

JACKSONVILLE UNIVERSITY  
BROOKS REHABILITATION COLLEGE OF HEALTHCARE SCIENCES

Master of Science in Dentistry and Certificate in  
Comprehensive Oral Implantology Program



RESIDENT HANDBOOK

2022 - 2023

The policies stated in this handbook are consistent with Jacksonville University policies but are set forth in terms that are more specific so the residents enrolled in the Master of Science in Dentistry and Certificate of Comprehensive Oral Implantology Program will have a concise statement of expectations.

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## NOTICE

This handbook is informational in nature and is not an express or implied contract. It is subject to change due to unforeseen circumstances; as a result of any circumstance outside the University's control; or as other needs arise. If, in Jacksonville University's sole discretion, public health conditions or any other matter affecting the health, safety, upkeep or wellbeing of our campus community or operations requires Jacksonville University to move to remote teaching, alternative assignments may be provided so that the learning objectives for the course, as determined by the faculty and the University, can still be met. Jacksonville University does not guarantee specific in-person, on-campus, or any other particular format of classes, activities, opportunities, or services. Neither does Jacksonville University guarantee their timing or location.

## OVERVIEW

The Jacksonville University Brooks Rehabilitation College of Healthcare Sciences, Master of Science in Dentistry and Certificate in Comprehensive Oral Implantology program's mission, philosophy and program outcomes are congruent with those of Jacksonville University and consistent with the standards of the Council on Dental Accreditation, American Dental Association, and their guidelines for the preparation of comprehensive oral implantology professionals.

## MISSION

The Master of Science in Dentistry and Certificate in Comprehensive Oral Implantology program values the diverse backgrounds and experiences of its residents and emphasizes the importance of professional ethics, scholarly inquiry, engaged learning opportunities and clinical competence in the practice of comprehensive oral implantology.

Our mission is the success of each resident as a self-assured, proficient comprehensive oral implantologist, who can practice in dynamic health care environments, provide leadership to promote and improve oral health, is committed to the advancement of implantology knowledge and practice, and aspires to life-long learning and achievement in advanced studies.

## PHILOSOPHY

The Jacksonville University Master of Science in Dentistry and Certificate in Comprehensive Oral Implantology philosophy is derived from the Faculty and Clinical Site Supervisors' beliefs regarding person, environment, health and wellness, professional practice, oral implantology education, and teaching- learning. The philosophy reflects the mission statements of Jacksonville University and the Comprehensive Oral Implantology program.

People are unique in their capacity for self-awareness, rational thinking, creativity, response to patient's chief concerns, and deliberate action to resolve these problems and meet valued goals. Each person evolves from a diverse background and has innate and acquired internal resources to meet multidimensional needs. People interact continuously with the environment and are the essence of a dynamic global community.

Environment is any facet of the community and culture external to the person. The interaction between the person and environment may affect the person's health, illness and access to services. Delivery of comprehensive oral implantology care will be responsive to the person and environment. People become clients of oral implantologists when they actively seek an improvement in their dentofacial appearance and/or oral function of the stomatognathic system.

Oral health is the expression of physical, psychological, spiritual, and social well-being manifested and determined by the adaptive abilities of persons. Perceptions and levels of health vary among people of all ages. Health is affected by personal initiative and interaction between health care providers and persons as they access complex, dynamic health care

systems. Comprehensive oral implantology has a significant role in being culturally sensitive to the needs of increasingly diverse populations and in helping people access oral health care services.

Comprehensive oral implantology is an art and science, which facilitates health promotion in individuals, families and communities. Critical thinking and the application of theory and research are inherent in the comprehensive oral implantologist's role and provide the basis for judicious decision-making, problem solving and health planning. Comprehensive oral implantologists embrace values, behaviors, and recognized standards that are the foundation for ethical and legal practice.

Comprehensive oral implantologists use critical thinking and problem solving to assess, design, manage and evaluate care in collaboration with clients and other health professionals. The comprehensive oral implantologist is accountable for the delivery of competent, cost-effective care that will result in expected outcomes.

The faculty believe that curricular progression fosters professional socialization for future roles and responsibilities within the global oral health community. As residents learn and mature in comprehensive oral implantology knowledge and ability, they enter practice as competent oral implantologists adept in the use of information and health care technology, provide leadership to promote and improve health, and aspire to life-long learning and achievement.

Learning is viewed as a life-long process facilitated by creative thinking and creative inquiry. Faculty and clinical site supervisors view teaching as a process that actively engages the resident. Clearly defined learning objectives are accomplished through expert blending of interactive, clinical methods and classroom approaches. Residents are responsible for their own learning and achievement of outcomes. Faculty and clinical site supervisors serve as role models and mentors and are responsible for creating an environment conducive to learning. A supportive environment is fostered through close interaction among residents, faculty, clinical site supervisors, and staff. Residents, faculty, and clinical site supervisors also share responsibility in contributing to the development and support of persons associated with the comprehensive oral implantology community.

#### **PROGRAM DESCRIPTION:**

The Master of Science in Dentistry and Certificate in Comprehensive Oral Implantology is a three-year, 90 credit hour academic program designed by Dr. Hilt Tatum and Dr. Duke Heller in conjunction with the American Academy of Implant Dentistry's (AAID) post-graduate core curriculum for dental implantology. Dr. Tatum is widely regarded as one of the world's most skilled dental implant surgeons and is unmatched in his surgical and conceptual talent. For over 40 years he has been most gracious in giving his time and knowledge to advancing the discipline of implant dentistry to the dental profession. The program is further supported by the Comprehensive Oral Implantology Residency Foundation (COIRF).

This Comprehensive Oral Implantology program provides dentists with extensive training focused on clinical proficiency in surgery, prosthetics, and maintenance as related to dental implants and comprehensive oral implantology. Implant dentistry is a unique specialty that is multidisciplinary in nature and inclusive of all existing specialties. This comprehensive field in dentistry utilizes core concepts of prosthetic and restorative dentistry as well as surgical reconstruction of the oral masticatory area including the use of implantable devices. An integrated learning model is used to teach the Jacksonville University Comprehensive Oral Implantology program which derives various disciplines of dentistry from residents' prior dental knowledge.

Through Jacksonville University's model of Continuous Clinical Enrollment, residents learn based on the clinical needs of their assigned patients which may include elements of general dentistry as well as elements of oral implantology. The resident will be given an understanding of the scope of the entire program and later courses will lead to an in-depth knowledge of the procedures listed below.

During the program, residents will be exposed to advanced training in the following areas:

- Historical perspectives of implant dentistry;
- Interdisciplinary diagnosis and treatment planning;
- Two-and-three-dimensional radiographic imaging and interpretation;
- Digital laboratory technology;
- Biomechanics and biomaterials related to implantology;
- Basic and advanced alveolar reconstructive surgery and implant placements;
- Basic and complex dental implant prosthetics;
- Long term care and maintenance of dental implants; and
- Moderate sedation and medical valuation of patients in need of implant dentistry.

The Master of Science in Dentistry and Certificate in Comprehensive Oral Implantology is a hybrid program consisting of online and in person instruction. Online didactic classes have asynchronous components that allow residents the flexibility to access coursework and complete assignments at their discretion within the time and other limitations set forth by the instructor. Synchronous components of courses require residents and faculty to join class online at the same time. Usually, this for lectures, discussions, and presentations. Some classes may also require in person instruction. If this is the case, residents will be required to travel to the location where the in-person instruction is scheduled. The full-time, 36-month program requires that residents spend an equal amount of time on their didactic coursework and clinical training.

Residents have the dual responsibilities of a student in post-graduate education and a participant in the clinical setting assisting to deliver patient care. A resident's performance in the clinical setting is a component of the resident's academic evaluation and a required element of the program's curriculum. Continuation in the program is contingent upon both satisfactory performance of the resident's academic obligations and the maintenance of satisfactory

professional and ethical standards in the clinical setting. Thus, failure to meet the requisite standards in either the academic components of the program, or the clinical components of the program, may disqualify the resident from continuing in the program. Moreover, if a resident commits a terminable offense in the clinical setting, the resident will also be dismissed from other components of the program. Similarly, if the resident is dismissed from the program for academic or misconduct reasons, the resident will likewise be terminated from assisting at the clinical site.

An important aspect of the program is instruction in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, and practice management.

Residents are paid \$50,000 annually by the clinical site they are assigned to.

## LICENSURE DISCLOSURE

Residents of the Jacksonville University Brooks Rehabilitation College of Healthcare Comprehensive Oral Implantology Program are required to be a licensed dentist in the state where their assigned Jacksonville University Academic Training Center (JUATC), also referred to as clinical site, is located. Residents are encouraged to confirm their licensure status in the state where they will be conducting their clinical comprehensive oral implantology training. Contact information for the state dental boards can be found at the [American Dental Association](#).

The American Board of Dental Examiners, Inc. (**ADEX**) is a test development agency serving its member state dental boards in developing licensure examinations for dentistry professionals. The ADEX examination is accepted by the greatest number of states and jurisdictions that license Dental Professionals. Each state dental Board decides which examination they accept. Since those states make changes on a regular basis so each resident should check with the state that he/she/they wishes to seek a license from.

If you are interested in more information about the ADEX Examinations or registering to take an ADEX examination, please contact either of the ADEX Test Administration Organizations:

- The Commission on Dental Competency Assessments (CDCA). [www.cdcaexams.org](http://www.cdcaexams.org)
- The Council of Interstate Testing Agencies, Inc. (CITA). [www.citaexam.com](http://www.citaexam.com)

Licensed dentists in Canada of accredited dental programs who have successfully completed the National Dental Examining Board of Canada's (NDEB) Certification Process are also being accepted for licensure in some US states, <https://ndeb-bned.ca/certification-process/entry-to-practice-graduates-of-accredited-dental-programs/>. Jacksonville University advises licensed Canadian dentists to contact the state licensing board for more information, <https://www.ada.org/resources/licensure/state-dental-boards>."

## PROGRAM OUTCOMES

Upon completion of the Program, residents will be able to:

### BIOMEDICAL SCIENCES

- Develop treatment plans and diagnoses based on information about natural implant restoration in stable alveolar bone to the capacity of natural function;
- Include knowledge of anatomy and function in planning and carrying out treatment; and
- Apply knowledge about the diagnosis, prevention and treatment of pathology of oral hard and soft tissues, and their restoration.

### CLINICAL SCIENCES

- Deliver evidence-based dentistry (EBD) focused on comprehensive oral implantology treatment; (EBD is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences.);
- Gain extensive and comprehensive clinical experience, which must be representative of the character of orthodontic problems encountered in private practice;
- Coordinate and document detailed interdisciplinary treatment plans which may include care from other providers or other dental specialists;
- Treat and manage the oral stomatognathic system problems which can be minimized by appropriate treatment;
- Treat and manage major oral stomatognathic system abnormalities and coordinate care with other healthcare providers;
- Provide all phases of comprehensive oral implantology treatment including initiation, reconstruction and completion with interval follow-ups;
- Treat patients with at least one contemporary oral implantology technique;
- Treat or manage all potential oral implantology patients with moderate and advanced periodontal problems;
- Develop and document treatment plans using sound principles of patient health contributions, bone growth and manipulation, soft tissue necessities, implant placement and restorative and maintenance treatment;
- Obtain and create long term files of quality images of patients using techniques of photography, radiology, and cone beam computed tomography (CBCT), including computer techniques when appropriate;
- Develop and maintain a system of long-term treatment records as a foundation for understanding and planning treatment and retention procedures;



- Practice comprehensive oral implantology in full compliance with accepted standards of ethical behavior;
- Manage and motivate patients to participate fully with comprehensive oral implantology procedures;
- Study and critically evaluate literature and other information pertaining to this field; and
- Promote cooperation between oral implantology, general dentistry, related dental specialties and other health sciences.

#### RESEARCH

- Residents will participate in research endeavors through the initiation and completion of a capstone project which will include:
  - Final presentation of their research project;
  - Analysis of the collected data;
  - Interpretation and conclusion of the project; and a
  - Final write-up of the research capstone project approved by the student's mentor.

The effectiveness the program outcomes will be documented using a formal and ongoing outcomes assessment process which includes measures of advanced dental education resident achievement. Additionally, a formal system of quality assurance for patient care will include resident oversight, responsibility, and the period of assignment.

#### ADMISSION POLICIES

Admission is open to qualified people of any race, color, religion, and national or ethnic origin. The Master of Science in Dentistry and Certificate in Comprehensive Oral Implantology program has its own admission process that is distinct and separate from that of Jacksonville University's other degrees and programs. It is a highly selective process. In 2022, no more than fifteen (15) students will be admitted to the program.

Applications for admission are accepted through of April 15, 2022 and will only be considered if all admission materials have been filed on time according to the calendar posted on the website. All applicants will be evaluated on the strength of their academic and professional record. As this is a self-directed application, it is the applicant's sole responsibility to ensure the application is completed and received on a timely basis.

#### JU MINIMUM REQUIREMENTS FOR U.S. STUDENTS

- DDS/DMD or equivalent
- US National Board Scores Part I and Part II
- Letters of Recommendation (2) from:
  1. Chair or Dean of the Dental School (required)

2. Dental School Faculty, or Professional Colleague who can attest to the character and background of the applicant
- Personal essay stating goals (500 word maximum)

#### JU MINIMUM REQUIREMENTS FOR INTERNATIONAL STUDENTS

- International dental graduate students must possess a U.S. or Canadian Dental Degree or the educational equivalent as determined by the Program Director of the Comprehensive Oral Implantology program.
- US National Board Scores Part I (required) and II (if available)
- TOEFL scores above the 90th percentile (270 computer, 610 paper)
- Letters of Recommendation (2) from:
  1. Chair or Dean of the Dental School (required);
  2. Dental School Faculty, or Professional Colleague who can attest to the character and background of the applicant
- Personal Essay (500 word maximum)
- Current US Visa (in case of interview)

#### SELECTION PROCESS

Admission is highly selective and limited to those applicants who demonstrate potential for successfully completing the Program. The decision is based on evaluation of the applicant's dental school portfolio, research experience, work experience (if applicable), letters of recommendation, written essay, and personal interview.

#### REQUIRED DOCUMENTATION

##### BASIC LIFE SUPPORT/CPR

All residents must have a current BLS/CPR card. A copy of your current card (front and back) must be on file with Jacksonville University prior to the start of the program. Note: Advanced Cardiovascular Life Support training will take place in the first semester.

##### HEALTH AND IMMUNIZATIONS

Residents are required to adhere to certain public health requirements. A health screening is required and immunization records, including results from TB testing must be on file, prior to the start of the residency. The following immunizations must be up to date when residents enter the program:

- Tuberculin skin test within the past 12 months or documentation as a previous positive reactor; and
- Proof of Rubella and Rubeola immunity by positive antibody titers or 2 doses of MMR; and

- Varicella immunity, by positive history of chickenpox or proof of Varicella immunization; and
- Proof of Hepatitis B immunization or declination of vaccine if patient contact is anticipated; and
- Tetanus shot within the last 5 years.
- Residents are also advised to receive the:
- Flu shot during each active flu season. If you are unable to take the flu shot, you must have documentation of this from your physician; and
- Covid-19 vaccination and booster.

People who are not correctly immunized pose a significant public health risk to their patients, co-workers and themselves. TB tests must be renewed each year. It is your responsibility to update your TB test and any immunizations that have expired during your time at Jacksonville University.

#### TRANSCRIPTS

Official transcripts are required to be on file before the end of the first semester. Unofficial transcripts may be used for admissions decisions at the discretion of the University. The resident will need to contact their school to have the transcripts sent directly to Jacksonville University, 2800 University Blvd N., Jacksonville, FL 32211. Electronic transcripts are preferred and should be sent to [registrar@ju.edu](mailto:registrar@ju.edu). International transcripts should be accompanied by a third-party course by course evaluation. A list of approved third party evaluators can be found at <https://www.naces.org/members>.

## ACADEMIC POLICIES

### ACADEMIC STANDARDS

Residents must maintain an academic grade point average (GPA) of at least 3.0 (B) during their enrollment in the program, in order to graduate. Each course taught in the program will provide residents with a syllabus that explains the grading system for that course. The type of remediation needed to lift a grade of C to passing will also be explained in the course syllabus.

### ACADEMIC STANDING

Comprehensive Oral Implantology residents will be placed on academic probation if their cumulative GPA drops below 3.0 (B). Those who do not achieve a cumulative GPA of 3.0 (B) within two semesters of being placed on academic probation will be dismissed from the program. A resident who receives one “C” or below will be placed on academic probation. A subsequent grade of ‘C’ or below will dismiss them from the program regardless of GPA. Any resident who receives an “F,” designating a grade that has no potential for remediation, will be dismissed from the program. Residents dismissed from the Comprehensive Oral Implantology program may appeal the action to the Jacksonville University Disciplinary Committee.

## PROGRAM COMPLETION

In order to receive their diploma, residents at a minimum must:

- Have a grade point average of B or higher; and
- Complete all patient care related administrative duties; and
- Complete their capstone project; and
- Successfully complete a lateral wall sinus augmentation procedure.

## GRADING

Grades given are based on acquired points rather than percentages. The grade equivalent is discussed in the syllabus **for** each course.

### Grading Scale:

A 90.00 – 100

B 80.00 – 89.99

C 70.00 – 79.99

An “I” indicates that a resident did not complete a course for a reason acceptable to the professor and requested and received permission from the Program Director to complete the course at a time that is agreed upon by the Program Director, faculty instructor and the resident’s Clinical Site Supervisor. The resident must be passing and have completed all but a particular segment of a course to qualify for a grade of “I.” The “I” will be converted to the appropriate letter grade if the course work is completed by agreed upon time. If the “I” course work is not completed on time, the “I” will convert to an “F.” The “I” converted to grades “A” through “F” will then be used in computing the GPA and may result in a change of academic status if the resulting GPA so indicates. A resident cannot register for the second year while an “I” grade remains on the resident’s record without permission of the Program Director.

In the event that a student feels he/she has been treated unfairly, or that an instructor has deviated from his/her prescribed formula for grading in an arbitrary or unwarrantedly punitive manner, the resident may appeal the grade. See Appendix I for Jacksonville University’s Standard Procedure for Appeals of Grades and Sanctions.

## CLASS ATTENDANCE

Faculty believe strongly that attendance during synchronized sessions and in-person classes is necessary for residents to learn the assigned material and achieve course objectives. All residents are expected to attend and participate in those scheduled classes, including guest lectures, according to published courses syllabi.

Residents are expected to attend synchronized sessions and in-person classes on time. Unavoidable and/or unexpected circumstances beyond the resident’s ability to control or

anticipate may be considered acceptable reasons for tardiness. A pattern of tardiness will result first in a verbal/written warning and if continued will result in a Disciplinary Committee proceeding. Unless permission to leave these classes early is granted by the professor, residents are expected to remain in those classes until the class is completed.

## ATTENDANCE PROTOCOL

Attendance is taken by the instructor for all classes, and it is the resident's responsibility to justify absence or excessive tardiness. The instructor will determine academic consequences with the approval of the Program Director.

Clinical attendance will be tracked through reports in the clinical site's system. Irregular scheduling patterns, phantom patients, and changing the schedule or improper scheduling to have more time off, will be monitored by the administrative staff, clinical site supervisor, and Program Director. The Clinical Site Supervisor and Program Director will determine appropriate responsive measures, including but not limited to the loss of personal days, suspension, and/or loss of a letter grade.

Frequent absences will be discussed with the resident by the Clinical Site Supervisor with the knowledge of the Program Director. Frequent unexcused absences are referred to the disciplinary committee for appropriate recommendation and then to the Program Director for final determination.

## REQUEST FOR TIME OFF

A Request for Time Off Form is to be submitted in a timely manner to the Program Director and Clinical Site Supervisor with appropriate signatures. (See Appendix C).

Residents are expected to be present at their clinical site at all times specified by the Clinical Site Supervisor unless otherwise allowed.

Unanticipated absence or illness are handled as an exception if the resident notifies their instructor and/or clinical site supervisor of the seminar/class/event/procedure/appointment to be missed. A Request For Absence Form must be submitted upon the resident's return to the Program Director.

Whenever possible, an unexpectedly absent resident should arrange to provide coverage for their assigned class presentations. If last minute coverage is impossible, the resident will present first to the class upon their return and the schedule will be adjusted to accommodate this.

## VACATION/HOLIDAY/PERSONAL TIME OFF

This policy is informational in nature and is not an express or implied contract. It is subject to change due to unforeseen circumstances, as a result of any circumstance outside Jacksonville

University's and the clinical site's control, or as other needs arise. Changes may be required if, in the University and clinical site's discretion, public health conditions or any other matter affect the health, safety, upkeep or wellbeing of our campus community or operations.

Each resident can request up to three personal days during each of the three full years of the program beyond which remedial course work will be required from the resident at the discretion of the Program Director. Time off should not exceed two weeks. The three personal days do not roll over to the subsequent year of residency. A resident may be absent from their designated clinical site for these personal days at the discretion of the Program Director and Clinical Site Supervisor. Remediation in clinical coursework may include performing clinical tasks beyond the duration of the residency if the clinical schedule so dictates. Providing coverage for assigned tasks such as emergency rotation must be ensured by the resident prior to requesting time-off. Residents should not request all of their time off at the end of the residency. Residents of any year should not take personal days during any required in-person classes.

Residents must submit the personal day request in writing at least six weeks in advance to the Program Director and Clinical Site Supervisor, in addition to notifying faculty of their current courses. Course syllabi should specify the nature of the in-class participation expected and the effects of absences on grades. Residents with written excused absences are entitled to a makeup exam at a time mutually convenient for the instructor and resident. Not all requests will be automatically approved depending on academic standing, impact on patient care, or other relevant factors.

The Comprehensive Oral Implantology program conforms to the academic calendar of Jacksonville University regarding scheduled Holidays. The Holidays currently recognized by the University are:

- Veterans Day
- Thanksgiving Break
- Winter Holiday Break
- Martin Luther King Day
- Memorial Day
- Juneteenth
- Independence Day

The specific dates are issued by the Office of the President at the beginning of each new academic year. Spring and Winter breaks identified in the Jacksonville University academic calendar do not apply to residents participating in the Comprehensive Oral Implantology program.

## MATERNITY/PATERNITY LEAVE POLICY

Residents may request to take up to 6 weeks of maternity leave. Independent of the duration of parental leave, residents will be required to perform remediation in both didactic and clinical coursework which may include performing clinical remedial tasks beyond the duration of their residency if the clinical schedule so dictates. The Program Director with the aid of faculty will design an individualized course of remediation.

## DISABILITY SUPPORT SERVICES

If you seek assistance or request “reasonable accommodations” under the ADA Section 504 Act, you must provide complete medical and/or psychological documentation to the Director for Disability Support Services. Documentation must be current – not more than three years old. Requests for “reasonable accommodations” must be completed in a timely manner so faculty/directors can plan for the accommodations. Residents with disabilities are responsible for maintaining the same academic levels as other residents, maintaining appropriate behavior and providing timely notifications of special needs. Students must request “reasonable accommodations” each semester of enrollment to receive the accommodations. Contact Olga Lucia Flórez, M.Ed., M.P.A. Director of Disability Support Service at [oflorez@ju.edu](mailto:oflorez@ju.edu) or by phone at 1 (904) 256-7787

Students with hearing and speech related disabilities should call the Florida Relay Service at 1 (800) 955-8771 for TTY assistance. The website is <https://www.ftri.org/relay>

## PROFESSIONAL AND ACADEMIC CONDUCT

It is essential that all individuals associated with the Jacksonville University Master of Science in Dentistry and Certificate in Comprehensive Oral Implantology program behave with integrity and in accord with the American Dental Association code of ethics (<https://www.ada.org/about/principles/code-of-ethics>). Failure to guard confidentiality and/or to accurately report and record information may result in disciplinary action. Any violation of academic honesty must immediately be reported to the faculty.

Resident must agree to represent the University and their clinical site in a manner that upholds the standards of the University and clinical site at professional meetings and events; and to notify the Program Director and/or a designated representative of any misconduct on either their part or by other residents.

Regarding individual assignments, each resident is required to submit a complete assignment that is unique to that resident and not a compilation of material created by two or more residents working together, unless the group project is approved by the instructor in advance. It is permissible for residents to discuss with one another the requirements of an assignment and to explore ways in which to complete the assignment. When a resident uses an idea or concept created by another resident, it must be cited just as any other idea or concept is cited. For group projects, collaboration between class members is vital to the successful completion of the

assignment. Sources used to fulfill requirements must be included in the bibliography or reference section of the assignment.

If there are any questions regarding professional and/or academic honesty, residents must seek clarification from faculty in a timely manner and faculty are to provide guidelines that are precise and unambiguous. Residents are to conduct themselves in a professional manner at all times. Any resident who is judged to be discourteous, rude, profane or hostile to faculty, staff, clinical site supervisors or fellow residents will be reported immediately to the Program Director regarding continuation in the program and an appearance before the Disciplinary Committee.

Academic misconduct is defined as any form of cheating, including:

- Concealed notes during exams;
- Copying or allowing others to copy from an exam;
- Students substituting for one another in exams;
- Submission of another person's work for evaluation;
- Preparing work for another person's submission;
- Unauthorized collaboration on an assignment;
- Submission of the same or substantially similar work for two courses without the permission of the professors; and
- Plagiarism.

Such conduct may be subject to disciplinary action including:

- Penalizing a resident's grade on the assignment or examination in question;
- Assigning a failing course grade; and/or
- Dismissal from the University (in cases of especially egregious or repeated offenses).

The faculty regard all incidents of academic misconduct as major offenses that merit disciplinary action. Faculty members will handle each case of academic misconduct in accordance with their own course policy. In the spirit of academic freedom, no further action is required from the instructor following the action taken in response to the incident of academic misconduct if the resident agrees to the penalty. However, it is strongly recommended that faculty report all incidents of academic misconduct to the Provost, with notification to the division chair and appropriate college dean. In addition, the instructor may recommend to the appropriate Division Chair, further sanctions against the resident deemed appropriate for the level of academic misconduct. These sanctions may include academic probation, suspension or expulsion. If the sanctions recommended by the instructor are not approved, the instructor may appeal the decision of the Chair/Dean to the Provost. If there is still disagreement, the instructor may refer the decision of the Provost back to the Chair/Dean of the Academic Unit from which the appeal originated. The Chair/Dean shall then form a five-person appeal committee along the same guidelines used for the formation of a committee to hear a student



appeal. The Program Director may reserve the right to discipline the resident beyond actions taken by the Disciplinary Committee.

## HONOR CODE

Truth is a value essential to the profession of dentistry. To underscore the importance of truth, honesty, and accountability, residents, clinical directors, faculty, and staff in the Comprehensive Oral Implantology program adhere to the following honor code: *I do not lie, cheat, or steal nor condone those who do*. Residents must agree to the code of honor acknowledging that they understand this concept of honor. It is required that every resident practice academic and professional honesty.

## EXAMINATIONS

During in person examinations, there will be no talking in the classroom, and all notebooks, textbooks, and papers will be closed and put away unless it is an open book examination. A resident may leave the testing room as soon as he/she/they complete the examination and turned in testing materials to the person monitoring the examination. Faculty involved in testing have the prerogative of implementing additional security measures. Residents will follow the rules outlined by the faculty and included in the syllabus for taking examinations online.

Residents are expected to take exams on the day and time scheduled. If he/she/they must take an examination at a time other than the one established in the course syllabus, permission must be obtained from the professor prior to the date on which the exam is set. If he/she/they cannot take a scheduled examination because of illness or other valid reason, the appropriate instructor must be contacted prior to the examination. For unexpected or unforeseen events, when prior notice is impossible, the resident must contact the professor and explain the reason for missing the examination within the 24 hours following the scheduled exam time. If the reason for missing an examination is considered valid by instructor, he/she/they will take a makeup exam at a date and time selected by the faculty.

If the instructor does not consider the reason given for missing the examination valid, the resident will not be permitted to take a makeup examination. If he/she/they fails to notify the professor prior to the examination when it is possible to do so, no makeup examination will be given. If a resident fails to notify the lead instructor within the twenty-four-hour period after an unforeseen event occurs, no makeup examination will be given. A zero will be given for any test that is missed and not made up.

## WRITTEN ASSIGNMENTS

Each resident is expected to submit written assignments on the date specified in the class syllabus. Permission to turn in written assignments later than the scheduled time must be obtained from the course instructor prior to the due date. The instructor has the right to refuse

any written assignment submitted past the due date where the resident has not obtained prior permission to turn in the assignment late. The instructor may elect to allow a paper to be turned in late for less than full credit. All residents are encouraged to maintain a copy of every paper submitted for a grade.

## USE OF RESIDENT CREATED MATERIALS

Written permission must be obtained before faculty, administrators, or residents may use materials created by residents (written assignments, non-patient related PowerPoint material). Patient PowerPoints are considered part of the patient's record and may be used by faculty and residents in teaching and external peer-attended presentations while they are a resident or employed by Jacksonville University. Each resident will be asked to sign the "Consent to Use Student Work" at the beginning of the academic year and has the right to refuse to do so (Appendix D). Signed forms are filed in individual resident file. If a resident exercises the right to refuse to sign the form, faculty can request permission to use materials on an individual, project-by-project basis.

## PERFORMANCE APPRAISALS

Feedback about the University and clinical sites is obtained when the third-year residents undergo an exit survey to solicit input regarding all aspects of the Program and is required in order to graduate and receive a diploma.

In compliance with the current Commission On Dental Accreditation (CODA) standards, the Program Director will schedule virtual meetings with the class cohort two times per semester.

- Residents are evaluated using individual course grades and by Faculty at least once per year using the online Student Evaluation Form. Each resident's clinical site supervisor will also submit an online Student Evaluation Form at a minimum of once per year.
- Faculty are evaluated by residents through the online Individual Course Evaluation, and by the Program Director once a year using the online Faculty Activity Assessment Report.
- Clinical Site Supervisors are evaluated by residents through the online Individual Course Evaluation, and by the Program Director once a year using the online Faculty Activity Assessment Report.

## CLINICAL POLICIES

The position of the resident presents the dual responsibilities of a student in post-graduate education and a participant in the clinical setting assisting to deliver patient care. A resident's performance in the clinical setting is a component of the resident's academic evaluation and a required element of the program's curriculum. Continuation in the program is contingent upon both satisfactory performance of the resident's academic obligations and the maintenance of satisfactory professional and ethical standards in the clinical setting. Thus, failure to meet the

requisite standards in either the academic components of the program, or the clinical components of the program, may disqualify the resident from continuing in the program. Moreover, if a resident commits a terminable offense in the clinical setting, the resident will also be dismissed from the program. Similarly, if the resident is dismissed from the program for academic or misconduct reasons, the resident will likewise be terminated from assisting at the clinical site.

Any Clinical Site Supervisor has complete authority to remove any resident whose behavior is unsafe or unsatisfactory from clinical care. The Program Director will review the incident. He/she/they will evaluate the nature of the incident and either apply the appropriate sanction on the resident or refer the incident for review by the Jacksonville University Disciplinary Committee.

At the discretion of the Program Director, Clinical Site Supervisor, and designated Faculty, any persistent deficiencies will be considered critical and may result in remedial assignments, academic probation or a failing grade.

Each resident will be required to attend an orientation with their Clinical Site Supervisor regarding the clinical site's rules and protocols including treatment of patients among other things.

Residents will learn based on the clinical needs of their assigned patients which may include elements of general dentistry as well as elements of oral implantology.

## CLINICAL PERFORMANCE

Residents will receive a pass/fail grade in all aspects of clinical oral implantology. A pass is required to successfully complete the course. A clinical failure will result in a course grade of "F." Behaviors constituting a clinical failure include, but are not limited to:

- Using mood altering substances (drugs or alcohol) within 12 hours of clinical care;
- Violation of patient confidentiality policies;
- Failure to abide by faculty instructions;
- Misrepresenting themselves;
- Performing any procedure or intervention without the Clinical Site Supervisor's approval; and/or

Falsification of clinical hours, records or documentation.

## MOONLIGHTING POLICY

This program does not permit residents to practice dentistry outside of the clinical site they are assigned to without written permission from the Clinical Site Director and Program Director.

## CLINICAL SITE SUPERVISION

Appropriate record keeping is one of many academic and administrative requirements. Adequate documentation of the patients that are treated at clinical residency sites are needed for:

- Administrative requisites;
- Dental-Legal (risk management) concerns;
- Quality assurance;
- Educational responsibility;
- Bio-ethical considerations;
- Standardization and sufficiency of clinical data; and
- Accreditation requirements.

No treatment may be initiated until a treatment plan has been developed and signed by the Clinical Site Director.

## CLINICAL SITE SUPERVISOR SIGNATURES

The following is a list of comprehensive oral implantology procedures or stages of treatment that must be supervised as well as requiring a clinical site supervisor's co-signature:

- Corroboration and approval of the diagnosis and treatment plan;
- Recommendations for all extractions, soft and hard tissue grafting, and periodontal procedures;
- To monitor the completion of each stage of treatment (e.g., surgical and restorative) prior to proceeding to the next phase or stage;
- Prior to finalizing an adjunctive orthognathic surgical treatment plan;
- Prior to terminating care on an active clinic patient; and
- All regular visits.

It is the resident's responsibility to make sure that their patients' charts are countersigned as indicated. If a resident encounters a problem obtaining a countersignature from the Clinical Site Supervisor, the resident must advise the Program Director immediately.

## CHARTS AUDIT POLICY

The designated Clinical Site Supervisor will perform an audit of patients' charts at least once yearly for quality assurance and homogenous quantitative and qualitative distribution of cases amongst clinical site supervisors and residents. Residents will receive reports about their compliance with this policy and will be given ample time to correct detected deficiencies. Reviewed items include:

- Initial radiographs;

- Initial photographs;
- Initial oral scans (.STL files);
- Progress records;
- Final radiographs for all completed cases;
- Final photographs for all completed cases; and
- Outcome assessment workflow for all completed cases.

## MISUSE OF CLINIC SUPPLIES

The supplies at a clinical site are to be used only in the clinic unless permission has been obtained from the Clinical Site Supervisor for use outside of the clinic. This applies not only to supplies, but also to laboratory items, files, charts, records etc. Examples of inappropriate use:

- Borrowing supplies to be used outside of the clinic expecting to replace them at some future date;
- Utilization of supplies outside of the clinic that were not going to be replaced;
- Unauthorized use of supplies: e.g., treating patients in the clinic who were not clinic patients, often collecting a fee from the patient and keeping this fee for themselves;
- Billing the clinic for lab work that was then used either outside of the clinic or within the clinic on a resident's private patient;
- Duplicating clinical records for a resident's personal use; and
- Other similar unprofessional, unethical, and unacceptable behavior.

Residents of the Jacksonville University Master of Science in Dentistry and Certificate in Comprehensive Oral Implantology must adhere and be compliant with [HIPPA](#). Any violation of HIPPA shall be grounds for discipline including dismissal from the program. Compliance with the HIPPA policy is required in addition to all other clinic policies if any.

## POLICY FOR THE USE OF SOCIAL MEDIA

Social networks, blogs, and other forms of communication online create new challenges to the patient- doctor relationship. Residents should weigh several considerations when maintaining a presence online:

- Residents should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.
- When using the Internet for social networking, residents should use privacy settings to safeguard personal information and content to the extent possible but should realize that privacy settings are not absolute and that once on the Internet, content is likely permanent. Thus, residents should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites

and, to the extent possible, content posted about them by others, is accurate and appropriate.

- While we discourage interaction with patients, if residents interact with patients on the Internet, they must maintain appropriate boundaries of the patient-doctor relationship in accordance with professional ethical guidelines just, as they would in any other context.
- To maintain appropriate professional boundaries residents should consider separating personal and professional content online.
- When residents see content posted by colleagues that appears unprofessional, they have a responsibility to bring that content to the attention of the individual, so that he/she/they can remove it and/or take other appropriate actions. If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the resident should report the matter to the Program Director.
- Residents must recognize that actions online and content posted may negatively affect their reputations among patients and colleagues, may have consequences for their careers, and can undermine public trust in the school.

## COMMITTEES AND COMPLAINTS

### RESIDENT PARTICIPATION ON COMMITTEES

Residents are encouraged to participate on committees that work in an advisory role. As the needs of the program change, the Program Director may establish ad hoc committees that will be phased out as the work of the ad hoc committee is accomplished. The specific extent of resident participation in, and selection of residents for ad-hoc committees is at the discretion of the Program Director. Selection of Faculty or Clinical Site Supervisors for ad hoc committees is at the discretion of the Program Director. The following compositions are a general guide.

### DISCIPLINARY COMMITTEE

The Disciplinary Committee will serve as the official hearing body of the Comprehensive Oral Implantology program. They will hear issues of violations of academic and clinical policy. Issues relating to violations of the JU Code of Conduct are discussed in the Jacksonville University Student Handbook: <https://www.ju.edu/greenpages/code-of-conduct.php>

## MEMBERSHIP

The composition of the Disciplinary Committee will be made up of three (3) faculty members, selected at the discretion of the Program Director, from the Brooks Rehabilitation College of Healthcare Sciences. In addition, three students appointed by the Dean will serve on the committee.

## RESPONSIBILITIES OF MEMBERS OF THE DISCIPLINARY COMMITTEE

Members are expected to attend all Committee meetings. A member shall be excused from attendance at any meeting or session of the Committee when the member is physically unable to be present, or when a matter is considered, or action taken in which the member has a personal interest or a conflict of interest. The proceedings of the committee shall be held in strict confidence by its members. A breach of such confidentiality shall be deemed a violation of the Honor Code. Any discussion about potential violations should be kept in confidence by the Committee member(s) with knowledge of the alleged incident, even if no formal accusation has been lodged or where an accusation is pending. Knowledge of case specifics shall not be revealed to other Committee members. Confidentiality with respect to written hearing records shall be maintained in accordance with University policy.

## SANCTIONS

The Disciplinary Committee may recommend any of the following sanctions to the Program Director alone or in combination:

- Expulsion,
- Suspension,
- Probation,
- Academic sanctions,
- Limited clinical access,
- Letter of reprimand, and
- Assign additional clinical duty days.

The Disciplinary Committee will promptly make its findings and recommendations available to the Program Director for final adjudication. The Program Director will promptly inform the resident of the determination or refer the case to the Dean of Students.

## PROCEDURE FOR MANAGING PATIENT COMPLAINTS

Should questions, disputes, and problems of any type arise by any patient or parent, the appropriate procedure is for the resident to attempt to resolve the issue first with the aid of the Clinical Site Supervisor. If this does not succeed, then the Program Director should be consulted for further action toward resolution of the issue.

## PROCEDURE FOR MANAGING INTERPERSONAL COMPLAINTS AND GRIEVANCES

Should questions, disputes, problems, etc. of any type arise, between a resident and any staff, clinical site supervisor, or faculty involved in clinical activities, the appropriate procedure is to attempt to resolve the issue first by consulting with that individual. If the issue remains unresolved, the next step is to discuss the issue with the Program Director before making a formal complaint.

## STUDENT GRIEVANCE POLICY

The Brooks Rehabilitation College of HealthCare Sciences Student Grievance Policy covers any issues within the College (Appendix H).

## REQUIRED RECORD OF COMPLAINTS

The Program must retain a record of resident's complaints related to CODA's standards and/or policies.

## SEXUAL HARASSMENT

Jacksonville University is committed to providing a learning and working environment that emphasizes the dignity and worth of every member of its community, free from discriminatory conduct. Sexual harassment in any form or context is inimical to this and will not be tolerated. Sexual harassment subverts the mission and the work of the University, and can threaten the career, educational experience, and well-being of all involved. Sexual harassment also constitutes a form of illegal sex discrimination. Jacksonville University will enforce the University policy on Sexual Harassment. The entire Title IX policy can be found at <https://www.ju.edu/titleix/>.



## APPENDIX A: CURRICULUM AND COURSE DESCRIPTIONS

<b>Summer 1</b>	<b>Credits</b>
IMPD602 Medical Evaluation and Medical Laboratory Analysis	1
IMPD603 Aseptic Protocols and Surgical Procedure	1
IMPD604 Moderate Sedation I	2
IMPD700 Round Table	1
IMPD701 Clinical Practicum	3
<b>Total Summer 1</b>	<b>8</b>
<b>Fall 1</b>	<b>Credits</b>
IMPD608 Digital Laboratory Technology	2
IMPD609 Diagnostic Radiology	2
IMPD700 Resident's Round Table	1
IMPD701 Clinical Practicum	3
IMPD601 Diagnosis and Treatment Planning I	1
<b>Total Fall 1</b>	<b>9</b>
<b>Spring 1</b>	<b>Credits</b>
IMPD607 The Mandible, Maxilla and Bone Physiology/Repair	1
IMPD700 Resident's Round Table	1
IMPD680 Overview of Oral and Maxillofacial Surgical Procedures	1
IMPD701 Clinical Practicum	3
IMPD606 Head and Neck Anatomy	2
IMPD610 Moderate Sedation II	2
IMPD605 Diagnosis and Treatment Planning II	1
<b>Total Spring 1</b>	<b>11</b>
<b>Summer 2</b>	<b>Credits</b>
IMPD613 Diagnosis and Treatment Planning III	1

IMPD614 The Developing Role and Utilization of A.I. in Medicine/Dentistry	1
IMPD681 Overview of Head, Neck, and Plastic Surgery Surgical Procedures	1
IMPD682 Overview of Head and Neck Cancers	1
IMPD623 Theory and Techniques of Maxillary Sinus Augmentation Implants	1
IMPD701 Clinical Practicum	3
IMPD611 Conscious Sedation Clinical Training	2
IMPD700 Resident's Round Table	1
<b>Total Summer 2</b>	<b>11</b>
<b>Fall 2</b>	<b>Credits</b>
IMPD61 Concepts and Techniques for Implant Placements	1
IMPD615 Fixed and Removable Prosthodontics in Implant Dentistry	1
IMPD616 Implant Marketing and Business Management	1
IMPD617 Periodontal Aspects of Implant Dentistry	1
IMPD618 Procedure Instruction	1
IMPD700 Resident's Round Table	1
IMPD701 Clinical Practicum	3
IMPD627 Auto-immune, Degenerative and Chronic Conditions Influence	1
IMPD621 Soft Tissue Management in Implantology	1
<b>Total Fall 2</b>	<b>11</b>
<b>Spring 2</b>	<b>Credits</b>
IMPD619 Ramus Frame Implants	1
IMPD620 Sub-periosteal Implants	1
IMPD622 Theory and Techniques of Inferior Alveolar Nerve	1
IMPD624 Autogenous Bone Augmentation	1
IMPD625 Laser Therapy	1
IMPD626 Management of Nerve Injuries and Micro-vascular Repair	1
IMPD700 Resident's Round Table	1

IMPD701 Clinical Practicum	3
IMPD630 Guided Bone Regeneration Modalities	1
<b>Total Spring 2</b>	<b>11</b>
<b>Summer 3</b>	<b>Credits</b>
IMPD628 Implants in the Esthetic Zone	1
IMPD675: Capstone Topic Preparation	1
IMPD701 Clinical Practicum	3
IMPD612 Introduction to Research Methods	3
IMPD631 Remote Anchorage Implants	1
IMPD632 Alveolar Vascularized Osteotomies	1
IMPD633 Graft-less Solutions for Implants	1
<b>Total Summer 3</b>	<b>11</b>
<b>Fall 3</b>	<b>Credits</b>
IMPD634 Computer Assisted Surgery	1
IMPD635 Management of Complications	1
IMPD700 Resident's Round Table	1
IMPD701 Clinical Practicum	3
IMPD637 Mastering Anterior Esthetics Cad/Cam Ceramics	1
IMPD636 Risk Management, Patient Advocacy and Ethics	2
<b>Total Fall 3</b>	<b>9</b>
<b>Spring 3</b>	<b>Credits</b>
IMPD638 Implant Maintenance	1
IMPD639 Peri-implantitis Prevention and Treatment	1
IMPD640 Non-Root Form Implants	1
IMPD676 Capstone	3
IMPD701 Clinical Practicum	3
<b>Total Spring 3</b>	<b>9</b>

<b>Program Total Credits</b>
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<b>90</b>
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### **YEAR 1 - Summer 1**

#### **CIMPD602 Medical Evaluation and Medical Laboratory Analysis (1 cr.)**

Course description: This course develops a competency for medical evaluation techniques, medical history evaluation, pharmacological evaluation, systemic pathologies and how they can impact the occurrence of both short and long-term complications as they relate to dental implant therapies. Residents will be provided with algorithms to follow for creating prudent medical evaluations for when it is acceptable to treat patients and when treatment should not be undertaken. Residents will review patient-based medical-laboratory tests, values, and evaluation of medically compromised patients. An immersive history of physical diagnosis training provides residents with a unique experience to learn from several esteemed doctors.

#### **IMPD603 Aseptic Protocols and Surgical Procedure (1 cr.)**

Course Description: Aseptic and operating room sterility is one of the foundational principles for successful implant and regenerative surgery. Residents will be taught an in-depth knowledge and proficiency of sterilization techniques for surgical instrumentation, aseptic preparation of surgical rooms, patient, and operation theatre. These principles will be followed for every surgery performed within the residency program. The different surgical procedures taught will be presented to give residents an understanding of each, the reason for them, and their desired outcomes including potential complications.

#### **IMPD604 Moderate Sedation I (2 cr.)**

Course description: The course includes introduction to sedation, levels of sedation, management of the medically compromised patient, airway management, patient monitoring, management of medical emergencies, advanced cardiac life support, venipuncture, and pharmacology leading to an understanding in conscious sedation. In addition to didactic instruction in moderate sedation, residents will practice scenarios in a simulation center, building competence in airway management of a compromised airway.

#### **IMPD700 Resident's Round Table (1 cr.)**

Course description: Residents will present cases to their peers and faculty for analysis and discussion. An online forum for case presentation will provide a shared experience among the residents to develop clinical acumen.

#### **IMPD701 Clinical Practicum (3 cr.)**

Course description: Each resident will serve a caseload of patients or be involved in required hours of clinical care.

### **YEAR 1 - Fall 1**

#### **IMPD608 Digital Laboratory Technology (2 cr.)**

Course description: This course emphasizes the practical application of digital technology to provide laboratory support for the implant practice. This course teaches an understanding of the practical application of CAD/CAM technology to digitize the pre-surgical and restorative workflow. Residents will utilize three-dimensional imaging to design a variety of pre-operative models and surgical guides. This includes pre-operative stereolithic models, scan appliances, surgical guides, provisional and final restorations. Three dimensional printers will be used to fabricate these models and guides. Residents will scan, design, and mill provisional and final crown and bridge restorations.

#### **IMPD609 Diagnostic Radiology (2 cr.)**

Course description: This course teaches the acquisition and interpretation of two and three-dimensional radiographic images with an emphasis on the application to the practice of implant dentistry. This course teaches radiographic analysis of structures in the head and neck including normal and pathologic conditions of the teeth and supporting structures, paranasal sinuses, temporomandibular joints, maxilla, and mandible. Implant sites will be evaluated for prosthetic suitability, quantity and quality of available bone and proximity of vital structures. Virtual implant placement will be used when appropriate.

#### **IMPD601 Diagnosis and Treatment Planning I (1 cr.)**

Course description: This course will provide historical perspectives on implantology, the goals of treatment and an understanding of the diagnostic and treatment modalities necessary to properly treat patients requiring implant dentistry. Residents will learn to meet the patient before meeting the mouth (determining the patient's needs, desires, motivations, and goals), to provide an organized approach to examination, taking records, patient evaluation, obtain appropriate tests and radiographs and formulate a clinical decision-making tree (vertical treatment planning) and to recognize and incorporate an interdisciplinary approach to treatment planning.

#### **IMPD700 Resident's Round Table (1 cr.)**

Course description: Residents will present cases to their peers and faculty for analysis and discussion. An online forum for case presentation will provide a shared experience among the residents to develop clinical acumen.

**IMPD701 Clinical Practicum (3 cr.)**

Course description: Each resident will serve a caseload of patients or be involved in required hours of clinical care.

**YEAR 1 - Spring 1**

**IMPD607 The Mandible, Maxilla and Bone Physiology/Repair (1 cr.)**

Course description: This course will develop an in-depth understanding of the development, structure and role of the mandible and the maxilla and the physiology/repair of bone.

**IMPD680 Overview of Oral and Maxillofacial Surgical Procedures (1 cr.)**

Course description: This course provides an in-depth understanding of oral and maxillofacial surgical procedures will be demonstrated through various procedures.

**IMPD606 Head and Neck Anatomy (2 cr.)**

Course description: Fresh cadaver specimens are dissected to visualize and understand the anatomy of the head and neck. Cadaveric dissection will be used to teach an in depth understanding of the anatomy of the head and neck. A detailed study of the anatomic features including skin, fascia, muscle, blood supply, and nervous innervation will be presented as the foundation for proper surgical procedures.

**IMPD605 Diagnosis and Treatment Planning II (1 cr.)**

Course description: This course teaches an in-depth comprehensive approach to diagnosis and treatment planning from initial medical and dental history, chief complaint, clinical examination, evaluation of natural teeth, indications and contraindications for dental implants, biomechanics, ideal number and location of dental implants, bone augmentation and soft tissue management. Extra-oral and intra-oral imaging/photography skills will be taught for proper documentation and treatment planning.

**IMPD610 Moderate Sedation II (2 cr.)**

Course description: The course reviews levels of sedation, airway management, patient monitoring, management of medical emergencies, venipuncture, and pharmacology leading to an understanding in conscious sedation. Following the Moderate Sedation I course, the resident will receive sufficient clinical experience at an accredited clinical site to demonstrate competency in those techniques including clinical administration of conscious sedation on 20 patients.

IMPD700 Resident's Round Table (1 cr.)

Course Description: Residents will present cases to their peers and faculty for analysis and discussion. An online forum for case presentation will provide a shared experience among the residents to develop clinical acumen.

IMPD701 Clinical Practicum (3 cr.)

Course description: Each resident will serve a caseload of patients or be involved in required hours of clinical care.

**YEAR 2 - Summer 2**

IMPD613 Diagnosis and Treatment Planning III (1 cr.)

Course description: This course will utilize multiple presenters with in-depth experience and competency in different techniques to train residents to often contradictory treatment options. Detailed treatment steps will be taught with the intention of making correct surgical decisions based on evidence based, scientific literature as it relates to the subject.

IMPD614 The Developing Role and Utilization of Artificial Intelligence. in Medicine/Dentistry (1 cr.)

Course description: This develops an understanding of Artificial Intelligence and its developing and future role within the medical field.

IMPD681 Overview of Head, Neck, and Plastic Surgery Surgical Procedures (1 cr.)

Course description: An in-depth understanding of head, neck, and plastic surgery surgical procedures will be demonstrated through various procedures.

IMPD682 Overview of Head and Neck Cancers (1 cr.)

Course description: An in-depth understanding of head and neck cancer surgical procedures will be demonstrated through various procedures.

IMPD623 Theory and Techniques of Maxillary Sinus Augmentation Implants (1 cr.)

Course description: The anatomy, function, histology, and pathology of the maxillary sinus will be given. This will be followed by the history of its development and a review of different techniques currently being used. The management of complications and revisions will be covered. Residents will critically evaluate the scientific literature as it relates to the subject.

IMPD611 Conscious Sedation Clinical Training (2 cr.)

Course description:

IMPD700 Resident's Round Table (1 cr.)

Course description: Residents will present cases to their peers and faculty for analysis and discussion. An online forum for case presentation will provide a shared experience among the residents to develop clinical acumen.

IMPD701 Clinical Practicum (3 cr.)

Course description: Each resident will serve a caseload of patients or be involved in required hours of clinical care

**YEAR 2 - Fall 2**

IMPD614 Concepts and Techniques for Implant Placements (1 cr.)

Course description: Multiple designs of implants and methods of placements are in current use. An understanding of the indications and contraindications of the contemporary choices will be covered. The surgical steps for successful outcomes will be presented and demonstrated. This course will involve multiple faculty presentations to provide in-depth experience in and competency in different techniques to expose residents to often contradictory treatment options. Detailed treatment steps will be taught with the intention of making correct surgical decisions a habit and not guess. Residents will critically evaluate the scientific literature as it relates to the subject.

IMPD615 Fixed and Removable Prosthodontics in Implant Dentistry (1 cr.)

Course description: Residents will critically evaluate the scientific literature as it relates to the subject. For over 60 years the use of overdentures has been a hallmark of oral implantology. The benefits of restored function and esthetics with overdenture prostheses are well documented. From the original subperiosteal implants to the ramus frame and root form implants with superstructures or simply ball retention post, all facets of overdenture therapy will be presented. Additionally, from the single tooth replacement to full arch, fundamental concepts of implant retained fixed prosthodontics will be taught to the residents with an emphasis on esthetics (form) and biomechanics (function). Principles of occlusion will be presented as well as different restorative materials available to achieve the restorative goals. Residents will critically evaluate the scientific literature as it relates to the subject.

IMPD616 Implant Marketing and Business Management (1 cr.)

Course description: Residents will be taught the importance of proper business management of implant practices. The development of personal leadership style will be the guidepost for business development. Systems development techniques and materials will be presented. Sound financial practices will be taught as pertaining to practice acquisition and start-ups. Staff (hiring,



firing, and training) development and retention practices will be taught. Marketing strategies will be taught and developed for implementation.

#### IMPD617 Periodontal Aspects of Implant Dentistry (1 cr.)

Course description: An in-depth correlation between the surrounding tissues of teeth and endosteal implants will be taught and a current review of periodontal therapy/treatment/surgical procedures will be presented. An understanding of the etiology of the condition of peri-implantitis, including its' etiology and treatment will also be studied.

#### IMPD618 Procedure Instruction (1 cr.)

Course description: This course will deliver a deeper understanding of details and variations encountered when performing these different surgical procedures, which students have already observed: Nerve Repositioning, Onley Bone Grafting, Maxillary Sinus Augmentation, Autogenous Bone Augmentation, TVO™ Procedures, Extra Oral Augmentation Procedures, Laser Therapy, and Advanced Implant Procedure.

#### IMPD621 Soft Tissue Management in Implantology (1 cr.)

Course description: Residents learn how the long-term health of implants can be better predicted when implants are surrounded by stable keratinized gingiva. Coursework will illustrate multiple creative ways to move gingiva to new locations and function as stable gingiva resulting in stable bone that improves the prognosis of dental implants. Residents will critically evaluate scientific literature as it relates to the subject. Knowledge of cellular biology and histomorphological differences between soft tissue around natural teeth and soft tissue around implants will be gained. Management strategies for preservation of natural and esthetic architecture and surgical site development through soft tissue manipulation or augmentation will be taught for reconstruction and re-establishment of esthetic soft tissue.

#### IMPD627 Auto-immune, Degenerative and Chronic Conditions Influence in COI (1 cr.)

Course description: This course will provide residents with an understanding of these conditions and their influence relating to comprehensive oral implantology treatment.

#### IMPD700 Resident's Round Table (1 cr.)

Course description: Residents will present cases to their peers and faculty for analysis and discussion. An online forum for case presentation will provide a shared experience among the residents to develop clinical acumen.

#### IMPD701 Clinical Practicum (3 cr.)

Course description: Each resident will serve a caseload of patients or be involved in required hours of clinical care.

## **YEAR 2- Spring 2**

### **IMPD619 Ramus Frame Implants (1 cr.)**

Course description: This course will develop an understanding of the concept, history, design, fabrication, placement, prosthetic restoration and maintenance of ramus frame implants. The information in this course, combined with in-depth surgical training, demonstrates advances in comprehensive oral implantology training.

### **IMPD620 Sub-periosteal Implants (1 cr.)**

Course description: This course will develop an understanding of the concept, history, design, fabrication, placement, prosthetic restoration, and maintenance of sub-periosteal implants.

### **IMPD622 Theory and Techniques of Inferior Alveolar Nerve (1 cr.)**

Course description: Piezo surgery has brought a level of safety to Nerve Lateralization which has never been possible before. Techniques will be taught which will open the possibility of this procedure to be performed by our residents. Residents will critically evaluate the scientific literature as it relates to the subject. Vertical bone loss in posterior mandibular areas can result in bone being unable to receive implants without unacceptable risks of nerve injury. Successful moving of the inferior alveolar out of the mandible can then permit implant placements. This procedure has been safely used within the AAID for 45 years. The results will be presented. Current techniques with non-rotary cutting have eliminated much of the risks and will be taught. Onlay bone blocks will be demonstrated as a frequent component of this treatment.

### **IMPD624 Autogenous Bone Augmentation (1 cr.)**

Course description: History of autogenous grafting procedures will be discussed. Residents will learn harvesting procedures for intra-oral and extra-oral techniques. Vascularized grafts, triple grafts, and other intraoral procedures will be taught for the purpose of regenerating lost vertical and horizontal ridges. Histomorphology core samples will be evaluated for comparison against allografts and xenografts.

### **IMPD625 Laser Therapy (1 cr.)**

Course description: An overview of currently available laser for dental surgery will be taught. Specific LASERs and their indication of use and treatment modalities will be taught in detail. Osseous surgery, soft tissue surgery, TMJ therapy and peri-implantitis therapy with LASERs is also a part of this course.

**IMPD626 Management of Nerve Injuries and Micro-vascular Repair (1 cr.)**

Course description: This class will introduce residents to an understanding of what is current knowledge of sensory nerve physiology and nerve related pathology. Combined with laboratory training, micro-vascular nerve repair will likely become a component of resident's clinical choices.

**IMPD630 Guided Bone Regeneration Modalities (1 cr.)**

Course description: Guided bone regeneration principles, the use of cellular exclusion membranes, and the indications of use will be taught in this course. Included in this topic will be the specific use of titanium mesh, poly-galactic acid mesh, Polytetraflouroethylene mesh, and several types of collagen for reconstruction of the alveolar ridge shape. Indications of use, procedural steps, and complication management will be taught.

**IMPD700 Resident's Round Table (1 cr.)**

Course description: Residents will present cases to their peers and faculty for analysis and discussion. An online forum for case presentation will provide a shared experience among the residents to develop clinical acumen.

**IMPD701 Clinical Practicum (Variable cr.)**

Course description: Each resident will serve a caseload of patients or be involved in required hours of clinical care.

**YEAR 3 - Summer 3**

**IMPD628 Implants in the Esthetic Zone (1 cr.)**

Course description: An in-depth, specific criterion of esthetics with relationship to spatial arrangements and smile display will be taught. Smile design will be based off of skeletal form, as well as masticatory and speech function. Immediate implants in the esthetic zone and the management of potential esthetic pitfalls, along with the management of osseous and soft tissues with delayed restorations are a part of this course.

**IMPD675: Capstone Topic Preparation (1 cr.)**

Course description: Residents will report on the progress of their selected topics and discuss the challenges which have been faced and the solutions which have been found. The faculty will monitor and assist during these classes.

**IMPD701 Clinical Practicum (3 cr.)**

Course description: Each resident will serve a caseload of patients or be involved in required hours of clinical care.

**IMPD612 Introduction to Research Methods (3 cr.)**

Course description: Residents will develop an understanding of how to design research projects by identifying which issues to study, developing a hypothesis, formalizing research questions, considering specific independent and dependent variables, checking the validity of the existing literature and evaluating the outcome of the research project. Each student will prepare a question for to be investigated and design a research project with appropriate methodology and evaluate the findings.

**IMPD631 Remote Anchorage Implants (1 cr.)**

Course description: An understanding of these concepts will be developed during this course. Anatomical considerations outside of the alveolar ridge complex; the identification of potential remote anchorage sites; and prosthetic stabilization of remote anchorage implants and function will be taught using a combination analog and digital techniques. Patient selection and indications for remote anchorage implants and management of complications will be taught is also a part of this course.

**IMPD632 Alveolar Vascularized Osteotomies (1 cr.)**

Course description: This course introduces residents to an alveolar procedure which results in vital results without micro-vascular surgery. The comparison and benefit, when indicated, over Onlay Augmentation will be explained. The TVO™ (Tatum Vascularized Osteotomy) will be described and demonstrated for indicated sites in both arches. Dedicated instruments will be illustrated along with bone cuts, tissue manipulation, and different fixation techniques. Residents will critically evaluate the scientific literature as it relates to the subject.

**IMPD633 Graft-less Solutions for Implants (1 cr.)**

Course description: This course teaches the alternative to regenerative approaches and details the use of angled implants, short implants, and cross arch stabilized prostheses. Biomechanics and force distributions are taught in relation to full-arch graft-less solutions. When combined with clinical training using GPS Training Modules, this should result in the student having an in-depth ability to perform these procedures.

**YEAR 3 – Fall 3**

**IMPD634 Computer Assisted Surgery (1 cr.)**

Course description: X-Navigation philosophy and techniques will be taught for single to full arch implant surgeries. YOMI, robot assisted surgery, philosophy and techniques, in addition to an understanding of software and hardware are all components of this course.

**IMPD635 Management of Complications (1 cr.)**

Course description: Management of surgical and prosthetic complications will be taught with an emphasis on proper planning to prevent complications. Detailed revision therapy and prosthetic fabrication techniques, and problem solving with resolution are also a part of this course.

**IMPD700 Resident's Round Table (1 cr.)**

Course description: Residents will present cases to their peers and faculty for analysis and discussion. An online forum for case presentation will provide a shared experience among the residents to develop clinical acumen.

**IMPD701 Clinical Practicum (3 cr.)**

Course description: Each resident will serve a caseload of patients or be involved in required hours of clinical care.

**IMPD636 Risk Management, Patient Advocacy, and Ethics (2 cr.)**

Course description: Risk mitigation through ethical and legal realms; defining informed consent and preparing personalized informed consent forms to help mitigate risk; and legal ramifications and informed consent and ethical treatments will be emphasized in this course. Patient Advocacy and ethical considerations will be reviewed.

**IMPD637 Mastering Anterior Esthetics Cad/Cam Ceramics (1 cr.)**

Course description: Hands-on custom staining and glazing techniques will be taught for esthetic ceramics. The different ceramic materials will be discussed, and laboratory exercises will be performed. Residents will be responsible for customizing and delivering customized esthetic restorations for live patients.

**YEAR 3- Spring 3**

**IMPD638 Implant Maintenance (1 cr.)**

Course description: The course reviews maintenance protocols for implants and the different modalities for the differing implant restorations. Residents learn how to evaluate implants in function and how to diagnose health versus disease with relation to implants versus teeth.

**IMPD639 Peri-implantitis Prevention and Treatment (1 cr.)**

**Course Description:** Identification of peri-implant mucositis, and peri-implantitis and the treatment of each are taught in this course, in addition to the treatment of defects around implants with guided bone regeneration (GBR) principles. Radiographic and intra-oral evaluation and diagnosis will also be reviewed.

**IMPD640 Non-Root Form Implants (1 cr.)**

**Course description:** This course will teach the indications for use of non-root form implants and the surgical and prosthetic applications of non-root form implants.

**IMPD676 Capstone (3 cr.)**

**Course description:** This course will teach and assist the resident in the completion of research and successful defense of their Capstone.

**IMPD701 Clinical Practicum (Variable cr.)**

Each resident will serve a caseload of patients or be involved in required hours of clinical care.

**APPENDIX B**

JACKSONVILLE UNIVERSITY COMPREHENSIVE ORAL IMPLANTOLOGY PROGRAM

**REQUEST FOR TIME OFF**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

NUMBER OF DAY REQUESTED: \_\_\_\_\_

DATES REQUESTED: FROM: \_\_\_\_\_ TO \_\_\_\_\_

FROM: \_\_\_\_\_ TO \_\_\_\_\_

FROM: \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR REQUEST (vacation, medical leave, personal day off, etc.):

\_\_\_\_\_  
\_\_\_\_\_

STUDENT'S / FACULTY MEMBER'S SIGNATURE:

\_\_\_\_\_

SUPERVISOR'S USE ONLY

APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_

ADEQUATE COVERAGE: YES \_\_\_\_\_ NO \_\_\_\_\_

COVERED BY: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

**APPENDIX C**

**JACKSONVILLE UNIVERSITY**  
**BROOKS REHABILITATION COLLEGE OF HEALTHCARE SCIENCES**  
**MASTER OF SCIENCE IN DENTISTRY AND CERTIFICATE IN COMPREHENSIVE**  
**ORAL IMPLANTOLOGY**  
**CONSENT TO USE STUDENT WORK**

I, \_\_\_\_\_, give permission to the Faculty of the Jacksonville University Brooks Rehabilitation College of Healthcare Sciences, for the purpose of promoting or meeting the goals of the University, to use tests, papers, projects or other materials created by me.

I have the right to withhold permission to use any materials that I specify, as long as I give notification to the faculty at the time the material is submitted for evaluation. No reason needs be given for withholding.

Anonymity of material will be adhered to.

\_\_\_\_\_  
Student's Signature



## **APPENDIX D**

### **RESIDENT HANDBOOK**

I have received a copy of the 2022-2032 Jacksonville University Brooks Rehabilitation College of Healthcare Sciences Master of Science in Dentistry and Certificate in Comprehensive Oral Implantology Resident Handbook and I understand I am responsible for reading and understanding, and abiding by, the policies contained within the handbook.

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Resident's Signature

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Resident's Printed Name

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Date

## APPENDIX E

**Jacksonville University**  
**Brooks Rehabilitation College of**  
**HealthCare Sciences Student Grievance**  
**Policy**

The purpose of this policy is to provide a pathway for impartial review of student issues or concerns that have not been resolved through normal informal channels. For the purpose of this policy, a grievance is defined as a complaint involving unfair, arbitrary or unwarranted treatment that has not been resolved through other channels. The following list of issues or concerns have specific University Policies that supersede this grievance process:

- **Student Grade:** <http://www.ju.edu/academics/Pages/Academic-Catalog.aspx>
- **Violations of the code of Conduct:** <http://www.ju.edu/greenpages/Pages/Code-of-Conduct.aspx>
- **Sexual Harassment:** <http://www.ju.edu/humanresources/Pages/Sexual-Harrassment.aspx>

Grievance General Process:

1. Discuss the matter directly with the faculty or member involved.
2. If there is not a satisfactory resolution, appeal to the appropriate department Director.
3. If there is not a satisfactory resolution, appeal to the Program Director.
4. If there is not a satisfactory resolution, appeal to the Dean.
5. If there is not a satisfactory resolution an appeals committee will convene.
6. The committee will report the final decision to the Provost and Program Director.

Grievance Detailed Process:

1. Grievance must be filed in writing to the Dean within 30 days of the incident.
2. At any point in the process, the parties involved may achieve a resolution and stop the grievance process.
3. The written grievance must contain specific details. When appropriate, dates, times, witnesses and facts related to the complaint.
4. The written grievance must clearly state and document the evidence as unfair, arbitrary, or unwarranted treatment.
5. The grievance committee consists of faculty members from each School within the College of Healthcare Sciences. In addition to the standing committee a Student Life administrator and three students appointed by the Dean will serve on the committee. If a faculty member on the grievance committee is involved in the current grievance, the Dean will appoint a replacement.
6. All relevant documents must be provided to the committee.
7. The Student Life administrator will serve as chair. A Program faculty member will serve as recorder and keep minutes of the proceeding.

8. The time and date of the hearing shall be provided to each individual in writing at least 10 days prior to the meeting.
9. Members of the committee must hold all proceeding information as confidential.
10. Members of the committee will have 3 business days to review all documentation.
11. A private hearing will be conducted.
12. All involved parties will be allowed to attend all parts of the hearing.
13. Both parties may have an advisor that is a member of the JU community attend at their own expense. The advisor must not be an attorney.
14. Witnesses may be called for information or questions by the committee. Witnesses are only permitted to attend the part of the hearing in which they will be questioned.
15. The Dean will retain all documentation and minutes of the procedures.
16. The hearing will be recorded, and this recording is the property of the University.
17. Committee deliberations will not be recorded.
18. All members of the committee are permitted to ask questions of both parties. The chair of the committee will determine procedural questions.
19. A majority consensus of the committee towards a resolution will be provided to the Complaining party, other involved parties and the Dean.
20. The decision of the committee is final.

Should a student wish to appeal the decision made by the Committee the process is as follows:

1. Discuss the matter directly with the Provost.
2. The Provost will review the case and determine any additional action that should occur based on this review and the recommendation of the appeals committee.

## **APPENDIX F**

### **Standard Procedure for Appeals of Grades and Sanctions**

From JU Student Handbook

It is understood that students may have questions about their grades. Most can easily be answered through consultation with the instructor. In the event that a student feels he/she/they have been treated unfairly, in that an instructor has deviated from his/her/their prescribed formula for grading in an arbitrary or punitive manner, the student may appeal the final course grade.

The following timetable and grade appeal process shall be used whenever the student disagrees with a final course grade assigned, except in cases that involve the determination of guilt for an act of academic misconduct that was reported through the Academic Misconduct Notification Form (available to instructors via WebAdvisor). In such cases, the policies and procedures outlined in the "Academic Integrity and Misconduct" section of the catalog will apply. Any cases involving alleged acts of academic misconduct that have not been reported through this form are to be governed by the procedures listed in the second to last bullet below. Students who have admitted academic misconduct, or who have been found guilty of committing academic misconduct by an Academic Integrity Council hearing panel, will need to follow the entire process below if they feel the instructor's penalty for the misconduct was not assessed and

applied in accordance with the instructor's stated syllabus policies and therefore lowered their final grade unfairly.

- Appeals cannot normally be made unless a student has first discussed his/her concerns with the instructor. This conference should take place within three business days of the student being notified of the final course grade that has been or will be assigned, unless unforeseen and extenuating circumstances beyond the student's control warrant an extension. The student must be able to document such extenuating circumstances if requested by the instructor. If the university is closed for holiday break within this three-day window, the student and instructor must meet to confer no later than three business days after the beginning of the following semester.
- If the concerns remain unresolved after the conference with the instructor, the student must inform the instructor in writing within three business days of the conference that he/she/they are dissatisfied with the results of the conference. The student may then appeal the instructor's decision to the appropriate Division Chair. If the academic unit in which the course is taught is not part of a division, or if the instructor in question is also the Division Chair, the student should direct the appeal to the College Dean. In the case that the grade in question was assigned by an adjunct member of the faculty, the appeal must also be made directly to the appropriate Division Chair or College Dean.

The student's appeal to the Division Chair or Dean must be formally submitted in writing, clearly stating and documenting the evidence for unfair, arbitrary or unwarranted treatment and must be submitted within three business days of the student's written notification to the instructor that the issue remains unresolved. The concerned faculty member (or adjunct) may at this time submit a formal written response to the student's appeal to the Division Chair/Dean, and the student must also receive a copy of this response. The Division Chair/College Dean shall confer jointly with both the student and the concerned faculty member (or adjunct, if available) within five business days of receiving the written appeal. All relevant written documentation from both the student and the professor must be submitted to the Division Chair/Dean in advance of this meeting.

If the student's concern is still unresolved after the conference with the Division Chair/Dean and faculty member or if the instructor (or adjunct, if available), disagrees with the decision of the Division Chair/Dean, the Division Chair/Dean shall within five business days form an appeals review committee of four faculty members from within the Division/College (tenured, if possible) to review the work in question and one faculty member (tenured, if possible) from the Committee on Academic Standards, who comes from outside the Division/College, to ensure that both the student and faculty member are fairly treated. All relevant written documentation previously submitted to the Division Chair/Dean must be provided to the committee at the time the committee is formed.

Within ten business days, the committee must review the case via a face-to-face meeting and issue its final recommendation. The student must receive written notice of the time and date that the committee will meet and must be informed that he/she has the opportunity to appear at this meeting and to speak on his/her own behalf. The faculty member must also be informed of this meeting and may also opt to appear before the

review committee. If both the faculty member and the student opt to meet with the committee, the committee must ensure that the faculty member and the student appear separately. No “new” evidence/documentation (beyond what was previously submitted to the Division Chair/Dean) is to be submitted to the committee by either the student or the professor. The committee may either recommend the grade remain unchanged from the instructor's decision or recommend the grade be changed to a value the committee deems appropriate for the case. In cases where the committee rules that the student should receive a penalty resulting in a grade of "F" for a course, the student may not withdraw or be withdrawn from the course at any time.

- The committee's recommendation then must be issued to the Chief Academic Officer, the Division Chair/College Dean, the instructor, and the student in writing along with an explanation of the rationale for the recommendation. It is the responsibility of the Chief Academic Officer to see that the recommendation is carried out. If a semester/term ends without the process reaching a final resolution, the process should continue at the beginning of the next semester at the point that was reached at the conclusion of the previous semester. In this case, the grade assigned for the course will be recorded as "NG" (no grade) on the student's official transcript, without prejudice, until the case is resolved.
- In the event that an instructor has penalized a student in some way for an act of academic misconduct but failed to report the incident through the Academic Misconduct Notification Form (required in JU's Academic Integrity and Misconduct Policy), the student may challenge this penalty by reporting this violation of university policy to the instructor's dean within 30 days after the final course grade has been issued. If the instructor's dean is able to verify that no Academic Misconduct Notification Form was filed at the time the incident occurred, such penalties are to be automatically reversed.
- If the Division or College does not follow the procedures outlined above, then the student or instructor may appeal directly to the Chief Academic Officer. This appeal must be in writing and must clearly demonstrate how the procedures contained in this Grade Appeal Process were violated. The Chief Academic Officer is to determine whether proper procedures have been followed. In the event that they have not been followed, any recommendation or decision may be declared invalid and sent back to the Division or College for reexamination. The final disposition of the case must be reported to both the instructor and the student prior to the issuance of the grade.

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