but at least one per academic year
	1.1 Develop the meeting agenda
	1.2 Convene, operate, and adjourn the meeting
Faculty/Clinical Coordinator	2.0 Offer suggestions for the agenda prior to the meeting
	2.1 Attend and participate each meeting
	2.2 Provide appropriate University and program committee reports
Invited Guests	3.0 Report on any University or program issues/changes that may effect the MLT program

Medical Laboratory Technology Program	Title: Faculty Department Meetings	Policy # 2.1	Date: 8-5-15	Page 2 of 2
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Meeting minutes will be documented on the form below or similarly organized document and each member will receive a copy.

Shawnee State University
 Medical Laboratory Technology Program
Meeting Minutes

Members Present: Meeting _____

Members Absent: Place _____

Date _____

Chair of meeting _____

<u>AGENDA</u>	<u>DISCUSSION</u>	<u>ACTION</u>	<u>FOLLOW-UP DATE/ RESPONSIBLE PARTY</u>
<u><i>Old Business</i></u>			
<u><i>New Business</i></u>			

Medical Laboratory Technology Program	Title: Program Committees	Policy # 2.2	Date: 8-5-15	Page 1 of 3
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Medical Laboratory Technology Program	Program Director <i>Jan Ann Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
	Date policy reviewed- <u>2/2025</u>

PURPOSE:

To ensure that the MLT faculty is involved with the planning, implementing, and assessment of the MLT Program for ongoing, systematic program development.

POLICY:

Medical Laboratory Technology Program faculty will participate in program departmental standing committees.

The Departmental Standing Committees are:

1. Academic Concerns Committee
2. Advisory Committee
3. Recruitment Committee
4. Community Service Committee

The department committees will consist of a committee chair, and a minimum of one other faculty or administrator.

2.2.1. Academic Concerns Committee

The purpose of the Academic Concerns Committee is to identify areas of improvement with curriculum, clinicals and labs and the impact of availability for the program's success. The goal is always improving the program and to establish and maintain the curriculum in accordance with the philosophy, mission, and goals of the program.

Responsibilities

- Identify program needs for academic faculty
- Identify availability of student resources
- Evaluate learning and library resources
- Review program budget impact on program needs
- Identifying any discipline issues or student concerns
- Identify equipment, space, and supply needs
- Report actions and recommendations to MLT faculty departmental meeting.

The Academic Concerns Committee will consist of a committee chair, and a minimum of one other faculty or administrator.

Medical Laboratory Technology Program	Title: Program Committees	Policy # 2.2	Date: 8-5-15	Page 2 of 3
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2.2.2. Advisory Committee

An advisory committee is a group of persons who are chosen from the communities of interest to advise educators regarding the educational program. Committee members should provide advice and support to the program through regular attendance at scheduled meetings and participation in program issues throughout the year.

Responsibilities

- Bridge the gap between the program and the community.
- Encourage up-to-date and relevant educational processes.
- Determine the need for a particular level of program in the community.
- Review curriculum.
- Facilitate the acquisition of necessary equipment, textbooks and related library and audio-visual materials.
- Market the program.
- Locate qualified faculty.
- Job placement of graduates.
- Annual review of the program goal(s) and objectives.
- Promote community service by Medical Laboratory Technology students.
- Ensure availability of appropriate clinical resources.
- Assist with completion of the Accreditation process.

The Advisory Committees will consist of a committee chair, and a minimum of one other faculty or administrator.

2.2.3. Recruitment Committee

The purpose of the Recruitment Committee is to discuss ways to increase the number of qualified applicants to the program. The goal is to improve the understanding of the field of Medical Laboratory Technology and recruit potential students through health fairs, orientation days, recruitment events and meeting with undecided students.

Responsibilities

- Attend health fairs, orientation days, recruitment events
- Communicate to the public and undecided students about the MLT program.
- Report actions and recommendations to the MLT faculty departmental meeting.

The Recruitment Committee will consist of a committee chair, faculty members and student representatives.

Medical Laboratory Technology Program	Title: Program Committees	Policy # 2.2	Date: 8-5-15	Page 3 of 3
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2.2.4 Community Service Committee

The purpose of the Community Service Committee is to facilitate and make various community service opportunities available to the students. The committee makes students aware of opportunities and assists in providing materials.

Responsibilities

- Facilitate community service opportunities
- Assess the student's interest in developing their own community service events.
- Provide assistance to students with materials, equipment and time if needed.
- Report actions and recommendations to the MLT Program meetings

The Community Service Committees will consist of a committee chair, and all other MLT faculty and students.

PROCEDURE:

1. All standing departmental committees shall meet at the discretion of the committee chair and at minimum of one time per fall and spring semesters.
2. The standing committee chair shall report to the MLT Program faculty meetings.
3. Additional committees will be established on an as needed basis to meet specific needs of the program.

Medical Laboratory Technology Program	Title: Advisory Committee	Policy # 2.3	Date: 8-5-15	Page 1 of 2
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Medical Laboratory Technology Program	Program Director <i>Sean A. M. Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
	Date policy reviewed- 2/2025

PURPOSE:

To ensure that the MLT Program at Shawnee State University has a formal method for receiving input, and feedback from its stakeholders in the community in which it serves.

POLICY:

An advisory committee is a group of persons who are chosen from the communities of interest to advise educators regarding an educational program. Committee members should provide advice and support to the program through regular attendance at scheduled meetings and participation in program issues throughout the year.

The MLT Program will have a committee in place to serve as advisors to the program which may include employers of our graduates, clinical education faculty, former students, current students, faculty, adjunct faculty, community members, University administration, and any other stakeholders that would desire to be part of the Advisory committee.

It is only necessary to review and evaluate changes to the goal(s), program outcomes, instructional effectiveness, and planned program responses to such changes as they warrant. Advisory Committee meeting minutes should reflect an annual review of all resources - curriculum, capital equipment, clinical affiliates, etc. In addition, the Advisory Committee should be asked to review and discuss proposed substantive changes. Policies and procedures outlining Advisory Committee responsibilities, appointments, terms and meetings as well as an ongoing record of Committee minutes, deliberations and activities should be used to demonstrate compliance.

The program director of the MLT Program will serve as the chair of the advisory committee, and his/her responsibilities will include scheduling, operating, and adjourning the advisory meetings. All other faculty and MLT Program administration will attend the advisory meeting

Medical Laboratory Technology Program	Title: Advisory Committee	Policy # 2.3	Date: 8-5-15	Page 2 of 2
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Responsibilities of Advisory Committee-Specific functions of the advisory committee are to provide input into the program/curriculum so that relevancy is current and effective and to assist the program personnel in the following ways:

- Bridge the gap between the program and the community.
- Encourage up-to-date and relevant educational processes.
- Determine the need for a particular level of program in the community
- Review curriculum.
- Facilitate the acquisition of necessary equipment, textbooks and related library and audio-visual materials.
- Market the program.
- Locate qualified faculty.
- Job placement of graduates.
- Annual review of the program goal(s) and objectives.
- Promote community service by Medical Laboratory Technology students.
- Ensure availability of appropriate clinical resources.
- Assist with completion of the Accreditation process.

PROCEDURE:

1. MLT advisory committee members are selected to ensure a diverse and knowledgeable panel that supports the program's missions and goals. Candidates may be suggested as needed by faculty, former students, current board members, or self-nominate based on experience and interest in the program.
2. The MLT advisory committee members shall serve on a voluntary and on-going basis as they desire or as needed.
3. The MLT advisory committee members shall be notified by the Program Director of the time, location, and date of the meetings a minimum of one week in advance.
4. MLT program director will schedule, conduct meeting at least annually. Special meetings may be called when the need arises. (Below is a sample agenda)
5. The AHS Department Administrative Assistant will record and distribute meeting minutes.

Sample Advisory Committee Meeting Agenda

- 1) Introduction of the faculty members
- 2) NAACLS recommended responsibilities for Advisory Committee
- 3) Program Goals and Objectives
- 4) NAACLS Statistics
 - A. Admissions Data
 - B. Placement Data
 - C. ASCP Data
- 5) Graduate Placement

- 6) Attrition
- 7) Program Changes
- 8) Self Study and Site Visit
- 9) Committee Input

Medical Laboratory Technology Program	Title: MLT Program Application and Admissions	Policy # 3.1	Date: 8-5-15	Page 1 of 3
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Medical Laboratory Technology Program	Program Director <i>Jean Ann Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
	Date policy reviewed/edited- <u>2/2025</u>

PURPOSE:

To ensure that the application process and methods of selection are readily available, objective, and equitable as applicable by law to all prospective students meeting minimum requirements and who wish to apply.

POLICY:

All prospective students applying to Shawnee State University (SSU) and the Medical Laboratory Technology (MLT) Program must apply for admission to the university along with a separate application to the MLT program. The online applications must be submitted through SSU's [Application Portal](#) and also through the [Health Science Application](#) page. The priority deadline for Fall admission is April 1st, but applications may be accepted past the deadline until the class is full. When necessary, an objective method of ranking and evaluation of applications will be used. Factors to be considered include previous college coursework, high school Chemistry, and SCI score on the ACT. The number of students selected will vary based on a number of factors including: number of available clinical sites, resources, employment rates, community needs, and community support.

The minimum qualifications for consideration into the MLT Program are as follows:

To be considered for admission to the Medical Laboratory Technology Program, the following items must be received in the Admissions Office by April 1:

1. Application to Shawnee State University and the Medical Laboratory Technology Program
2. Official High School Transcript -or- Official GED Score Transcript and Partial H.S. Transcript
3. Official College Transcripts
4. Proof of Algebra, Biology and Chemistry with "C" or above**
5. Completed Medical Laboratory Technology Program Application
6. ACT Score with "18" in Science Reasoning

** Note there are exceptions to the ACT and HS Chemistry requirements if the student has completed a minimum of 30 hours of college work successfully.

Medical Laboratory Technology Program	Title: MLT Program Application and Admissions	Policy # 3.1	Date: 8-5-15	Page 2 of 3
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PROCEDURE:

1. All prospective students will complete the online application to the university (if a first time SSU student) and online MLT application in its entirety by the deadline for submission.
2. The admissions office verifies University acceptance and forwards the application to the Health Sciences Representative for review.
3. The Health Sciences representative reviews the application for completeness and notifies the student if there are any non-completed items.
4. The completed files are forwarded to the MLT Program Director.
5. The Program Director reviews each application and when necessary scores each applicant based on overall algebra, chemistry and biology grades, science reasoning and composite ACT score.
6. Admission Requirements for the Medical Laboratory Technology Program:
 - Minimum 2.5 GPA on a 4.0 scale (High School or College)
 - Proof of high school or college Biology, Chemistry and Algebra with a C or better
 - Score of 18 or higher on the Scientific Reasoning portion of ACT (this may be waived with successful completion of college work)
 - Successful completion of, or eligible to enroll in ENGL1101 (or ENGL1201) and MATH1200 (or STAT1150)
7. When number of applications exceed open spots, final decisions regarding admission to the Medical Laboratory Technology Program may be made using an objective point ranking system. Factors in this ranking system include the following:

**Medical Laboratory Technology
Selection Criteria**

1. G.P.A. in Algebra, Biology, and Chemistry
 - a. 4.0 in High School Algebra = G.P.A - .5 = 3.5
 - b. 4.0 in Math 1010 or 1011 = G.P.A. = 4.0
 - c. 4.0 in Math 1200 = G.P.A. + .5 = 4.5
2. ACT Science Reasoning and Composite

- a. ACT Science Reasoning score/22
18/22 = .82
- b. Composite/22
24/22 = 1.09

Medical Laboratory Technology Program	Title: MLT Program Application and Admissions	Policy # 3.1	Date: 8-5-15	Page 3 of 3
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3. Added points for previously completed college coursework
 - a. Add .5 for 20 to 80 hours
 - b. Add 1 for more than 80 hours

4. Conferences are held after an admission decision is made

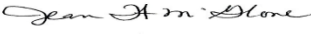
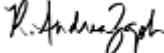
Applicant with example

- Math 1200= B (3.0)
- Chem 1121 = C (2.5); and,
- H.S. Biol = A (3.5)
- ACT Science Reasoning = 18 (.818)
- ACT Composite = 26 (1.181)
- 24 Hours of College with > 2.0 = (.5)
- Admission Points = 11.499 points

The top 24 qualified students with the highest point values will receive an acceptance letter.

Students will be notified of admission status with the Medical Laboratory Technology Program. Those admissions will be in one of the following categories:

1. Full Admit - These applicants have been accepted into the Medical Laboratory Technology Program and will be included in the class for the following Fall Semester upon completion of the MLT Program admission interview.
2. Students must respond with an acceptance email or phone call to hold their spot and to be scheduled for required admission interview.
3. Non-admit - These applicants may reapply to the Medical Laboratory Technology Program for the following year and will be considered a new applicant. These applicants should work to improve their applicant status (point ranking) if they plan to apply the following year. It is strongly recommended that these applicants contact the Medical Laboratory Technology Program Director to determine how to improve their status for the following year. It is important to note that the Medical Laboratory Technology Program does not maintain a waiting list and that each year applicants are given an equal opportunity to compete for positions in the Program.

Medical Laboratory Technology Program	Title: MLT Program Student Handbook	Policy # 3.2	Date: 8-5-15	Page 1 of 1
Medical Laboratory Technology Program Approved Signatures	Program Director Clinical Coordinator   Date policy reviewed/edited- <u>2/2025</u>			

PURPOSE:

To ensure that all MLT students are informed of the policies and procedures that are relevant to their role and responsibility within the MLT Program to allow successful completion of MLT education.

POLICY:

All MLT students will receive a current MLT Student Handbook on the first day class in MLTC 1140.

Students will receive orientation to the MLT Program Student Handbook identifying program and institutional policies and procedures, and review their responsibility throughout the program.

The student handbook shall contain all of the following:

- Faculty information
- Mission and Philosophy of the program and institution
- MLT program goals and objectives
- Relevant policies and procedures
- Academic Information
- Clinical Information
- Miscellaneous Information

PROCEDURE:

- All MLT students will be issued a copy of (or virtual access to) the MLT Program Student handbook at program orientation and/or in MLTC 1140.
- Faculty will provide all students will orientation to the MLT Student Handbook during MLTC 1140 and the student must sign and date ‘MLT Student Handbook Signature Page’ and return it to the Program Director the first week of classes. There are several signature pages throughout the handbook that must be signed. These signature pages will be kept in the student’s file housed in the Program Director’s office and maintained permanently in Feith.
- Students will comply with all policies and procedures according to the student handbook.
- Faculty will review the MLT Student Handbook annually for updates and relevance as related to program and institutional policy and procedure changes at faculty meeting.

Medical Laboratory Technology Program	Title: Academic Advising	Policy # 3.3	Date: 8-5-15	Page 1 of 2
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Medical Laboratory Technology Program	Program Director <i>Jean Ann Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
	Date policy reviewed/edited- 2/2025

PURPOSE:

To ensure that students receive appropriate academic and professional advising by the Medical Laboratory Technology Program faculty throughout the MLT Program.

POLICY:

The Medical Laboratory Technology Program policy on Student Advising is in compliance with the University Policy in the area of academic affairs, policy number 2.05.

All students in the MLT Program will be advised by the Program Director and/or MLT faculty.

The Program Director/faculty will serve as mentors to the student throughout the program, and shall review student academic, professional, and clinical performance as needed at each meeting.

At the beginning of each semester, MLT students will be given current degree audits to monitor their progress toward completing the MLT Program.

The MLT program advisor shall provide approval for the advisees to register for courses for the following semester.

PROCEDURE:

<u>Responsibility</u>	<u>Action</u>
Program Director	1.1 Serves as faculty advisor to all students when first accepted into the MLT Program. 1.2 Divide MLT advisees between faculty at the beginning of MLT student's 2 nd semester in the program
Faculty/Program Director	2.1 Communicate availability of office hours to students. 2.2 Review degree audits of advisees and discuss with students at the beginning of each semester or as needed. 2.3 Meet with students having difficulty or on probation and assist in finding tutors or other campus resources.

- 2.4 Advise students regarding curriculum, graduation requirements and career counseling.
- 2.5 Act as a role model for ethical, professional behavior.
- 2.6 Write letters of reference as may be needed.
- 2.7 Encourage participation in ASCLS or other professional functions.

Medical Laboratory Technology	Title: Academic Advising	Policy # 3.3	Date: 8-5-15	Page 2 of 2
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Student

- 3.1 Meet with advisor/mentor at scheduled times.
- 3.2 Actively participate in self-assessment for academic, professional, and clinical concerns.
- 3.3 Implement remediation or other plans as discussed with advisor to improve academic, professional, or clinical deficiencies.

Medical Laboratory Technology Program	Title: Dress Code	Policy # 3.4	Date: 8-5-15	Page 1 of 2
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Medical Laboratory Technology Program	Program Director <i>Jan Ann Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
	Date policy reviewed-edited- 2/2025

PURPOSE:

To ensure students representing Shawnee State University and the Medical Laboratory Technology Program appear professional and ensure a safe environment for students and patients.

POLICY:

3.4.1. Academic Dress Code

Students will be required to wear appropriate attire in the academic setting. This includes:

- No low-cut shirts, short-shorts or belly shirts
- No shirts with obscene slogans/pictures etc.
- Faculty have the right to ask the student to leave class or lab if the student is inappropriately dressed

3.4.2. Clinical Dress Code

While in the clinical settings, students are expected to maintain a neat, clean, and professional appearance at all times. Whenever students are scheduled at the clinical sites, including those times that classes may be scheduled at the clinical sites, they must adhere to this dress code. Appropriate dress will include the following:

1. Appropriate dress as outlined by the individual clinical site.
2. Student name badge (student ID) displayed prominently over the left breast pocket. (Some clinical sites will provide name badges and others will expect that the student wears their SSU ID).
3. Shoes may be white tennis or walking shoes; **small** amount of color or label will be acceptable (no sandals, hiking boots, backless shoes or clogs, or military style boots will be permitted.)
4. Long hair must be clean, restrained and kept from dangling.
5. Fingernails must be kept short and neatly trimmed. (No fake or acrylic nails)
6. Excessive use of make-up or strong scented aftershaves, perfumes, or colognes is not permitted.
7. Jewelry, bracelets, and rings may lead to ineffective hand washing and serve as a reservoir for bacteria and therefore should not be worn. Pierced earrings must be limited to one non-dangling post per ear.
8. No visible (facial, extremities, tongue, etc.) body piercing will be permitted other than for pierced earrings as stated previously.

9. No visible tattoos.
10. Facial hair must be neatly trimmed
11. Personal and dental hygiene including deodorant and mouthwash

Medical Laboratory Technology Program	Title: Dress Code	Policy # 3.4	Date: 8-5-15	Page 2 of 2
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Certain modifications in this dress code may be necessary in certain selected areas of the hospital. Appropriate apparel for these areas will be determined by the dress protocol of those individual areas and the respective hospitals. The final decision on the appropriateness of apparel will rest with the program faculty/clinical educators. Any student who is determined not to be in compliance with this dress code will be asked to leave the clinical site and will have to make-up the clinical time.

The student will be given one warning of inappropriate dress. Further infractions may result in progressive disciplinary action and may lead to dismissal from the program.

3.4.3 Community Service and Health fairs etc.

1. Students participating in any community service, health fairs, or anytime they are representing the program in any way must dress appropriately.
2. Proper attire must first be approved by faculty, Clinical Coordinator or Program Director

PROCEDURE:

<u>Responsibility</u>	<u>Action</u>
Program Director	<ol style="list-style-type: none"> 1.1 Inform students of the required dress code during MLTC 1140. 1.2 Assist in resolving personal or religious conflicts that may arise with the dress code while maintaining program and course objectives are being met.
Faculty	<ol style="list-style-type: none"> 2.1 Assure compliance with the student dress code. 2.2 Communicate and document on Affective Evaluation any special dress arrangements
Student	<ol style="list-style-type: none"> 3.1 Adhere to the dress code policy at the academic institution and the clinical institution.

Medical Laboratory Technology Program	Title: Employment Advertising to Students and Release of Information	Policy # 3.5	Date: 8-5-15	Page 1 of 2
Approved Signatures				

Medical Laboratory Technology Program	Program Director <i>Jean Ann Stone</i> Clinical Coordinator <i>R. Andrew Joseph</i>
Approved Signatures	Date policy reviewed- 2/2025

PURPOSE:

To provide students with information regarding possible employment opportunities while currently a student in the program as well as upon graduation/certification.

To ensure student confidentiality is protected by the Medical Laboratory Technology Program.

POLICY:

Employer recruiters may visit with students as a group or individually. However, the MLT program will not share any names or other personal information without prior written consent from the student.

Employment job postings and advertisements will be made available to students as they are recognized by the faculty for the student to contact the employer directly.

PROCEDURE:

1. Students will be made aware of the policy for employment advertising to students during MLTC 1140. Students may sign and return the 'Authorization to Release Student Information' (found in student handbook) if (s)he would like his/her personal information released to employers for potential employment opportunities.
2. Students are not required to return the Authorization to Release Student Information form.
3. The faculty shall forward any advertisements recognized as potential employment opportunities to students so that (s)he may contact the employers directly.
4. Students are encouraged to visit Career Services in Room 124 of Massie Hall for job placement assistance or to explore their website for more information.
5. Other job information will be posted in the lab on the bulletin board or shared through SSU Med Lab social media, through Blackboard course announcements, or other digital means.

Medical Laboratory Technology Program	Title: Employment Advertising to Students and Release of Information	Policy # 3.5	Date: 8-5-15	Page 2 of 2
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Excerpt from Student Handbook

Authorization to Release Student Information

I authorize the faculty of the Medical Laboratory Technology Program at Shawnee State University to release personal information from my student record for clinical, educational, recruitment, or employment purposes. I understand that I am not required to return this document and by signing and returning it I am giving authority for the faculty to release my personal information at their discretion.

Student Signature

Date

The following name, address, and phone number may be given:

Name _____

Street _____

City _____ State _____ Zip _____ Phone # _____

Medical Laboratory Technology Program	Title: Student Counseling/Guidance	Policy # 3.6	Date: 8-5-15	Page 1 of 2
Medical Laboratory Technology Program	Program Director <i>Jean Ann Stone</i>			
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>			
	Date policy reviewed- <u>2/2025</u>			

PURPOSE:

Students are encouraged to discuss any concerns with program faculty; however, it should be clearly understood that program faculty are not professional counselors. The University provides access to trained counselors, and students in need of these services are encouraged to utilize them.

Appointments with a counselor can be arranged through program faculty or by contacting the Bear Care Clinic at (740) 355-7102. For emergencies, students should go to the nearest ER, call 911, or reach the Suicide and Crisis Lifeline at 988. Additionally, the SSU Department of Public Safety is available for crisis intervention at (740) 351-3232.

POLICY:

Because faculty have frequent contact with students, they may be the first to notice signs that a student could benefit from a referral for [professional counseling](#). The following are common symptoms that may suggest a student is experiencing difficulties:

- marked changes in behavior
- decline in personal hygiene
- isolation from others
- decline in academic performance
- talks about feeling [anxious or depressed](#)
- makes comments about feeling worthless and that things are hopeless
- exhibits symptoms of stress such as headaches, nausea, appetite change or inability to sleep
- has had traumatic changes in personal relationships such as break-up with a significant other or death in the family
- exhibits signs of alcohol or drug abuse
- overly concerned about weight or body image
- manifests a sudden unwillingness to communicate
- makes references to suicide*
- exhibits disorientation or bizarre behavior
- exhibits paranoid thoughts
- becomes verbally abusive or physically violent
- threatens bodily harm to others*
- * References to suicide or homicide: ALL suicide threats are to be taken seriously. No matter what the context, a student who talks about committing suicide is at risk and needs to be evaluated by a mental health professional immediately. Threats against others also demand an immediate response.

In those instances, Security should be the first contact to ensure the safety of those involved and determine the appropriate course of action.

Medical Laboratory Technology Program	Title: Student Counseling/Guidance	Policy # 3.6	Date: 8-5-15	Page 2 of 2
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PROCEDURE:

At any time that an instructor should feel concerned about a student's behavior or emotional well-being, they should feel free to call the Bear Care Clinic at **(740) 355-7102, 911**, or reach the Suicide and Crisis Lifeline at **988**. Additionally, the SSU Department of Public Safety is available for crisis intervention at **(740) 351-3232**.

Medical Laboratory Technology Program	Title: Maintaining Student Records	Policy # 3.7	Date: 8-5-15	Page 1 of 1
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Medical Laboratory Technology Program	Program Director <i>Jean A m Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
	Date policy reviewed- <u>2/2025</u>

PURPOSE:

To maintain student records that reflect evidence of student evaluation on all levels and progression toward achievement of program requirements.

POLICY:

Student records documenting student scores on all assignments must be kept for five years. Individual exams, should be kept while the student is progressing through the program and until graduation. At this time, they may be destroyed.

PROCEDURE:

Student records kept by the institution must include the following documentation:

- a) That the student has met the published admission criteria
- b) Records of student evaluations
- c) Records of remediation
- d) Records of disciplinary action
- e) Official transcripts
- f) Health records (Hepatitis B inoculation)
- g) Drug-Screen record
- h) Background check record
- i) TB skin test result

Medical Laboratory Technology Program	Title: Student Employment	Policy # 3.8	Date: 8-5-15	Page 1 of 1
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Medical Laboratory Technology Program	Program Director <i>Jean Ann Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
	Date policy reviewed- 2/2025

PURPOSE:

To maintain guidelines on student employment while in the Medical Laboratory Technology Program

POLICY:

Students are not permitted to work during their clinical time. However, there are no restrictions on working for the facility during other hours.

PROCEDURE:

- A. Students must not perform work as an employee during the time period in which they are performing clinicals.
- B. Students shall not receive any kind of credit in exchange for work they perform incident to their clinical education coursework and experiences.
- C. Students must realize that their first obligation is satisfactory completion of their education.
- D. Students who are employed will not be excused early from clinicals in order to report to work.
- E. Students will not be granted excused absences from class in order to work.
- F. Students are not to be used by the clinical site as a substitute employee.**

Medical Laboratory Technology Program	Title: Scantron Usage Policy	Policy # 3.9	Date: 8-5-15	Page 1 of 1
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Medical Laboratory Technology Program	Program Director <i>Jean Ann Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
	Date policy reviewed- <u>2/2025</u>

PURPOSE:

To ensure that all students using scantron sheets to record answers for examination will be treated equally.

POLICY:

All students recording answers on a scantron sheet or other sheet in which answered are bubbled-in will be evaluated strictly from the form itself.

PROCEDURE:

- A. Individual names and course should be recorded on the sheet prior to beginning the exam/exercise.
- B. Answers should be bubbled in with a No.2 pencil.
- C. Stray marks or wrong answers should be erased completely.
- D. Students should check over the scantron sheet prior to turning it in to make certain it is complete and accurate.
- E. All answers marked on the scantron sheet are considered final, regardless of answers marked on the exam.

Medical Laboratory Technology Program	Title: Attendance and Tardiness Policy	Policy # 3.10	Date: 8-5-15	Page 1 of 2
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Medical Laboratory Technology Program	Program Director <i>Jean Ann Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
	Date policy reviewed/edited- 2/2025

PURPOSE:

To maintain a professional learning experience by promptness and professional manner toward attendance. Professional training requires the development of commitment and appropriate professional attitudes.

POLICY:

- 1.1 Attendance for all classroom and laboratory experiences within the Medical Laboratory Technology Program is mandatory for all students.
- 1.2 Leaving during the class is also a distraction as well and will result in missed material. Leaving earlier than half of the scheduled time will result in a missed day. All situations will be at the discretion of the instructor
- 1.3 The Affective Evaluation grade will comprise 10% of all MLTC course grades. Students must receive 73% or higher for the Affective portion of the course grade to maintain satisfactory progress in the course and MLT Program.

PROCEDURE:

Absences:

3% will be deducted from the final average for every unexcused absence. More than 1 unexcused absence in an MLTC course may result in the student's removal from that course. A conference with the instructor, Program Director, and student will be necessary if the student has more than 1 unexcused absence.

1. Notice of the absence should be given to the instructor and/or Program Director before class time if possible.
2. Excused absences will be given for legitimate reasons only, and will be approved by the Program Director and/or course faculty.
3. All absences will be documented and become part of the student's permanent file.
4. Students are expected to be present throughout the entire lab or lecture section. They should not come to class after the door has been closed and they should not leave class prematurely without the consent of the instructor.
5. It is the responsibility of the student to complete a Student Absence Form and give it to the instructor as soon as possible.
6. Absences will decrease the score of the Weekly Affective Evaluation. Absences may result in decreased scores for the following Affective Evaluation categories: Initiative, Interest, Professional Performance, Attendance and Promptness, and Professionalism.

Tardiness:

1. Tardiness is not acceptable. If a student is late for more than ½ hour of lecture or lab, he/she will be counted absent.
2. All tardiness will be documented, reported to the Program Director, and become a part of the student's permanent file.

Medical Laboratory Technology Program	Title: Attendance and Tardiness Policy	Policy # 3.10	Date: 8-5-15	Page 2 of 2
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3. Tardies decrease the score of the Weekly Affective Evaluation and may result in decreased scores for the following Affective Evaluation categories: Initiative, Interest, Professional Performance, Attendance and Promptness, and Professionalism
 - A. First tardy - will be reported to the program chair and considered an isolated incident.
 - B. Second tardy – verbal warning from the program chair.
 - C. Third tardy – written warning from the program chair
 - D. Fourth tardy – unexcused absence – 3% deducted from final grade of that particular course.
4. It is the student's responsibility to complete a Student Tardiness Form and submit it to their instructor the same day they are tardy.
5. Tardies will decrease the score of the Weekly Affective Evaluation. Tardies may result in decreased scores for the following Affective Evaluation categories: Initiative, Interest, Professional Performance, Attendance and Promptness, and Professionalism.

Absence Due to Prolonged Illness

Any extended illness, longer than 3 days absence from class, requires that documentation of treatment by a physician be submitted to the Program Director. This documentation will be reviewed by the faculty and placed in the student's record. This procedure is necessary for the protection of the student as well as the safety of the individuals the student should come in contact with while attending required school related events.

Medical Laboratory Technology Program	Title: Social Media Policy	Policy # 3.11	Date: 8-5-15	Page 1 of 2
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Medical Laboratory Technology Program	Program Director <i>Jean Ann Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
	Date policy reviewed-

PURPOSE:

To maintain HIPAA and FERPA standard of confidentiality

POLICY:

The students and faculty of the Medical Laboratory Technology Program who participate in social media must abide by the guidelines addressed. Social media includes personal blogs, and other websites, including Facebook, Linked-In, MySpace, Twitter, YouTube and others. These guidelines apply whether employees and students are posting to their own sites or to commercial sites.

PROCEDURE:

- A. Students must follow all Medical Laboratory Technology Program policies.
- B. Students must not share confidential or proprietary information about clinical sites and they must maintain patient privacy.
- C. Be aware of social networking policies for program clinical affiliate sites. Social Media will be utilized to promote the MLT Program student organization: SSU Med Lab Crew. The faculty sponsor, program director, organization president or VP will have access to social media accounts.
 - a. MLT students (past or present) will obtain permission for Social Media postings from faculty advisor and/or program director.
 - b. MLT students (past or present) will follow all MLT Program policies, including all guidelines addressed in this policy.
- D. Students shall not access personal social networking sites while in clinical work areas.
- E. Students shall not interact with patients through social media sites.
- F. Under no circumstances should photos of patients, patient specimens, patient results, or patient data be shared through any form of social media.
- G. Students are to use reasonable and mature judgement when posting to social media sites.
- H. Students are to refrain from exhibiting unprofessional behavior such as: display of vulgar language, display of language or images that imply disrespect for an individual or group of people, posting images/photographs of student or others that may be interpreted as condoning irresponsible use of alcohol, substance abuse, or sexual promiscuity.
 - 1. Be professional, use good judgment and be accurate and honest in communication.
 - 2. HIPAA regulations apply to comments made on social networking sites. Violation of HIPAA regulations may result in prosecution.
 - 3. Be respectful and professional to fellow students, faculty, clinical laboratory affiliates, other healthcare workers, and patients and their families.
 - 4. Never allow social media activities to interfere with school commitments.

5. MLT Program strongly discourages “friending” of faculty on social media unless it is in a closed situation.

Medical Laboratory Technology Program	Title: Social Media Policy	Policy # 3.11	Date: 8-5-15	Page 2 of 2
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6. Remember that potential employers may be able to see postings. Employees have been terminated for social network postings violating patient privacy.
7. Violations of these policies can result in HIPAA violations, disciplinary action and dismissal from the MLT Program.

Medical Laboratory Technology Program	Title: Cell Phone Policy	Policy # 3.12	Date: 8-5-15	Page 1 of 1
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Medical Laboratory Technology Program	Program Director <i>Jean Ann Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
	Date policy reviewed- <u>2/2025</u>

PURPOSE:

To ensure the integrity on examinations and eliminate distractions during class and during students' clinical practicum learning experience.

POLICY:

Students will not be permitted to use their cell phone during lecture, labs, or during an examination. Students are prohibited from using cell phones in the clinical laboratory.

PROCEDURE:

1. Students will be expected to disable their cell phones during class.
2. Students will not be permitted to talk or text on their cell phones during class.
3. Students will not be permitted to use the calculator on their cell phone during an exam. (Calculators will be provided for math activities).
4. Students may be permitted to utilize personal devices as learning tools as allowed by the instructor, eg Kahoots, photos of work or diagrams, etc.
5. Students who violate this policy will be asked to give their cell phone to the instructor until the class ends.

Medical Laboratory Technology Program	Title: Readmission Policy	Policy # 3.13	Date: 8-5-15	Page 1 of 2
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Medical Laboratory Technology Program	Program Director <i>Jean Ann Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
	Date policy reviewed- 2/2025

PURPOSE: To provide a limited access for those students who have been dismissed for academic reasons or through no fault of their own an avenue for coming back into the Medical Laboratory Technology Program.

POLICY: If eligible, on a space-available basis, students who withdraw or are dismissed from the program because of academic failure will have the opportunity to repeat MLT courses once. An unsatisfactory grade (lower than a "C" grade) on the second attempt denies the opportunity to be re-admitted to the program for the third time.

PROCEDURE: MLT Students who withdraw or are dismissed from required course(s) or from the program for any reason should follow the withdrawal procedure outlined in the Student Handbook, and notify the Program Director. Failure to notify the Program Director will deny the student from being re-admitted to the program should the student decide to re-apply at a later date. Re-admission is on a space available basis only and cannot be guaranteed.

A physician's statement regarding health status and the ability to return to the program must be submitted by a student who wishes to be re-admitted after withdrawal due to health reasons.

Students who are professionally dismissed due to repeated failure (less than 73%) on the Affective Evaluation will not be considered for re-admission to the MLT Program.

Students who are professionally dismissed from clinical rotation will not be considered for re-admission to the program, nor will they be awarded the opportunity to complete the semester at another site.

For those students who are out of sequence or are requesting readmission to the program, testing for those MLT courses completed more than one year (12 months) from the scheduled date of entry into clinical practicum is required. Based on the student's past record, required testing for Introduction to the Medical Lab (MLTC 1140) may be waived at the discretion of the department leader. For all other MLTC courses, readmission testing must be taken as scheduled during or before the semester the course will be offered. Students are expected to study the material from their former coursebooks and will not be permitted to review their old exams, prior to the retest process. It is the responsibility of the student to contact the appropriate instructor of the course and schedule the testing.

If the student fails to obtain a grade of "C" (73%) or better on the first examination, a second examination will be given at least one week later. If the student fails to obtain a grade of "C" or better on the second examination, the student will then be required to attend the lectures for the designated course (if space permits). When students are required to sit-in on lecture, the student will be expected to take each individual exam and accumulate an average of >73% on all exams. If this is not accomplished the student will not be permitted to take the final exam and will be officially dismissed from the program. If the student is successful in scoring an average of 73% on the exams it will be necessary for the student to also score above 73% on the final for the student to be able to move forward.

Medical Laboratory Technology Program	Title: Readmission Policy	Policy # 3.13	Date: 8-5-15	Page 2 of 2
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The recommended schedule for readmission testing is as follows: (may be altered with program director's permission, only)

<u>COURSE</u>	<u>EXAM I</u>	<u>EXAM II</u>
Clinical Microbiology & Parasit	July	August
Immunohematology and Serology	July	August
Urinalysis	July	August
Clinical Chemistry I	November	December
Hematology I	November	December
Hemostasis	November	December
Clinical Chemistry 2	May	June
Hematology 2	May	June

Medical Laboratory Technology Program	Title: Fair Practice Clinical Guidelines	Policy # 3.14	Date: 8-5-15	Page 1 of 1
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Medical Laboratory Technology Program	Program Director <i>Jan Ann Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
	Date policy reviewed- <u>2/2025</u>

PURPOSE:

To provide the student with guidelines regarding the clinical setting and the standards that will be expected.

POLICY:

Each student will have a fair and equivalent experience.

PROCEDURE:

1. Each student will be given every attempt at getting an equivalent clinical experience.
2. Students will be given the opportunity to select their clinical site based on their GPA in MLTC course.
3. During clinicals each student will have qualified clinical instructors.
4. No student will be used as a substitution for an employee in the clinical site.
5. No student will be able to complete coursework while in an employee status in a clinical site.
6. Students must abide by all policies and procedures set forth by the University and by the Clinical Site.
7. Each student will protect themselves and the patients by following HIPAA guidelines, Standard/Universal Precautions and all safety procedures.

Medical Laboratory Technology Program	Title: Community Service	Policy # 3.15	Date: 04-10-19	Page 1 of 1
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Medical Laboratory Technology Program	Program Director <i>Jean Ann Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
	Date policy reviewed- <u>4/10/19,edited-2/2025</u>

PURPOSE:

The mission of the Medical Laboratory Technology program is to educate and prepare students to become competent, responsible, and collaborative laboratory professionals in the ever-changing health care setting. In addition to didactic and practicum training, our students are expected to cultivate personal growth and demonstrate professional conduct and interpersonal communication [MLT Program Learning Outcome #4]. Community service is a key ingredient needed to align our mission statement with expected outcomes.

POLICY:

Students are required to complete 25 hours of community service before completion of the AAS degree and graduation. This requirement is included as a grade component in the MLTC 2192 Seminar course.

PROCEDURE:

1. Completion of community service hours will occur between time of enrollment in the MLT program and graduation.
2. Students will complete 25 hours of approved community service.
3. Service may be performed as an individual or as part of a group.
4. Prior to participation, all service must be approved by Program Director or Clinical Coordinator.
5. All service will be documented on the MLT Program Community Service Approval and Documentation Form.
6. Failure to complete the required 25 hours of service will result in a 10% reduction of the MLTC 2192 course grade.
7. Examples of service opportunities– blood drive participation, completion of CPR certification training, ASCP or ASCLS student membership, participation in: SOMCs Love your Heart program, Cystic Fibrosis Walk, Relay for Life, SSU Health fairs, service activities sponsored by the University and/or SSU MLT Program Student Organization.
8. Extra service hours may be awarded for participation in high school recruitment events.

Medical Laboratory Technology Program	Title: Visitors in the Lab	Policy # 3.16	Date: 8-5-15	Page 1 of 1
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Medical Laboratory Technology Program	Program Director <i>Jean Ann Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
	Date policy reviewed- <u>2/2025</u>

PURPOSE:

To provide a safe environment for individuals concerning the Medical Laboratory.

POLICY:

Only admitted students of the Medical Laboratory Technology Program, and authorized visitors may enter the Medical Laboratory – Room 217 of the Health Sciences Building.

PROCEDURE:

1. Guests, family, and friends of MLT students are not permitted in the medical laboratory.
2. When students are bringing individuals into the lab for the purpose of phlebotomy, there must be a faculty member present or at a minimum (when the student is deemed proficient in phlebotomy), there must be authorization to bring an individual into the medical laboratory for the purpose of phlebotomy.
3. There are no other reasons MLT students should invite others into the lab.

Medical Laboratory Technology Program	Title: Clinical Placement	Policy # 3.17	Date: 8-5-15	Page 1 of 1
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Medical Laboratory Technology Program	Program Director <i>Jean Ann Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
	Date policy reviewed/- edited-2/2025

PURPOSE:

To ensure that all students in the Medical Laboratory Technology Program have an equal opportunity to attend the clinical site of their choice.

POLICY:

The GPA for all MLTC courses will be calculated to determine the order in which students select placement for their clinical experience. Those with the highest GPA in MLTC courses will have the first choice and so on and so forth. No other course in the MLT curriculum is considered to provide an equal opportunity for all admitted students.

PROCEDURE:

1. At the conference prior to admission into the program students are told how clinical placement will occur.
2. In MLTC 1140, a detailed explanation is provided on how clinical placement decisions are made.
3. Students will be reminded frequently throughout the program regarding selection for clinical placement.
4. Students coming from a great distance may request their clinical placement at a hospital closer to their home. In this event the Program Director/Clinical Coordinator will make every effort to contact the laboratory, visit the laboratory and have an Affiliation Agreement in place if the site is suitable and agreeable.

Medical Laboratory Technology Program	Title: Background Check/ Urine Drug Screen/ TB Skin Test	Policy # 3.18	Date: 8-5-15	Page 1 of 1
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Medical Laboratory Technology Program	Program Director <i>Jan Ann Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
	Date policy reviewed/edited- 2/2025

PURPOSE:

To ensure that every student in the MLT Program prior to beginning their clinical experience is treated equally and consistently with regard to background checks, drug screens, and TB skin test.

POLICY:

Prior to beginning clinicals each MLT students must have a background check, urine drug screen and TB skin test.

PROCEDURE:

1. At the conference prior to admission into the program students are told how that they will have to have a background check, urinary drug screen, and TB skin test prior to beginning their clinical experience. Students are advised to plan for this additional expense.
2. In MLTC 1140 it is once again explained that students must have a background check, urine drug screen, and TB skin test prior to beginning their clinical experience. Students are informed that this will be an additional expense
3. Urine Drug Screens are provided by the Occupational Health Dept. at many local hospitals.
4. All results must be sent to the Program Director or Clinical Coordinator and become a part of the student's file.
5. Because of unique criteria per site, a detailed description of clinical placement requirements will be given to each Medical Laboratory student based on clinical placement.

Medical Laboratory Technology Program	Title: Teach – Out Plan In the Event of Closure	Policy # 3.19	Date: 8-5-15	Page 1 of 1
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Medical Laboratory Technology Program	Program Director <i>Jean Ann Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
Date policy reviewed- <u> </u> edited 2/2023, reviewed 2/2025	

PUPOSE:

A “teach out” plan is required by NAACLS in the event the program unexpectedly closes due to natural or unnatural disasters or due to permanent closure. All admitted Medical Laboratory Technology students are guaranteed resources will be provided for them to complete the program.

POLICY:

All students entering the Medical Laboratory Technology Program at Shawnee State University and in good standing will have the opportunity to complete the program. NAACLS will be notified and a teach out plan will be provided to them within 30 days of the official announcement from the University of the program closure.

PROCEDURE:

Prospective Students:

1. Students will be informed if the program will not admit a new cohort due to permanent closure of the university or program.
2. Students will be offered guidance and support in applying to other programs.
3. Program closure will be posted on the program website within 7 days of official announcement.

Current Students

1. In the event that the MLT Program at Shawnee State University were to be retrenched, the Collective Bargaining Agreement between Shawnee State University and The Shawnee Education Association provides for retrenchment to be announced one year before the program closes. Currently enrolled students would be notified of impending closure and this would provide for students to complete before closing.
2. In the event that a clinical site (hospital) should close during student clinical rotations any student would be provided the opportunity to complete the clinical rotation at another site.
3. In the event that a clinical site (hospital) should close and students would not be able to graduate in April/May, students may have to complete clinical rotations in the summer with graduation to follow at the end of summer.
4. In the event of a natural or unnatural disaster the program will conduct lecture and modified lab instruction online. If internet capability is compromised for more than 1 week, the director will work with other MLT programs if necessary to continue education and training or until in person or online training can resume at the university.

Medical Laboratory Technology Program	Title: Health Rules and Responsibilities	Policy # 3.20	Date: 1-10-16	Page 1 of 1
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Medical Laboratory Technology Program	Program Director <i>Jean Ann Stone</i>
Approved Signatures	Clinical Coordinator <i>R. Andrew Joseph</i>
	Date policy reviewed/edited- <u>2/2023,2/2025</u>

PUPPOSE:

To provide a plan to ensure all admitted students entering the Medical Laboratory Technology Program are informed of their personal health responsibilities.

POLICY:

All students entering the Medical Laboratory Technology Program at Shawnee State University in good standing will be made aware of impending responsibilities regarding their health.

PROCEDURE:

1. Each student will be notified of their responsibility for their own health care expenses.
2. Maintenance of health is the responsibility of each student.
3. The student should report any significant change in health status to the program director.
4. Proof of a negative test for tuberculosis is required prior to the first day of clinicals.
5. Hepatitis B immunization is strongly recommended and a deferral form must be on file if the student should decline to be immunized.
6. Students must have immunizations against measles, mumps, rubella, diphtheria, tetanus, chickenpox and polio.
7. Students with any communicable disease must not attend clinical.
8. When student's health indicates restrictions in ability to perform necessary functions, documentation from a physician may be required.
9. Students' immunizations for flu and COVID will be determined by current university policies and according to clinical site policies.

Appendix

Collective Bargaining Agreement

Contract Agreement Between
Shawnee State University and
Shawnee Education Association
August 26, 2024 to August 24, 2027

Article 13. SUPPLEMENTAL ASSIGNMENTS (applicable excerpts)

- A. Academic Departments/Schools are those departments recognized and approved by the Board of Trustees. For purposes of this Article, Bargaining Unit Members refer to those faculty identified in accordance with Article 5.
- B. Administrative and coordination duties are assigned to Bargaining Unit Members through supplemental contracts and may include the roles of: Department Chairpersons, academic Program Directors, academic program coordinators, clinical coordinators, and other directors (non-departmental).
- C. The purpose of supplemental contracts is to fulfill significant administrative duties and is not to create overload. Any faculty member with a supplemental assignment contract per this Article who needs to teach an overload must notify the Dean prior to the finalization of the course schedule. The Dean may approve such a request at their sole discretion.

Section 2. Department Chairperson's Responsibilities.

The Department Chairperson holds faculty rank and status and is a member of the bargaining unit. They shall serve as a liaison between faculty and the administration and be responsible for the following duties with the exception of accredited programs whose accrediting body's language specifies that the Program Director is responsible for specific aspects of program management:

- A. Leads and coordinates the recruitment and selection of department faculty, by providing oversight and direction to search chairs and search committees;
- B. Leads the orientation of new department faculty; provides the Dean with feedback on the instructional performance of faculty in the department;
- C. Leads the implementation of the promotion and tenure process in accordance with the CBA;
- D. Leads the planning of school/departmental offerings through assessing needs and recommending revisions in curricula, new degree programs, library acquisitions, and approaches to improving the delivery of instruction.
- E. Leads faculty in generating initial proposed course offerings that respond to the scheduling needs of prospective and new students, and the scheduling requests of faculty; submits course schedule recommendations to the Dean;
- F. Coordinates department advising with all applicable divisions' personnel, including ARTICLE 13 63 acceptance of majors, fulfillment of degree requirements, and assessment of equivalency and transfer credits;
- G. Proposes changes to the budget and submits it to the Dean for approval, and oversees implementation of the approved budget;
- H. Serves as the department representative for appropriate meetings;
- I. Coordinates the department outreach between the prospective students and programs and courses to ensure student enrollment decisions are completed effectively;
- J. Leads the department initiatives to grow the enrollment of students in the programs in their assigned areas.
- K. Has primary responsibility to oversee the department faculty in meeting their contractual obligations (e.g. attendance, office hours, and advising);
- L. As needed may provide guidance and assist in informal resolutions of concerns to prevent them from reaching the level of a complaint that may lead to discipline;
- M. Leads the department initiatives in online programming and encourages faculty to become qualified to teach online.
- N. Encourages all faculty to pursue professional development opportunities.
- O. Performs other assignments relevant to the department as assigned by the Dean, including coordination assignments for department staff. These additional duties shall not include directly supervising Bargaining Unit Members, serving as an investigator, or applying discipline.

Section 4. Academic Program Directors

Academic Program Directors includes former Health Sciences Program Leaders, but does not include Graduate Program Directors, Directors of the GEP, Honors Program, etc.

- A. Academic Program Director positions shall be awarded a twelve (12) month supplemental contract in the amount of \$18,000. New Academic Program Director positions shall only be created in individually accredited programs requiring specific programmatic administrative oversight per accreditation requirements or guidelines.
- B. This supplemental contract terminates upon the incumbent's departure from the position as Academic Program Director. Since accrediting and licensing bodies prescribe specific credentials for Academic Program Directors, the Program Director will be appointed by the Dean with the recommendation of the Department Chairperson or School Director and faculty in the program area.

- C. In the case of a vacancy, internal candidates with appropriate credentials will be given first consideration for appointment as academic Program Director.
- D. Except for summer semester, Academic Program Directors are expected to be available on campus and to perform Academic Program Directors' responsibilities at least 20 hours per week during normal business hours (7:30a.m. – 6:30 p.m.), Monday through Friday, except for when the University is closed. During the summer semester, Academic Program Directors are expected to be available on campus and to perform Academic Program Directors' responsibilities an average of 20 hours per week during normal business hours (7:30a.m. – 6:30 p.m.), Monday through Friday, except for when the University is closed. A schedule shall be established for each semester with prior approval of the Dean. These 20 hours shall be in addition to teaching (class, clinical, or lab time), office hours, or other regular faculty responsibilities. Academic Program Directors are not required to be on campus during fall and spring break. Time away from campus on approved University or departmental business will be considered work time. Summer semester schedules shall be approved four weeks in advance of the beginning of Summer Semester by the Dean.
- E. Academic Program Directors will be provided eighty (80) hours of available leave time upon execution of the Program Director's supplemental contract to be available for the 12-month (May-April) contract period (prorated to a midyear appointment).
 - 1. Up to 40 hours of leave time may be carried over to the following year. Balance of rollover shall never exceed 40 hours. Leave requires prior approval by the Department Chairperson/School Director. All program director leave balance will expire at the end of the program director's term, and any unused vacation time will be forfeited.
 - 2. This leave may be scheduled throughout the contract period except that during the summer semester Academic Program Directors are required to be present for new-student orientation dates unless the Academic Program Director designates a substitute faculty delegate from the Program. Leave will typically not exceed two (2) consecutive weeks. Time away from campus should be scheduled to avoid conflict with assigned teaching. Requests for additional consecutive vacation requires prior approval from the Department Chairperson/School Director. If the Program Director resigns prior to the scheduled expiration of their term, any unused vacation time will be forfeited.
- F. No individual may receive more than one (1) supplemental contract under this Article in any academic year except as noted in Section 1.F of this Article.
- G. The supplement shall not be used in the computation of overload or other compensation.
- H. The Academic Program Director shall receive a course load reduction of six (6) contractual hours per academic year. During the years in which accreditation activity is significant or other major project work is necessary, additional three (3) hours of release time up to a total of nine (9) contractual hours per academic year may be approved by the Dean.
- I. The academic Program Director may teach summer courses and receive additional compensation as provided in Article 15. Time spent teaching is not included in the twenty (20) hours per week on campus.
- J. Academic Program Directors are expected to perform administrative duties consistent with the requirements set forth by their accrediting bodies and the Dean and/or Department Chairperson or School Director. Responsibilities will include:
 - 1. Assist with the recruitment and retention of program students; plan and manage the assigned program processes, including course offerings, advising, recommending needs for the program's budget, etc.;
 - 2. Assist with the selection of new program faculty and staff following University guidelines; assist with new faculty and staff orientation and development;
 - 3. Evaluate program effectiveness and provide recommendations for improvement and growth; conduct program faculty instructional evaluations as required by accreditation standards (will not supervise faculty), etc.;
 - 4. Maintain and manage accreditation processes, coordinate site visits, prepare reports, and select and maintain clinical site affiliations or internship sites and agreements;
 - 5. Propose changes to the budget, submit it to the Chair/School Director for approval, and oversee implementation of the approved budget.
- K. Evaluation of Academic Program Director's Administrative Function.
 - 1. Performance evaluations of Academic Program Directors will be conducted by the Dean and faculty annually.

2. Academic Program Directors will be evaluated on the basis of their performance of the duties listed in this article. The annual evaluation can be used to provide a basis for improving the Academic Program Director's performance, when necessary.
3. Using the University's performance management system, the Dean will distribute an evaluation instrument to faculty and the Department Chairperson or School Director no later than six weeks prior to the end of the spring semester. The Dean will discuss the faculty evaluations and their own evaluation with the academic Program Director privately before dissemination to the faculty. The Dean will use results of the evaluation to develop a plan for improvement when appropriate.
4. Evaluation of the academic Program Director's teaching effectiveness will be conducted as provided in Article 14 and shall not be addressed in the administrative evaluation.
5. The Dean may discuss deficiencies in performance with the academic Program Director at any time and provide the academic Program Director with a written notice of improvement. If the academic Program Director does not improve performance as provided in the notice the Dean may submit a recommendation of removal to the Provost.

Section 6. Academic Program Coordinators and Clinical Coordinators.

- A. Academic Program Coordinators and Clinical Coordinators are Bargaining Unit Members recommended by the Department Chairperson, School Director, or Academic Program Director to the Dean. These coordinators will be identified and appointed annually by the Dean with recommendation of the Bargaining Unit Members in the specific program area.
- B. The assigned duties are varied and may include, but will not be limited to: assisting in faculty staffing decisions, textbook selections for adjuncts, program review, clinical site coordination, evaluation and recommendation of retention of adjuncts in the program, feedback concerning the retention of FTIs in the program, and other duties which are germane to the program as assigned by the Department Chairperson, Academic Program Director or School Director in consultation with the faculty in that program. Academic Program Coordinators and Clinical Coordinators will not supervise other Bargaining Unit Members.
- C. Academic Program Coordinators and Clinical Coordinators, may be awarded a stipend and/or course load reduction for duties as assigned by the Department Chairperson or academic Program Director with approval of the Dean. The stipend amount will not exceed \$1,500 per semester. This stipend shall not be included in calculation for workload or overload. Any approved course load reduction shall be consistent with accreditation standards where applicable.

ARTICLE 18. COMPLAINT RESOLUTION AND DISCIPLINARY PROCESS

Section 1. Complaint Resolution.

- A. Complaint Procedure
 1. The purpose of this complaint process is to provide a mechanism to resolve complaints against Bargaining Unit Members in a matter that is consistent with due process and sound academic practice.
 - a. Individual student appeals regarding grades shall be addressed in accordance with the procedures for grade appeals approved by the University Faculty Senate. (see Appendix E) Any changes to this procedure must be made by the MOU process.
 - b. Complaints regarding alleged violations by a Bargaining Unit Member of this Agreement or relevant University policies, including, but not limited to, allegations of discriminatory behavior or violations of the university's free speech policy shall be addressed in accordance with the standards and procedures of this article. In all such matters, the University must show cause in order to enact discipline. Discipline shall be enacted in a fashion that is progressive and proportionate.
 - c. In cases where relevant laws or regulatory guidance by government agencies mandate separate procedures, those procedures must provide at least the level of due process protection provided in this Article. To the extent that compliance with law or agency guidance requires modification to university policy or procedure and such modifications are inconsistent with this Agreement, the Union reserves its right to negotiate over such modifications. The University also agrees to execute an MOU with the Association prior to making changes to University policy or procedure except when relevant laws or guidance by government agencies mandates a more rapid implementation.
 - d. Any decisions or personnel actions resulting in formal discipline shall be grievable in accordance with the provisions of this agreement.
 - e. Complaints that do not allege violations of this Agreement or University policies may be addressed through informal mechanisms that do not entail discipline. The University may offer, at its discretion, to

resolve complaints alleging violations of this Agreement or University policy through informal mechanisms that do not entail discipline. The Bargaining Unit Member shall have the right to refuse any and all informal mechanisms and to pursue their rights under this Agreement.

B. Complaint Receipt Process

1. Concerns regarding Bargaining Unit Members may be received by any responsible University official. Initial concerns may be raised in person and/or in writing, or via the University online complaint tool. Submission of a concern does not constitute a formal complaint until the appropriate University official has met with the complainant as outlined in Section 1.B.3.
2. Upon learning of such concerns, the receiving University official shall direct the matter and/or person to the appropriate University official. Concerns that might implicate violation of University Policies and Procedures related to unlawful discrimination shall be directed to either the University Title IX Coordinator and/or to the University's Office of Human Resources. Concerns that are directed to the Title IX Coordinator will be handled according to Title IX regulations. All other concerns shall be directed to the Dean of the accused Bargaining Unit Member's college.
3. After meeting with the person who expressed the concern, the Title IX Coordinator, the Human Resource Representative, or Dean ("appropriate University official") shall determine whether or not the concern should become a formal complaint. If the concern is raised by a third party on behalf of another person, the review process shall include an interview with the party on whose behalf the complaint was made. If that person elects not to pursue a complaint, the matter will be dismissed except where required by law.
4. Formal complaints shall be in writing and signed by the complaining party. Digital signatures are acceptable via DocuSign or other University-approved electronic signature tool.
5. When required by law, if the complaining party chooses not to submit a written complaint or sign the complaint, the appropriate University official shall reduce the complaint to writing, affirm the validity of the statement with the complaining party, and sign the complaint on behalf of the complainant. The University may initiate an investigation based on anonymous or confidential complaints, but unattributed, anonymous and/or confidential statements shall not be used as evidence in any proceedings. When necessary, and allowed by law and/or University policy, the appropriate University official may act as complainant.
6. Bargaining Unit Members who are the subject of the formal complaint shall have the right to be represented throughout these proceedings by an authorized representative of the Association, unless the Bargaining Unit Member waives that right by signing a waiver form (Appendix F), and return to the appropriate University official and SEA President. If the Bargaining Unit Member waives the right to representation, they may request representation at any point in these proceedings. The appropriate University official shall schedule meetings at reasonable times during which all parties and representatives may be present. The Association reserves the right to have a representative present at any and all such meetings. Representation for complaints involving Title IX matters is addressed in Article 4 of this agreement.
7. If the Bargaining Unit Member or Association chooses to have representation of legal counsel at any stage of the investigation process, the University may also be represented by legal counsel. If outside legal counsel, other than that offered and provided by the Association is obtained by a bargaining unit member, the Association reserves the right to have an Association representative present. That person may be an attorney. Representation issues for Title IX matters are addressed in Article 4.
8. All parties and representatives shall maintain confidentiality during this process and limit communication and discussion regarding the matter to a "need to know" basis. No person shall be retaliated against for acting as a witness, complainant, investigator or representative during the complaint process. The University and Association will take reasonable measures to advise all individuals involved in the process including the complainant and the Bargaining Unit Member of the importance of adhering to this provision.

C. Formal Complaint Review Process

1. Within two (2) working days of receipt of a written complaint regarding a Bargaining Unit Member, the appropriate University Official (the Dean, Title IX Coordinator or Human Resources Officer) shall provide both the Bargaining Unit Member and the SEA with a copy of the formal complaint.
2. Within 10 (ten) working days of receipt of the formal complaint the appropriate University official shall complete the initial review of the complaint. This process shall include an initial interview with

both the complainant and respondent, who may have SEA representation. No other individuals may be interviewed during this review. Both the complainant and respondent Bargaining Unit Member shall be allowed to supply documentation and names of witnesses. Bargaining Unit Member shall be given two (2) working days to supply this information. The Bargaining Unit Member may request an extension and this shall not be unreasonably denied. This provision shall apply to any article of this agreement or to any University Policy or procedure, including those Policies or procedures mandated by any local, State or Federal Law or guidance provided by any regulatory agency.

3. Within five (5) working days of completing review of the complaint, the appropriate University official shall determine the appropriate path to resolve the matter and will notify all relevant parties, including the Association and the Bargaining Unit Member, of the decision.
 - a. If the appropriate University official determines that the matter could potentially warrant formal discipline, the University official shall proceed to investigate or refer the matter to the appropriate person(s) for investigation.
 - b. If the appropriate University official determines that the matter does not warrant formal discipline he or she may dismiss the matter, offer to mediate between the complaining party and the Bargaining Unit Member, settle the matter with a nondisciplinary advisory letter and/or issue a verbal warning.

Section 2. Investigation Procedure.

- A. The investigation may be conducted by the appropriate University official, or by a responsible party appointed by the University official to conduct or assist in the investigation. This investigation may consist of investigatory interviews with the complainant, the Bargaining Unit Member, and witnesses, and collection of relevant documentation. Both the complainant and Bargaining Unit Member may supply names of witnesses and/or provide supporting documentation to the investigating official.
- B. The investigation shall be completed within 20 (twenty) working days from the date on which the notice of investigation is sent to the Bargaining Unit Member and the SEA. The ARTICLE 18 107 investigator may request up to an additional 10 (ten) working days to complete the investigation. This request shall be automatically granted. Further extensions shall be by mutual agreement only and will not be unreasonably denied.
- C. At the conclusion of the investigation the investigating officer shall compile a report. This report shall include the findings, describe the evidence considered and reviewed, and be accompanied by copies of all relevant evidence reviewed by the investigator, the name(s) of the complaining parties and the names of all witnesses. The report shall recommend that the matter be dismissed, resolved informally, or that a formal charge should be made to proceed to a formal pre-disciplinary hearing. If the recommendation is to pursue a formal charge, the report will specify the University policy and/or provision of this Agreement alleged to have been violated. Additional charges may not be included in the investigation except by mutual agreement. However, the University may elect to pursue a new complaint. The report shall be sent to the complainant, the Bargaining Unit Member, the Association, Title IX Coordinator where applicable, and the appropriate Dean of the Bargaining Unit Member's college. In cases of Title IX investigations, the report will be provided to the parties outlined in Title IX regulations.
- D. The Dean, or Hearing Officer(s) in Title IX investigations, shall review the report. In Title IX investigations, the pre-hearing meetings and hearing will be held according to Title IX regulations. In all other investigations, the Dean may dismiss the matter, offer to settle the matter through an informal mechanism, or determine to proceed to a formal pre-disciplinary hearing. If a decision is made to pursue a formal pre-disciplinary hearing, the Dean will send formal notice to the Bargaining Unit Member, complainant, and Association within five (5) working days of receipt of the report.
- E. The pre-disciplinary hearing shall take place within ten (10) working days of the notice. The pre-disciplinary hearing shall be scheduled at a time that is reasonably convenient for all parties and representatives.

Section 3. Pre-Disciplinary Hearing.

- A. The following people shall be present at the hearing: The Dean, the Bargaining Unit Member and the Association and/or OEA representative unless waived. The Dean, bargaining unit member or Association may request that the investigator also be present. Other witnesses may not be present except in cases where procedures mandated by appropriate government agencies mandate such presence. If the Bargaining Unit Member or Association chooses to have representation of legal counsel, the University

may also be represented by legal counsel. The complainant may provide a written statement for the conduct hearing. Such statements shall be provided to the Bargaining Unit Member at least 24 hours prior to the hearing. The Association reserves the right to have a representative present at any and all such meetings.

- B. The investigator and/or Dean may make an initial statement. The Bargaining Unit Member may then choose to respond or not to respond, or may elect to have the Association representative respond on their behalf. The Bargaining Unit Member and/or Association representative shall have the right to present relevant and pertinent documentation and information at this meeting. In all such proceedings the bargaining unit member shall enjoy the presumption of innocence until otherwise proven responsible. The burden of proof shall be on the complainant or University official to show cause.
- C. The Bargaining Unit Member or Association representative may ask questions of the investigator and/or Dean. The investigator and/or Dean may ask questions of the Bargaining Unit Member and/or representative. The Dean may allow or disallow questions but shall not do so unreasonably. In cases where relevant State or Federal Law, or governmental regulation guidelines mandate a formal hearing with live witnesses and cross examination, that hearing shall serve as the Dean's pre-disciplinary hearing.
- D. At the conclusion of this meeting or within 5 working days the Dean will notify all parties in writing of the decision to do one of the following:
 - 1. Attempt to resolve the charge(s) by mutual agreement, which may include a last-chance agreement (subject to review by the parties' legal counsel as appropriate), while reserving the right to impose discipline under D.3 or D.4 if no mutual agreement can be reached;
 - 2. dismiss the matter without action;
 - 3. enact an informal action;
 - 4. impose formal action.
- E. If formal discipline is enacted, the respondent may request that the matter be adjudicated through the grievance and arbitration process as set forth for disciplinary procedures in Article 19.

Section 4. Disciplinary Actions.

The University subscribes to the principles of progressive and/or proportional discipline through informal and formal actions. The University shall not impose formal discipline except for just cause. It is the responsibility of the University to demonstrate just cause.

A. Informal Actions

- 1. Informal actions are not subject to the grievance process or entered into the Bargaining Unit Member's official personnel file. The Bargaining Unit Member may provide a rebuttal verbally or in writing.
- 2. If the complaint or supervisory concern appears to be an appropriate matter to be addressed through informal action(s), the Dean may address the complaint in one or more of the following ways:
 - a. Informal mediation that involves both the complainant and Bargaining Unit Member;
 - b. Verbal counseling, which may be addressed by the Dean or Department Chairperson or School Director;
 - c. A verbal reprimand;
 - d. An advisory letter from the Dean or Dean's designee.

B. Formal Actions

- 1. Formal actions may be imposed only upon demonstration that a Bargaining Unit Member has engaged in one or more of the following behaviors
 - a. Serious professional misconduct as defined in Article 7 (Academic Responsibility) and/ or Misrepresentation of qualifications or credentials pertaining to employment at the University; other serious violations of this Agreement or Board Policies;
 - b. Misrepresentation of qualifications or credentials pertaining to employment at the University;
 - c. Plagiarism or other serious dishonesty related to teaching, scholarship, or professional service;
 - d. Incompetence in performance that is directly related to the Bargaining Unit Member's responsibilities to the University;
 - e. Consistent refusal to fulfill responsibilities to the University;
 - f. Consistent refusal to follow directives or assignments;
 - g. Failure to complete legally-required trainings by the established deadline;
 - h. Failure to correct previously documented deficiencies in teaching including but not limited to post-tenure review;

- i. Personal conduct:
 - i. that represents a serious and/or ongoing threat to the health or safety of any person in the University community, or
 - ii. that violates the university policy on discrimination or free speech, or
 - iii. that otherwise substantially impairs the Bargaining Unit Member's fulfillment of responsibilities to the University;
 - j. Persistent or malicious conduct that substantially disrupts or interferes with the performance of University functions;
 - k. Conviction of felony;
 - l. Suspension of licensure of one year or more or permanent revocation of required professional licensure.
2. Formal actions will result in documentation included in the Bargaining Unit Member's official personnel file which shall be maintained in the Provost's Office and are subject to the grievance process. Formal actions may include one or more of the following:
- a. A written warning from the Dean that is entered into the faculty member's personnel file;
 - b. Placement on an improvement plan;
 - i. Plan details will be determined by the Dean in consultation with the Bargaining Unit Member, Association Representative, and the Office of Human Resources. The plan may include, but is not limited to, required trainings, required counseling sessions, and expected performance outcomes. A timeline for documented improvement on specific areas relevant to the findings of the investigation will be included, as will the consequences for failure to improve. The plan will be signed by the Bargaining Unit Member and the Dean.
 - c. Suspension for up to one academic year with or without pay including any supplemental contracts;
 - d. Termination
3. An improvement plan may also be utilized along with a written warning or suspension.

ARTICLE 19. Grievance Procedures

Section 1. Definitions.

- A. A grievance is a claim of any alleged violation, misapplication or misinterpretation of this Agreement.
- B. A grievant shall be any Bargaining Unit Member, group of Bargaining Unit Members, or the Association acting on behalf of itself or Bargaining Unit Members.
- C. The term "days" shall mean working days in which the University is open for business during the academic year (spring, and fall semesters). Working days does not include Summer Semester, Scheduled Breaks, Intersessions(s), Saturdays or Sundays, or days when classes are not in session.
- D. In cases where grievances are timely filed prior to the last full day of scheduled classes of Spring Semester, working days shall end on the date grades are due, and recommence and continue as of the first full day of scheduled summer classes. Both sides may agree to suspend the grievance clock during the summer.
- E. The time limits set forth in this article may be extended by mutual agreement in writing by the grievant and the University.

Section 2. Purpose.

The purpose of this grievance procedure is to create a collegial mechanism for justly resolving disagreements with respect to specific claims of improper application, violation or misinterpretation of this Agreement. Informal actions under Article 18 and interim decisions pertaining to applications for promotion and/or tenure are not grievable.

Section 3. Grievance Procedure

- A. Nothing contained in this grievance procedure shall be construed to prevent an individual grievant from first seeking to informally resolve a grievance if they choose, provided that such an informal grievance settlement is consistent with the terms of the Agreement and the grievant has not initiated the formal grievance process (i.e. filed a Grievance Form).
- B. In the event that the above informal step is unsuccessful or not exercised, the grievant may contact the Association to file a grievance on their behalf. The Association shall distribute the grievance form to the appropriate University Official.
- C. Bargaining Unit Members filing grievances have the right to Association Representation in all grievance proceedings. Any member who wishes to waive the right to such representation at any stage of the process shall complete the waiver form found in Appendix G.

- D. In all grievances the Association shall have the right to have an Association representative at all grievance meetings throughout the process and review any resolutions to ensure compliance with this Agreement.
- E. Grievances must be filed within forty-five (45) working days from the date in which the grievant knew or the date by which a reasonable person should have been aware of the alleged violation, misapplication or misinterpretation of the Agreement.
 - 1. A grievance must identify and reference one or more specific Articles and Sections of the Agreement alleged to have been violated, misapplied, or misinterpreted and must contain the particulars that form the basis for the grievance.
 - 2. New issues that may emerge after an initial grievance has been filed will be treated as a separate grievance unless the parties mutually agree to consolidate them into one grievance.
- F. Insofar as practicable, grievance conferences will be scheduled so as not to interfere with the class or work schedule of the grievant, Association representative, or appropriate University official whose presence will be required. A grievant shall have the right to be present at any level in the grievance procedure without loss of pay.
- G. Any grievance not acted on in the time limits provided in this article is automatically advanced to the next level, unless the timeline has been extended by mutual agreement.
- H. Grievances will be filed with the individual designated by the University as responsible for faculty labor relations (Labor Relations Designee). In the absence of such a Designee, filing with the Provost's or General Counsel's office shall be sufficient. The Labor Relations Designee will determine the appropriate level at which to commence the grievance in consultation with the Association representative.
- I. Grievances with respect to discipline shall commence at Level II beginning with subsection 19.5.A.1. If the grievant is not satisfied with the result of this meeting and if the discipline involved suspension of more than two weeks or termination the grievant may automatically proceed to arbitration in accordance with this Article. For disciplinary matters less than or equal to suspension of two weeks the grievant may contact the SEA if they are not satisfied with the result of this meeting.

Section 4. Level One – Administrative Chair, School Director, Assistant Dean, or Dean.

- A. A meeting shall take place between the grievant and Administrative Chair, School Director, Assistant Dean, or Dean (Presiding Administrator) at a time mutually agreed to by all parties, but no later than ten (10) days following the date the grievance was filed. A grievant may be accompanied by one (1) authorized Association representative of their choice and/or an OEA Representative. If witnesses are called the presiding administrator may sequester witnesses. If the Administrative Chair, Assistant Dean, or Dean determines that the presence of a witness is disruptive or irrelevant to the proceeding the presiding administrator may dismiss them. The University Administration reserves the right to have comparable representation present.
- B. A written answer will be given by the presiding administrator no later than ten (10) days after this meeting.
- C. If the presiding administrator lacks authority to resolve the grievance, the presiding administrator will forward the grievance to Level 2 within ten (10) working days and notify all parties that the matter has been forwarded.

Section 5. Level Two –Provost or Designee.

- A. In the event that the grievance is not resolved to the satisfaction of the grievant at Level One the grievant may request within ten (10) days a Level Two meeting with the Provost or their Designee.
 - 1. A meeting shall take place between the grievant and the Provost (or their designee) at a time mutually agreed to by all parties, but no later than ten (10) days following the date the grievance was filed with the Provost.
 - 2. A grievant may be accompanied by a witness(es), one (1) authorized Association representative of the grievant's choice, and/or an OEA Representative. If the Provost or Designee determines that the presence of a witness is disruptive or irrelevant to the proceeding, he or she may dismiss them. The University Administration reserves the right to have comparable representation present. The parties may mutually agree to expand the number of representatives for each side.
- B. A written answer will be given by the Provost or their designee within ten (10) working days after this meeting.

Section 6. Optional Pre-Arbitration Settlement Meeting.

- A. If the grievance is not resolved to the satisfaction of the grievant at Level Two, within ten (10) working days of the issuance of the Provost's written decision, the grievant or Association may request in writing a pre-arbitration settlement meeting. Such a request must be made by email or other writing to the Labor Relations Designee. If such a request is made, the Labor Relations Designee, after consultation with appropriate

administrators, will respond to the Association within five (5) working days whether the administration is agreeable to a pre-arbitration settlement meeting or not.

- B. If the administration responds to a request made under section A, above, that it is agreeable to a pre-arbitration settlement meeting, the deadline to formally demand arbitration under Section 7.A., below, will be stayed. If the administration responds to a request made under section A, above, that it is not agreeable to a pre-arbitration settlement meeting, or if no timely request is made under section A, the deadline under Section 7.A., below, will apply.
- C. If the parties mutually agree to a pre-arbitration settlement meeting, the parties will schedule the meeting at a time that is convenient for all participants and will make every effort to hold the meeting within ten (10) working days of the mutual agreement. Participants in the meeting may include the grievant, an authorized Association representative, an OEA representative, the Labor Relations Designee, the University's General Counsel, and a supervisor or administrator of the University's choosing. Any resolution of the grievance at the pre-arbitration meeting shall be reduced to writing by the Labor Relations Designee and include a stipulation that the Association will not take the matter to arbitration.
- D. If a pre-arbitration settlement meeting takes place and the parties are unable to resolve the grievance by the conclusion of the meeting, the Association may make a demand for arbitration within twenty (20) working days after the conclusion of the meeting. If such a demand is made, the provisions of Section 7, below, shall apply.

Section 7. Binding Arbitration.

- A. Except as discussed in the previous section the Association may file a demand for arbitration with the Labor Relations Designee within twenty (20) working days after receipt of the Level 2 decision. The Association will file the appropriate paperwork with the American Arbitration Association (AAA).
- B. The SEA Representative and the University Labor Relations Designee will select an Arbitrator pursuant to the voluntary selection rules of the American Arbitration Association (AAA) with the following understandings:
 - 1. The arbitrator will not add to, subtract from, or otherwise change any provisions of this Agreement or the Ohio Revised Code not otherwise superseded by this Agreement. The decision of the arbitrator shall be final and binding upon both parties. The arbitrator shall be requested to issue their decision within thirty (30) calendar days after record of the arbitration hearing is closed.
 - 2. Any arbitration award involving a salary adjustment shall be retroactive to no earlier than the beginning of this Agreement.
- C. The costs of the services of the arbitrator, and the cost of the hearing room, if any, shall be shared equally by the University and Association.

Section 8. Miscellaneous.

- A. Copies of all written University decisions associated with the processing of a grievance shall be provided to the grievant and the Association President.
- B. Any grievance not appealed within the time limits set forth above shall be considered settled on the basis of the last decision.
- C. No reprisal of any kind shall be taken by or against any participant in the grievance procedure by reason of such participation.
- D. By mutual agreement of the Association and the University, a grievance may be initiated at any higher applicable level.
- E. The grievant may withdraw the grievance at any level without prejudice with the understanding that if the same grievance is filed at a later date outside the time limits as defined in the grievance process, it will be considered untimely and dismissed.
- F. A copy of the grievance form shall not become a part of the unit member's personnel file unless the grievant, SEA and University agree otherwise.



Respirator Fit Testing Completion Checklist

Student Name:			
Student ID #			
Program:			
Does this student have (circle what applies)	Facial Hair**	Glasses	Dentures
<i>**If facial hair is approved it must be the same length each time donning the mask or must be retested</i>			
This is to certify that the above named student has been trained to in the use, limitations and maintenance of the 3M brand respirator (s)			
<input type="checkbox"/> Has passed Qualitative Fit Test using the following 3M Respirator:			
<input type="checkbox"/> 1870 +	<input type="checkbox"/> 1860-S	<input type="checkbox"/> 1860 regular	<input type="checkbox"/> Other: Specify
<input type="checkbox"/> Could not be Fit Tested Due to (Specify):			
Student Statement: I understand my use of this respirator must be in accordance with Shawnee State University program policy manufacturer’s instructions, and I am required to use as instructed.			
Student Signature:		Date:	
Instructor/Tester Name:			
Instructor/Tester Signature:		Date:	

Respiratory Fit Testing Procedure

*Instruct to Keep Mouth Open Slightly

	1. Put on hood and check for bitter/saccharin sensitivity. Stop spraying solution and remove hood when student tastes bitter/saccharin solution.
	2. Rinse mouth with water.
	3. Don respirator. Make sure student gets adequate seal. Respirator needs to be on for 5 minutes prior to testing.
	4. Replace hood.
	5. 10 sprays of solution to create bitter/saccharin environment.
	6. Breathing techniques all in 1 minute in length with 5 sprays of solution every 30 seconds as follows:
	✓ Normal breathing
	✓ Deep breathing
	✓ Turn head side to side
	✓ Move head up and down
	✓ Talk- loud and slow- recite rainbow passage
	✓ Bending over or jog in place
	✓ Normal breathing
	*Remove and refit respirator mask, if at any time the student tastes bitter/saccharin. Restart procedure with breathing techniques.
	7. Complete Respiratory Protection Program Checklist
	Instructor/Tester signature and date:
	Student signature and date: