

# ASSOCIATION OF SCHOOLS OF ALLIED HEALTH PROFESSIONS BYLAWS

Amended: June 6, 2003; January 19, 2007; September 30, 2008; May 6, 2009; March 21, 2013; August 5, 2014; May 3, 2017; June 6, 2019; January 7, 2020; January 30, 2020

## ARTICLE I: NAME AND GOVERNING AUTHORITY.

- I.1. Name.** The organization shall be known as the Association of Schools of Allied Health Professions, dba the “Association of Schools Advancing Health Professions” (hereinafter referred to as “Association”).
- I.2. Mission and Purpose.** The mission of the Association is: To Improve Health through Excellence in Education, Interprofessional Collaboration, Leadership, Research and Advocacy. In fulfillment of its mission, the Association will direct its activities to the following Strategic Objectives and Priority Areas: Interprofessional; Innovation; Advocacy; Alliances and Partnerships; Marketing, Promotion, and Growth.
- I.3. Governing Authority.** The Association is incorporated under the laws of the State of Delaware pursuant to Articles of incorporation filed in September of 1967. The Association shall be governed by these Bylaws as amended from time to time in accordance with the provisions herein. These Bylaws shall not conflict with the Articles of Incorporation.

## ARTICLE II: MEMBERSHIP

- II. 1 Categories of Membership.** The Membership of the Association shall consist of the following categories:
- II.1.1 Institutional Members**
- II.1.1.a. Educational Institutional Members.** Institutions of Higher Education and Health Care Institutions offering a degree or certificate in one or more of the Allied Health Professions.
- II.1.1.b. Professional Institutional Members.** Professional organizations representing healthcare disciplines.
- II.1.2 Lifetime Members.** Former ASAHP presidents and retired deans/directors who hold emeritus status. Lifetime Members will pay neither annual dues nor registration dues and cannot hold elective office.
- II.1.3 Affiliate Members.** An organization, association, community college, or agency with an interest in the mission and purposes of the Association but do not meet the criteria for Institutional membership. Affiliate Members may participate in the professional activities of the Association, shall receive all benefits appropriate to their classification, but shall not have voting privileges or be eligible to hold elective office. Affiliate Members may be appointed to Standing Committees except to the Constitution and Bylaws, Finance, and Nominations and Elections Committees.
- II.2 Approval.** Members shall be approved by the Board of Directors.
- II.3 Loss of Membership.** Any member may be deprived of membership for cause by a vote of not less than two-thirds of the Board of Directors, provided that the Secretary shall have given 30 days written notice to the Member and to all Directors of both the meeting and of the action to be voted on.
- II.4 Annual Dues and Fees.** The annual dues and other fees shall be proposed by the Finance Committee and ratified by a majority of the Board of Directors present and voting at any meeting of the Board of Directors.

**II.4.1** Any member failing to pay dues or any other established fees shall be ineligible to vote.

**II.4.2** Any member failing to pay dues within 60 days of the due date shall be dropped automatically from membership.

**II.4.3** Members dropped from the Association's membership roll under this or the preceding sections (i.e., "Loss of Membership") are prohibited from using the name of the Association.

**II.5 Business Meeting.** A Business Meeting shall be held in association with the Annual Meeting of the Association.

**II.5.1** The Dean or his/her designee of the Institutional Member shall be designated as the voting representative of that institution.

**II.5.2** The Business Meeting shall be conducted according to the most recent edition of Roberts Rules of Order Newly Revised excepting as otherwise specified herein.

**II.5.3** The President of the Association shall prepare the agenda for the Business Meeting. He/she will report and/or have reports presented on the ongoing affairs of the Association and Board, Task Forces, and Committee activities over the past year.

**II.6 General Membership Voting.** In all matters in which the general membership shall vote, the following rules shall be in effect:

**II.6.1** Educational and Professional Institutional Members shall have one vote each. The Dean or Equivalent Executive Officer of the Educational Institutional Member and the CEO or her/his designee shall be the voting representative of the member.

### **ARTICLE III: Board of Directors**

**III.1 General.** The activities and affairs of the Association shall be conducted by a Board of Directors.

**III.2 Composition.** The Board of Directors shall consist of the Officers of the association and six Elected Educational Institutional Directors. One additional Director shall be appointed by the Professional Institutional Members Coordinating Committee. The ASAHP Executive Director shall serve as an ex-officio member without vote.

**III.3 Eligibility/Election.** The six Directors shall be elected by the Educational Institutional Members and serve a three-year term. The Professional Institutional Member shall also serve a three-year term. Only members of the Educational Institutional membership category shall be eligible for election as one of the six Educational Institutional Board members and only members of the Professional Educational Institutional membership category shall be eligible for election as the Professional Educational Institutional Board member. Directors shall not serve for more than two consecutive full terms. Procedures regarding the conduct of the election process shall be developed by the Board of Directors. Results of the voting for Directors shall be

announced at the next Annual Business meeting. No Educational Institutional Member may have more than one representative on the Board of Directors at any given time.

**III.4 Director Vacancies.** In the event a vacancy occurs among directors, a special election to fill the vacant position shall be conducted by mail or electronic ballot under rules and procedures developed by the Board of Directors. If a vacancy occurs in the Professional Institutional Members director, a replacement shall be appointed by the Professional Institutional Member Coordinating Committee (The Board shall develop procedures for creation of a Professional Institutional Coordinating Committee).

**III.5 Removal of Board Members.** If an officer or Director is unable or fails to perform duties over an unreasonable period of time, the Board of directors is authorized to declare the office or position vacant (a 2/3 vote of total Board Members is required to approve this action excluding the member under review).

**III.6 Board Meetings.** The Board shall hold face-to-face meetings at least two times per year. Meetings shall be held in conjunction with the national Association meeting(s) and additional meeting(s) as needed. The Board will also conduct monthly meetings via conference call or other electronic medium.

**III.7 Special Meetings.** Special meetings of the Board of Directors may be called by the President or upon written request of not less than one-third of the members of the Board of Directors.

**III.8 Quorum.** The presence of a majority of the members of the Board of Directors shall constitute a quorum at all meetings of the Board of Directors.

**III.9 Voting.** Each member of the Board of Directors shall be entitled to one vote. Action shall be taken at meetings of the Board of Directors by a majority vote of Board members present, except to the extent provided otherwise in these Bylaws.

#### **ARTICLE IV: Management of the Association**

**IV.1 General.** The daily management of the affairs of the Association shall be vested in the Executive Director of the Association in regular consultation with the President of the Association.

**IV.2 Policy/Budgetary Responsibility.** Responsibility for the daily operating policies of the Association, development and approval of the annual budget, and the maintenance of the ongoing operation of the Association shall be vested in the Board of Directors as organized as an instrumentality of the members of the association to which it is subordinate.

#### **ARTICLE V: Officers**

**V.1 Number.** The Officers of the Association shall be President, a Secretary, a Treasurer and, in successive years, either a President-Elect or an Immediate Past President. Only Educational Institutional Members are eligible to serve as an officer of the Association.

**V.2 Election and Term.** The President-Elect shall be elected by the Board of Directors for a two-year term, to be followed by a two-year term as President and a one-year term as Immediate Past President. The President-Elect shall be a current or past member of the Board and shall be nominated by the nominating committee of the Board which shall include the current Officers

of the Board and the Chair of the Nominations and Elections Committee. The Secretary and the Treasurer each shall be elected by mail or electronic ballot for a two-year term. No Officer shall serve in the same office for more than two consecutive full terms. The results of the voting for the Officers of the Association shall be announced at the next Business Meeting of the Association. Rules and procedures for conducting elections shall be developed by the Board of Directors.

**V.3 President.** The President shall be the chief elected officer of the Association and shall serve as Chairperson of the Board of Directors and, as such, the presiding officer at all meetings of the Board of Directors, and at the Annual Business and General Membership Meeting. At the Business Meetings of the Association the President shall report on the activities and affairs of the Association since the previous meeting.

**V.4 President-Elect.** The President-Elect shall, in the absence or disability of the President, perform all acts pertaining to the office of President and shall perform all other duties normally incident to the office. Both officers shall serve in an advisory capacity to the President and shall carry out whatever duties may be assigned to them by the President.

**V.5 Past President.** The Past President shall, in the absence of a President-Elect and in the absence or disability of the President, perform all acts pertaining to the office of President and shall perform all other duties normally incident to the office. The Past President shall serve in an advisory capacity to the President and shall carry out whatever duties may be assigned to them by the President.

**V.6 Secretary.** The Secretary shall be the custodian of the books and of the Association; shall be responsible for giving all notices of meetings in accordance with these Bylaws; shall keep minutes of all meetings of the Board of Directors shall be the custodian of the seal and affix the seal to all documents when so ordered by the President; and shall perform all other duties normally incident to the office.

**V.7 Treasurer.** The Treasurer shall be the financial officer of the Association; shall have charge and oversight of and be responsible for all funds of the Association; shall, in consultation with the Executive Director and Finance Committee, be responsible for developing and presenting an annual budget to the Board of Directors; monitoring budgetary and investment performance of the Association; recommending budgetary modifications as required; review and refine, as needed, the Association's budgetary procedures; review and recommend the acquisition of all grants, contracts, and additions to restricted fund accounts; review and recommend charges related to the Association's income; and prepare financial reports for the general membership.

**V.8 Delegation of Authority.** The Board of Directors may delegate, at their discretion, specific powers and authorities to the Executive Director.

**V.9 Parliamentarian.** The Immediate Past President shall serve as the Parliamentarian of the Association.

**V.10 Vacancies:**

**V.10.1 President.** When a vacancy in the office of the President occurs before the end of his/her term of office the President-Elect shall assume the office of President and serve in that role for the duration of the unexpired term and for the full subsequent term that he/she would have assumed under ordinary circumstances. The Board shall, at their next regularly

scheduled face to face meeting elect a new President-elect as per the nomination and election process developed for such purposes.

**V.10.2 Other Elected Officers.** When a vacancy in the office of President-elect, Secretary and/or Treasurer occurs, the position(s) shall be filled by a special election by the Association for either the Secretary or the Treasurer positions. If a vacancy occurs in the President-elects position, the Board shall, at their next regularly scheduled face to face meeting, elect a new President-elect as per the nomination and election process developed for such purposes. Between the time a vacancy and subsequent special election occurs, the President shall appoint a member of the Board of Directors to perform the responsibilities of the vacant Secretary and/or Treasurer's position(s).

## **ARTICLE VI: Interest Sections**

**VI.1 Establishment.** On written petition by 10 or more members of the Association; the Board of Directors may establish Interest Sections. Such a petition shall include the names of Section members and shall indicate the name of the Section Chairperson. Membership in Interest Sections shall be available only to Association members.

**VI.2 Purposes.** The purposes of Interest Sections shall include: (1) to provide forums for the discussion of substantive interests and issues relating to Allied- Health education; (2) to sponsor programs and activities; (3) to propose policy to the Board of Directors; and (4) to share data and other information.

**VI.3 Reporting.** An Interest Section shall file an annual report with the Board of Directors prior to the last meeting of the Board of Directors in each fiscal year and at other times during the Program Year as may be deemed necessary by the Board of Directors.

**VI.4 Renewal.** An Interest Section may be renewed annually by the Board of Directors upon the receipt of a written report of the Interest Section's current activities and future plans. This report should be filed with the Board of Directors six weeks prior to the last meeting of the Board of Directors in each fiscal year. This report should contain the names of 10 or more active members of the Association and should contain the names of all Section Officers.

**VI.5 Duration and Dissolution.** Interest Sections shall be recognized for a term of one year, which shall terminate at the end of each Fiscal Year. An Interest Section failing to file an annual report with the Board of Directors shall be dissolved.

**VI.6 Interest Section Limitations.** Interest Sections shall receive prior approval from the Board of Directors before taking a public position on any matter, or receiving any grants or contracts.

## **ARTICLE VII: Task Forces**

**VII.1 Establishment.** The Board of Directors is authorized to appoint Task Forces as needed to carry out the business of the Association.

**VII.2 Duration.** Task Forces shall terminate when the activities assigned to them have been completed.

## **ARTICLE VIII: Fellows**

**VIII.1 Establishment.** The Board of Directors is authorized to appoint ASAHP Fellows as a means of providing meaningful recognition to those members who have contributed significantly to allied health as administrators, educators, clinicians, or researchers.

**VIII.2 Designation.** Members appointed as Fellows are entitled to place the letters FASAHP after their respective names.

## **ARTICLE IX: National Office**

**IX.1 General.** The Association shall maintain a National Office which shall serve as a permanent repository for Association records, maintain current membership lists, and function to support the business of and facilitate of the work of the Association.

## **ARTICLE X: Standing Committees**

**X.1. Nominations and Elections Committee.** The Nominations and Elections Committee shall consist of six members elected for two year terms. These elections will be staggered with no more than three committee vacancies being filled at a given time. The committee shall include a chairperson designated by the President and a member of the Board of Directors. The Committee shall prepare a slate of nominees for prospective Board of Directors vacancies, as well as nominees for the Nominations and Elections Committee. A biographical sketch of each nominee shall be distributed to the membership at least 60 days prior to the Annual Meeting and no less than 30 days prior to the announced close of mail balloting (excepting the case of special elections), The Committee shall be responsible for developing policies, to be approved by the Board of Directors, for the conduct of the mail or electronic balloting and instituting procedures for protection of the integrity of the election process.

**X.2 Bylaws Committee.** The Bylaws Committee shall consist of a Chair appointed by the President annually and ratified by the Board of Directors. The membership of this committee shall be recommended to the President by the Chair and include a wide representation of the Association's membership. The Bylaws Committee is responsible for analyzing the Bylaws and Policy and Procedure and making recommendations for changes to the Board of Directors.

**X.3 Finance Committee.** The Finance Committee shall consist of the Treasurer who shall be Chair, the Executive Director (ex- officio without vote) and two members of the current or former Board of Directors designated by the President and ratified by the Board of Directors. The Finance Committee is responsible for assisting the Treasurer in developing proposed meeting fees, the yearly budget, reviewing the financial report and preparing an annual report that contains the audited financial statement for the preceding fiscal year for distribution to the membership. The Finance Committee is also responsible for recommending the investment managers of the Association to the Board of Directors for Approval, for monitoring the investment portfolio of the Association and insuring compliance of the investment managers with the Investment Policies of the Association.

**X.4 Resolutions Committee.** The Board of Directors shall serve as the Resolutions Committee of the Association.

**X.4.1** All resolutions, position or advisory statements, or any other recommendations to the Board of Directors from the membership shall be submitted to the Board of Directors which will act as the Resolutions Committee of the Association with the Immediate Past President serving as Chair.

**X.4.2** Procedures for submission and approval of Resolutions of the Association shall be included in the Policies and Procedures Manual of the Association.

**Article XI. NON-DISCRIMINATION**

ASAHP is committed to the equality of opportunity and treatment for all members, regardless of gender, gender identity or expression, race, color, national or ethnic origin, religion or religious belief, age, marital status, cultural expression, sexual orientation, disabilities or veteran status.

All functions of the Association must be conducted in a professional atmosphere in which all participants are treated with courtesy and respect. We are committed to providing an inclusive and welcoming environment for our membership, staff, volunteers, speakers, and vendors. All participants shall enjoy an environment free from all forms of discrimination, sexual harassment, and retaliation. Violators of this policy shall be subject to disciplinary action, which may include the termination of his/her membership in ASAHP.

**Article XII: Amendments**

**XII.1** These Bylaws may be amended by a majority of the votes cast of the membership voting by mail or electronic ballot.

**ASAHP POLICY AND PROCEDURES MANUAL**  
**(Last amended on February 15, 2024)**

**I. NAME OF THE ASSOCIATION**

The Association of Schools of Allied Health Professions (ASAHP) is a 501(c)(3) organization, which was incorporated in the State of Delaware on September 15, 1967 and doing business as the Association of Schools Advancing Health Professions, as of October 31, 2019.

**II. MEMBERS (See also Article II of the By Laws)**

**II. A. Educational Institutional Membership Eligibility:** Where there is an allied health academic unit on campus that is the only eligible unit for ASAHP institutional membership, all faculty reporting to the CAO (Chief Academic Officer) of this unit and all campus faculty/staff having an interest in allied health shall be considered eligible for member rights and privileges including member registration fees for conferences.

**II. B. Professional Institutional Membership Eligibility:** Employees of a Professional Institutional Member shall be eligible for the member rights and privileges including member registration fees for conferences.

**II. C. Recognition:** Institutional Representatives (see II.D.) are recognized in the membership directory. If a dean transfers to another institution, that individual's replacement will be named in the membership directory under the title of the institution.

**II. D. Institutional Representative:** The Dean or equivalent administrative officer of an academic Educational Institutional Member shall serve as the voting representative of that member. The President or his/her designee of a Professional Institutional Member shall serve as the voting representative of that member.



### III. OFFICERS, DIRECTORS & MANAGEMENT

#### III. A. PRESIDENT (See also Article 5.3 of by-Laws)

**III.A.1. Responsibilities of the President:** The responsibilities of the President include, but are not limited to the following, and also include other duties as may be requested by the Board of Directors.

- : Direct and supervise the Executive Director.
- : Appoint all committees.
- : Report to the membership.
- : Represent the Association to other organizations.
- : Communicate with Board Members.
- : Serve as ex-officio member of all committees except elected committees.
- : Receive reports from all officers and committees.
- : Prepare agenda for all meetings of the Board of Directors.
- : Present goals, objectives, and positions to all interested or pertinent groups.
- : Communicate regularly with the Executive Director.
- : Report periodically to the Board of Directors.
- : Deliver a State of the Association Message at the Annual Conference.
- : Work with the President-Elect to mentor and effect as seamless a transition of leadership as possible.
- : Charge committees with responsibilities.
- : Sign contracts/agreements on behalf of the Board
- : Review communications, reports, and proposals of National Office staff.
- : Prepare *President's Message* column in TRENDS.
- : Maintain files of the office of President.

#### III. B. PRESIDENT- ELECT (See also Article 5.4 of the By-Laws)

**III.B.1. Responsibilities of the President–Elect:** The responsibilities of the President-Elect include but are not limited to the following and also include other duties as may be requested by the Board of Directors or President.

- : Become familiar with the duties of the Office of President.
- : Become knowledgeable about Association activities and positions.
- : Become familiar with the functioning of the Association.
- : Participate in Board meetings.
- : Assist the President as appropriate.
- : Serve on committees.
- :

### **III. C. IMMEDIATE PAST-PRESIDENT (See also Article 5.2 of the By-Laws)**

**III.C.1. Responsibilities of the Past-President:** The responsibilities of the immediate Past-President include, but are not limited to the following and also include other duties as may be requested by the Board of Directors or President.

- : Serve as consultant to the President.
- : Represent ASAHP at the request of the President.
- : Coordinate activities of ASAHP Fellows (Approved by the Board of Directors in July 2003).
- : Chair the Resolutions Committee of the Association.
- : Serve as Parliamentarian for the Association.

### **III. D. SECRETARY (See also Article 5.5 of the By-Laws)**

**III.D.1. Responsibilities of the Secretary:** The responsibilities of the Secretary include, but are not limited to the following and also include other duties as may be requested by the Board of Directors and President.

- : Record and maintain the minutes of all meetings of the Board of Directors, Executive Committee, Annual Conference, and conference calls of the Board and Executive Committee.
- : At the Annual Business Meeting, present and read into the minutes the Secretary's report of the previous Annual Conference.
- : Prepare and distribute all minutes to the Board of Directors and Past-President.
- : Prepare abstracts of minutes for TRENDS and other ASAHP publications.
- : In conjunction with the Executive Director, develop/maintain the following ASAHP records:
  - Copies of official minutes and notifications of all corrections of these minutes for the last five years, this also must be brought to all Board Meetings.
  - Copies of all attachments to the minutes for the last five years.
  - Copies of all annual business meeting reports.
  - Copies of the most current and up-dated membership roster.
  - Policies and Procedures Manual
- : Perform any and all other duties and functions necessary to the efficient and effective operation of the Office of the Secretary, or as assigned by the President.

### **III. E. TREASURER (See also Article 5.6 of the By-Laws)**

**III.E.1. Responsibilities of the Treasurer:** The responsibilities of the Treasurer include, but are not limited to the following and also include other duties as may be requested by the Board of Directors.

: Monitor development of the budget by the Finance Committee and the Executive Director and present it to the Board.

: Chair and organize the agenda for the annual meeting of the Finance Committee

: Prepare budget reports for Board meetings.

: Ensure that budgets adopted for conferences and meetings project income for ASAHP.

: Review and monitor monthly financial statements prepared by the Association's accounting firm.

: Maintain/oversee current and accurate financial records of the Association.

: Review and approve the results of the annual audit prior to distribution of this information to the membership in advance of the Annual Conference.

: Monitor the performance of investment of assets, and in collaboration with the Finance Committee, the President and the Executive Director, make recommendations to the Board about investment policies of the Association.

: Report to the membership on budget matters and the fiscal status of ASAHP at the Annual Conference.

: Prepare articles for TRENDS, when appropriate, and as requested by the President.

: Conduct a monthly review of the Executive Director's expenses and approve via an electronic signoff

: Audit ASAHP credit card transactions.

: Approve staff requests for any staff withdrawals from the investment portfolio.

: Receive and review monthly statements from the investment broker and other financial institutions such as banks

: Pre-approve ASAHP checks for amounts larger than \$5,000.

: Perform any and all other duties and functions necessary to the efficient and effective operation of the Office of Treasurer, or as assigned by the President.

### III. F. EXECUTIVE DIRECTOR (See also Section 4.1 of the By-Laws)

**III.F.1. Responsibilities of the Executive Director:** The responsibilities of the Executive Director include, but are not limited to the following and also include other duties as may be requested by the Board of Directors or the President.

- : Carry out and implement decisions of the Board of Directors.
- : Manage the day-to-day operation of the Association and its office staff.
- : Serve as the Association's representative, when requested by the Board, to national and regional meetings, forums, and legislative bodies.
- : Institute internal controls for day-to-day operation of the Association's National Office.
- : Be responsible for staffing and staff performance.
- : Keep the Board informed of developments within and outside the Association that affects its operation.
- : Sign all contracts associated with the Association's activities in consultation with the Treasurer, the President and as approved by the Board of Directors.
- : Provide for timely distribution of agenda books, agenda materials, and information items to the Board of Directors.
- : Assist the Board in goal-setting and long-range planning.
- : Provide the Board and officers of the Association with regular reports on organizational and financial status.
- : Provide management and oversight of all accounting and budgeting procedures for ongoing ASAHP activity, (e.g., processing incoming and outgoing checks), current grants and all grant proposals.
- : Prepare and review of Board agenda, Board books, and daily correspondence with members and liaisons.
- : Provide management and oversight of staff and all programmatic and reporting activities for:
  - Congressional and Regulatory Affairs.
  - ASAHP Meetings.
  - Publications, specifically Trends, Annual Report, Membership and Resource Directory and brochures.
  - Grants Development.
  - Committee, Task Force, and Interest Section Reports.
  - Public Relations Activities.
- : Promote Membership via mail and telephone contacts, presentations, and individual meetings.
- : Develop and maintain liaison with federal funding agencies.
- : Provide staff support to the Board for meetings and functions.
- : Provide oversight of administrative activities associated with publications of the Association

### **III. G. BOARD OF DIRECTORS (See also Articles 3.1, 3.2, and 4.2 in By-Laws)**

**III.G.1. Representation:** All Board Members are expected to act in the best interests of the Association as a whole and not for a single constituency.

**III.G.2. Responsibilities of Board Members:** All Board Members report to the President. Terms for each Board Member are three years. Board Members responsibilities are indicated, but not limited to those listed below:

: Review and respond to all action and information requests from the Association Office, including Board packets, correspondence, special mailings, and journals.

: Serve as a knowledgeable resource to the Association members, the public committees, and the ASAHP staff about Association policies, procedures, and activities.

: Prepare articles for TRENDS as requested by the President.

: Attend all meetings of the ASAHP Board of Directors in addition to the Annual Conference and attend all special functions during these meetings as requested by the President.

: Attend regional, state, and local meetings of organizations concerned with allied health education to which the individual belongs, and upon invitation, give presentations on the Association's activities.

: At the direction of the President, represent the Association at special meetings and prepare a written report within three weeks of the conclusion of the meeting.

: Serve as Chairperson/Member of Special or Ad Hoc Committees/Task Forces of the Board for special assignments as directed by the President.

: Work, correspond, and meet with committee members, and when appropriate, prepare progress and final reports.

: At the direction of the President, serve as a Liaison between the ASAHP Board of Directors, Standing/Ad Hoc Committees, and elected/appointed special representatives and report to the Board on these activities when requested.

: Restructure appropriate committees and task forces to provide one Board member as a liaison officer to each committee with all remaining members to be appointed by the Board from the membership-at-large.

: Perform all other activities necessary for effective functioning of the Board of Directors on behalf of the membership of the Association.

## **IV. STANDING COMMITTEES**

The President of the Association serves as an *ex-officio* member of all Standing Committees of the Association.

### **IV. A. NOMINATIONS AND ELECTIONS COMMITTEE (See also Article 10.1 of the By-Laws)**

**IV.A.1. Purpose:** To administer the election of officers (excepting the President-Elect) and Board Members of the Association and recommend policy regarding same to the Board of Directors.

#### **IV.A.2. Major Functions:**

- : Issue a call for nominations according to the approved rotational schedule or upon official request when vacancies occur.
- : Review nominees and prepare a slate.
- : Arrange for ballots and publishing of pictures and information about nominees.
- : Announce election results at the Annual Business Meeting and in ASAHP TRENDS
- : Report Committee actions and issues to the Board of Directors and to the membership at the Annual Business Meeting.

#### **IV.A.3. General Policies:**

- : All ballots shall list alphabetically the names of nominees, their membership constituency, title, and place of employment.
- : If six or fewer nominations for the three Nominating Committee positions are submitted by the membership, all nominees will be placed on the ballot.
- : If more than six nominations for the three positions are submitted, the Committee will narrow the list to six utilizing a one-to-six priority ranking to reach a decision.
- : The Committee shall hold a meeting, as needed and determined by the Chair of the Committee, at the ASAHP Annual Conference to review the procedures for the development of a ballot and the election process.
- : All information available to the Nominating Committee is considered confidential. Members of the Nominating Committee will, in no way, indicate their preference for one candidate or another except on their own ballot.

#### **IV.A.4. Election of Officers and Board of Directors:**

- : Candidates for Secretary and Treasurer shall be listed alphabetically on the ballot with instructions to vote for one of the two candidates for each office.
- : If more than two candidates are nominated for one position, the Committee will narrow the list to two utilizing a one-to-two priority ranking to reach a conclusion.
- : Candidates for Director shall be listed alphabetically on the ballot with instructions to vote for three of the six candidates.
- : If more than six candidates are nominated for three positions, the Committee will narrow the list to six utilizing a one-to-six priority ranking to reach a decision. It is recognized that there may be more or less than 3 Director positions open for election in any given year due to the election of current directors to officer positions or other circumstances. The Chair of the Committee shall make adjustments in the election process as approved by the Board to insure the board membership number remains consistent with the By-Laws of the Association.
- : A nominee for an officer (excepting the President-Elect) or director of the Board of ASAHP must provide: (1) a brief statement, not to exceed 200 words, outlining his or her background and aspirations for the Association and list a maximum of five accomplishments as an ASAHP member and any other achievements about which voters should be informed. In addition, a current curriculum vitae and a photograph must be submitted.

#### **IV.A.5. Nominations and Elections Committee Responsibilities:**

**IV.A.5.a. Chairperson:** The Chairperson is responsible to the Board of Directors of ASAHP and responsible for the following duties:

- : Administrative functioning of the Committee.
- : Prepare the agenda and schedule meetings.
- : Preside at meetings of the committee.
- : Maintain the election schedule.
- : Oversee all aspects of the election process for any given office, including verification of candidates' qualifications.
- : Report to the Board of Directors of ASAHP.
- : Report to the general membership regarding upcoming elections and current election results.
- : Review and distribute minutes of the Committee meetings.
- : Orient new Committee members.

#### **IV.A.5.b. Committee Member Duties:**

- : Attend annual conferences.
- : Prepare and present assigned reports and motions relevant to reports.
- : Assist in the solicitation of nominations.
- : Participate in conference calls/meetings, as necessary and requested by the Chairperson.
- : All decisions of the Committee shall be made by a majority vote of the members present and voting.
- : Participate in meetings called by the Chairperson.
- : Committee members may serve two terms.

**IV.A.6. President-Elect Board of Directors-- Qualifications and Criteria:** The following guidelines shall be used in the selection of nominees for the President-Elect and Board Members respectively by the Board of Directors nominating committee (See By-Laws 5.2) and the Nominations and Elections Committee.

***President Elect:*** The nomination committee of the Board of Directors is responsible for the nomination of the President-Elect of the Association. The following attributes/guidelines shall be used in the selection of the nominee by the committee:

- : Demonstrated effective communication and leadership skills.
- : Demonstrated dedication to the advancement of the goals of the Association.
- : Demonstrated organizational skills.
- : Interpersonal and leadership style, skills, and attributes commensurate with the development of a collegial, collaborative, and effective Board of Directors.

***Board of Directors:*** The nominations and Elections Committee should consider the following qualifications for Directors of the Association:

- : **ASAHP Experience:** Director Candidates should have served on ASAHP Committees. Committee experience should be such that it provides the potential candidate with insight into the workings of the Association and Executive Office, as well as sufficient contact with the Board of Directors to appreciate the relationships and interactions between the Board and its Committees.
- : Demonstrated leadership qualities and potential for serving as future Officer of the Association.



## **IV. B. BY-LAWS COMMITTEE (See Also Article 10.2 of the By-Laws)**

**IV.B.1. Purpose and Responsibilities of the By-Laws Committee:** The By- Laws Committee serves as an advisory committee to the Board of Directors and a mechanism through which proposed changes in the By-Laws and/or Policies and Procedures of the Association can be brought for consideration by the Board. The Committee’s primary responsibilities are as follows:

: Review proposals for By-Law and/or Policy & Procedure changes brought by any members of the Association and structure appropriate resolutions and language to be presented to the Board of Directors for consideration. Communication with the Board will be through the Board member serving as the Board’s liaison to the By-Laws Committee.

## **IV. C. FINANCE COMMITTEE: (See also Article 10.3 of the By-Laws)**

### **IV.C.1. Purpose and Responsibilities:**

: The Finance Committee shall consist of the Treasurer who shall be Chair, the Executive Director (ex-officio without vote) and two members of the current or former Board of Directors designated by the President and ratified by the Board of Directors..

: The Finance Committee shall serve as the annual and long-term strategic budget planning committee of the Association and serve to advise the Board and President in the execution of the fiduciary responsibilities of the Board on behalf of the membership of the Association.

: The Finance Committee shall develop such operating rules and procedures as it deems necessary for the efficient operation of the financial affairs of the Association and the Treasurer shall maintain a Financial Committee Policies and Procedures Manual of such action including minutes of the committee’s annual and/or other meetings. Such policies shall be introduced to and approved by the Board of Directors.

: The ASAHP Treasurer and Finance Committee will review and revise the annual budget prior to its adoption by the Board of Directors of the Finance Committee.

: A financial report will be prepared by the Executive Director prior to the annual Finance Committee meeting and reviewed by the Finance Committee each year for presentation to the Board of Directors.

: The Committee shall: review budget requests, advise the Board regarding budget considerations, and review all grants and contracts which have fiscal implications for ASAHP.

: Mid-year changes in any budget categories of the operating budget will require approval of the Finance Committee prior to being considered by the Board of Directors for approval.

### **IV.C.2. Financial Reports:**

#### **IV.C.2.a. Financial Compilation Statements from Contracted Accounting Firm:**

: The Treasurer's report continue to be included as an automatic consent item on the Board's monthly agenda.

:The compiled financial report statements from the accounting firm should within reason and general accounting principles be organized within budget categories consistent with our annual budget worksheet.

:The column headings on the financial statements should be aligned with the appropriate column and have descriptions available to the reader.

#### **IV.C.2.b. Report Dissemination:**

: In addition to a presentation of the Treasurer's Report at all scheduled business meetings of the Association, the audited financial statement will be published annually in the *Annual Report*. Publication will occur immediately following presentation to and acceptance and/or approval by the Board of Directors.

#### **IV.C.3. Investment Accounts & Reports:**

: ASAHP Investment Accounts are managed by fund account managers selected by the Executive Director in consultation with the Treasurer, the Finance Committee and approved by the Board of Directors. The portfolio and asset allocation will typically be conservative and designed for mid-to-long-term growth/gain.

: Frequency of investment reports to the Board of Directors will occur quarterly unless a significant event to the fund balances occurs.

: At the annual ASAHP Board meeting, the overall performance of all investment funds should be a separate agenda item under the Treasurer's Report. The discussion and review of funds should occur in greater detail and preferably with the fund managers. Recommendations for changes to asset allocation, portfolio, fund diversification, return allocation investment, etc., should be considered by the full Board at this time.

: The intent of the Reserve Account is to meet the fixed fiscal obligations and maintain a one-year reserve of the Association should an unforeseen or catastrophic event occur. The Finance Committee shall review the Association Reserve Policy at its annual meeting. The operating reserve shall be based on the Association's current & future financial fixed cost obligations and guided by the principles expressed in the Operating Reserve Policy Toolkit for Nonprofit Organizations (First Edition-Sept., 2010 as subsequently revised). In addition, this Account shall be a priority for "investment returns allocation" until it reaches its target. A recommendation on the distribution of investment return allocation (dividends and interest) should be reviewed and presented to the full Board by the Treasurer annually. The Board should approve any allocation/distribution changes.

: The Reserve Account should be segregated from all other ASAHP fund investment accounts and its fund strategy should be conservative (funds kept in securities, bonds, money market, etc.)

: Policies & Procedures will be reviewed annually and revised as needed to reflect recommendations and practices by Board.

**IV.C.4. Unrestricted/Restricted Fund Accounts (Reserve, Board, RFP, Hickey, et al):**

: Unrestricted/Restricted Fund Accounts (RFP and Board) will be reported separately and distinct from ASAHP “Initiative” Accounts (i.e., Hickey, Dean’s Memorial, Scholarship, Switzer (no longer referred to as “Fund” accounts since it is misleading and confused with Investment Funds). ASAHP Initiative Account statements will be presented in a manner that depicts Opening Balance, Encumbrances, interest/dividends, and Ending Balance.

**IV.C.5. Annual Budget Process:**

:The Board will maintain a strict adherence to the development and approval of an annual operating budget that includes all organizational expenditures and programmatic initiatives. The following calendar and timeline will be used:

<b>ACTION</b>	<b>WHO</b>	<b>DATE DUE</b>
Call to Committees for Budget Requests for next FY budget planning process at fall annual conference	President charges Committees via Board Committee liaisons	Dec 15
Draft Budget to Finance Committee & President	Exec. Director	Jan. 15
President Input to Finance Committee	ASAHP President	Feb. 8
Finance Committee Review to prepare Financial State of Organization and FY Budget	Finance Committee	Circa Feb 15
Treasurer reports recommendation of the Finance Committee to Full Board	Treasurer	March 1
Full Board review and Approval	Full Board	March Board Mtg.
Treasurer Reports to ASAHP Membership	Treasurer	Annual Conference

: All projected annual expenditures of the Association will be included in the annual budget and budget process.

: Include in the budget funds for each Committee, as needed, in the annual budget and determined by the recommendations of the President in meeting his/her goals for the year, implementing the Strategic Plan, and facilitating the committee’s goals and charge from the Board of Directors for that budget period.

: The Finance Committee will convene in February each year to develop the annual budget.

#### **IV.C.6. Miscellaneous Fiscal/Budgetary Policies:**

: Invoices submitted to ASAHP will not be paid without full and appropriate documentation, which supports the itemized request. Procedures for billing will be established by the Executive Director and Approved by the Board of Directors.

: Each budget statement and the annual report will carry a breakdown of restricted funds. These reports also will show both the addition of investment income and new contributions to these funds.

: All items brought to the Board of Directors which requires expenditure of funds will carry a fiscal note showing how they will be funded.

: The Executive Director is authorized to enter into contracts with purveyors of not more than \$5,000 except for contracts dealing with mailing expenses, conferences, publications, and other items that already have been approved either by the Treasurer or the Board of Directors. The Treasurer must pre-approve all contracts other than noted in this action.

: No person may solicit funds from external sources on behalf of ASAHP without the expressed consent of the Board of Directors. Solicitation will be limited to agreed upon sources for specific activities.

: Members of the Executive Board, ASAHP staff, and volunteers have coverage of \$1,000,000 of Professional Liability Insurance for wrongful acts committed by a covered party or group of covered parties while acting within the scope of their duties to ASAHP.

: The Executive Director in consultation with the Treasurer and approval of the Board of Directors will secure appropriate insurance as needed to protect the Association property and provide reasonable liability and other insurance as would be adequate for similar organizations of the same size, structure, and function. The ASAHP Treasurer and the Executive Director shall also be bonded in the amount of \$500,000 to protect the Association from theft and embezzlement.

: Corporate Credit Cards are a privilege extended to the President, Treasurer, designated officials, and staff solely for Association travel and related business expenses. Only reimbursable business or travel expenses can be charged to the Corporate Credit Card. Any intentional misuse or fraudulent activity of the card will result in disciplinary action including reimbursement of disallowed or undocumented expenses, card cancellation, removal from office, and/or termination. Corporate Credit Cards shall be returned to the Association upon the expiration of the individual's term of office.

#### **IV.C.7. Reimbursement Approval/Request Procedures**

: The Executive Director in consultation with the Treasurer shall develop appropriate forms for the prior approval of requests for expenditures when not previously approved during the budget process as well as reimbursement forms for same.

: The Executive Director and Treasurer will review annually the budgetary process for approval and reimbursement of expenses by Staff, Board Members, and others incurring out-of-pocket expenses on behalf of the Association and modify as needed for approval by the Finance Committee at its annual meeting.

: Expense vouchers must be submitted to the Association no later than 15 days following the activity.

: When travel is to be reimbursed, expenses may include: coach airfare, use of personal automobile at the governmental national rate for tax purposes, train or bus, other ground transportation, lodging and a per diem expense for meals and incidentals, established annually by the Finance Committee.

: If advance payment is requested, the request must be submitted to the National Office three weeks prior to the requirement for payment.

: Board Member Expenses will be covered for attending Board Meetings except for travel expenses to those sessions held immediately prior to the Annual Conference.

: Finance Committee member expenses will be covered for attending the annual Finance Committee meeting.

#### **IV.C.8. Budget Reserve Funds/Investments**

:The Treasurer of ASAHP will be responsible for investment and reinvestment of ASAHP funds in consultation with the Executive Director and the Finance Committee. The Treasurer may delegate day-to-day management of funds to the Executive Director, but must develop and oversee all investment policies and actions.

: The ASAHP Reserve Fund, which in March 2010 was renamed by the Board of Directors as the Reserve Initiative Account shall be maintained at a level determined by the Finance Committee sufficient to meet all future financial commitments of the Association, to fulfill all contractual obligations, and to maintain the Association's operation for a period not to be less than twelve months. The reserve should be used only in cases of emergency and that emergency shall not be interpreted to mean funds needed to supplement an operating budget that failed to include or fund adequately a line item.

3. Interest earned by ASAHP's permanent reserve initiative account is to be credited to it and only used for the general budget after the aforementioned obligations are fulfilled.

4. General Investment Policy: ASAHP will invest in a manner that provides safety of principal while still offering a hedge against inflation. Risk should be kept at a minimum. While long-term growth of capital is desirable the most important consideration is stability of income. Liquidity should not be an important factor for at least five years. The overall goal is to accumulate enough capital so that investment income can be used to endow an annual fellowship program or some related activity.

5. Fixed income investments such as certificates of deposit and investment grade bonds are preferred over more volatile securities such as individual shares of common stock.

6. The Finance Committee shall review recommendations by the Executive Director for the selection of a financial investment firm(s) of the Association for presentation to the Board of Directors for approval. Representatives of the firm shall be consulted in the development of the asset allocation practices of the Association and guided by the general investment and fiscal policies of the Association.

**IV.C.9. Restricted Funds:** The following are the donor restricted funds of the Association

: Helen K. Hickey Fund for the Advancement of Allied Health: The Helen K. Hickey Fund was initiated in October 1984 by then-President Polly Fitz to recognize Helen Hickey for her many contributions to allied health and most specifically for her help in redirecting the management of the Association of Schools of Allied Health Professions with positive results. The purpose of the fund was to develop allied health research and policy initiatives.

In 1998, the Board agreed to apply the proceeds to the *Scholarships of Excellence Program*. In March 2010, the Board approved combining this fund with other funds into a new Board Initiative Account.

: The Mary E. Switzer Memorial Lecture Fund: This fund was approved in November 1971 to support a lecture at the Annual Conference in remembrance of Mary E. Switzer and her many contributions to the development of: the health workforce, rehabilitation, research and training, and the allied health professions. The Mary E. Switzer Lecture Award is bestowed upon an individual who has contributed significantly to health care in this nation and who emulates the dedicated service and leadership of Mary E. Switzer.

Annual interest from the fund has been used to support an honorarium (\$500) and travel expenses of the lecturer. In many cases in the past, honoraria were not accepted, particularly by those honorees from the Federal Government. The Annual Conference Planning Committee will select an individual for this esteemed lecture each year. In March 2010, the Board approved renaming this fund the Mary E. Switzer Initiative Account.

: Deans' Emeritus Lecture Fund: Honorees shall be deans or former deans who have been members of ASAHP for at least five years. The committee shall seek the approval of the ASAHP Board of Directors. Annual interest from the fund is used to support the honorarium (\$500) and travel expenses of the Annual Deans' Memorial Lecturer. In March 2010, the Board approved combining this fund with other funds into a new Board Initiative Account.

The process for selection of the lecturer should favor "internal" nominees, that is, Deans of Allied Health who have:

- Distinguished themselves by research activities and publication that promote the advancement of science and education in the allied health professions.
- Been identified as exceptionally strong leaders in health care education and/or industry.

: Scholarships of Excellence Program: The purpose of the scholarship program is to recognize outstanding allied health students who are achieving excellence in their academic programs and have significant potential to assume future leadership roles in the allied health professions. Each year, as many as thirteen student winners will receive a \$1,000 scholarship. Their names will be announced during the Awards Dinner at the Annual Conference.

In 2013 the Board approved the creation of the Elwood Scholar award to be presented at the Annual meeting to the most outstanding of the Scholarship for Excellence award winners. Depending on the availability of funds, the award shall be an additional \$1000.

Nursing students in ASAHP member institutions that have combined nursing and allied health programs are eligible to compete for these scholarships, but students at separate schools of nursing within the same college or university in which the member institution is located are not eligible (September 2000). In March 2010, the Board approved renaming this fund the Scholarship of Excellence Initiative Account.



#### **IV.C.10. Dues Policy**

: ASAHP's Board of Directors recommends and members approve the Association's dues structure. Membership services are provided to those individuals, institutions, and organizations that have paid current dues. Failure to remit dues to the Association by December 31<sup>st</sup> will result in termination of membership and services. Members who have not paid dues by September 1 also will be ineligible to have their votes counted in ASAHP's annual election.

: ASAHP's fiscal year begins on July 1. Membership dues will be billed annually on March 1. Payment is due on or before July 1. For those individuals joining between January and June of any fiscal year, dues will be assessed at one-half the yearly rate. In October 2009, the Board of Directors approved a motion to rescind the policy of offering institutional members a dues reduction to maintain membership over a two-year period until financial stability is regained.

#### **IV. D. RESOLUTIONS COMMITTEE (See also Article 10.4 of the By-Laws)**

**IV.D.1- Purpose:** The Resolutions Committee of the Association is to provide a mechanism through which committees, task forces, or the general membership can propose policies and/or position statements to become the public posture of the Association. The Board of Directors will serve as a committee of the whole in considering resolutions presented to it per the procedures articulated as follows.

: Resolutions must be received by the Executive Board at least 30 days prior to any business meeting of the Association. Emergency resolutions may be considered at any business meeting if approved for consideration by a two-thirds vote of the members present and voting.

: Resolutions submitted to the Board of Directors will be discussed by the Resolutions Committee and shall be forwarded to the membership at the next meeting for discussion and action. A one-third favorable vote of the members of the Resolutions Committee present and voting is required to submit the resolution to the membership.

: Position statements, changes in Articles of Incorporation, changes in Bylaws, changes in Policies and Procedure, and/or other resolutions approved by a majority of the membership present and voting on same shall not become official until ratified by a majority vote of all member institutions. Such a ballot shall be forwarded for an electronic vote by the Association's national office to the member institutions no later than 30 days following the meeting.

: Ratification by member institutions shall be by a majority vote of the current institutional membership received by the timelines specified in the call for vote and the report of the outcome thereof distributed to the member institutions within 30 days of the closing of the balloting.

#### **IV. E. Meetings Committee: See Section VI**

#### **IV. F. President's Advisory Council:**

: In 2014, the Board of Directors approved the creation of the President's Advisory Council, comprised of current and past presidents of the Association appointed by the current President at the beginning of his/her term to serve in an advisory capacity to the Executive Board and the President.

: The function of the President's Council is to inform the President and Executive Director in prioritizing the President's and Board's initiatives for analysis by and recommendations of the Finance Committee. The Council shall meet with the new President and Executive Director following the October Board meeting and before the Finance Committee meeting to review the strategic plan, the October Board meeting action, Meeting Committee recommendations, and any other potential priorities of the incoming president.

: A maximum of four presidents (elect, current, immediate, past) shall be appointed by the incoming President and shall serve for the duration of the two-year term of the President.

: This committee shall have a time certain length of duration of four years and requires Board reinstatement action to continue beyond the October 2018 Annual Conference Board meeting.

#### **V. COMMITTEES AND TASK FORCES (See also Article VII of By-Laws)**

**V. A. Purposes:** The Board of Directors may appoint ad hoc committees and/or Task Forces for specific purposes to assist the Board in the execution of its duties to the membership. Both ad hoc committees and Task Forces shall have a specific charge from the Board with a time-certain limitation on the duration of the committees/task forces' length of existence.

**V. B. Membership:** ASAHP members are eligible to serve on Association ad hoc committees and task forces; however, where special expertise may be required the Chairperson of the committee may request exception to this rule with the approval of the President. Committee members shall be expected to:

1. Attend meetings and participate in conference calls.
2. Serve on subcommittees, assist in preparation of reports, and assume other duties as requested by the chairperson.
3. Assist the Chairperson in fulfilling the charge of the committee as set forth by the Board of Directors

**V. C. Chairpersons:** Chairpersons of ASAHP Committees and Task Forces are appointed by the President of ASAHP and are responsible to the Board of Directors. Chairpersons have the following responsibilities:

1. Prepare meeting agenda and schedule meetings/conference calls.
2. Preside at meetings/conference calls.
3. Assume responsibility for preparation and distribution of minutes of meetings/conference calls.
4. Prior to a meeting of the Board of Directors, provide a report of activities

- and accomplishments to the Board liaison.
5. Submit a quarterly (January, April, July, October) written report of activities and accomplishments to the ASAHP Executive Director.

**V. D. Committee/Task Force Responsibilities Vis-à-Vis ASAHP Staff Responsibilities** (Added July 2012)

For any project developed by an Association committee or task force that involves the overall membership of the organization, ASAHP will bring the endeavor to the attention of members through an e-mail message, one or more articles in successive issues of the biweekly ASAHP UPDATE, and on the website.

1. Whatever response is required, it should go directly to the committee or task force involved.
2. Once the committee decides on who is the winning recipient or any similar outcome, the chairperson of the committee or task force will contact all applicants with the results of the decision and provide any requested information such as reviewer comments about a grant application.
3. ASAHP will announce the winner in its publications and send an official letter to the winner signed by the President and the Executive Director.

## **VI. MEETING PLANNING RESPONSIBILITIES**

**VI. A. Overview/General Guidelines:** It is the responsibility of the Executive Director and Association staff to provide the administrative and logistical support for all meetings of the Association as needed. Contracting with an independent outside firm for assistance in meeting site selection and contract negotiations on behalf of the Association provides a mechanism to leverage a much greater purchasing power than would accrue to meetings of similar size and therefore should be utilized as long as it is in the best interest of the membership and approved by the Board.

### **VI. B. Meeting Planning/Policy Guidelines**

: All meeting planning activities of the Association shall be the responsibility of a Committee on Meetings that is comprised of the Executive Director (ex officio), and two current or past board members appointed by the President with meeting planning, contract negotiation, and/or meeting planning/site selection related expertise/experience. If an outside firm is contracted for meeting venue selection and contract negotiations per VI.A, that firm's agent shall also serve as a consultant to the committee. The President shall appoint one of the members to chair the committee and serve as liaison to any externally contracted meeting event agencies.

: The Committee shall from time to time request recommendations from the Board of Directors regarding possible cities for future meetings. This should be timed to permit approximately a three-year in advance selection of the Annual Conference site.

: The Committee will communicate with the agent of the outside firm regarding the cities to which RFPs shall be directed. The agent shall solicit RFPs from the designated cities based on a meeting needs template and selection criteria developed for such purposes with input from the Committee and the contract firm agent including but not limited to: room rates, amenities, concessions, meeting room costs, F&B cost considerations, resort fees, multiple year potential savings, room pick up requirements, force majeure, and other legal and/or other policies associated with best contract negotiation practices in the industry.

: Site selection for the summer Board meeting shall be, when possible, a part of the contract negotiations for the Annual Conference of the Association or in combination with site visit activities of the Committee at the time of those meetings. Site visit activities shall be coordinated between the Committee Chair and the external firm's agent.

: Meetings Coordination: After the contract with a property for any given meeting has been drafted and the Meeting Committee Chair has approved, it will be sent to the ASAHP Executive Director for review and execution. This is then followed by a conference call that would include: the onsite review committee, the outside site vendor, the outside site vendor, the ASAHP

Executive Director, the ASAHP office support staff and the ASAHP President. (7/25/14 revision)

: The Meetings Committee shall develop and maintain a Policies and Procedures manual in consultation with the external firm's agent to set forth timelines, contact information, and overall administrative responsibilities for the meeting planning activities of the Association. This Manual shall be presented to the newly elected Board for approval at the first meeting following the Annual meeting each year.

**VII. ANNUAL CONFERENCE:** The Annual Conference of ASAHP is presented as a benefit to members and as a source of income in support of the initiatives of the Association for the benefit of the membership. **VII. A. Conference Planning Committees:**

: **Chair:** A member of the Board of Directors duly chosen shall serve as the Chair of the annual meeting of the association. The President of the Association shall serve as voting ex-officio member of all Conference Planning Committees.

: **Chair Duties:**

a. .

a. The Chair, with support and collaboration from the national office staff and the meeting planning committee, shall be responsible for the development of the programming for the meetings of the association, for calling and chairing committee conference calls, and for communication with the Board of Directors.

**VII. B. Annual Conference General Guidelines**

: **Registration Fee:** All attendees and presenters, except the Switzer, Keynote, and any other special lecturers are expected to pay registration fees. Invited speakers who are non-members will receive complimentary registration for the day of their presentation and the Board of Directors may authorize special guests. Complimentary registration also will be provided to the chairperson of the Annual Conference Planning Committee.

: **Fee Structures:** The following fees have been established: (a) member fee, (b) non-member fee, (c) dailies, (d) student fee, (e) retiree fee, and (e) guests. The Finance Committee will approve specific fees annually. The fee for retirees should be no less than direct costs. (Approved by the Board of Directors in September 1996)

: **Honoraria:** No honoraria shall be paid for speakers with the exception of the Switzer Lecturer, Keynote Speaker, and any other special lecturers. Approval of the Finance Committee is required for an exception to this policy.

: **Budget:** The Finance Committee will adopt an annual meeting budget one-year in advance of the conference. Budget preparation is the responsibility of the

Executive Director, the ASAHP Treasurer, and the Finance committee (see also Section IV.C) No budget shall be adopted unless income is projected for ASAHP.

: **Cancellations:** A 25 percent processing fee will be assessed for refunds requested in writing at least one-month before the conference. Cancellations received between one-month before and the Monday of the week of the Conference will be refunded at 50 percent of the registration fee. No refunds will be made after the Monday of the week of the Conference.

- a. Death in the family and serious illness are exceptions. In such cases, full refunds will be made.

: **Promotional:** Promotional gifts and discounts accorded to ASAHP by airlines, hotels, etc., as a result of the Annual Conference will be reviewed annually by the Board. Benefits of these promotional items will be awarded at the discretion of the Board.

: **Contracts:** The Executive Director will sign all contracts associated with the Annual Conference. No other person may obligate ASAHP for expenditures associated with the meeting.

: **Switzer Lecture:** The individual designated as the Switzer Lecturer by the Annual Conference Planning Committee will receive an honorarium and full expenses associated with presentation of the lecture.

: **Site Selection and Meeting Dates:** Annual conference sites and meeting dates shall be selected no fewer than three years preceding a conference.

: **Complimentary Rooms:** Those complimentary rooms provided by the hotel shall be used in the following priority order:

- : To offset meeting room charges
- : Staff
- : President
- : Program Chairperson
- : Switzer Lecturer
- : Officers -President-Elect or Past President, as required, Treasurer, Secretary, Board members
- : And other uses as approved by the Board of Directors

: **Call for Abstracts:** The Annual Conference Planning Committee will decide how abstracts will be solicited.

: **Town Hall Meeting:** A town hall meeting of Dean's and Associate Dean's shall be scheduled in association with the Annual Conference. This meeting is intended to be an informal forum for discussion of issues that any attendee wishes to bring before the group for discussion. Issues of national or local concern may from time to time, at the discretion of the Convention Chair, Board, or President, dictate agenda items for the discussion.

: **Registration fees for the Annual Conference:** Since the Annual Conference is designed to support the professional development of attendees, it is expected that individuals whose papers/abstracts are accepted for presentation would indeed be compelled to participate in the entire conference.

: **Certificate of Attendance form:** A A Certificate of Attendance form will be available for all attendees who would like to document their continuing education requirements. Contact hours will be numbered for plenary session presentations, concurrent session presentations, roundtable discussion groups, and panel presentations.

## **VIII. NATIONAL OFFICE PERSONNEL POLICIES**

The Executive Director shall be responsible for developing a Staff Policies Handbook for the National Office. The Handbook shall serve as the Human Resources Document for the operation of the national office and include, but not be limited to, personnel policies, job expectations, holidays, pay schedules, sick leave and vacation policies, benefits, evaluation criteria, and all other information as would reasonably be expected for the employing of staff for organizations of similar size and function.

The Executive Director shall also be responsible for maintaining all documents that are required for compliance with national, state, or local laws and/or regulations governing the Association.

## **IX. PUBLICATIONS**

There are four official publications of the Association:

- (1) TRENDS, the official newsletter of the Association of Schools of Allied Health Professions and is published monthly, except for combined issues in July-August and December-January, as a service to ASAHP members. This statement, as well as the address of the ASAHP office, shall appear in each edition.
- (2) Journal of Allied Health, the official scholarly publication of the Association; and
- (3) ASAHP UPDATE, a bi-weekly publication distributed electronically to representatives of Institutional Members and Agency Affiliates and selected non-members.
- (4) Institutional Profile Survey.

The Executive Director shall be responsible for the overall management of the publications of the Association and, upon approval of the Board and/or other appropriate standing committees of

the Association, nominate/select editors/authors, establish publication policies and fees, and in general manage the dissemination of the Association's publication efforts.

## **IX. A. TRENDS**

### **IX.A.1. Publication Guidelines:**

Published articles shall be of general interest to the membership and will include subjects such as actions of the Board of Directors, staff activities, legislative updates, ASAHP elections, news of key issues in allied health, institutional and organizational developments, achievements of allied health professionals, views of professional leaders and opinion makers, health professions announcements, and display ads. The newsletter provides an international forum for ideas and information exchange between institutional and individual members and others concerned with allied health.

### **IX.A.2. General Information:**

: All Board of Directors actions should be summarized in *TRENDS* to reflect the intent and spirit of the actions taken.

: *TRENDS* also will include a classified section of relevant employment opportunities

: All listings (1-2 column inches) of continuing education workshops or conferences sponsored by ASAHP Institutional members may be included free of charge on a first come, first serve, space-available basis.

: Members, the Board of Directors, staff, or other concerned individuals may author articles.

## **IX. B. JOURNAL OF ALLIED HEALTH**

### **IX.B.1. Publication Guidelines:**

The *Journal of Allied Health* is the official scholarly publication of the Association of Schools of Allied Health Professions. First published in 1972, the *Journal* has grown in prominence as the only interdisciplinary allied health quarterly publishing scholarly papers, descriptive and timely reports, and continuing information and findings related to research and development in allied health education and practice. The *Journal* publishes feature articles, letters to the editor, research abstracts, and book reviews. Of special interest are articles with a broad allied health emphasis.



### **IX.B.2. Publication Goals:**

- : To provide leadership and guidance for the literature for education in the allied health disciplines,
- : To provide a medium for multidisciplinary communication and collaboration with the allied health field in both educational and practice settings,
- : To encourage and present research studies for the development and evaluation of new needs and approaches in allied health,
- : To provide a liaison organ with other health organizations, professional groups, educational and governmental institutions.

### **IX. D. ASAHP UPDATE**

The *ASAHP UPDATE*, with news of interest about on-going activities at the federal level, is distributed bi-weekly to representatives of Institutional Members and Agency Affiliates and selected non-members via electronic distribution. Each issue is aimed at keeping members informed of upcoming conferences, legislative developments, and grant/contract opportunities. Announcements also are made to determine which members would like to be considered for appointments to various external Boards and commissions.

### **IX. E. INSTITUTIONAL PROFILE SURVEY**

Each year, the Association conducts a survey to develop an institutional profile. Data are compiled and the findings distributed to participating institutions electronically each January. Topics covered in the survey include but are not limited to: number of faculty and distribution of programs in respondent schools, average salaries of faculty and administrative personnel, sex and race distribution of faculty, instructional personnel cost per student, and extramural financial support. In addition to an overall report covering every institution taking part in the survey which is distributed to all participants, separate reports addressing particular kinds of institutions are prepared in different institutional groupings such as: 4-year publics, 4-year privates, all 4-year institutions, Southern academic health centers, Midwest academic health centers, all academic health centers, all institutions.

In March 2001, the Board of Directors indicated that the results of the survey are for use only by ASAHP Institutional Members. Deans and directors at member institutions should abide by this confidentiality by not sharing data with personnel at non-member institutions. That policy subsequently was changed to enable all Institutional Members, i.e., deans and directors only, to obtain the results. In December 2003, the Board voted to return to the original policy. Beginning with data collected in the 2004 iteration of the study, only the deans and directors at institutions participating in the study will have access to the findings.

Each page of the Survey Report should bear the inscription, *Not to be reproduced under any circumstances.*

Each March a summary of the recent survey results is provided that also shows

trends based on previous surveys.

#### **IX. F. ASAHP ARCHIVE**

An ASAHP Archive was established at the Golda Meier Library at the University of Wisconsin, Milwaukee. In October 2000, the Board of Directors approved naming it the *Frederick W. Parent Archive of the Association of Schools of Allied Health Professions*.

## **X. ASAHP POLICY ON TESTIFYING AND MAKING PRESENTATIONS**

### **X. A. GENERAL POLICY:**

ASAHP frequently is requested to have a representative testify or make a presentation to a group of legislators, government officials, or organizers of a similar public forum. Oftentimes, either because of conflicting schedules or the technical nature of a particular topic, ASAHP will ask an individual member to assume responsibility for preparing and presenting a statement. The policies herein are intended as guidelines for the development and presentation of such statements. Members are reminded the any statements representing positions of the Association on any national or regional issues are governed by the policies for approval of resolutions of the Association (see also By-Laws 10.4).

### **X. B. GUIDELINES:**

: Any document that is prepared should be submitted to the ASAHP Executive Director and President for approval before it is presented. Assuming there is sufficient time to do so; ASAHP will share it with either the full Board of Directors or the Board Liaison.

: When testifying, opinions should be expressed using first-person plural rather than first-person singular pronouns. Words such as we, and our appropriate to use with other words such as ASAHP and Association. Generally, words such as I, me, or mine are inappropriate for a position presented on behalf of ASAHP.

: These procedures have been established to ensure that ASAHP is represented properly at these gatherings. It is important to keep in mind that an invitation is made primarily for the purpose of hearing the organization's views on a given issue. While the material which ultimately is presented may reflect the thinking of only one or a small group of experts, it is essential that views being expressed reflect (or, at least, attempt to reflect) those of ASAHP and not only the person presenting the testimony.

: Official Position Statements of the Association that have been approved by the membership should be consulted before any presentations to external groups/individuals.

## **X. C. ASAHP POLICY ON REPORTS FROM ASAHP REPRESENTATIVES**

Members who agree to represent ASAHP at conferences, seminars, agency meetings, congressional hearings, etc., are requested to submit a report to ASAHP's President with a copy to the National Office within three weeks of the conclusion of the event. Reports should be complete, yet concise (1-2 pages), and include the following:

- : Name of Event
- : Dates
- : Name of ASAHP Representative
- : Title
- : Address
- : Phone
- : Participants/Audience
- : Major Issues/Outcomes
- : Implications for ASAHP
- : Recommendations

## **XI. REQUESTS FOR ASAHP ENDORSEMENTS OR LETTERS OF SUPPORT**

**XI. A. GENERAL PROCESS:** Requests for an endorsement or letters of support for a project or grant/contract, including publications other than the Journal of Allied Health, shall be submitted to the Executive Director of the Association who will submit them to the Board of Directors for consideration at the next Board meeting (the Board has monthly regularly scheduled meetings). The following criteria shall be used by the Board to determine if the proposed support will be granted. Approved support instruments shall be drafted by the Executive Director for the President's signature.

- : Will support be consistent with the mission, goals, and strategic plan of the Association?
- : Is there any actual or potential financial or legal liability of the Association?
- : Preference will be given to requests from members or member institutions of the Association
- : Is there any real or potential conflict of interest
- : No endorsement of publications such as textbooks by individual authors will be granted.

**XI. B. PUBLIC STATEMENTS:** ASAHP is periodically called upon to comment on topics of public interest or issues related to the health professions education and practice in the ordinary course of business.

In response to such requests, the Executive Director acts as the primary spokesperson for ASAHP with direction and input from the Board of Directors. In some cases, the Board may determine that it is more appropriate for the President to speak for the Association.

If there is an existing Position Statement or Policy that is directly related to the topic, ASAHP will simply reiterate or refer to the statement or policy. If the topic is one which we

have not previously addressed, the following criteria should be considered in deciding whether to issue a public statement:

- : Is the topic or matter directly related to our vision, mission, core values or strategic plan?
- : Will the statement provide an opportunity to articulate our vision, mission, core values or strategic goals?
- : Is the request to comment coming from an organization or coalition that ASAHP is a member?
- : Can we participate in a non-partisan manner?
- : Is there an effective platform from which to make the statement?

In addition to the above criteria, the following questions should be considered before issuing a public statement:

- : How would the statement affect our Member Institutions?
- : How would the action affect health professions education?

These questions and the circumstances under which the opportunity for public statement arises will help determine whether we engage, and the level of visibility for such engagement.

- Lead (high) – The issue is directly related to ASAHP's mission or vision or represents an obvious strategic priority.
  - ASAHP provides high visibility and high public leadership.
- Engage (medium) – The issue is a priority based on criteria and available platforms.
  - ASAHP will take leadership, often with other partners.
- Position (low) – The issue is not a high priority.
  - ASAHP holds a position and selectively shares the position as needed with key constituencies, often privately with the appropriate agencies.
- No Position – The issue is not related to our strategic plan.
  - ASAHP defers to others more suited to speak.

## **XII. AWARDS AND HONORS OF THE ASSOCIATION**

**XII. A. GENERAL:** ASAHP Awards fall into two categories: (1) those presented or announced in conjunction with the Annual Conference each year, and (2) those presented at different times of the year.

### **XII.A. 1. Awards Presented at the Annual Conference**

- : Outstanding Member and Board Award
- : Cultural Pluralism Award
- : Fellows Award
- : Legacy of Excellence Award
- : Scholarships of Excellence Program
- : Darrell Mase Presidential Citation
- : Distinguished Service and Achievement Award
- : J. Warren Perry Distinguished Author Award
- : Elwood Fellow
- : Elwood Scholar

: Award for Institutional Excellence and Innovation in Interprofessional Education and Collaborative Health Care.

### **XIII. LEADERSHIP DEVELOPMENT PROGRAM**

In 1997, the Board of Directors approved ASAHP to conduct a Leadership Development Program offered biennially for new deans, associate/assistant deans, and department chairpersons, with preference given to member institutions. A \$1500 payment is made by the dean or director who sponsored each attendee. A LDP Chair is appointed by the President with Deans from Institutional Members appointed by the Chair and serving as program faculty.

### **XIV. ASAHP POLICY ON NON-DISCRIMINATION**

ASAHP is dedicated to the philosophy of equality of opportunity and treatment for all members, regardless of gender, gender identity or expression, race, color, national or ethnic origin, religion or religious belief, age, marital status, sexual orientation, disabilities, veteran status, or any other reason not related to scientific merit. Harassment, sexual or otherwise, is a form of misconduct that undermines the integrity of our values and mission. Violators of this policy will be subject to disciplinary action.

#### **XIV A. Definition of Sexual Harassment**

Sexual harassment refers to unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature. Behavior and language that are welcome/acceptable to one person may be unwelcome/offensive to another.

Consequently, individuals must use discretion to ensure that their words and actions communicate respect for others. This is especially important for those in positions of authority since individuals with lower rank or status may be reluctant to express their objections or discomfort regarding unwelcome behavior.

Sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior that is not welcome, is personally offensive, debilitates morale, and therefore, interferes with work effectiveness. The following are examples of behavior that, when unwelcome, may constitute sexual harassment: sexual flirtations, advances, or propositions; verbal comments or physical actions of a sexual nature; sexually degrading words used to describe an individual; a display of sexually suggestive objects or pictures; sexually explicit jokes; unnecessary touching.

#### **XIV B. Definition of Other Harassment**

Harassment on the basis of any other protected characteristic is also strictly prohibited. This conduct includes, but is not limited to the following: epithets, slurs, or negative stereotyping; threatening, intimidating, or hostile acts; denigrating jokes and display or circulation of written or graphic material that denigrates or shows hostility or aversion toward an individual or group.

#### **XIV C. Scope of Policy**

This policy applies to all attendees at ASAHP conferences and activities, including members, guests, staff, students, vendors and exhibitors, participating in any ASAHP conferences, meetings, social events, or other Association activities.

#### **XIV D. Reporting an Incident**

Any individual covered by this policy who believes that he or she has been subjected to harassment or discrimination should contact ASAHP's Executive Director or Officers, including the President, Past President or President Elect, Secretary, or Treasurer. All complaints will be treated seriously and be investigated promptly. Confidentiality will be honored to the extent permitted as long as the rights of others are not compromised.

#### **XIV E. Investigation**

1. After receiving a complaint, the ASAHP Board of Directors will designate an impartial investigatory panel chaired by the primary investigator. This investigatory panel will review the complaint, which may include an interview with the complainant, along with other fact finding.
2. If the facts are in dispute, further investigatory steps may include interviewing those named as witnesses.
3. The details of the complaint should be explained to the alleged offender by the primary investigator.
4. The alleged offender should be given a reasonable chance to respond to the evidence of the complainant and to bring his or her own evidence.
5. If, for any reason, the investigatory panel is in doubt about whether or how to continue, he or she will seek appropriate counsel.
6. When the investigation is complete, the investigatory panel should report the findings to the Executive Director and Board of Directors.

#### **XIV F. Retaliation Prohibited**

ASAHP will not tolerate any form of retaliation against persons who file a complaint or assist in the investigation. Retaliation is a serious violation of this policy and, like harassment or discrimination itself, will be subject to disciplinary action.

#### **XIV F. Disciplinary Action**

Individuals engaging in behavior prohibited by this policy as well as those making allegations of harassment in bad faith will be subject to disciplinary action. Such actions may include ejection from the meeting or activity in question without refund of registration fees, reporting of their behavior to their employer, and/or termination of membership from the Association.

#### **XIV G. Appeal & Questions**

In the event that the individual is dissatisfied with the results of the investigation, he or she may appeal to the ASAHP President. Any questions regarding this policy should be directed to the Executive Director.

## **XV. STATEMENT ON DIVERSITY, EQUITY, AND INCLUSION**

As the professional member organization for schools of allied health, the Association of Schools Advancing Health Professions (ASAHP) embraces diversity, equity, and inclusion within the various healthcare professions and recognizes these as priorities and ethical imperatives. ASAHP values initiatives that promote diversity, equity, and inclusion because they can improve the quality of allied health education, the healthcare workforce, patient care and the overall health of society. ASAHP values and actively promotes these principles in its leaders, members, and staff because active participation can serve as a catalyst for improved decision making, increased productivity, and provide a competitive advantage.

ASAHP takes its position as the national leader in preparing allied health professionals to deliver quality health care and related services in diverse communities seriously. As such, we actively seek to engage those with different personal experiences, values, and worldviews to enhance our organizations mission and vision. ASAHP supports equity initiatives that promote the creation of opportunities for historically underrepresented populations to have equitable access to professional growth opportunities and resource networks that are capable of closing the demographic disparities that still exist throughout the healthcare industry and in all spheres of institutional societal systems.

Further, ASAHP works to foster inclusive healthcare environments that recognize the contributions and supports the advancement of all, regardless of race, ethnicity, national origin, immigration status, gender, religion, age, sexual and gender identity/expression (LGBTQQIAAP), disability, and socioeconomic status, because inclusive environments enhance the quality of healthcare, improve human relations, and positively impact the health status of society.

### **XV A. ASAHP Promotes Diversity, Equity, and Inclusion**

ASAHP Promotes Diversity, Equity, and Inclusion through:

- : Appropriate communication materials that speak to all
- : Fostering best practices in hiring processes
- : Its annual conference and educational seminars to increase awareness of cultural differences
- : Promoting the need to develop a more representative allied healthcare faculty
- : A nominating committee that emphasizes diversity in slating elected leaders
- : Fostering international experiences and collaborations

### **XV B. ASAHP Values and Beliefs**

#### **1. Critical Role**

- Allied Health professionals play a vital role in affecting health outcomes, quality of care, and costs.

#### **2. High Quality Education**

- Providing the highest quality education for our students is essential in order to prepare each student for his or her practice and career.

#### **3. InterProfessional Collaboration**

- We can affect change and transformation by working with other professionals.



4. Safe & Competent Professionals
  - Safe and competent health professionals can be prepared through high quality education.
5. Power in a United Approach
  - There is benefit in the “the power of n” where whole is better than the sum of separated parts in affecting positive change and transformation in healthcare.
6. Innovative Solutions
  - Being creative and innovative in bringing a wide array of valuable solutions and resources to our members.
7. Diversity and Inclusion
  - Leveraging the strengths of our schools and professions by bringing and sharing best practices in diversity and inclusion.
8. Equitable Role
  - Allied Health professionals play an equitable role in the transformation of healthcare.
9. Leadership
  - We believe in developing our faculty and students into leaders.
10. A High Value Destination
  - We believe in being a high valued destination for resources in education.
11. International/Intercultural Exchange
  - We believe in a rich academic experience enhanced by international and cultural Exchanges.

#### **XV C. ASAHP Diversity, Equity, and Inclusivity terms**

- Ageism is often described as prejudice or discrimination against a particular age group and often the elderly.
- Disability Inequity is defined as treatment of a qualified individual with a disability less favorably than a person without a disability in the same or similar circumstances.
- Ethnicity inequity is defined as unequal treatment of a social group based on its common national or cultural traditions.
- Gender Inequity refers to unequal treatment solely based on whether one is male or female and perceived abilities by the different sexes. Today’s cultural shift is being led by women who demand equal treatment.
- Immigration status inequity is defined as unequal treatment based on the movement of people into a destination country of which they are not natives or where they do not possess citizenship in order to settle or reside there, especially as permanent residents or naturalized citizens, or to take up employment as a migrant worker or temporarily as a foreign worker.
- International Statement: Commitment to fostering and enabling the exchange of intellectual, clinical, and personal professional experiences with institutions and individuals of other nations.
- National origin inequity is broadly defined as discrimination and denial of opportunities because of an individual's, or his or her ancestor's, place of origin; or because an individual has the physical, cultural or linguistic characteristics of a national origin group.
- Racial inequity is defined as discrimination based on race in opportunity for socioeconomic advancement or access to goods and services.
- Religious Inequity refers to treating a person unfavorably because of his or her religious beliefs or denying a person or group of people the same opportunities that others

receive based on their religious identity and beliefs.

- Sexual and gender identity/expression is defined as equal treatment for those along the full spectrum.
- Socioeconomic status inequity is defined as discrimination based on the social standing or class of an individual or group. This is often measured as a combination of education, income and occupation that can lead to inequities in access to resources, plus issues related to privilege, power and control.

## **XVI. DOCTORAL STUDENTS' ACCESS TO INSTITUTIONAL MEMBERS**

In June 2011, Board Members approved a policy to allow doctoral students at member institutions to contact the ASAHP membership to collect dissertation data. Staff will develop procedures for transmitting surveys to deans and directors at member institutions.

## **XVII. AMENDMENTS**

Amendments to the Policy and Procedures of the Association may be introduced by members of the Board of Directors at any regularly scheduled meetings thereof or by any Institutional member of the Association at either of the business meetings. All amendments proposed by Institutional members shall be considered at the next meeting of the Board of Directors. A 2/3 majority of the Board members present and voting shall be required to amend the Policies and Procedures of the Association. Any additions/amendments approved shall become effective immediately excepting language therein to the contrary. The Executive Director shall be responsible for changing the Policy and Procedures Manual of the Association in both the Archives and on the website. Notice shall be sent electronically to the Institutional members of the changes (changes will also be noted in the publication of the minutes of the Board).

## APPENDIX

### 1. ELECTIONS CALENDAR

#### October

Meeting of the new Nominations and Elections Committee is held at the Annual Conference to charge the Committee with its responsibility and allow for planning to occur.

#### November

Chairperson prepares a statement for the December/January issue of TRENDS calling for nominations by March 15.

#### December-February

Chairperson elicits additional names from the Committee. A conference call can facilitate this procedure. However, the focus remains on the Chairperson to be in contact with Committee members to recommend appropriate candidates. The representatives on the Committee from each constituent group should take the initiative in identifying the best candidates from their constituents.

#### May-June

Decisions made regarding candidates by the Committee by May 1.

Final material sent to National Office including resumes, pictures, and position statements by June 1.

#### July

National office staff prepares ballots for placement on the ASAHP website, including biographies of candidates by July 15.

#### August

Ballots due by August 15.

#### September

Ballots counted by end of first week in September

Chairperson notified of election results by National Office staff.

Chairperson notifies Committee and candidates of election results.

## 2. CONFLICT OF INTEREST POLICY (Added February 2012)

It is the policy of ASAHP and its Board of Directors that the organization's directors, officers, committee members, and employees carry out their respective duties in a fashion that avoids actual, potential, or perceived conflicts of interest. Each of the organization's directors, officers, committee members, and employees shall have the continuing, affirmative duty to report any personal ownership, interest, or other relationship that might affect her or his ability to exercise impartial, ethical, and business-based judgments in fulfilling responsibilities to the organization. In addition to any legal or other requirements that apply to the organization and its directors, officers, committee members, and employees, the following principles shall guide the conduct of the organization's affairs:

1. **Impartial Dealings.** Directors, officers, committee members, and employees of the organization shall conduct their duties with respect to "Conflict Persons" (that is, grantees, contractors, suppliers, agencies, and other persons transacting or seeking to transact business with the organization) in a completely impartial manner, without favor or preference based upon any consideration other than the best interests of the organization.
2. **Acceptance of Gifts, Etc.** Directors, officers, committee members, and employees of the organization shall not seek or accept for themselves or anyone else any gift, entertainment, or other favor from a Conflict Person having a value of more than \$25 except (i) common courtesies consistent with ethical and accepted business practices or (ii) gifts, entertainment, or favors having a value less than \$25 that have no relation to the organization or its affairs (for example, personal gifts between family members or friends).
3. **What is a Conflict of Interest – Directors and Committee Members?** If a director or committee member, or a Relative of such person (the term "Relative" means spouses, ancestors, and descendants, whether by whole or half-blood), directly or indirectly owns a significant financial interest in, is a director, officer, or trustee of, or is employed by any Conflict Person, the director or committee member shall disclose that interest, position, or employment relationship and shall refrain from voting on any issue pertaining to the Conflict Person.
4. **What is a Conflict of Interest – Officers and Employees?** An officer or employee of the organization shall not conduct business on behalf of the organization with a Relative of such person or with a business entity in which the officer, employee, or her or his Relative owns a significant financial interest, or by which such officer, employee, or Relative is employed, except where such interest or employment has been disclosed to, and specifically approved and authorized by, the Board of Directors of the organization.
5. **Conflict of Interest Disclosures.** The board of Directors may require the organization's directors, officers, committee members, or employees to complete annually (or as otherwise scheduled by the Board) a disclosure form regarding any conflict of interest described in this policy. The disclosure statement shall be in such form as may be prescribed by the Board and may include information regarding a person's participation as a director, officer, trustee, committee member, or employee of any other nonprofit organization (whether or not such organization is a Conflict Person). The Board of Directors shall be responsible for oversight of all disclosures or failures to disclose, and for taking appropriate action in the case of any conflict of interest transaction.

The failure of the organization, its Board of Directors, or any or all of its directors, officers, committee members, or employees to comply with this conflict of interest policy shall not invalidate, cancel, void, or make voidable any contract, relationship, grant, action, transaction, debt, commitment, or obligation of the organization that otherwise is valid and enforceable under applicable law.

Pursuant to the organization's Conflict of Interest Policy (the "Policy"), I acknowledge, attest, and represent the following:

1. I have read and understand the Policy.
2. I am in compliance with the Policy.
3. Reported below, or by attached list, are (i) all conflicts of interest (i.e., specified relations with Conflict Persons, as described in the Policy) that may arise as a result of my role with the organization (for example, "Board director – ABC Charity" or "Employee – XYZ Bank") and (ii) my positions as director, officer, trustee, committee member, or employee of any other nonprofit organization (whether or not such organization is a Conflict Person, such as "Board director – ABC Charity"):
4. I will report promptly any changes to the information provided above.

---

Signature

---

Date

---

Printed Name (Director, Officer, Committee Member,  
Or Employee)

### **3. RECORDS RETENTION PROCEDURE (Added February 2012)**

#### **I. Policy Statement**

This policy establishes the procedures and standards for ASAHP in connection with the retention of association records. It is the intent of this policy to ensure that all University records are maintained in accordance with all applicable statutory and policy requirements in order to make certain that records are not improperly or prematurely disposed of by an employee. Additionally, this policy provides guidance to employees as to appropriate time frames under which records that are no longer necessary for the operation of the Association may be properly disposed of, thereby promoting efficient and effective use of the Association's limited storage capacity.

#### **II. DISPOSAL PROCESS FOR ASSOCIATION RECORDS**

The delegates of executive custodians identified in the records retention schedule (Appendix A) may authorize and subsequently dispose of Association records when the retention period for said records has expired. Disposal must be conducted in a manner as identified by the "Disposal Method", and must be documented. The following criteria must be met in order to dispose of applicable records:

1. The records to be disposed of meet or exceed the time frames established for such records in Appendix "A".
2. The disposal of the records complies with statutory or contractual obligations.
3. The records to be disposed of do not relate to or contain information regarding current, pending or potential litigation involving the Association.

#### **III. Record Security**

The security of *physical* (printed or microfilmed) records is the responsibility of the Executive Director, regardless of storage location. The security of *electronic* records is the responsibility of the Executive Director in conjunction with technology support.

#### **IV. Policy Modification**

It will occasionally be necessary to update this policy as statutes, regulations, and business processes change. In the event that modification is necessary, draft modifications will be considered for approval by the Board of Directors.

**Association of Schools of Allied Health Professions**

**Records Retention Procedure  
Appendix A**

<b>Type of Record</b>	<b>Description of Record</b>	<b>Retention Period</b>	<b>Disposal Method</b>
Audits			
Financial Records	Work papers, Supporting Documents	3 years after close	shredding
Audit Reports and Correspondence	Firm Reports, Correspondence	3 years after close	shredding
Bank Reconciliation and Support	Work papers, Bank Statements & Support	3 years after close	shredding
Accounts Payable			
Vouchers & Support	Payment Vouchers, Invoices, Support	5 years	shredding
Fed Form 1099	Federal Tax Documents	5 years	shredding
Budget			
Permanent Budget Transfers	Transfer Forms – Internal Document	2 years	Shredding
Bound Budgets & Support	Budget Document, Support	7 years	Shredding
Board Minutes & Documentation	Meeting Minutes & Support	7 years	
Cashiering			
Receipts & Support	Cash Register Tapes, Work papers	5 years	shredding
Cash Register Tapes & Reconciliations	Cash Register Tapes, Work papers	5 years	shredding
Financial Records System			
End of Month Reports	System- Generated Reports	5 years	Reuse
End of Year Reports	System- Generated Reports	5 years	Reuse
Journal Vouchers	Internal Documents, Support	5 years	Reuse
Human Resources/Employment data & records			Shredding
Annual evaluation documents & self appraisals	Internal Documents	7 years after termination	Shredding
Contracts	Internal Documents	7 years after termination	Shredding
Procurement Services			
Competitive Bids and Supporting Documentation	Vendor Responses, Support	7 years	Shredding
Purchase Orders	Internal Documents, Support	7 years	Shredding
Property and Fixed Assets			
Deeds, Titles, Abstracts	Legal Documents, Support	3 yrs. after property is sold	Shredding
Appraisals, Closing Documents, Support	Legal Documents, Support	3 yrs. after property is sold	Shredding
Capital Assets Accounting Records	Payment Vouchers, Support	Perpetuity	Shredding
Rental Property			
Leases	Legal Documents, Support	3 yrs. after Lessee Vacates	Shredding
Gifts			
Donor Gift Records	System- Generated Reports	Perpetuity	Reuse

#### **4. ELECTION BALLOT COUNTING PROCEDURES**

To ensure confidentiality and accuracy of elections, the following procedures have been followed.

- : The Association has approved the use of electronic balloting for Association elections
- : The Executive Director will be responsible for the development of policies and procedures for the tallying of electronic voting that will protect the confidentiality of voting and at the same time provide assurances of appropriate checks and balances in the election process.
- : The Board of Directors will be responsible for approving all election processes.
- : Ballots records will be maintained at ASAHP for one year in case the election is contested.

#### **5. JOURNAL OF ALLIED HEALTH PUBLICATION AND TRENDS GUIDELINES/INFORMATION**

Readers of the *Journal of Allied Health* comprise those leaders, educators, and faculty whose primary interest is in the allied health professions. The broad framework of readers and contributors would include Deans of and educators in universities and schools of allied health, representatives of allied health associations and coalitions, and leaders from foundations, industry and research organizations interested in allied health issues and *TRENDS*.

The Association shall be responsible for the financial affairs of the *Journal*. Responsibilities shall include, but not necessarily be limited to, the following:

- : With approval of the ASAHP Board of Directors, the Executive Director shall negotiate a contract for production of the *Journal* with the publisher for a length of time agreeable to both parties.
- : The National Office shall process and pay all appropriate invoices pertaining to *Journal* accounts after being satisfied that sufficient justification has been given for expenditures.
- : In all matters relevant to *Journal* finances, the National Office shall represent ASAHP to the publisher.
- : The Executive Director will communicate with the publisher with respect to advertising.

In the past, when the Journal was housed at the University of Illinois at Chicago, a contract was in effect for three-years. In 1998, the Board of Directors approved a five-year contract with Thomas Jefferson University to house the Journal. Using criteria shown in the Procedures Section of the Policy and Procedures Manual, the Board of Directors will select a contractor to house the *Journal of Allied Health*.

In March 2007, The Board approved a motion to pay the Editor of the Journal of allied Health \$3,000 per issue plus the cost of roundtrip travel and one night's lodging to attend the ASAHP Annual Conference.



**Publisher:**

Science & Medicine, Inc.  
17 Shirley Road  
Narberth, PA 19072  
Tel: 610-660-9187  
E-Mail: bokulich@bellatlantic.net

**Published quarterly:**

Winter, Spring, Summer, and Fall.

Subscription rates are included in membership dues. Non-member rates: \$107 for one year, \$214 for two years, and \$321 for three years. Foreign subscribers add \$19/year to cover additional postage.

Back issues, when available, are \$25 each plus \$5 for overseas postage and handling. The Association is not responsible for undelivered issues due to change of address. Claims for issues undelivered not due to change of address, should be submitted to the National Office no later than three months after the date of publication -- February, May, August, and November (e.g., Claims for the Winter issue should be submitted before June 1).

**Reprints**

A single copy of an article may be obtained directly from ASAHP at a cost of \$10.

**Acceptance of Advertising**

All advertising is subject to approval of the publisher. The publisher reserves the right to reject any advertising at any time, for any reason, without liability, even though previously accepted, which it feels is inconsistent with the Journal's general advertising and editorial policies.

The word "advertisement" will be placed on the page of any advertisement which, in the publisher's opinion, resembles editorial material. All advertising must be clearly identified by the trademark or signature of the advertiser.

## **Advertising Rates as of January 2010**

### General Advertising Rates

	<i>One Time</i>	<i>Two Times</i>	<i>Four Times</i>
<i>1 page</i>	\$640	\$590	\$550
<i>1/2 page</i>	\$550	\$525	\$500
<i>1/4 page</i>	\$480	\$450	\$425

### Color Rates

<i>Standard color</i>	\$400
<i>Matched color</i>	\$500
<i>Four Color</i>	\$900

**Online Job Posting Rates:** ASAHP members (\$50); non-members (\$75)

In July 2001, the Board of Directors indicated that advertising rates should be increased at the same time and by the same percentage as dues increases.

### **Publisher's Copy Protective Clause**

Advertisers and agencies, jointly and severally, will assume liability for all content (including text, photographs and illustrations) and advertisements printed and indemnify and hold harmless the publication, its officers, agents and employees against expenses (including legal fees) and losses, including without limitation, claims or suits for libel, violation of right of privacy, copyright infringement, or plagiarism.

Indemnification of the publication, its officers, agents and employees, by the advertiser and agency jointly and severally, is made binding and enforceable by actual publication of the advertisement.

### **Publisher's Liability**

The publisher shall not be liable for insertion of wrong code and/or key numbers. The publisher shall not be liable for failure to print an advertisement already accepted if failure is due to acts of God, strikes, or accidents or circumstances beyond the publisher's control. The publisher will not be bound by any conditions, printed or otherwise, appearing on order blanks or copy instructions when such conditions conflict with the regulations set forth in this rate card.

### **Submissions**

Detailed information on submissions to the Journal of Allied Health is contained in the inside back cover of each issue or the Editor can be contacted.

## MAILING LABEL RATES

### Member Rates

Individual Member Listing	\$60	
Institutional & Professional Organization Listing	\$30	
For Both	\$90	
Subscribers		\$60
Individuals, Institutions/Organizations, Subscribers		\$110

### Non-Member Rates

Individual Member Listing	\$100	
Institutional & Professional Organization Listing	\$75	
For Both	\$150	
Subscribers		\$100
Individuals, Institutions/Organizations, Subscribers		\$200

All requests should be in writing with type of labels and date when needed. Materials that will be sent to members should be forwarded to the ASAHP National Office with a letter of request.

In July 2001, the Board of Directors indicated that rates should be increased at the same time and by the same percentages as dues increases.

## **6. POSITION STATEMENTS OF THE ASSOCIATION**

### **6.1 ASSOCIATION OF SCHOOLS ADVANCING HEALTH PROFESSIONS POSITION STATEMENT ON COMPOSITION OF ALLIED HEALTH ACCREDITATION BOARDS AND REVIEW COMMITTEES**

ASAHP recommends that a chief academic officer of an allied health unit designated by ASAHP (e.g., dean, division head) be included as a designated member on each of the accreditation boards/review committees for the allied health professions.

While the composition of each of these boards/committees presently includes a discipline specific educator who provides the appropriate educational perspective on curricular and experiential issues, the inclusion of a chief academic officer for allied health will:

: Provide the broadened perspective for viewing the specific profession within the context of other allied health disciplines and

: Place the accreditation standards and actions within the broader context of institution wide resources and consequences.

ASAHP urges professional organizations and accreditation boards/review committees to consider this position statement and initiate by-law changes where necessary to permit the inclusion of allied health academic officers.

April 1988

### **6.2 POSITION STATEMENT ON OPPOSITION TO REGISTERED CARE TECHNOLOGIST**

The Association of Schools Advancing Health Professions strongly opposes the action of the American Medical Association to establish a new category of health worker -- the registered care technologist (RCT). This proposal would further compound the nursing shortage, unnecessarily confuse the delegation of patient care responsibility, and threaten the quality of patient care.

The Association of Schools of Allied Health Professions urges the American Medical Association to discontinue its RCT activities and to devote its efforts to working with the nursing profession to increase the numbers in existing levels rather than creating new categories of bedside care.

November 1988

### **6.3 RESOLUTION ON HIV/AIDS**

Recognizing that HIV/AIDS is a critical national health issue and that the valuable contributions of allied health practitioners and institutions can be maximized through targeted educational, clinical, and research programs, the Board of Directors of the Association of Schools of Allied Health Professions supports the following activities:

- : Identify HIV/AIDS as a critical issue to be addressed by ASAHP for the education of allied health professionals;
- : Inform its members of the essential role for education in combating the disease, particularly the development of educational materials to include the ethical, legal, psychosocial as well as clinical aspects of the disease;
- : Support the national and local efforts of its members in prevention as well as delivery of services through its publications, conferences, and its other activities;
- : Support research efforts; and
- : Encourage and support its members to accept full responsibility for fulfilling their roles as educators and practitioners.

September 1988

### **6.4 NATIONAL ALLIED HEALTH WEEK**

National Allied Health Week will be observed each year beginning with the first Sunday in November and ending on the following Saturday.

### **6.5 ENDORSEMENT OF NATIONAL MEDICAL RESEARCH DAY**

Since March 1989 the Association of Schools Advancing Health Professions has endorsed Medical Research Day (May 11), a campaign of the National Health Council's Voluntary Health Agency Members.

## **6.6 RESOLUTION ON TWO-YEAR INSTITUTIONS**

The Board of Directors at its February 1990 meeting in Miami Beach, Florida adopted a resolution concerning two year institutions. The text of the resolution is shown below.

The Association of Schools of Allied Health Professions is an organization whose purpose is to provide a forum for allied health educators to: discuss issues, share approaches, and provide mutual support for the advancement of the allied health professions.

WHEREAS the majority of all CAHEA accredited allied health education programs are provided by two year colleges and that trends indicate the fastest growing demand for accreditation of new programs is among the two year colleges; and

WHEREAS the two year college is the entry point for 55 percent of all first-time college students, appealing especially to ethnic minorities and women, groups from which allied health education programs have traditionally drawn students; and

WHEREAS two year colleges are significant in allied health education accounting for the majority of all allied health graduates; and

WHEREAS the recent Institute of Medicine study called for alternative pathways to entry level practice through better articulation of educational programs in the two year college with those at the baccalaureate level; and

WHEREAS, changes in the technology and delivery of health care along with changes in the economic advantages of various settings for educational programs have been the hallmark of the evolution of the allied health professions; and

WHEREAS there has been a decline and subsequent paucity of two year college membership in ASAHP,

BE IT HEREBY RESOLVED THAT a blue ribbon commission be established to study and make recommendations one year hence to the Board of Directors of ASAHP to increase the membership of two year colleges in ASAHP and to further a policy agenda which reflects the common ideals, values, and culture of this important constituency.

BE IT FURTHER RESOLVED THAT this commission shall be comprised of appropriate representatives of two year colleges with allied health education programs, half with institutional membership in ASAHP and half without, and at least one member of the Board of Directors of ASAHP.

## **6.7 OBSERVATIONS REGARDING MULTI-SKILLING OF THE HEALTH CARE WORK FORCE**

### **Introduction**

As the accelerating changes in health care affect all segments of the health care delivery system, they also impact other health care operations, such as academic programs. As educators responsible for preparing health professionals to function in these changing environments, we are faced with the task of designing curricula that are not only responsive to current demands but also reflective of future needs. This is especially challenging due in part to the unpredictability of the forces shaping the health care marketplace. Health care reform, with or without government mandates, is motivating stakeholders such as insurance companies, hospitals, managed care organizations, business coalitions and others to reduce costs while increasing quality and customer service. Without question, the fundamental changes in health care delivery must be addressed in the education of the health workforce to prepare them for a far different future.

An overarching philosophical question is: How is multi-skilling fundamentally different from the traditional capacity of disciplines to add and drop skills/competencies across time in response to changing patient needs? Moreover, the lack of both uniform understanding and consistent definitions, of the terms multi-skilling, multi-competency, and cross-training, has added to the lack of clarity in our pursuit of this issue. Thus, some allied health professions have resisted these concepts, if they implied that one must abandon one's core profession in order to add competencies or skills.

The Association of Schools of Allied Health Professions (ASAHP) is addressing issues arising from these changes, particularly as they impact academic programs. One of the challenges facing the allied health professions is multi-skilling. The national conference, "Multi-skilling and the Allied Health Work Force," offers an opportunity to pose a series of questions since the Association is still attempting to understand the implications of multi-skilling on the health care delivery system. This conference will provide additional perspectives that will bring greater clarity to this issue. Our observations are as follows:

### **Provider Section**

How will the health care system evolve in the future and how will allied health practitioners interface with new and different roles within these organizations? It appears certain that larger acute care hospitals will become smaller, more efficient hospitals and much of the care will move to ambulatory home, and other community settings. Further, with an aging population as a demographic reality, chronic care will become far more significant. However, as the new system evolves, what will be the expectations for new graduates for a relatively consistent and predictable health care system? Students were prepared with knowledge and skills that were applicable to most hospital and/or other health care environments. With the evolution of the health care system, communication and consensus among providers and educators are needed about the level of knowledge and skills required of practitioners with skills applicable to only a select segment of the health sector may be counterproductive for educational programs and more appropriately a mission for professional continuing education.

### **Professional Practice Sector**

How will allied health professional associations react to changes in health care and the potential impact on their scope of practice? What licensure or certification provisions are barriers to the multi-skilling of allied health professionals? Multi-skilling may overlap the domains of other professions, causing significant "turf" problems. What can be done to ensure that there are forums for discussing, anticipating and resolving these problems as they occur? The opportunities and challenges created by changes in health care may mean threats from other professions. Forecasts of oversupply in physician and nursing workforces may lead to attempt to limit skills currently practiced by allied health professionals.

Professional associations have considerable influence on the potential scope of practice through the process of accreditation. Programmatic essentials are not always current in matching the curricular needs of the graduate practitioner to the needs of the health care setting. Should essentials take multi-skilling into consideration? Is it a geographic consideration or an institutional responsibility to determine how multi-skilling should be approached?

### **Allied Health Education Sector**

What are the levels of the knowledge and skills that are expected of multi-skilled allied health professions graduates? Much of the preparation in multi-skilling appears at lower job levels in which basic skills from selected areas (i.e., phlebotomy and EKG skills) are aggregated within one practitioner. The assumption is that these individuals will be more efficient providing diverse but needed skilled in the delivery setting.

Assuming that the allied health professions retain their traditional identity, what would be the types of additional skills that would be expected of physical therapists and occupational therapists? Of medical technologists? Of respiratory therapists? Clearly, these professionals are capable of assuming other skills but what should they be? Future trends indicate that these professionals may expect to assume more extensive clinical roles, be assigned complex managerial responsibilities and function within a team environment. What should be the level and extent of multi-skilling for them? Should one set of clinical skills be expected of physical therapists and occupational therapists while another set of skills would be expected of medical technologists? Are these geographic differences of differences by work site that impact on what would be expected of multi-skilled allied health professionals? Should all of the allied health educational programs have a similar set of skills? For instance, the armed services require that all soldiers have the skills of a medical corpsman before moving in to other specialties.

How will the curricula for allied health education programs be impacted? Are there certain disciplines that are more appropriate for multi-skilling than others? If skills are identified, how can they be incorporated efficiently into a curriculum that is already pushed to the limit? What additional resources will be needed to create a multi-skilled practitioner or will academic programs have available only existing or even fewer resources? At a time when downsizing and reorganization of hospitals and other facilities may mean fewer clinical sites, how can additional skills be gained through supervised practice?



Is there a need for a core curriculum for allied health students? Many knowledge areas are increasingly viewed as common core areas for all health professionals, for instance, health ethics, cultural diversity, education, management, and research. Are there other, more specific clinical skills that need to be taught as core skills for all practitioners? Is the mission of an academic program most appropriately to educate an allied health graduate with basic entry-level skills and knowledge? Is multi-skilling better accomplished after completion of an academic program? Perhaps, from all of this, may come even more troubling and challenging questions; for instance, will some of the allied health's professions have to merge for survival?

### **Consumer Sector**

Finally, with the apparent trend toward preparing health practitioners that are more multi-skilled, what are the strategies in place to determine if multi-skilling really works in the delivery setting: There are anecdotal descriptions of several efforts at preparing multi-skilled practitioners but there appears to be little substantive data to determine the success of these efforts? What methods should be used to determine if the right skill mix is in place to ensure both maximum efficiency and patient satisfaction? Outcome studies will be needed to determine if there is, indeed, no diminution of quality if not a positive difference in the care delivered to patients, the real criterion for successful health care.

While the Association of Schools of Allied Health Professions has no definitive position on multi-skilling in allied health, it recommends expanded dialogue across professions, across institutions preparing health care workers, and across institutions hiring them. ASAHP supports the objections of this conference and appreciates the opportunity for input. It is imperative that we communicate inter-professionally with all appropriate stakeholders and gain consensus on what multi-skilling means for allied health educational programs, both now and in the future.

November 1994

## **6.8 DESCRIPTIVE DIFFERENTIATION OF CLINICAL DOCTORATES POSITION STATEMENT**

### **Introduction**

Although there are a number of very important issues relating to the emergence of clinical doctorates, including the designation of substantive change to an institution's mission, the availability of academically prepared faculty, the impact on fiscally disadvantaged students and the increased chasm between entry-level certificate or associate degree programs and doctoral level programs, the two Task Forces' members chose to address the following two most immediate issues:

: Identification of the distinctions between the entry level clinical doctorate (*e.g.*, Doctor of Physical Therapy and Doctor of Audiology) and advanced practice doctorates such as those in nursing, nutrition and the doctorate proposed for clinical laboratory science, for which NAACLS has published clear guidelines that describe this proposed degree as advanced.

: Noting the hallmark characteristics of each kind of doctorate as the basis for such distinctions.

In addition, the Association will continue to address societal and other issues through continuing dialogues with interested parties

### **Rationale**

The rationale for this closely focused set of recommendations was based on the following considerations:

: a clear lack of distinctions between entry-level practice doctorates and advanced level practice doctorates;

: the general position of regional accrediting agencies that entry-level and advanced practice doctorates are considered to be basically the same, regardless of inclusion or exclusion of research requirements;

: the paucity of fundamental evidence of any discerning characteristics of entry-level practice doctorates versus advanced practice doctorates;

: the absence of any defining guidelines regarding even the range of required credits beyond the bachelor's degree for either type of clinically oriented doctorate;

: the expressed concerns of many allied health deans about the increasing number and types of these doctoral-level programs and the implications they may have on key program and college resources, including adequately prepared faculty;

: the widely felt need by its members that the Association should provide, at a minimum, recommendations that could help standardize the accreditation requirements for such programs in the coming years.

The ensuing statements of the Association serve as an attempt to address the first two major issues noted above. Neither the original Task Force nor the Association chose to consider transitional or so called “post-professional” doctorates since they tend to be institutionally defined. It should also be noted that references to minimum ranges or minimum numbers of graduate semester credits beyond the baccalaureate are not included as part of any defining characteristics of clinical doctorates. This omission is purposeful because it recognizes both institutional autonomy and variances in state regulations or professional standards.

### **Description of Clinical Doctorates and Differentiations**

Advanced Practice Doctorate Programs or Advanced Professional Degree: Those doctoral level programs that are designed to prepare already credentialed or licensed individuals to practice clinically with competencies above and beyond those expected of entry-level professionals. They are distinguished from research doctorates (*e.g.*, Ph.Ds.) in that they do not require dissertations and the original research upon which the dissertations are based.

The advanced practice doctorate or advanced professional degree program shall incorporate into its curriculum advanced practice rotations or residencies and a capstone research project demonstrating the student’s ability to conduct clinically relevant research appropriate to the advanced diagnostic or therapeutic practices taught in the program. Students should demonstrate evidence of the appropriate use of information technology (*e.g.* computer-based extraction from large databases of information not previously evident) through the capstone or other equally rigorous projects. In addition, it is expected that students will have demonstrated to qualify for graduation that they are able to identify common research design and methodological errors, understand how to design a controlled experiment and to interpret results that do not extend generalizations beyond the data, and understand the difference between statistical and meaningful differences. In other words, students shall have gained sufficient understanding of research to allow them to be intelligent users of research publications and to apply appropriate research findings to evidence-based practice. Unless otherwise specified, advanced level practice doctorates shall be considered the advanced professional degree in their professions.

Entry-level (practice) doctorate programs: These are educational programs that prepare students to achieve the knowledge and competencies of first-time graduates expected and articulated by their professional associations or, more specifically, by the appropriate specialized accrediting agency. The entry-level (practice) doctorate programs shall incorporate into their curricula those competency standards published by the relevant specialized accrediting agency.

There shall be evidence of research utilization emphasizing evidence analysis, differentiation of modalities of research, critical analysis of the literature and the evaluation of the constructional quality of research protocols. Students in these doctoral programs should also be able to demonstrate competency in the utilization of electronic information technology (informatics) equal to the level of research expectations in their curricula, and later, in the service of their clinical practices.

## **6.9 POTENTIAL IMPACTS OF ENTRY LEVEL CLINICAL DOCTORATE DEGREES IN THE HEALTH PROFESSIONS**

### **Context**

This report has been prepared at the request of the Board of Directors of the Association of Schools of Allied Health Professions. The report was prepared in an attempt to provide a concise documentation of positive and negative impacts that clinical doctorate degrees may have on health care. In preparing this report, the committee members have consulted with faculty in their schools, practitioners and hospital administrators. The report is based upon individual opinions and perspectives as well as reports from other organizations. This document does not attempt to report quantitative data.

Development of clinical doctorate programs primarily occurs for one of two reasons:

- : to elevate the requirements for entry level training
- : to address a need for advanced practice

For this report, we have focused upon elevation of requirements for entry level; there appears to be less controversy about training for advanced practice.

Impact of Elevated Degrees: Considerations of the impact of elevation of requirements for entry level generally fall one of three categories:

- : Institutional, including considerations of regional accreditation, such as “substantive change;” recruitment and retention of faculty, at least at the same degree levels as those which the institution awards; and additional costs that may be incurred with changes in degree levels, e.g. the cost of programs moving from community colleges into four year institutions.
- : Societal and Economic considerations such as student and faculty diversity; tuition burden on students and the possible interruption or slowing of critically needed health care workforce graduates.
- : Academic considerations such as the role of research in entry-level and advanced practice doctorate (previously addressed in the ASAHP Clinical Doctorate Paper) but also of practitioners; the potential role of graduates of such programs in the academy for such responsibilities as clinical teaching.

The following are specific pros and cons that were identified by the committee and fit into the above categories.

### **Pros for a Clinical Doctorate as Entry Level**

Address new developments in health care – Many professions have evolved over the past couple of decades by increasing utilization of advancing technologies and by incorporating expanded understanding of physiology, pharmacology, molecular biology and other advanced fields. The expanded knowledge base that is required in these professions results in the need for more training and an advanced degree.

More clinical experience is received as a student - Additional training leading to a higher degree normally includes additional clinical hours. This certainly improves skills as well as both breadth and depth of clinical training.

Preparation exemplifies high standards of health care - Clearly training in competencies such as patient assessment or pharmacology for a broader spectrum of health professionals would result in a larger safety net of patient evaluation and recognition of patient symptoms. Higher training may produce more checks and balances for assessing patient care.

Gives more status to the profession – This would appear to be a frequent, if unspoken, reason for elevating entry level degree requirements. A requirement for doctoral -level clinicians carries with it the understanding that the practitioners are more highly qualified to provide health care by virtue of their additional years of training.

May result in higher salaries – Arguments have been made that the additional training and skills that higher degrees indicate will translate into higher salaries. The reality may not follow this argument

In addition, the following is a concept that favors advanced clinical degrees as part of a continuum:

Advances Career Progression or Career Ladders – In professions with career ladders, advanced clinical degrees result in a higher attainable step in a career progression. This benefit, however, is primarily seen if the advanced degree is NOT entry level but represents advanced clinical training. Further, this benefit is only realized to the extent that accreditation/certification rules established by the profession allow ‘credit’ for training and experience at lower levels – e.g., COTA to OTR.

### **Cons for Raising Entry Level**

More costly programs for students with additional credits required – advanced degrees result from additional course credits. Students who are required to pursue advanced degrees must, therefore, assume additional cost in order to receive this degree. This raises issues with students who have limited financial resources. In particular, elevation from an undergraduate degree to a graduate degree has significant impact on students who rely on scholarships and grants for their education. This is due to the fact that there is a credit hour cap on most of these programs so that graduate education results in a higher proportion of loans vs. scholarships. It becomes important for a student to weigh the cost (tuition) benefit (long term earning potential) of the particular degree that he/she is considering.

Effects on diversity – Student financial issues noted above are likely to have larger impact on student diversity. The unfortunate fact is that many of the minority students we seek to educate have greater limits on financial resources than other students. Universities that wish to recruit a diverse student body from inner city or urban environments will find these financial hurdles to be greater for advanced degrees because of the extra cost and the additional constraints noted above on financial aid.

Programs require more human and financial resources – Increasing academic requirements also means increasing resource demands on the institution. Financial models may work in tuition driven budgeting (either state or private) but the expanded academic requirements may also demand facilities and personnel that are difficult to obtain. Faculty shortages are common in all health programs; the need to hire additional faculty may be difficult to satisfy. Expanded requirements for settings to teach skills may demand new space or renovated space that the institution is hard-pressed to pay for.

Faculty Credentials – In addition to shortages of new faculty as noted above, degree elevation may also, through regional or professional accreditation, result in demands for raising the credentials of existing faculty. Some faculty will resign over this. For those that choose to stay, who will pay the educational cost? What time frame will be given to the faculty to comply?

Effect on university missions – The movement of a profession from undergraduate to graduate or to doctorate as the required entry level degree can have a profound effect on institutions with established programs. Many institutions with highly successful health professions programs are not chartered for doctoral programs or, in some cases, graduate programs. What should they do if they are required to go to a new level and their governing structure will not allow it? Many institutions have faced this already and tried partnership arrangements with other institutions. The results are not always favorable.

Health care systems are leery of paying higher salaries – Health care system salaries are firmly linked to levels of reimbursement. To date, few sources of reimbursement have altered their payments to reflect advanced degrees held by health professionals. Thus, health care systems are highly unlikely to reward advanced degrees financially unless that advanced degree results in a reimbursable skill that the individual (or profession) did not have previously. Potential students would thus need to consider decreased cost-benefit ratio in terms of future salary as offset for higher educational costs.

The following are other considerations/opinions, not necessarily pro or con, that arose during discussions of this issue:

Movement to the clinical doctorate as entry level needs to come with documentation of the additional knowledge and skills included at this level that were not evident at baccalaureate and master's levels of preparation AND add to this the need for documentation that the NEW knowledge and skill bank is indeed needed in today's health professional.

Those with a clinical doctorate may not be perceived as holding an appropriate credential for progression into and through academic professorial ranks, and tenure at all institutions. In such cases, faculty with the clinical doctorate may only be eligible for clinical faculty appointments tied specifically to teaching clinical practice techniques and supervising student clinical education experiences. In such instances, they should not have scholarship expectations beyond those related to improvements in clinical skills or practice regimens or clinical education techniques.

Accreditation should clearly identify the increased professional and educational expectations that underlie movement to a higher degree. There is concern that, in some disciplines, there has been no change in the accreditation standards/requirements for programs preparing those entering the field at the lower degree and those for the higher degree level.

The health professionals from different disciplines (DPT and Nursing the DNP) often have quite different orientations.

:The DPTs believe that the body of knowledge has advanced to the doctoral level and that it would be a disservice to accept an alternative.

:The Nurses tend to take the approach that the advanced body of knowledge justifies the addition of another step on the career ladder not reconfiguring the entire ladder.

As part of the process of writing this report, opinion was sought from Human Resource/Workforce personnel at hospitals in New York City.

**The following is a brief tabulation of opinion that was received:**

**PRO**

1. Another level of academic rigor which could prepare the practitioner for advanced work in the field.
2. Depending on program - Good theoretical background and connections to research that may be very useful.
3. Potential to standardize rigorous sets of criteria that sets high bars to both scholarship and professional outcome.

**CON**

1. Much uncertainty about what the degree designation brings relative to effort.
2. Professional release time (or outside time spent) away from core patient care.

3. Still-maturing field that may hold mixed results for emerging allied health education efforts.



# **Board of Directors Meeting Guidelines**

## **Two Weeks Prior to Board Meeting or Conference Call:**

- : Office staff begins preparation of Agenda Books.
- : Deadline for Board Action Items and Information Items.

## **One Week Prior to Board Meeting or Conference Call:**

- : Send Agenda Books to Board Members.

## **During the Board Meeting:**

- : A laptop computer should be available for the Secretary's use.

## **Two Weeks (10 Working Days) After Adjournment of Board Meeting:**

- : Office staff sends revised Board Agenda Book Tabs reflecting action taken and parties responsible for these actions.

## **Three Weeks (15 Working Days) After Board Meeting:**

The Secretary emails Minutes of the Board Meeting.

### **Minutes should include:**

- : Summary of all Board Actions
- : Proposed Action and agenda items for the next meeting
- : ASAHP issues and assignments
- : Board Member reports
- : Other information pertinent to the past and future Board Meetings

## **Six Weeks After Board Meeting:**

Summary of Board Actions published in Trends.

