

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

HANDBOOK

FOR

STUDENT RECORDS ADMINISTRATORS

November 2008

*This handbook, first prepared by the Group on Student Affairs (GSA) ad hoc Committee on Medical Licensure (1996-97) and revised by the GSA National Committee on Student Records (in 1998, 2001, and 2008), is intended as a resource guide for medical school registrars, as well as a source of general information for every student affairs professional. It is **not** intended as an AAMC Guideline Document, but, rather, as a handbook for professionals that provides key information and examples of best practices from some schools that can be used by other schools.*

The Group on Student Affairs (GSA) Committee on Student Records (COSR) represents medical school student records administrators (also referred to as registrars) and provides opportunities for their professional development, whether they are based within the medical school itself or elsewhere in the parent institution. The primary role of the school of medicine registrar is to maintain the permanent records and documents that pertain to each matriculated student's progress through medical school. Initially created as the ad hoc GSA Committee on Medical Licensure in 1996, the renamed GSA Committee on Student Records was elevated to a regular standing committee of the GSA in 1998. COSR tackles national issues and projects in the hopes of providing guidance and leadership to registrars at the local institutions. Professional development conferences are sponsored about every three years. Membership on the COSR consists of: 1) the chair, 2) one representative from each of the four GSA regional organizations (Northeast, Central, Southern, and Western), 3) an OSR student representative, 4) a representative from the GSA-MAS, and 5) the immediate past GSA national chair. Whether you are a new or experienced registrar, we encourage you to get involved.

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Variability of Roles

There is a core set of main student records functions that must be conducted at all medical schools. Who conducts the main registrar functions and how the functions are conducted will vary greatly depending on the administrative structure of the academic institution. Who holds the title of registrar will also vary depending on the organizational structure of the institution.

Stand-Alone Medical School

In this structure, the medical school is its own institution and not affiliated with a university system. A stand-alone medical school will typically have a person that holds the title of registrar. The registrar would perform all the record-keeping functions outlined in this document. This type of institution would have its own unique transcript that bears the registrar's signature and its own student information system. **Morehouse School of Medicine** is an example of a stand-alone medical school. Also, the registrar's office may be housed within the student affairs department with the registrar's office playing an additional role with student affairs responsibilities.

Medical School Affiliated with a University

Two common structures that exist when the medical school is part of a university system are outlined below:

- *Medical school located on the main university*—the medical school is part of a university system and may be located on the main campus or have its own separate campus often affiliated with a teaching hospital (example: University of North Carolina School of Medicine).
- *Academic medical center campus*—in this structure, the medical school is part of a separate campus from the main university campus and will often have multiple schools present at the academic medical center campus (nursing, allied health, basic medical sciences research, public health, etc.). This type of institution is also often affiliated with a teaching hospital (example: University of Kansas Medical Center).

In these situations, the records administration functions will vary greatly. For example, the campus might have its own campus registrar not specifically affiliated with any particular school. Who performs what record-keeping responsibilities will also vary. Typically, the campus registrar will perform record-keeping functions independent of a student's academic program (enrollment, degree verifications, etc.), and the specific medical school registrar functions will be performed at the medical-school level. The administrator responsible for record-keeping functions within the medical school might have the title of medical school registrar.

In both situations above, the types of student information systems will vary greatly. The medical school might maintain its own official student information system (SIS) and its own transcript, or might share a student information system with the main university and/or academic medical center. The most frequent model is one in which the university has its own transcript separate from any SIS or tracking database maintained by the medical school.

Institutional Responsibility/Registrar's Office

The primary role of the school of medicine (SOM) registrar is to maintain the permanent records and documents that pertain to each matriculated student's progress through medical school. While each medical school's administrative organization is unique, the key functions of the SOM registrar remain the same. While this document assumes that the SOM registrar is based at a medical school, some institutions have other administrative structures.

Examples of the roles and duties of the SOM registrar are enumerated below. This list is neither exhaustive nor intended as a minimum standard. Variations will occur among schools, based on institutional needs and history. In the final analysis, it is the registrar's job description at each school that delineates the registrar's particular list of responsibilities.

1. Documents and Records:

The SOM registrar is responsible for maintaining documents that preserve the institutional memory of a school.

Examples:

- Maintain, interpret, and implement university, state, and federal guidelines and policies regarding student records.
- Coordinate and maintain permanent records for historical degree requirements, assuring that institutional criteria for graduation are met and that established institutional policies for each graduating class are in compliance.
- Prepare and maintain permanent records for course and elective catalogs and student policies.
- Develop procedures for publications, including school bulletins, student handbooks, Web site pages, and the student directory.
- Maintain school archives for USMLE scores.

The SOM registrar is responsible for maintaining the permanent student records.

Examples:

- Maintain and permanently secure each matriculated student's official academic record.
- Coordinate diplomas for graduation and certify that all students have met institutional graduation requirements.
- Receive, record, and secure documentation for final course grades and student performance evaluations.
- Maintain and distribute the official transcript. (Note: At some schools, the university registrar is responsible for distributing the official transcript.)
- Coordinate, with other departments, the withholding of diplomas and transcripts from individuals with outstanding obligations to the institution. (Note: Only the document (diploma or transcript) can be held; conferring of the degree cannot be withheld.)

- Establish policies for access to student academic records in accordance with the Federal Educational Rights and Privacy Act (FERPA).
- Maintain official documents pertaining to student promotion, disciplinary actions, leave of absence, extended academic programs, withdrawals, and other changes in student status.
- Submit annual AAMC SRS and/or NBME reports.

2. Enrollment:

The SOM registrar is responsible for coordinating registration and enrollment.

Examples:

- Coordinate course registration and distribute grade rosters.
- Coordinate enrollment status of combined (dual)-degree students.
- Post individual tuition and fee assessments (often performed by university bursar or cashier).
- Collect and process required health and other insurance fees.
- Maintain and prepare student directory information.
- Coordinate add/drop registration policies and procedures.
- Report and update AAMC enrollment records in the SRS.
- Manage leaves of absence and withdrawals.

3. Clinical Scheduling:

The SOM registrar is responsible for coordinating, with students and departments, all clinical clerkship experiences.

Examples:

- Prepare schedules and site assignments for third- and fourth-year students.
- Provide scheduling advice to students regarding requirements for, and planning of, third- and fourth-year clinical assignments.
- Coordinate, with the appropriate departments, student clinical assignments, site assignments, and course changes.
- Coordinate scheduling for visiting students, including verifying academic standing at home school, acquiring appropriate documentation of medical and malpractice insurance coverage, coordinating schedules with departments, collecting fees, and, in some cases, identifying housing options.

(Note: At some schools, this function is handled by the student affairs office.)

4. Data Reporting: The SOM registrar is responsible for ensuring an appropriate database system for student records.

Examples:

- Participate in developing an appropriate database system for the school.

- Maintain statistical data on student demographics.
- Prepare enrollment status reports (Liaison Committee on Medical Education (LCME), AAMC, federal, state, university, etc).
- Prepare grade reports and class rankings.
- Prepare statistical reports on enrollment. (These functions may be performed by an institutional research department.)

5. Interaction with Other Offices: Depending on the individual school, the SOM registrar may be involved in various activities and programs with other offices in the medical school.

a. *Student Affairs Office*

- Implement and/or participate in determining disciplinary and promotion actions from faculty committees (e.g., leave of absence, dismissal, remediation, extension, withdrawal). (Note: At some schools, the SOM registrar may coordinate the work of these committees.)
- Assist with preparation of the Medical Student Performance Evaluation (MSPE), Electronic Residency Application Service (ERAS) documents, and National Residency Match Program (NRMP).
- Participate in preparations for hooding and graduation ceremonies.
- Participate in planning the White Coat Ceremony, Honors and Awards Day, Orientation, Student Clinician Ceremony, and Match Day functions.

b. *Financial Aid Office (FAO)*

Depending on the level of student information system integration:

- Notify the FAO if a student drops below half-time student status.
- Notify the FAO of enrollment status changes, including, but not limited to, probation, leave of absence, withdrawal, and extended academic program, which then verifies satisfactory academic progress (SAP) and continued eligibility for financial aid.
- Provide FAO with necessary statistical data about students.
- Coordinate extended academic programs and student leaves of absence with the FAO, to ensure that appropriate financial assistance to the students can be maintained or restored upon return from the leave of absence
- Develop templates with FAO regarding sharing of student data as required for compliance with federal regulations.
- Coordinate student tracking systems.

c. Admissions Office

- Receive names and pertinent demographic information about entering students.
- Determine which documents should be included in the official student record when materials are transferred from the admissions office. (See Academic Records Retention Policy. It is assumed that the admissions office is responsible for verifying that the coursework needed for matriculation has been completed and final transcripts have been obtained.)

d. Curriculum Office

- Assist in developing academic year schedules, calendars, and examination schedules.
- Coordinate class, small-group, and conference room scheduling.
- Coordinate distribution and receipt of student course evaluations.
- Participate in the work of the Curriculum Committee.
- Be a resource in curriculum development, to include creation of new courses and new academic programs.

e. Cashier/Business/Bursar/Student Accounts Office

- Serve as contact for student delinquency on tuition and fee payments.
- Serve as contact for information on student loan defaults.
- Provide enrollment status information as a basis for establishing appropriate tuition and fee assessments for each student.
- Honor holds on release of student records, i.e., transcripts, licensure paperwork, etc.

f. National Board of Medical Examiners (NBME)

- Coordinate registration procedures for United States Medical Licensure Examination (USMLE, Step 1 and Step 2).
- Verify accuracy of enrollment rosters and medical school graduate reports.
- Access and download examination scores.

g. Student Health Services/Insurance

- Serve as a communication liaison to the student.
- Verify immunization compliance for clinical rotations.
- At some schools, the registrar's office is also involved with the bidding or selection process for the student health insurance program, including student enrollment and managing the administrative part of the student

health plan.

B. RECORDS

Records and FERPA

Responsibility for educational records is a primary responsibility of the registrar/records officer. The Buckley Amendment, otherwise known as The Family Educational Rights and Privacy Act of 1974 (FERPA) (www.ed.gov/policy/gen/guid/fpco/ferpa/index.html), defines educational records and governs students' rights of privacy and access to their educational records. The act applies to all institutions that receive federal funding; noncompliance can result in withdrawal of federal funds.

Definition of Educational Records

Educational records directly related to the student are either maintained by the school or by a party or organization acting on behalf of the school. Such records may include:

- Written documents;
- Computer media;
- Microfilm and microfiche;
- Video or audio tapes or CDs;
- Film;
- Photographs.

Any record that contains personally identifiable information directly related to the student is an educational record under FERPA. This information can also include records kept by the school in the form of student files, student system databases kept in storage devices such as servers, or recordings or broadcasts that may include student projects.

The following items are not considered educational records under FERPA:

- Private notes of individual staff or faculty that are in their sole possession;
- Campus police records;
- Medical records;
- Statistical data compilations that contain no mention of personally identifiable information about any specific student.

Faculty notes, data compilation, and administrative records kept **exclusively** by the maker of the records **not accessible or revealed to anyone else** are not considered educational records and, therefore, fall outside of the FERPA disclosure guidelines. However, these records may be protected under other state or federal laws such as the doctor/patient privilege.

Rights of Privacy and Access

Institutions are required to limit the disclosure of information from educational records to third persons. The registrar's office is responsible for notifying students (or their parents if dependency has been established) on an annual basis of their rights to review their student educational records and seek correction of any errors contained in the records. Non-directory information cannot be released without the written permission of the student. Students must be advised what an institution considers to be directory information.

Jurisdiction

FERPA deals only with educational records. Its provisions extend protection to students currently enrolled or formerly enrolled in higher education institutions, regardless of whether they are dependent on their parents. Parents of students termed "dependent" for income tax purposes also have access to students' educational records. Please refer to your school's policy for verifying dependency. FERPA specifically affects the records of all students and former students.

Compliance

An institution receiving federal funding should take the following steps to ensure compliance with FERPA:

- Each year, every institution should inform both students and parents about their rights of access and review under FERPA, and detail the procedures for the inspection and challenge of records.
- Institutions should establish a clear policy on what does, and does not, constitute educational record and directory information under FERPA and communicate that policy to all staff members working with educational records.
- Each institution should designate the official(s) responsible for controlling access and disclosure of student educational records.
- A schedule of fees charged for making copies of educational records should be set and published.
- Institutions should adopt criteria to determine what constitutes a legitimate educational interest sufficient to justify providing a faculty or staff member with access to student educational records. These criteria should not be overly specific.
- Institutions should develop procedures by which students can object to communication of directory information.
- Institutions should maintain a record system that indicates any occasions when a student's educational records were requested or disclosed without the student's permission.

Balancing Student Privacy and School Safety: A Guide to the FERPA for Colleges and Universities (www.ed.gov/policy/gen/guid/fpco/brochures/postsec.html)

- FERPA allows colleges and universities to take steps to maintain campus safety in the face of health or safety emergencies. The Department of Education has issued a document to guide school officials so that quick and decisive action can be taken

when warranted. Registrars are urged to be familiar with these aspects of the law in order to empower them and other school officials. It is recommended that campuses develop emergency protocols and multilevel communication plans with broad representation from the campus community (i.e., records, student health, campus security, student affairs, local law enforcement, information technology, legal, facilities management, etc.) Incidents of violence on college campuses have demonstrated the need for schools to have a dialogue to establish procedures for handling information that could be detrimental to maintaining a safe school environment.

USE OF SOCIAL SECURITY NUMBERS (SSN) AND OTHER PERSONAL IDENTIFIERS

The Social Security Number (SSN) refers to the unique nine-digit number assigned by the United States government to individuals. Although at one time Social Security numbers were commonly used as personal identifiers, the risk of identity theft and other invasions of privacy have led to restrictions on their use. Many jurisdictions have enacted into law restrictions on the use of SSNs, and registrars should be familiar with their state laws as well as institutional policies on SSN use. Best practices for the security of Social Security numbers should also apply to Individual Tax Identification Numbers (ITIN) for those individuals who are issued an ITIN in lieu of a SSN.

Generally, SSNs should not be used as personal identifiers and access to those numbers electronically or otherwise should be limited strictly to those employees whose work requires it. (i.e., financial aid, registrar's office).

TRANSCRIPTS

The academic transcript is a certified document used by various parties outside the educational institution and an unabridged authentic summary of the student's academic history at that institution. The AAMC document, *Guidelines for Medical Schools Regarding Academic Transcripts* (www.aamc.org/members/gsa/transcripts.pdf), gives detailed recommendations for managing and protecting transcripts.

CRIMINAL BACKGROUND CHECKS (CBC)

The advent of criminal background checks on prospective or current students presents a number of issues for registrars. The GSA document on Effective Practices [insert link] with regard to Criminal Background Checks gives a detailed discussion of the issues associated with performing and using such information.

Criminal background reports received by a school meet the definition of a student record under FERPA and entitle students to review their criminal background check reports. Sharing of the background report should be controlled by the student's written consent and by the terms of the release signed by the student when initiating the background check.

Criminal background check reports should be maintained in a separate file from the regular student academic file and are not subject to review as part of the academic file. Institutions will specify where these records will be securely housed. However, strong consideration should be given to a separate location where personnel who are trained in FERPA can maintain appropriate control and to allow efficient verification for students doing rotations at clinical facilities that require such background checks.

Retention of criminal background check results should be limited to the period of use, or a maximum of one year. (For example, to satisfy matriculation requirements or to meet requirements for clinical rotations at institutions requiring criminal background checks.) CBC records should not be retained past the time of graduation.

The records office should be represented in the membership of the respective institutional review panel that evaluates CBC results.

Consultation with your institution's legal counsel is strongly recommended with regard to formulation and application of CBC policies and practices.

The AAMC has initiated a criminal background check program for admissions officers available to all medical schools. This program is in the second year of its pilot phase, and participation is optional. However, some schools already conduct criminal background checks on their clinical students to meet clinical affiliates' or state requirements.

BIOMETRIC IDENTITY VERIFICATION SYSTEM

At the time of this writing, the AAMC is developing a biometric identity verification system. This system will allow registered users at each medical school to verify the identity of incoming students by reviewing digital photographs and/or performing a fingerprint match using biometric data collected at the Medical College Admissions Test (MCAT) registration. A pilot is planned for 2008-2009.

ELECTRONIC TRANSMISSION OF RECORDS/DOCUMENTS

Technological advances offer opportunities as well as challenges to the registrar/records officer. Proper handling of official transcripts illustrates the point. A transcript ceases to be "official" if it is photocopied or faxed. However, electronic transmission of an official transcript is permitted through the AAMC's Electronic Residency Application Service (ERAS) and Visiting Student Application Service (VSAS). When a transcript is to be transmitted electronically, it is recommended that the system being used require that the sending and receiving stations be authenticated.

If urgency requires the faxing of a transcript, that unofficial document must have been requested using the proper procedures and it must be used only until an official original transcript can be provided. A cover memorandum should accompany the unofficial faxed transcript to describe the document as confidential information intended for the exclusive use of the addressee.

The responsibility for privacy and security of student records should prohibit the transmission of student records by e-mail. Strict standards of authentication are imperative before granting authorized parties access to records electronically. Standards for Web-based authentication are evolving, and registrars should collaborate with their institutional information technology professionals to stay abreast of the latest advances in this area.

RECORD RETENTION AND DESTRUCTION

The March 2005 *Guidelines for Maintaining Active and Permanent Individual Student Records* lists the most common documents that make up a student record and what is recommended to be retained as part of the active student record, as part of the permanent student record, or both. (www.aamc.org/members/gsa/active_permanent_records0305.pdf)

Permanent Records

A retention program is vital to efficient operation of any registrar's office. Limitations in both office and storage space compel decisions about which records to retain, and for how long, versus which records to destroy. For permanent academic records, the accepted practice is to retain the records indefinitely in hard copy, on microfilm, or in digitized form. However, it is important to purge documents not needed in the permanent record file before transferring it to long-term media storage systems. If the records are microfilmed or maintained on magnetic media, provisions must be made for reasonably responsive reproduction time, as well as for updating the records as required.

Supporting Documents

Decisions to retain supporting documents, such as grade reports and enrollment changes, should be based on the storage space available. Because these records serve merely to substantiate entries on the permanent record, they are essential for only a relatively short time. Since any challenges to the veracity of permanent record entries must occur while students are still in school or shortly thereafter, retaining students' supporting documents for one year is generally sufficient.

Retention-Destruction Schedule

Some state laws mandate specific retention and destruction schedules and classify documents into specific retention categories, with some records kept in perpetuity and others classified for destruction on an annual basis. Since recordkeeping is an extensive and expensive business, in states without retention laws some institutions have created their own records retention and destruction schedule. It is important to consult your school's legal counsel before establishing a retention schedule at your institution.

The essentials of a retention-destruction program include:

- projected availability of storage space
- a systematic schedule for transfer to digital or other acceptable media
- a systematic purge and destruction program
- a systematic backup of data to an off-site location.

C. ENROLLMENT MANAGEMENT

Enrollment Status

The registrar's office maintains the official record of a medical student's matriculation and enrollment status, including, but not limited to:

- Accepted for admission
- Active
- Full-time, half-time, or less than half-time enrollment
- Not registered
- Inactive
- Approved extension
- Length of time to degree exceeded
- Leave of absence and type or reason for leave
- Transfer
- Withdrawal
- Suspension
- Dismissed and type of dismissal
- Dual degree
- Graduated

- Pending graduation
- Probation – academic or behavioral
- Deceased

Depending on the enrollment status, the source of a change in status may originate with the student, the student affairs office, the medical education office, the medical student promotions committee, or the registrar's office. In all cases, the registrar's office should be proactive in communicating changes in enrollment status to all key stakeholders, including the aforementioned, as well as the financial aid office, the bursar's office, and external agencies such as the Department of Education.

Leaves of Absence

In the event of extenuating circumstances that preclude a student from continuous uninterrupted progression in the medical school curriculum, policies govern the procedures for requesting an approved Leave of Absence (LOA) and a return from a LOA. A student may request a leave of absence for one of several reasons. Some of the more common reasons are defined below. Your institution may have additional approved reasons.

- *Medical:* A leave recommended in writing by a physician, which is considered necessary for the student's emotional, mental, or physical health, and beneficial to their personal and professional well-being and progress. The recommendation must generally include a diagnosis and a suggested duration for the leave. The institution may exercise an option to ask that a student requesting a medical leave or extension or requesting to return from a medical leave have a medical assessment by a physician designated by the university.
- *Academic:* To include an interruption of the medical curriculum to pursue an advanced degree, research training, a medically related fellowship, extended USMLE preparation, or other education program approved by the dean.
- *Financial:* When a student is unable to meet tuition and/or other educational financial obligations for all or part of an academic period.
- *Personal:* When a student requires time to give primary attention and effort to circumstances or a situation that will inhibit or interfere with their academic performance and/or progress. A personal leave of absence usually may not exceed 12 months, and a student may not request this type of leave more than once in an academic year. It may be advisable to have a policy in place that requires a student to be in good academic standing to request a personal LOA.
- *Administrative:* The dean has the option to place a student on an administrative leave of absence. If an administrative leave is granted because it is believed that the student is incapable of continuing in the medical curriculum at that time, return from administrative leave may carry stipulations such as proof of successful resolution of the circumstances necessitating the leave.

Any student receiving financial aid must participate in an exit interview with the financial aid office prior to being approved for a LOA. Consideration for adjustment or refund of fees to

students on leave of absence shall be based on established refund policies, in accordance with Title IV regulations.

The length of a LOA may vary. Often, the maximum is 12 months, but with an option to request an extension of the leave of absence for an additional 12 months under unusual circumstances and with appropriate documentation. It is advisable to have a policy that restricts the maximum total length of time that a student can be on leave, e.g., two or three years.

It is strongly advised that registrars develop a clearance form or checklist for use by students, faculty, and staff to communicate a final change in the student's enrollment status, ensure they receive appropriate counseling, and follow exit procedures with the following departments: financial aid, business office, information technology, security, media center (library), etc.

Students approved for a LOA, regardless of the type of LOA, must also request and be approved when they wish to return from the LOA. Advance written notice of the student's intent to return may be required.

Final approval for leaves of absence, extensions, and returns from LOA are generally made by the dean or student affairs dean of the college of medicine.

Like other student statuses, the registrar's office is responsible for reporting LOA status in the AAMC Student Record System, the Department of Education, the annual LCME questionnaire, IPEDS, etc.

Extended Programs

In lieu of a LOA, students are sometimes given permission to decompress their curriculum by withdrawing from one or more courses while remaining enrolled in others. As a result, the regular four-year M.D. program may be extended. Approval of extended curricula is generally made by the associate dean for student affairs in consultation with the associate dean for medical education. Sometimes and Evaluation and Promotions Committee may be involved. Reductions in enrollment must be communicated to the financial aid officer by the registrar because of the impact a reduced course load may have on financial aid eligibility, as well as a refund in any withdrawn enrollments. Enrollment in elective graduate or professional courses may be necessary to keep a student eligible for federal financial assistance, and the registrar should be knowledgeable in advising the deans and the student about enrollment options.

Withdrawals

Students wishing to withdraw from the M.D. program should be encouraged, if not required, to meet with the associate dean for student affairs to discuss options and to submit a formal request for a withdrawal if that is the student's final decision. Students who have received financial aid must participate in an exit interview with the financial aid office prior to being approved for a withdrawal. Any consideration for adjustment or refund of fees to students who withdraw shall be based on established refund policies, in accordance with Title IV regulations. When recording a change in status to be a withdrawal, it is essential that the registrar consult with the student, the faculty, the associate dean for student affairs, and the financial aid officer to ascertain the last date of attendance and withdrawal effective date.

IMPORTANT NOTICE!!

It is very important for the registrar to educate student and academic affairs administrators and faculty on the difference between a leave of absence, extended program and withdrawal, and the resulting consequences or implications. A leave of absence means a student is not enrolled, but is expected to return. Therefore they are not eligible to receive financial aid or other benefits of enrollment, such as loan deferments, while on leave. An extended program maintains enrollment, but may have financial aid consequences, and a withdrawal means a student is not expected to return. It is strongly advised that a team or committee be formed with representation from financial aid, registrar, finance, student affairs, and academic affairs to fully assess the implications for the student.

Promotions and Satisfactory Academic Progress

Students are expected to achieve an appropriate level of academic performance as defined by the faculty in the college of medicine, and to demonstrate reasonable, continued progress in the academic programs of the curriculum. Students subject to adverse action are entitled to due process and appellate rights, as prescribed by the Liaison Committee on Medical Education.

Students will be evaluated periodically by the appropriate course or clerkship committee(s) or faculty. All aspects of student performance are assessed, including the student's fund of knowledge, technical and interpersonal skills, attitudes, and professional character, i.e., both cognitive and non-cognitive abilities. If students are not achieving satisfactory academic progress, the Medical Student Promotions Committee will review the student's performance record, interview the student, and determine if further intervention is needed. The Medical Student Promotions Committee may determine that remedial work or repetition of one or more curriculum components is needed, or that the student should be dismissed. Depending on the institution, the registrar may be a member of the Promotions Committee, usually with ex-officio status. At the very least, the registrar is an essential source of the data and information needed for deliberation by the Promotions Committee.

In addition to institutional standards for satisfactory academic progress within a degree program, federal law and regulations governing Title IV student financial assistance programs require that medical students maintain satisfactory academic progress (SAP) in order to be eligible to receive federal financial aid through such Title IV programs as Stafford Student Loans, Perkins Loans, College Work-Study, and Supplemental Loans. SAP policies for receipt of Title IV aid must define criteria for both qualitative (e.g., grades) and quantitative (i.e., time to complete requirements) academic progress, though each institution develops its own standards for SAP in accordance with institutional academic policies and graduation requirements. Any institution that fails to have and apply a written standard for SAP may not disburse Title IV funds to a student or certify a loan application.

As the record-keeper for both grades and length of enrollment, the registrar's office is a partner with the financial aid office to ensure compliance with SAP for the purpose of receipt of Title IV

student financial aid, and is a partner with the faculty and administration to ensure SAP in compliance with institutional promotions and graduation policies.

Remediating or Repeating Courses/Clerkships

Students receiving a failing grade will usually be allowed to remediate or repeat a course or clerkship, unless the total number of failed credit hours makes a student subject to academic dismissal. Sometimes students enroll in remedial courses, but other times remediation is conducted as independent study for which there is no registration. This may have important implications on the eligibility for federal financial aid.

Decisions regarding permission to remediate failing grades generally rest with the Medical Student Promotions Committee. Some institutions permit a student to attend and/or pass a course at another institution to fulfill the requirements for successfully remediating a course, and the AAMC provides a compendium of remedial courses offered nationally. Other institutions require students to complete remedial studies and be reexamined at the home institution.

If a student is given permission to undertake remedial coursework, the course directors must notify the registrar whether or not a student has successfully met the requirements for remediation. The registrar must ensure that the institution complies with the AAMC transcript guidelines, as they relate to repeats and remediation.

Dismissals

Academic and/or Disciplinary Dismissals

Students are subject to mandatory review by the Medical Student Promotions Committee for possible dismissal if they are not making satisfactory academic progress according to qualitative or quantitative criteria established by the institution's Title IV Satisfactory Academic Progress policy or not meeting documented standards for professionalism in behavior. In addition to professionalism and making satisfactory academic progress in the curriculum, many medical schools place a limit on the number of unsuccessful attempts on the United States Medical Licensing Examinations, after which a student may be subject to dismissal.

Students subject to adverse action are entitled to due process and appellate rights, as prescribed by the LCME. Generally, implementation of any adverse action will be on hold until all appeals made by the student have been exhausted. In other words, a student is generally allowed to register and continue in the program of study until a decision on a final appeal has been made. However, the dean of the college of medicine may impose interim suspensions and/or restrictions on the student.

REGISTRATION

The following information is generic in nature and is provided to serve as a guide/reference tool. Institutional policies and procedures will often govern how students are registered each term.

Registration

All students are required to register each term in accordance with their school's current registration procedure. If the student has past-due financial, or other institutional obligations (student health immunizations, library encumbrances, etc.), the obligations will have to be cleared prior to the next registration. If registering after the deadline, a late registration fee may be imposed.

Tuition and Billing

The responsibilities of medical student tuition and billing will vary depending on the nature and type of institution. Tuition and fees policies may be based on state law or institutional or school policies. Due to the unique nature of medical education, most medical schools assert a level of autonomy in establishing medical school tuition and fees. The most common model is to have a flat amount of tuition per semester or year regardless of the number of credit hours that a student is taking. Some schools assess per-credit-hour tuition for the pre-clinical years and then go to a flat tuition rate for the clinical years. If students are required to repeat a portion of the curriculum, additional charges might be assessed for repeated or remedial coursework. However, some institutions assess students four years of tuition regardless of how long it takes them to complete the program.

Campus fees are fees assessed in addition to tuition. They are usually designated for campus services such as student health services, student activities, technology fees, and fitness center fees. Medical schools part of a larger institution might have campus fees that are assessed to all students regardless of their student type or college of enrollment. Campus fees designated as required campus fees (they are also often referred to as campus privilege fees) are generally assessed to all students.

A medical school registrar is often responsible for helping develop the tuition and fee schedule for medical students. This will often be done in collaboration with the financial officers, financial aid personnel, and student affairs deans. A good practice is to have documents that outline the institution's policies on fees. A common model is to have separate policies for each academic or fiscal year. Aspects of a good policy include: how and when tuition is assessed, how tuition is handled if a student is required to remediate coursework or go off-cycle, and all required and optional campus fees. A good document only reflects fees that the institution is responsible for collecting. Other educational fees that are not collected by the university should not be included in university policies unless financial aid requires that they be listed in order for students to verify eligibility. Careful attention to tuition and fees policies also needs to be taken into account when curricular changes are being considered. The collection of tuition and fees is a duty that should be handled by the bursar or some other financial office separate from the registrar's office.

Combined and Dual-degree Programs

Introduction - Terminology

Many medical schools and their parent universities offer the opportunity to pursue both the M.D. degree, as well as an additional program of study for those medical students interested in careers that combine patient care with a complementary area of expertise. These programs are often called combined degree programs because they may be specifically designed with integrated plans of study, and some courses may simultaneously fulfill the requirements for more than one degree.

In other cases, however, the plans of study for the different degrees may have no overlap in content or course requirements. Furthermore, separate diplomas are issued for each program of study even when the degrees have been pursued concurrently in an integrated program. For these reasons, it is more accurate to label these programs as dual-degree rather than combined degree programs.

Development of Dual-degree Programs

Because of all the complex student records issues surrounding dual-degree programs, it is essential that the registrar participate in planning and implementing any new dual-degree/certificate programs at an institution. Other stakeholders who need to be “at the table” in such discussions include the chief academic officers (provost and deans of the medical and graduate programs); the academic affairs, student affairs, and admissions officers for the medical and graduate programs; the vice president for research; the financial aid officer; information technology and institutional research staff; and a fiscal officer.

For dual M.D./Ph.D. programs, the planning committee will want to consider an application to the National Institutes of Health (NIH) National Institute of General Medical Sciences (NIGMS) for participating in the Medical Scientist Training Program (MSTP).

Types of Dual Degree Programs

M.D./Doctor of Philosophy (Ph.D.): The most common dual-degree program is the M.D./Ph.D. degree program, which is aimed at educating and training clinician-scientists, i.e., those individuals interested in careers combining biomedical research with patient care. M.D./Ph.D. programs integrate the standard medical school curriculum with graduate coursework and research experience that will prepare students to conduct independent biomedical research related to disease mechanisms, as well as training them in the practice and teaching of medicine in an academic setting. It usually takes six to eight years to complete the requirements for both the M.D. and the Ph.D. degrees. Students admitted to these programs will have demonstrated an interest in and aptitude for research prior to acceptance.

M.D./Master of Science (MS): M.D./MS degree programs are designed for those students who desire to perform research in the medical sciences incorporating the perspective and skills

achieved through clinical medical training, or whose medical training and career goals would benefit from additional research and coursework at the master's level. It usually takes an additional one to two years to complete the requirements for the M.S. in addition to the M.D. degree. Students pursuing M.D./M.S. degrees will demonstrate an interest in research, but may not have previous research experience.

M.D./Master of Public Health (M.P.H.): M.D./M.P.H. programs are designed for students who wish to combine medical education and training with public health. Public health includes such areas of concentration as health promotion and education, epidemiology, environmental and occupational health and safety science, nutrition, public health policy, and public health administration. Graduates of M.D./M.P.H. combined degree programs often have exciting opportunities in both the public and private sectors, working on issues as diverse as bioterrorism, cancer prevention, and quality improvement in health services. Many M.D./M.P.H. recipients assume leadership roles in government agencies, academic medicine, health policy, and research. It usually takes an additional one to two years to complete the requirements for the M.P.H. degree, in addition to the M.D. degree.

M.D./Master of Business Administration (M.B.A.): Pursuing dual degrees in medicine and business administration may be of interest to medical students interested in meeting the challenges of business and finances in the practice of medicine, particularly as they relate to a global economy. It usually takes an additional one to two years to complete the requirements for the M.B.A. degree, in addition to the M.D. degree.

M.D./Master of Health Administration (M.H.A.): Recipients of dual M.D./M.H.A. degrees receive training that will enhance their clinical practice of medicine and prepare them for careers in hospital management or health policy. It usually takes an additional one to two years to complete the requirements for the M.H.A. degree, in addition to the M.D. degree.

M.D./Doctor of Jurisprudence (J.D.): The M.D./J.D. degree program is designed to prepare future physicians to meet the challenges of legal issues in offices, hospitals, comprehensive medical centers, and health-care-related industries. Integrated M.D./J.D. programs generally allow the two degrees to be completed in six years rather than seven. Scheduling of the bar exam while the student is finishing their clinical clerkships may be a challenge that involves the registrars at both institutions.

M.D./Graduate Certificate Programs: During medical school, students may be interested in undertaking additional coursework in specialized areas of concentration leading to a graduate certificate. The course and credit hour requirements for graduate certificate programs vary, but many involve a prescribed sequence of three to four courses of three to four credit hours each offered over the period of a year. Examples of graduate certificate programs that may be offered as an adjunct to the M.D. degree include pathology, gerontology, nutrition, human donation science, proteomics/genomics and bioinformatics, medical education, graduate teaching, forensic sciences, health policy, diagnostic medical sonography, and disaster preparedness.

Application/Configuration of Dual-degree Programs

There are generally three paths for admission to dual-degree programs. The first is matriculation into a defined combined/dual-degree program. A second pathway is for students in an M.D. program to apply for admission to a second degree program after they are enrolled in medical school. It is usually more difficult for a student to gain admission to medical school as the second degree program. A third pathway for earning dual degrees is for a student in an M.D. program at one institution to pursue a second degree at another institution. In these cases, the student is generally required to take an academic leave of absence from the medical school while pursuing the second degree. In SRS, the leave would be recorded as “leave of absence to pursue other academic interests or degree”.

In the first and second pathways, the academic record of both degree programs would be reflected on the student’s academic transcript from the institution. Some institutions may have the M.D. and second degree transcripts as separate documents. Others may be totally integrated in chronological order. In the third pathway, only the M.D. record would be reflected on the home institution’s transcript.

Requirements for Dual Degrees

In some programs, the plan of study is established for an integrated program. In other programs, students must develop an approved plan of study for each program independently, though there may be some semesters in which a student is registered for classes for both degrees. The acceptable duration for completion of each degree is sometimes determined separately according to the policies of the respective degree programs. In other cases, there may be prescribed and maximally allowable lengths for completion of the dual degrees. It is strongly advised that policies addressing progress issues in one program be developed in advance.

Enrollment Reporting

In general, students in dual-degree programs must be specified as professional or graduate students for any given semester. For IPEDs and SRS, it is important that students be classified in one category or another. For SRS, if a student is in the nonmedical part of their dual-degree curriculum, they should be listed as on leave of absence from the medical school curriculum.

Unique Issues and Areas Requiring Further Consideration

Licensure implications

Most state medical licensing boards set a limit of seven years between the time an individual takes the USMLE Step 1 and Step 3. Step 1 is generally taken after the second year of medical school, and Step 3 cannot be taken until completion of 10 months of graduate medical education. Although individual licensing boards may consider appeals to these limits by M.D./Ph.D. and other dual-degree recipients, it is important that dual-degree students know of this practice.

Transitioning back into clinical clerkships

Although there are many advantages of obtaining an education leading to dual degrees, the hiatus between the second year of medical school and the start of the third-year clinical

clerkship rotations can create difficulty in the transition to the clinical setting. Particularly in M.D./Ph.D. programs, medical school may be interrupted by three to four years or more of laboratory investigation, students are strongly encouraged to obtain some periodic clinical exposure during their graduate years. Most schools offer informal opportunities for clinical exposure, including 1) shadowing one's mentor (if the mentor is a clinician); 2) shadowing a physician in one's area of interest; or 3) volunteering in a student-staffed clinic. The registrar can be helpful to programs wishing to design a formal mechanism by which students may be awarded elective clerkship credit for clinical training during their graduate research years. For example, one week of elective credit might be granted (and graded on a pass/fail basis) for each 40 contact hours of well-documented clinical experience.

Tuition and Fees, Billing, Transcripts, and Grading

It is important that tuition, fees, billing, grading, and transcript decisions are made early in the planning process, especially if both programs use different grading schemes or have different tuition rates. Most times medical students are required to carry malpractice insurance. This may not be required during the other degree's curriculum. Therefore, it is important to review the entire fee structure to determine what is appropriate during each phase of the curriculum.

Communication

The importance of good internal communication between the registrar's office, financial aid, and the similar program administration offices at the other program cannot be stressed enough.

D. DATA REPORTING

A. Student Records System (SRS)

The AAMC maintains a secure, electronic, centralized enrollment information system on the national medical student population and tracks student progress from matriculation through graduation. The collection of these data in the Student Records System (SRS) assists medical schools with meeting LCME reporting requirements.

The SRS contains a detailed record for every student currently enrolled in an accredited U.S. allopathic medical school. American Medical College Application Service (AMCAS) matriculant data and information provided by admissions officers from non-AMCAS schools are the foundation for each record in the longitudinal database.

Upon matriculation, student demographic and enrollment status data are continually and regularly updated by medical school registrars via the Web at (<http://www.aamc.org/programs/srs/>). The accuracy of the SRS depends on the prompt reporting of all changes by the registrar at each medical school.

B. Integrated Postsecondary Education Data System (IPEDS)

IPEDS is a system of surveys designed to collect data from all primary providers of postsecondary, technical, and vocational training in the United States. It is the core postsecondary education data collection program for the U.S. Department of Education. There is usually a fall and spring collection of enrollment-related data. Financial and faculty information is also collected, but this is not a responsibility of the registrar's office. At most institutions, the Office of Institutional Research serves as the primary point of contact for IPEDS, and will notify the registrar when enrollment data needs to be submitted and will provide the necessary login and password information.

C. Student Status Change Report (SSCR)

The SSCR is the mechanism by which schools report the current enrollment status of students to the U.S. Department of Education. This information is then supplied to lenders that have funded financial aid loans to determine a student's repayment status, etc. There are policies regarding the timely reporting of enrollment status changes between the regularly scheduled updates to the system. Each school establishes a schedule of regular reporting. Some schools satisfy this reporting requirement with transmissions through the National Student Clearinghouse.

D. National Student Clearinghouse

The National Student Clearinghouse is a service available for higher education institutions to use for the purpose of degree and enrollment verification. It provides an opportunity for institutions to "outsource" the sometimes time-consuming functions of degree and enrollment verifications. On a schedule determined by the school, the institution's student information system can transmit current enrollment status and graduate information to the clearinghouse, which will then process requests for verification of this information. The clearinghouse can also be used to complete the SSCR noted in C above.

E. National Board of Medical Examiners (NBME)/Liaison Committee on Medical Education

The NBME and LCME submit surveys and questionnaires annually to gather data from all medical schools in the United States. The dean's office at each medical school receives the requests for data regarding several aspects of the medical school's administration, finances, faculty, curriculum, and enrollment. The dean's office at each respective medical school will forward the part of the questionnaire that pertains to enrollment.

F. Veteran's Administration Certifying Official

The Veteran's Administration requires that a person be designated as the Veteran's Administration Certifying Official at each school where veterans and/or their dependents may

be enrolled and receiving education benefits. VA Certifying Officials are responsible for reporting the enrollment details (credit hours, program, and tuition and fee charges) for each term. The VA-ONCE system is the electronic interface for submission of this data.

The VA Certifying Official is also responsible for submitting copies of the current catalogs and academic calendars to the VA.

G. Other

State and local data-reporting requirements vary by state. Often, an institution's government relations office will need data for the state legislature. When state funding is provided to finance medical education, there are enrollment data-reporting requirements. The school's business office should be able to inform you of the details of any such requirements. Also, your institution may belong to a local educational consortium that has additional requirements.

Your institution's Institutional Advancement/Development Office and Office of Institutional Research may also require regular, as well as ad hoc, enrollment data. It is best to choose a "snapshot" date, i.e., October 1, as your official date for an academic year's enrollment numbers. Enrollment data change constantly, but for consistency, you may want to use the "snapshot" data for all external reporting.

Visiting Medical Students

More and more fourth-year medical students are taking the opportunity to participate in clinical electives away from their home campus as a means to investigate residency opportunities elsewhere or to gain exposure to a field not available at their home campus. Additionally, hosting visiting medical students is an effective way for a medical school to recruit students to their residency programs. There are many functions that a medical school must perform to have a successful visiting medical student program, and the registrar often performs these roles. More often than not, the registrar serves dual roles as the home school and host school coordinator for visiting medical students. One barrier to a smooth registration process for visiting students can be the consortium or affiliation agreements required between institutions. The AAMC Guidelines on Visiting Medical Students outline the basic principles of an effective visiting medical student program.

Additionally, the AAMC is sponsoring a new visiting student application system (VSAS) in an effort to streamline the application process for students and medical school administrators. The VSAS was launched in 2008 as a pilot program. Participation is limited to M4 students from LCME-accredited medical schools.

Home School Functions

Home school refers to the functions that are to be performed for a school's medical students who are attending other campuses to participate in clinical electives:

- Assist students to research away elective opportunities. The AAMC provides an electronic resource that allows students to research visiting medical student programs at other schools. The system is called the Extramural Electives Compendium.
- Work with the student to ensure that participating in away electives will not affect their regular rotation schedule or in any way cause problems satisfying degree requirements.
- Certify the student's enrollment status at the home school as well as that the student meets the host school's requirements for visiting medical students. The immunization, malpractice, criminal background checks, and other requirements vary widely between institutions. This certification is often conducted by the registrar if the registrar maintains these records. At larger institutions, the certification process might be handled by different offices.
- Receive the final evaluation when the student completes the elective and record the grade according to the school's policies.

How a student is enrolled at the home institution while participating in an away elective will vary based on university and school policies. The most common practice is to have a special course for away electives that the student enrolls in. Most schools will also place a notation on the transcript about the type of rotation and where it was conducted. The recording of a grade and its calculation into the grade point average for an away rotation will vary depending on the institution's grading policies.

Host School Functions

Host school functions refer to the functions performed in order to receive incoming fourth-year visiting medical students.

- Maintain visiting student information in the AAMC's Extramural Electives Compendium as well as in own publications and Web sites.
- Develop efficient application and approval processes for prospective visiting medical students.
- Process applications/enrollments and communicate with departments and prospective students about applications in a timely manner giving students sufficient notice of the status of their application.
- Certify that the prospective student meets the institution's requirements for incoming medical students.
- Maintain records for visiting medical students in accordance with appropriate records retention policies
- Receive the final evaluation and ensure that it is completed and sent back to the home school in a timely fashion.

TRANSITION TO RESIDENCY

The Medical Student Performance Evaluation (MSPE)

The Medical Student Performance Evaluation (MSPE), formerly called the dean's letter, is a formal document, completed by medical school administrators, that summarizes each student's academic awards, achievements, work experiences, and extracurricular activities during medical school. The MSPE is submitted, as part of a package of materials, to those residency programs to which the student has applied. The MSPE is a letter of evaluation rather than a letter of recommendation.

The 1989 AAMC publication, *A Guide to the Preparation of the Medical School Dean's Letter* (Appendix D), provides general advice for drafting the dean's letter. In the fall of 2000, AAMC President Jordan Cohen formed a Dean's Letter Advisory Committee, composed of 10 individuals (including a dean, student affairs and academic affairs officers, a medical student, clerkship directors, and residency program directors), to study and make recommendations about revising the content, format, and timing of the dean's letter.

In late 2000, there was a need to revisit the format and use of the dean's letter. A second committee was appointed. Final recommendations of the new committee were approved in March 2002, which renamed the document the Medical Student Performance Evaluation and took measures to ensure consistency of the document across all medical schools, to improve the quality of the document, and to improve collaboration and communication between senders and recipients.

November 1 is the date established by the AAMC Board of Directors as the date for the release to a residency program of a MSPE for a currently enrolled senior medical student. For prior year graduates, the MSPE may be released at the time of the request. It is recommended that transcripts be transmitted as soon as all third-year grades have been posted, but no later than September 30.

At most schools, students are provided with an opportunity to review their MSPE for accuracy. Each student must sign an *Information Release Form*, which gives the school permission to release the MSPE on November 1.

The MSPE contains six sections:

- **Identifying Information.** This section includes the student's legal name and the name and location of the medical school attended.
- **Unique Characteristics.** This section includes a brief statement about the unique characteristics of the student, such as information about special considerations or any distinctions exhibited by the student in medical school (e.g., demonstrated leadership and research abilities, participation in community service activities).

- **Academic History.** The Academic History section includes:
 - _ the month and year of the student's initial matriculation in, and expected graduation from, medical school.
 - _ an explanation, based on school-specific policies, of any extensions, leave(s) of absence, gap(s), or break(s) in the student's educational program.
 - _ information about the student's prior, current, or expected enrollment in, and the month and year of the student's expected graduation from, dual, joint, or combined degree programs.
 - _ information, based on school-specific policies, of coursework that the student was required to repeat or otherwise remediate during the student's medical education.
 - _ information, based on school-specific policies, of any adverse action(s) imposed on
the student by the medical school or its parent institution. The Academic Progress section includes information about the student's academic performance and professional attributes in preclinical/basic science coursework and core clinical and elective rotations, as follows:
 - _ narrative information regarding the student's overall (rather than course-specific) performance in the preclinical/basic science curriculum.
 - _ narrative information regarding the student's overall performance on each core clinical clerkship and elective rotation completed to date, with a focus on summative, rather than formative, comments by clerkship/elective directors. This information should be provided in the chronological order in which the student completed each core clinical clerkship and elective rotation. Information should be provided about the location of any away elective rotations.
 - _ narrative information about the student's level of initiative, enthusiasm, and ability to self-start in all curricular components.
 - _ an assessment of the student's compatibility with faculty members, peers, other members of the health care team, and patients during all curricular components. The summary section includes a summative assessment, based on the school's evaluation system, of the student's comparative performance in medical school, relative to his/her peers, including information about any school-specific categories used in differentiating among levels of student performance.

The Appendices section includes:

- _ **Appendix A:** a graphic representation of the student's performance, relative to his/her peers, in each preclinical/basic science course.
- _ **Appendix B:** a graphic representation of the student's performance, relative to his/her peers, in each core third-year clinical clerkship.
- _ **Appendix C:** information supplementary to that contained in the body of the MSPE regarding the assessment of the student's performance, relative to his/her peers, in the area of professional attributes. This assessment should be linked to those professional attributes of students that are specifically and systematically observed, evaluated and reported upon by medical school faculty members. Where the medical school has defined a set of professional attributes for which systematic evaluations are available, a graphic representation of the student's comparative

performance in this area is recommended. Where the medical school has not yet defined and/or does not systematically evaluate a set of essential professional attributes, a narrative assessment, in the body of the MSPE, of the degree to which the student has demonstrated the following professional attributes, relative to his/her peers, should be considered: ability to treat patients with compassion; honesty and integrity; respect for others; ability to act as an advocate for patients; communication skills; and commitment to putting the needs of others before one's own needs. A final set of recommendations for this appendix is expected soon.

- _ **Appendix D:** a graphic representation of the student's overall performance in medical school, relative to his/her peers, including a list of the school-specific categories used in distinguishing among levels of student performance, a definition of each category, and a report of the distribution of students among categories.
- _ **Appendix E:** the Medical School Information Page, includes:
 - _ Information about any specific programmatic emphases, strengths, mission(s), or goal(s) of the medical school.
 - _ Information about any unusual characteristics of the medical school's educational program, including the timing of preclinical/ basic science coursework, core clinical clerkships, and elective rotations.
 - _ Information about the average length of enrollment of students in this graduating class, from initial matriculation until graduation.
 - _ Information about the medical school's compliance with the AAMC "Guidelines for Medical Schools Regarding Academic Transcripts" (www.aamc.org/members/gsa/transcripts.htm and see page 9).
 - _ A description of the evaluation system used at the medical school, including a "translation" of the "meaning" of the grades received by the student.
 - _ A statement about medical school requirements regarding a student's successful completion of USMLE Step 1 and Step 2 for promotion and/or graduation.
 - _ Information about the use at the medical school of Objective Structured Clinical Evaluations (OSCEs) in the assessment of medical students.
 - _ Information about the utilization of narrative comments from medical school course, clerkship, or elective directors in the composition of the MSPE.
 - _ Information about the process by which the MSPE is composed at the medical school
 - _ Information about whether the student is permitted to review his/her MSPE prior to transmission.

The Electronic Residency Application Service (ERAS)

Introduced in the 1995-96 applicant year, ERAS is an electronic transmittal system for applications for residency. This application and delivery system consists of four components: MyERAS, the applicant Web site; the dean's office workstation (DWS) for medical schools; the program director's workstation (PDW) for residency programs; and the ERAS PostOffice. In ERAS, applicants utilize the MyERAS Web site to complete a common application form and personal statements and to select residency programs to receive their application using ERAS software.

All applicants applying to programs using ERAS have access to the service through their designated dean's office. Seniors and prior-year graduates of U.S. medical schools, including osteopathic schools, apply through the student affairs or academic affairs office at the medical school from which they graduated. Students and graduates of foreign medical schools obtain ERAS materials from, and forward their supporting documents to, the Educational Commission for Foreign Medical Graduates (ECFMG). Students and graduates of Canadian medical schools forward ERAS application materials to the Canadian Resident Matching Service (CaRMS).

Once the applicant completes his or her application on the Web, the appropriate DWS is notified. Student affairs staff then scans and attach the student's MSPE, transcript, photograph, and faculty letters of recommendation. Software at the dean's office workstation then encrypts the files for security and transmits them to the ERAS PostOffice over the Internet using file transfer protocol (ftp).

Program directors download applications and other documents using the PDW from the ERAS PostOffice, based on their own schedule. Each program director uses the PDW to print, review, and evaluate applications using criteria established by the local residency program.

The National Board of Medical Examiners (NBME) participates in ERAS by transmitting complete USMLE transcripts to programs as instructed by applicants. ECFMG sends the USMLE transcripts for graduates of foreign medical schools. In addition, for each international medical graduate, ECFMG produces a report that documents the status of the graduate's ECFMG certification. This "Certification Status Report" is updated by ECFMG as new information is available through the year, e.g., verification of diploma or recording a passing score for a USMLE Step examination.

For their students, most schools establish clear procedures and timelines for students to complete residency applications and apply to programs. Ideally, all students will have completed this work by the end of September.

The National Resident Matching Program (NRMP)

The NRMP, often referred to as "the Match," is a private, not-for-profit corporation established in 1952. The NRMP provides a uniform date when all decisions about residency selection are made by both applicants and programs, thereby eliminating pressure on applicants to make choices about where to train before they learn about all the options available to them in graduate medical education (GME).

Five organizations sponsor the NRMP and appoint members to the board: the American Board of Medical Specialties (ABMS), the American Medical Association (AMA), the Association of American Medical Colleges (AAMC), the American Hospital Association (AHA), and the Council of Medical Specialty Societies (CMSS). Each year, the NRMP conducts a match designed to optimize the rank-ordered choices of students and program directors. In the third week of March, the results of the Match are announced.

The procedure for the NRMP Match is straightforward. Programs submit lists of applicants who have applied to them, in rank order of their preferences. Applicants submit lists of programs they have applied to in rank order of their preferences. The matching process starts with an attempt to place an applicant into the program indicated as most preferred on that applicant's list. The applicant is matched if the program has included that applicant in the program's rankings and if it has not been filled with more preferred applicants. If the applicant cannot be matched to this first choice program, an attempt is then made to place the applicant into the second choice program, and so on, until the applicant obtains a match or all of the applicant's choices have been exhausted.

Two cardinal rules that both programs and applicants must observe are 1) neither must ask the other to make a verbal or written commitment before Match Day, and 2) all must abide by the results of the Match. Additionally, programs at institutions that participate in the Match can select U.S. seniors through the NRMP Match, early specialty, or military programs. The NRMP works cooperatively with the military matches and the American Osteopathic Association's (AOA) match. Many applicants apply to the NRMP plus either a military match or the AOA match. Applicants matched in the earlier military or AOA matches are required to withdraw from the NRMP for their matched year.

To participate in the Match, students use the Web-based NRMP Registration, Ranking and Results (R3) System located at www.nrmp.org. Registration for the Match begins in August. The entering of Rank Order Lists (ROL) takes place from mid-January to late February; Match results are announced in March. Applicants pay a registration fee online at the time of registration, and electronically sign an agreement to abide by the results of the Match.

Applicants can participate in the Match as partners in a couple. The two applicants indicate in the R3 System their intention to be a couple in the Match. Partners in a couple then form pairs of choices submitted on their Primary ROLs that are of the identical length. A partner can indicate his or her willingness to go unmatched if the other partner can get a position in the program designated at that rank.

The R3 System also allows applicants who wish to rank advanced programs in specialties that begin in the second year (PGY-2) of residency to create ROLs for both the PGY (Postgraduate Year)-1 and PGY-2. Each advanced program is linked to a supplemental ROL of preliminary programs. Applicants can create one supplemental list for all of their advanced programs, or a different one for each advanced program.

Match Day traditionally falls on the third Thursday in March, when most medical schools hold Match Day celebrations. On the Monday prior to Match Day, students are notified by the NRMP whether they are matched or unmatched. Student affairs offices also receive the names of any unmatched students in advance of Match Day. There is a brief period of time beginning on the Tuesday before Match Day when unmatched applicants try to secure positions in unfilled programs. Student affairs staff play a critical role in counseling and assisting unmatched students during this time. Rules for contacting programs with unfilled positions are established by the NRMP, and applicants and programs must adhere to these rules.

Historically, U.S. senior medical students are very successful in the Match, with more than 90 percent of them matching to a PGY1 program. Couples enjoy nearly the same match rate as individual applicants. Studies have indicated that the length of the applicant's ROL plays a significant role in matching, with a consistent pattern of matched applicants having longer ROLs than unmatched applicants.

Additional information about the Match can be found on the NRMP's Web site at www.nrmp.org. (www.nrmp.org/data/chartingoutcomes2007.pdf)

Federation Credentials Verification Service (FCVS)

The Federation of State Medical Boards (FSMB) has established the Federation Credentials Verification Service (FCVS), which collects and maintains a file on a physician's core credentials as required for licensure and hospital credentialing. The FCVS can then respond to any inquiries about the physician, without having to go back to each individual source once again. The FCVS streamlines the credentialing and licensure procedure for physicians and for credentialing institutions and state medical boards.

Each candidate for licensure completes a form providing biographical information, educational history, and residency appointments. The candidate also completes and signs other forms authorizing the release of certain documents to the FCVS.

The FCVS then sends to the medical school an authorized request for a transcript and a photocopy of the diploma, as well as a series of questions. The FCVS asks the candidate the same questions as it has asked the medical school and then compares the applicant's responses with his or her school's responses. During 2000-2001, COSR members worked with FSMB personnel to revise the format of the questions contained on the FCVS form so that they better reflect the medical school policies and procedures regarding student progress. The final revised form was jointly approved by the COSR and the FSMB; it poses questions about the candidate's medical education that medical school personnel will be able to answer.

In addition, the FCVS verifies postgraduate training and Educational Commission for Foreign Medical Graduates (ECFMG) certification (if applicable). Once a graduate has reached USMLE Step 3, the FSMB becomes the official repository for USMLE Step Examinations for that individual. Credentials are held on file for the individual's lifetime. Presently, five states use FCVS exclusively; about half of state medical boards will accept FCVS verification for licensure.

However, the following facts must be considered when using this service: 1) these services are provided for a substantial fee, 2) these same services are usually offered by most registrars' offices at no charge or a minimal fee, and 3) these services are offered as a convenience to

physicians. There have been concerns that this service abdicates the registrar's role to a third party for profit. Additionally, it empowers a third party to serve as the repository for documents in which they do not have any ownership rights. It is a long-held industry standard that only the institution (school) granting the degree has the full authority to verify degrees and provide transcripts.

MEDICAL LICENSURE AND CREDENTIALING

Educating Medical Students on the Licensure Process

The licensure and credentialing processes can be lengthy and confusing. Schools should consider holding a “licensure and credentialing workshop” for students, perhaps during the period surrounding the Match when students are looking ahead to their residency years. Since the information to be presented is personally relevant at that point in time, students will be more motivated to learn about these processes. An invited representative from the local state medical board can describe the procedures entailed in gaining licensure in the state. Also, this information can be conveyed as early as first-year orientation in order to provide students with a sense of the licensing and credentialing processes that lie ahead.

The FCVS form can be completed for each graduating senior before graduation, and reviewed with the student so that he or she knows how the school will respond to the questions posed on the School Certification Form.

Role of the Medical School in the Medical Licensure and Credentialing Processes

The license to practice medicine is a privilege granted solely by state medical boards. Each state board sets its own rules and requires specific documentation in compliance with the state’s licensure statutes and associated regulations. It is each state board’s responsibility to assure the public that the practice of medicine will be conducted with reasonable skill and safety. The medical school is one of the sources of important documentation for the state board. The medical school is also responsible for verifying attendance for the credentialing process required by health maintenance organizations (HMOs), private hospitals, and managed care practices.

The registrar may begin dealing with licensing authorities as the students apply for limited licensure/permits for their residencies. At the current time, many states have requirements for limited licenses or permits for resident physicians.

The United States Medical Licensing Examination (USMLE)

The Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME) have established a single three-step examination series for medical licensure in the United States. Steps 1 and 2 are commonly taken during medical school. A student must be officially enrolled in order to be sponsored by a medical school to sit for the USMLE, Step 1 & 2 examinations. Step 3 is traditionally taken during the first year of residency. The state medical board is responsible for processing Step 3 applications. Each state board has its own licensure requirement regarding time limits within which a candidate for licensure must successfully complete USMLE Steps 1, 2 Clinical Knowledge (CK) & Clinical Skills (CS), and 3. At the time of this writing, the USMLE is reviewing making changes in the licensing Step process.

The USMLE provides a common evaluation system for applicants for medical licensure. Results of USMLE examinations are reported to state medical boards for use in granting the initial license to practice medicine. Each state board has its own guidelines regarding acceptance of USMLE results. Applicants are advised to contact the jurisdiction where they intend to apply for licensure for complete information.

Schools should not provide any type of official documentation of a USMLE score on behalf of a student. Official score transcripts must be obtained from the USMLE by the student. A response to the inquiry “has your graduate taken and passes Step 2 of the USMLE” is appropriate. Documenting the actual scores is not.

Medical School Documentation Responsibilities

Licensure Forms

There are as many different licensure forms as there are state medical boards. Most boards request certification of the medical degree, which can be supplied directly on the form. Many of the forms include additional questions. Schools can compile, in a binder, copies of licensure forms from each state, which can be filled out correctly and used as samples. The school’s procedures for completing licensure forms could also be included in this binder. Often, information regarding application for licensure for a particular state is available on the state’s Web site. Locating this application information can be very helpful, especially if the applicant has misunderstood the state’s requests.

Several state medical boards use the same (or very similar) form for application for licensure and to apply for the USMLE Step 3 examination. Medical school officials processing these documents should be careful to note the address on the forms, as the USMLE Step 3 application may need to be sent to a different address than the licensure application.

Some states are dealing exclusively with the FSMB for licensing requirements. Depending on the arrangement, you may find that you are completing licensing forms for the FSMB only, or the FSMB and a form from the state as well.

Students applying for limited license or permits for residency may have two levels of paperwork for the registrar: the initial application and a follow-up verifying that the degree has been awarded.

Medical School Transcript

In addition to certifying an individual’s medical education, some state medical boards require an official copy of the candidate’s medical school transcript. Schools are not required to submit a copy of a graduate’s transcript unless the state medical board requests one. In fact, unless the alumnus/ has submitted a signed release form or letter requesting that a transcript be sent, it is a violation of FERPA for the school to send a transcript with the licensure form.

<http://www.aamc.org/members/gsa/transcripts.pdf>

Certified Copy of Diploma

Several state medical boards request a certified copy of the medical school diploma. The alumnus/a must supply a copy of the diploma to the school for certification, stating that the copy is a true copy of the original. Most state medical boards permit the alumnus/a to submit the certified copy to the board. Schools are advised to examine the diploma closely and to confirm the graduation of the individual by checking the school's academic files.

A statement should be typed directly on the copy that resembles the following:

“This is to certify that this is a true copy of the original diploma for Dr. John Doe who received his Doctor of Medicine degree on May 21, 1998.”

The school official's signature (stamp or original), date of certification, and institutional seal should be appended beneath the statement.

Schools may want to remind graduating seniors to make copies of their diplomas prior to laminating and/or framing them, since they may need certified copies from time to time during their careers.

It is strongly recommended that the registrar make copies of the diploma to keep on file for future requests for certified copies.

Photograph Certification

Some state medical boards request verification of a graduate's photograph. The licensing authority instructs the school official to superimpose the institutional seal over the photo as confirmation of the applicant's identity. The certifying official should only verify a photograph on a licensure form when the identification is definite. Schools frequently have yearbooks or composite photos of medical school classes that school officials can use for reference.

When the individual is a recent graduate, the identification process is usually straightforward. However, when the individual graduated from the medical school one or two decades ago, it can be difficult to make a positive identification. School officials should not certify a photograph if there is any doubt that the person in the photograph is the person who actually attended the medical school. A statement can be written on the licensing form explaining that the lapse of time since the student's attendance at the school makes it impossible for the school official to verify the photograph.

Undergraduate Transcripts

It is generally accepted academic policy not to release copies of another school's transcript to a third party or back to the student. If a state medical board requests a transcript from the undergraduate college or another medical school from which the candidate for licensure has transferred, the board or candidate should be referred back to the specific school and instructed to request that an official transcript be sent directly from that institution.

Requests for Confidential Non-Academic Information

It is important that each school develop, in consultation with its legal counsel, a policy regarding what kinds of information will be disclosed in response to questions requesting non-academic confidential information. This includes information about a student's mental or physical health, disciplinary actions, substance abuse, etc. Each school needs to determine, in advance, the approach it will take, consistently, on this matter. One approach, used by some schools, is to base the response only on factual information contained in the student's transcript and academic file. This policy/procedure may entail the designation of certain school officials to handle the response to specific questions.

Typically, all non-academic student information is kept in a separate file or counseling services, and is not part of the student's academic record. Schools should develop policies and procedures on the release of non-academic information with respect to maintaining the student's privacy and possible legal liabilities.

Schools should be certain they receive a "Release of Information Form," signed by the alumnus/a, in which the individual specifically states that he/she is giving permission to the school to release any and all information regarding his/her medical education and that he/she understands what is included in this information. If there is any question about the release form or about the nature of what is being reported, the reporting official should check with the school's legal counsel prior to releasing the information.

Some approaches used by schools in handling these sensitive questions include:

Leaves of absence. When responding in the affirmative, the certifying official may wish to use general categories (such as *medical reasons*, *personal reasons*, *academic research*, *joint degree program*) to provide the requested information without disclosing any confidential information.

Negative evaluations. Some schools report only information documented in the student's educational record. Reporting information when the criticism was sufficiently significant that it was included in the dean's letter is another approach.

Probation. Probation is a term defined in various ways by medical schools; it can be academic or disciplinary in nature. Some schools do not have a probationary status. Other schools use probation as an internal monitoring system only. Certifying officials should use caution when responding to a question about probation. If a school does have a probation status, the school's catalog or student handbook should include a clear definition of the term as it is used in that school.

Suspension. Any time the enrollment period is interrupted at the request of the institution.

Psychiatric conditions or diagnoses. Responding to a question regarding a student's psychiatric condition may be a violation of the student's privacy even if the school receives a release form signed by the individual. Information about a student's psychiatric condition is part of the student's medical record, not of the student's academic record. The fact that a student

has taken a leave of absence for medical reasons, however, may be part of the academic record without reference to the diagnosis.

Disciplinary or Criminal Action. Student records related to a student's disciplinary or criminal charges are frequently kept in confidential files, separate from the academic file. If there is any reference to these charges in the academic file, check with the school's legal counsel prior to providing information in response to any of these sorts of questions.

Retention of Requests and Release Forms

Schools should keep copies of the licensing forms that they complete, as well as of the accompanying release forms. These documents should be retained for one year.

TRANSITIONAL CEREMONIES

The following information is generic in nature and is provided to serve as a guide/reference tool.

WHITE COAT CEREMONY (optional)

The White Coat Ceremony seeks to instill a spirit of professionalism. The white coat is a traditional symbol of the medical clinician and scientist. It has come to represent the knowledge, skill, and integrity of the medical professional and the highest standards of professional work, whether in the classroom, laboratory, or clinic.

Acceptance of the white coat is an affirmation that, along with acquiring the requisite knowledge, medical students will accept the responsibility for developing and maintaining professional attitudes and behaviors in their work and in their relationships with classmates, teachers, patients, and the community at large.

The ceremony is held between the months of August during freshman orientation through November, depending on the school. The event is open to parents and loved ones. Depending on the capacity of the venue, students' guests may be limited.

The following information is necessary when planning this event. Ceremonies vary by school.

- Decide on the **date**.
- Decide on and invite **keynote/guest speakers and faculty**.
- Reserve a **venue** to host the event.
- Size the students and order **white coats/name badges**.
- Compose an **oath/program**.
- Arrange **class picture/video**.
- Coordinate the **reception**.
- **Identify the faculty to "coat" the students.**

STUDENT CLINICIAN CEREMONY (optional)

This ceremony is the rite of passage to the clinical years of the student's medical school career. The students have just completed two rigorous years, learning basic science, and exploring, through clinical experiences, how to take a sensitive history and perform a thorough physical examination. Usually, students have taken the USMLE, Step 1 examination. The students now are ready to go to the bedside on a daily basis, and will have intensive and focused rotations.

The Student Clinician Ceremony may take place immediately before the onset of the clinical years of medical school during the last day of the junior year orientation.

A committee of faculty, staff and students' peers work together to plan, coordinate, and execute the ceremony based on the needs and vision of their medical school.

The following information is necessary when planning this event.

- Reserve **venue** to host the event.
- Decide on and invite **keynote/guest speakers and faculty**.
- Decide on **class gift and order**.
- Compose **program**.
- Arrange for **audiovisual**.
- Coordinate the **reception**.

For additional information on planning for the White Coat and Student Clinician Ceremonies, please visit the following Web site: <http://humanism-in-medicine.org/>. Grant funding and criteria for this ceremony are available through the Arnold P. Gold Foundation.

GRADUATION CEREMONIES

The graduation ceremony symbolizes the completed journey through medical school. Although ceremonies vary by school, the following information is necessary when planning such an event.

- Determine **date** and reserve **venue** in advance.
- Decide on and invite **keynote/guest speakers and faculty**.
- Coordinate and order **academic regalia and announcements**.
- If ticketed event, **order** and **disseminate tickets**.
- Compose **program**.
- Coordinate **reception**.

Registrars often serve on the institution's Commencement Committee. The registrar is responsible for verifying that all degree requirements have been met in order to confer the degree. This role includes verifying the correct spelling of names on the commencement program and ordering and distributing regalia for students, faculty, and staff.

Some schools have separate "hooding" ceremonies, while others incorporate the "hooding" into the commencement exercises. Some schools allow family members to hood the graduate, while others restrict this honor to faculty members or a family member holding the M.D. degree.

Technology and Student Information Systems

The use of technology has become very prevalent in the registrar profession. It is essential that today's registrar is proficient in technology issues and the application of technology in records management. Many of the applications available can allow you to automate tasks, improve student service, and manage your office.

Depending on your institutional structure, your direct role managing technology will vary. Your institution may have a large IT unit that handles all aspects of computer technology, or if you are a smaller institution, you might have to take a more direct role. Regardless of your computer background and proficiency, today's registrar can influence the direction of technology at an institution. You don't necessarily have to become a computer programmer to understand the uses and application of technology. Relationships with key IT staff are also important for a registrar to develop since they will help you achieve technology goals within your office.

The rest of this chapter will outline the most prevalent technology applications used in a registrar's office.

Student Information Systems (SIS)

A SIS is the core business application for the university. Common modules of a SIS are records and registration, financial aid, bursar (cashiering), academic advising, and recruitment. A SIS should be considered the official repository of student data. There are many commercial SIS available for purchase ranging from enterprise systems to modified databases. A registrar's role with the SIS will vary depending on the institution. The key role that all registrars should assume is a stakeholder in how the SIS manages student data.

The decision to purchase or develop your own SIS is complex and will depend on your institution. Larger institutions might have a system-based SIS used by the whole institution. The advantages to a large commercial application are the robustness of the applications and the built-in self-service features since most of these applications are now Web-based. The biggest challenge to a large commercial application is that you are often tied to how the application is delivered, which makes it difficult to modify the system to meet the unique needs of a medical school. If you have decided to purchase a commercial SIS for medical school use only, it is advisable to research peer medical schools to see if there are systems tailored to or well suited for medical school use. If you, as the registrar, will take the role of implementing a SIS, project management skills are essential.

The SIS should serve as the authoritative source of student data and a student's enrollment history. If the registrar is part of a large university system that has a system-based SIS, there are invariably going to be data not stored in the SIS that needs to be tracked by the medical school. Generally, schools will build or purchase a separate database to track these items. Ideally, there should not be any duplication of data elements between the official SIS and a separate database. Having multiple sources of student data are often called a "shadow database" and is not recommended because of the possibility of inconsistency of data between the two systems. If a separate database is needed and the database needs data elements from an official SIS, the more acceptable practice is to develop a protocol so that data from the official SIS can be linked to the separate database. IT staff should be able to help facilitate this practice.

E-mail

E-mail has become an essential communication in today's world and can be used effectively, especially with communication to students. Many institutions have developed policies and protocols that outline official university communication to students is via e-mail. Universities should issue a student e-mail account and not allow them to register a commercial account. All university communication should be sent to the university-issued e-mail account. Depending on how your university defines e-mail accounts as directory information in your university FERPA, policies will dictate how student e-mail information will be distributed to faculty, other students, and the outside community.

If the e-mail account is stored in the SIS, many of the commercial products have tools to send communication to students automatically via e-mail. Class distribution lists should also be developed so e-mail that applies to a class of students can be easily sent to all students. If you have the need to send personalized content to a group of students, there are many mass e-mail products available.

Office Productivity Applications

Registrars need to be well versed in productivity applications such as word processing, spreadsheets, databases, etc., in order to have an effective operation. Registrars should utilize university-offered courses, online tutorials, and publications to get more versed in these applications.

Document Imaging

Document imaging involves scanning paper documents and storing them in an electronic database for retrieval instead of paper files. Document imaging can be an efficient means of storing documents especially when space is a limitation. Document imaging is also a secure way of backing up paper files in case of natural disaster. There are many commercial versions of document imaging especially designed for higher education available.

Electronic storage of documents is certainly permissible according to FERPA. Schools should check their document retention policies about specific requirements (especially public institutions since many of them have state-wide policies that will apply).

(http://www.aamc.org/members/gsa/active_permanent_records0305.pdf)

Data Warehouses and Reporting

Most commercial SIS products are good for doing transactional processes, but are often limited in their reporting capabilities. An alternative solution is to develop a data warehouse for reporting purposes. Like other technology applications, there are many options to choose from and will depend on your unique needs. The common protocol is to have a download of the SIS populate the data warehouse daily. A key advantage of a data warehouse is that you can use tools specifically designed for creating reports. There are many options for delivering customized reports to users based on their business needs.

Portals

Portals are becoming prevalent in higher education and allow you to tie multiple technology applications into one place. Basically, a portal is an internet that typically provides personalized capabilities to its visitors, providing a centralized pathway to other services and content. Examples of non-university portals can be found on the home pages or major search engines. Portals have unlimited potential for registrars when it comes to delivering enrollment services. A portal allows for single-sign-on into a Web site where a student, faculty, or staff can access multiple services.

Applications of a portal include creating channels where students can access grades, class schedules, online courses, library services, etc. Channels can also be created to deliver services to faculty and staff such as class rosters, grade entry, and personalized reports. Typically, portal development involves significant programming knowledge left to IT professionals. A registrar's role is to advocate the benefits of a portal and think of potential services that can be delivered through a portal.

Technology Resources

When you are embarking on a new initiative or project that involves technology, the following are good places to start:

- Colleagues at peer institutions--If you are embarking on a new project, contact colleagues and utilize the listservs to see what software and systems other schools are using. This type of anecdotal information can be very valuable.
- AACRAO publications--AACRAO provides several technology publications written for registrars specifically on issues such as SIS implementations, document imaging, and electronic data interchange. AACRAO's *Professional Development Guidelines for Registrars: A Self-Audit* is a great resource that has multiple sections dedicated to evaluating technology capabilities of a registrar's office.
<http://www.aacrao.org/publications/>.
- Conferences--If you planning a major technology project such as a SIS implementation, academic technology conferences are a good place to start. Educause (<http://www.educause.edu>) has several regional and national conferences during the year. AACRAO's national conference in the spring and their technology conference in the summer are also well attended by commercial vendors (<http://www.aacrao.org/meetings/>).

Data Security

The security and privacy of student data has always been a hallmark value of the registrar's profession. Advancements in information technology have made data more accessible as well as vulnerable to unauthorized access. Registrars now need to be more aware of how to properly secure electronic data and must also play a significant role in how electronic data are transmitted and shared across their campuses and external constituents.

In regard to access, the principles of FERPA apply to electronic student data. When most student records were paper-based, registrars were able to exert more control over the access of records. Now that centralized IT staff manage the databases that store student data, it is imperative that protocols are developed that specify who can access and receive student data. A common model is to have the registrar serve as the steward of student data and possess the authority to authorize the release of student data. This role requires a strong partnership with technical staff in order to prevent unauthorized releases of student data. Furthermore, protections need to be in place to ensure that individuals who receive data use it only for the authorized use and do not exert authority to release the data to other individuals or applications.

Data should not be stored on local personal computers, laptops, portable disk drives, or personal digital assistants (PDAs). Data should be stored on secure networks that have the appropriate security. Adequate backup procedures also need to be in place to recover data. If data must be stored on local machines or portable devices, the devices should employ adequate encryption and tracking technologies in case of loss or theft. Information technology staff can help determine what appropriate levels of security are needed.

Online self-service sites for students, faculty, and staff are becoming more prevalent. Adequate consideration about the security of these types of systems needs to be considered when developing these types of systems. Although registrars do not need to possess a technical knowledge of how the security works, registrars should be familiar with the technologies in order to collaborate with technical staff.

In regard to transmitting protected student data, the ideal method is to transmit data via encrypted methods. Transmitting student data via e-mail within your e-mail network can be permissible if the e-mail system has the adequate levels of security needed to ensure protected transmission of the data. Under no circumstances should protected student data be sent via regular e-mail to an individual outside of your own e-mail network. E-mail outside of a network is not a secure method of transmission. If there is a need to send student data outside a protected network, secure file transfer and secure e-mail systems should be employed.

AAMC Guideline Statements

Satisfactory Academic Progress for Receipt of Title IV Student Aid¹

Federal law and regulations governing the Title IV student financial assistance programs require that students must maintain satisfactory academic progress to be eligible to receive assistance. Title IV programs relevant to medical students include Stafford Student Loans, Perkins National Direct Student Loans, College Work-Study, and Supplemental Loans.

Academic policies and procedures vary from school to school. This guide is intended to provide useful information to schools in evaluating institutional policies. This document is intended only as a guide to those elements required by federal regulation, with examples of acceptable approaches for compliance. Each institution must develop its own standards in accordance with institutional academic policies and graduation requirements. Any institution that fails to have and apply a written standard for satisfactory academic progress may not disburse Title IV funds to a student or certify a loan application.

AAMC Guidelines for Medical Schools Regarding Academic Transcripts (Appendix A)

An academic transcript is a certified document intended for use by parties outside the educational institution and is an unabridged summary of the student's academic history at that institution. It is distinguished from the larger body of information that may be contained in the student's educational or academic record. The educational or academic record is an internal document that also reflects the student's unabridged academic history at the institution but which may contain additional data that are useful internally yet not needed externally.

This document provides guidelines for schools that will be helpful as institutional policies and procedures are developed with respect to academic transcripts.

AAMC Guidelines: Reaffirming Institutional Standards of Behavior in the Learning Environment (Appendix B)

This AAMC guideline document was developed to reaffirm the importance of a learning environment based on mutual respect between teacher and learner. Characteristic of this respect is the expectation that all participants in the educational program assume their responsibilities in a manner that enriches the quality of the learning process.

This document identifies examples of behavior that is harassing and recommends that each school reaffirm, on a periodic and regular basis, its expectations of faculty, students, residents, and staff. The guidelines recommend that medical schools establish mechanisms and institutional procedures for dealing with behavior that is not in keeping with institutional expectations.

¹This document is available on request from the AAMC Section for Student Programs.

AAMC Guidelines for Medical Schools Regarding Visiting Medical Students from Other LCME Medical Schools (Appendix C)

This AAMC guideline document was developed to assist schools in streamlining the process of applying for and scheduling elective experiences by medical students. Items addressed in the document include application procedures, academic requirements, fees, health and malpractice insurance, immunizations, student assessment, housing, registration, elective catalogs, and student status.

The Visiting Student Application and the Health Statement for Visiting Students forms should be considered templates to be modified, as required, by individual medical schools; they are not standard forms to be used by all schools. These forms were designed to contain, at a minimum, all questions required by ALL schools. Medical school personnel should feel free to modify these two forms to suit their institutional preferences and needs.

American Association of Collegiate Registrars and Admissions Officers (AACRAO) (Appendix D)

General information and links on this association. Membership is recommended. However, you must remember that graduate/professional school registrars sometimes have additional functions that differ from collegiate registrars.

A Year in the Life of a Registrar (Appendix E)

A functional calendar that you can use as a template to develop your own depending on your academic calendar, structure, and duties.

The Life Cycle of a Student Record (Appendix F)

A visual depiction of the life of a student record.

COMMONLY USED ACRONYMS

AACRO	American Association of Collegiate Registrars and Admissions Officers
AAMC	Association of American Medical Colleges
ADM	Admissions
AMCAS	American Medical College Application Service AWS Admissions Workstation (AMCAS)
CaRMS	Canadian Resident Matching Service
COA	Committee on Admissions
COSA	Committee on Student Affairs
COSFA	Committee on Student Fiscal Affairs
COSR	Committee on Student Records
ECFMG	Educational Commission for Foreign Medical Graduates
EEC	Extramural Electives Compendium (AAMC)
ERAS	Electronic Residency Application Service SWS Student Workstation DWS Dean's Workstation PDW Program Director's Workstation ERAS PO ERAS PostOffice
ES	Enrollment Services (AAMC)
FAR	FindaResident (AAMC)
FCVS	Federation Credentials Verification Service (FSMB)
FERPA	Family Education Rights and Privacy Act of 1974 ("the Buckley Amendment")

FREIDA	Fellowship and Residency Electronic Interactive Database Access (AMA)
FSMB	Federation of State Medical Boards
GMETrack	Graduate Medical Education Tracking System (AAMC)
GSA	Group on Student Affairs (AAMC)
GSA-MAS	Group on Student Affairs – Minority Affairs Section
IMG	International Medical Graduate
IPEDS	Integrated Postsecondary Education Data Systems
LCME	Liaison Committee on Medical Education
NBME	National Board of Medical Examiners
NRMP	National Resident Matching Program
REG	registrar
SMS	Specialties Matching System
SOM	School of Medicine
SRS	Student Records System (AAMC)
USMLE	United States Medical Licensing Examination Step 1: Usually taken at end of second year of medical school Step 2: Usually taken during fourth year of medical school Step 3: Usually taken during or after PGY-1 year
USMLE, Step 2 CK	Clinical Knowledge
USMLE, Step 2 CS	Clinical Skills

Appendix A

Guidelines for Medical Schools Regarding Academic Transcripts

An academic transcript is a certified document intended for use by parties outside the educational institution and is an unabridged summary of the student's academic history at that institution. It is distinguished from the larger body of information that may be contained in the student's educational or academic record. The educational or academic record is an internal document that also reflects the student's unabridged academic history at the institution but that may contain additional data useful internally yet not needed externally.

1. Medical schools are encouraged to follow the recommendations of the American Association of Collegiate Registrars and Admissions Officers (AACRAO) as published in Academic Record and Transcript Guide. Where the medical school is part of a university, schools are encouraged to consult with the university registrar to ensure that the medical school transcript is in compliance with university requirements.
2. The academic transcript should reflect the total, unabridged academic history of the student at the institution. All courses should be recorded in the academic period in which the course was taken and graded.
3. Essential elements of an academic transcript include: name of institution, location of institution, name of student, terms of attendance, withdrawal date, course identification number and title, credit hours for each course, unit of credit, grade in each course, summary of transfer credit accepted and the name of the institution from which the credit is accepted, any instances of academic suspension or dismissal and the date, title of degree awarded, date degree is conferred, program studied (i.e., medicine), date of issuance of the transcript, and date of last entry to the transcript. Name changes should be recorded on transcripts only while the individual is enrolled and the name can be changed concurrently in the AAMC database.
4. Each student should have a unique identification number that is recorded on the transcript.
5. The following items are not recommended for inclusion on the academic transcript (although the institution may wish to retain some of these items in the educational or academic record): student's address, place of birth, gender, ethnicity, marital status, religious preference, disability, and INS status; secondary school data; prior postsecondary school data; academic probation; class rank.
6. Medical schools should record on a transcript only that academic information under the purview of the school's faculty of medicine. Consequently, United States Medical Licensing Examination (USMLE) results and election to Alpha Omega Alpha (AOA)

should not be included on the transcript. However, honors awarded by the school's faculty, either in course or at graduation, may be included on the transcript.

7. It is essential that the transcript include notation of any academic suspension or dismissal since this is an academic action that interrupts the student's continued enrollment. Similarly, a suspension for academic misconduct (e.g.; plagiarism) should be included on the transcript. While an institution may want to include academic probation in the educational database, it is not desirable to include this status on an academic transcript since the definition of academic probation varies from school to school. Thus, the item serves no useful purpose on an academic transcript which, by definition, is intended for use outside the school. In any event, if academic probation is included on the transcript, it is vital that this term be clearly defined in the transcript legend or key.

8. Where a student is dismissed, the transcript should record the initial date of dismissal. If there is a subsequent appeal, the result of this appeal and the date of this decision should be recorded, as well. If the student is permitted to continue in the curriculum pending the outcome of an appeal, this should be noted on the transcript with a footnote.

9. In the case of a student who is a candidate for two degrees (e.g., M.D./Ph.D.), courses which are given combined or dual credit toward both degrees should be so noted.

10. The transcript should include the title and number for each course taken by the student and should show the academic period in which the course is taken. Both required and elective courses should be courses that have been developed and approved by faculty following the school's procedures for approval of courses. All courses, including elective courses, should have an identification number, title, and course description and appear in the school's bulletin or elective handbook, or both. In the case when a student is currently enrolled, courses that the student is taking are listed with an indication that these courses are in progress.

11. The transcript should include a legend that explains the grading system, symbols, inclusive dates for grading systems where changes have occurred, honors, unit of credit, notation of courses in progress. If the school requires a passing score on USMLE for promotion and/or graduation, this policy should be included in the transcript legend. Additionally, the legend should include the accreditation status of the school, Family Educational Rights and Privacy Act (FERPA) disclaimer, and an explanation of how the authenticity of the transcript can be determined.

12. Issuing official academic transcripts is a central and unique function of the registrar's Office. Transcripts should be issued only upon written request of the student/alumnus/a who has properly identified himself/herself with an ID card, driver's license, or signature on a request form or letter. Telephone and e-mail requests for transcripts should not be accepted because security and authenticity cannot be ensured.

- a. A transcript is issued only at the written request of the student or alumnus/a or a specified third party whom the student or alumnus/a has authorized, in writing, to obtain a transcript for a specific stated purpose. The request must be signed and dated; the third party must be specified and the release must state that the school may release the student's/alumnus' transcript for that purpose.
 - b. A transcript ceases to be an "official" transcript if it is copied or faxed. An original transcript must not be transferred to a third party since doing so violates FERPA.
 - c. The registrar's office must maintain a Transcript Transmittal Record for each student/alumnus. This record must show the date and party to whom a transcript is sent and the purpose for which the transcript is issued. Transcripts issued to the student or alumnus/ should say "Issued to the Student" rather than "Unofficial Transcript" since the latter could be altered easily.
 - d. If the school has a policy that requires withholding transcripts for default on student loans or other reasons, that policy should be stated clearly in both the bulletin and the student handbook. Transcript holds for financial reasons should be limited to charges that relate directly to the education that is reported on the student's/alumnus' academic transcript.
 - e. If there is an institutional charge for issuing a transcript, this fee should be modest.
 - f. Faxing a transcript should be avoided unless there is an urgency that requires immediate transfer of a transcript. If a transcript is faxed, it is important that proper procedures for the transcript request be used (#12.a.) --- a properly signed fax request may be accepted. Additionally, a transcript that is faxed should be considered "unofficial" and used only until an original can be sent. A cover memorandum should describe the document as confidential information intended for the exclusive use of the addressee.
13. Where a transcript is to be transmitted electronically (e.g., ERAS, SPEEDE), it is recommended that the system used require that the sending and receiving stations be authenticated.
14. Schools are encouraged to take a number of steps to protect the institution from fraudulent transcripts. The use of special paper, multicolored pens for the registrar's signature, metered postage rather than postage stamps, and inclusion of a physical description of the transcript in the transcript key are helpful ways to improve security. Additionally, it is recommended that the transcript include an institutional statement regarding the school's plans to pursue vigorously all allegations of security breaches with respect to transcripts.

15. The educational record database and academic transcripts should be stored in a secure, fireproof location. Access to the database and to the area where documents and equipment (records, stationery, and the school seal and signature equipment) are stored should be limited to authorized personnel only.

16. A medical school should have a disaster plan for the secure storage and recovery of educational records and academic transcripts that may be damaged or destroyed in the event of a catastrophic disaster. Normally, this entails the identification of a remote location where duplicate records are maintained. It is important for the school to develop an appropriate protocol for the regular duplication and transfer of records to the remote location.

Appendix B

Reaffirming Institutional Standards of Behavior in the Learning Environment

The medical learning environment is expected to facilitate students' acquisition of the professional and collegial attitudes necessary for effective, caring, and compassionate health care. The development and nurturing of these attitudes is enhanced and, indeed, based on the presence of mutual respect between teacher and learner. Characteristic of this respect is the expectation that all participants in the educational program assume their responsibilities in a manner that enriches the quality of the learning process.

While these goals are primary to a school's educational mission, it must be acknowledged that the social and behavioral diversity of students, faculty, residents, and staff, combined with the intensity of the interactions between them, will, from time to time, lead to alleged, perceived or real incidents of inappropriate behavior or mistreatment of individuals. Examples of mistreatment include sexual harassment; discrimination or harassment based on race, religion, ethnicity, gender, sexual orientation, physical handicap or age; humiliation, psychological or physical punishment and the use of grading and other forms of assessment in a punitive manner. The occurrence, either intentional or unintentional, of such incidents results in a disruption of the spirit of learning and a breach in the integrity and trust between teacher and learner.

The diversity represented by the many participants in the learning process requires the medical school to reaffirm, on a periodic and regular basis, its expectations of faculty, students, residents and staff. The setting forth of the institution's standards of behavior should be undertaken in a manner that encourages the exchange of ideas among all who participate in the learning process. This process of codifying acceptable behavior should encourage recognition of the nuances of interpersonal behavior such that individuals are sensitive to the interpretation of their actions. Clear examples of appropriate and inappropriate behavior, particularly in regard to the interaction between teacher and learner, should be delineated and disseminated to faculty, students, residents, and staff. The establishment of standards of behavior should reinforce the institution's commitment to the tenets of acceptable professional behavior and the assurance of dignity in the learning environment.

In addition to the establishment of standards of behavior, medical schools also should establish mechanisms and institutional procedures for dealing with behavior that is not in keeping with institutional expectations. These procedures should include:

- (1) a nonthreatening and easily accessible mechanism for the submission and processing of reports or allegations;
- (2) a means of determining if further investigations is warranted;
- (3) equitable methods of investigating and adjudicating complaints;

(4) guarantees of rights of due process; and

(5) appropriate protection of complainant and accused.

The school should have a specific written policy for the provision of confidential counseling to students, faculty, residents, and staff. Schools should develop mechanisms that will serve to ensure the observance of the institution's standards of acceptable behavior.

Appendix C

Guidelines for Medical Schools Regarding Visiting Medical Students from Other LCME Medical Schools

(Please note that the AAMC's Visiting Student Application Service began its pilot year in 2008. This system is designed to streamline the application process, but requirements below are still applicable.)

Introduction: During the fourth year of medical school, it is common for U.S. medical students to seek elective rotations at other medical schools, usually in the United States but sometimes abroad. Some U.S. medical schools receive medical students from overseas as visiting medical students. Increasingly, the complexity of procedures and paperwork that is entailed has risen significantly and has added an extra burden of responsibility on staff members. Questions have arisen regarding appropriate fees, medical liability and medical malpractice coverage, health insurance, immunization requirements, scheduling, performance evaluation, housing and failure to register and/or appear at an assigned rotation.

No medical school is required to receive visiting students. Each school must establish its own policies and procedures. In establishing these, each school must determine its limits in receiving visiting students, both with respect to insuring quality education for its students and appropriate care of patients. These guidelines are designed to assist schools in streamlining the process for the benefit of both students and schools. The term *home school* is used to denote the school where the medical student is expected to receive the M.D. degree. The term *host school* is used to denote the medical school where the student is taking an elective as a visiting student.

- 1. Application for Visiting Electives:** Each host school is encouraged to establish centralized procedures for visiting students to that school. Documentation, at minimum, should include: biographical information, verification of completion of core clerkships, a statement from the home school supporting the student's request, health insurance information, medical liability and/or malpractice insurance, immunization information and the evaluation form from the home. Information should be provided regarding the host school's technical standards and the procedures for requesting accommodation. Host schools should have well-publicized schedules for notification of decisions regarding applications for electives. Host schools are encouraged to publish elective information on a Web site. Once a host school has accepted a student for an elective, the host school should have a procedure consistent with university policy, which assures that the presence of the visiting student during the specified time period is recorded.
- 2. Faculty Authority:** Typically, a visiting student will complete core clerkships at his/her home school prior to taking a visiting elective and meet any other requirements the home school may have. The home school has the authority to determine the criteria on which credit is awarded.

- 3. Fees:** Usually, a visiting U.S. medical student continues to pay tuition at his/her home school while on a visiting elective. Fees established by host schools for visiting students, if any, should be minimal. The fee should be refundable only in the event that the elective requested by the student is not available. All “no-shows” should be nonrefundable. Fees and refund policies should be well publicized.
- 4. Health Insurance:** A host school should ascertain that any visiting student coming for a visiting rotation is covered by health insurance. If the student is not covered by his/her home school, the host school should not receive the student unless a short-term package of health insurance is available. It is recommended that the host school's application form for visiting students request information and documentation on this topic.
- 5. Medical Liability and/or Medical Malpractice:** A host school should ascertain that any visiting student coming to the school for a visiting rotation is covered for medical liability and/or malpractice. Some host schools may incorporate the visiting student into the host school's or medical center's group medical malpractice coverage. The host school is expected to document the coverage prior to receiving the student for an elective rotation. It is recommended that the host school's application form for visiting students request information and documentation on this topic.
- 6. Immunization:** Immunization requirements for visiting students should be the same as those for students at the school the visiting student will be joining. Immunization requirements should be well publicized in the elective catalog of the school. It is recommended that a standard form documenting the individual's immunization record be included as part of the application and registration process for a visiting elective.
- 7. Performance Evaluation:** The home school is responsible for determining what credit will be awarded. Each home school should describe in advance its evaluation requirements. It is recommended that any evaluation form that will need to be completed for the home school be submitted with any application form that the host school requires.

While the home school may require a particular form, it is the responsibility of the host school to evaluate the student using the same performance standards as are used for all students at the host school, including academic and clinical performance, ethical and professional behavior.

Completed evaluations should be transmitted to the home school's designated authority by the host school's designated authority.

- 8. Housing:** A visiting student is responsible for securing his/her own housing during the elective. Host schools may facilitate the process by providing information to incoming visiting students regarding housing options in the area.
- 9. Registration:** Each visiting student should be required to report and sign in at the host school on arrival for a visiting elective and should not begin the rotation until the sign-in is

complete. A visiting student should be considered to be under the aegis of the host school. The student record and transcript at the home school should document this attendance.

When a visiting student fails to appear for a scheduled visiting rotation, it is recommended that the host school notify the student's home school.

10. Elective Catalog: A medical school should publish annually, in print and/or on the Web, a complete list of all elective rotations, procedures for applying, prerequisites, requirements for health insurance, medical malpractice insurance, immunizations and contact names/fax and e-mail addresses.

11. Student Status: Once a visiting student has started an elective, that individual should have access to those student services at the home school that are important to the educational purpose of the elective, such as the library and computing center.

Appendix D

American Association of Collegiate Registrars and Admissions Officers (AACRAO)

The American Association of Collegiate Registrars and Admissions Officers (AACRAO) is a nonprofit, voluntary, professional association of more than 9,000 higher education admissions and registration professionals who represent approximately 2,300 institutions, in more than 35 countries.

The mission of AACRAO is to provide professional development, guidelines, and voluntary standards to be used by higher education officials regarding the best practices in records management, admissions, enrollment management, administrative information technology, and student services. It also provides a forum for discussion regarding policy initiation and development, interpretation, and implementation at the institutional level and in the global educational community.

The AACRAO Web site (www.aacrao.org) contains valuable information for student records administrators, as well as access to publications of interest on various topics, including FERPA, fraudulent academic credentials, grading practices, technology, and legal issues.

Appendix E

A Year in the Life of A registrar

Annual Academic Calendar of Events and Related Functions for registrar

(Timing of some functions may depend on the school academic calendar. Therefore, this should be used as a guide to develop your own functional calendar)

July

1. Registration for new students (depending on your academic calendar)
2. Registration for M4 to include ERAS Orientation and graduation applications; cap and gown measurements
3. Registration for M3 (depending on your academic calendar) and other program students (if applicable)
4. Enrollment/waiver process for student insurance (new students only)
5. Build billing tables for upcoming academic year (if applicable)
6. E-mail to third-year course directors giving deadline for all remaining grades for third year
7. File purge and reorganization of files for new students and graduating students
8. Upcoming registration mailings and/or e-mail
9. Roll graduating student data to alumni database
10. Assist with planning orientation activities, including White Coat Ceremony

August

1. Registration for returning students (depending on academic calendar)
2. Registration for new and returning students (other programs – if applicable)
3. Complete class-level promotions in AAMC Student Record System (SRS)
4. Update enrollment tables
5. Post all remaining third-year grades
6. Run ERAS transcripts and scan into ERAS
7. Prepare files for MSPE letter creation
8. Criminal background check summary report for dean and student affairs dean

September

1. ERAS Kick-Off
 - a. transmit twice daily
 - b. scan documents as received
2. Student directory (compilation and distribution)
3. SSCR (Department of Education Data reporting – online – depending on your reporting schedule)
4. State legislature reports
5. Grades for promotions committees
6. Convocation – regalia may be needed

October

1. Continue ERAS scanning and transmitting
2. Proof MSPE
3. Scan and transmit MSPE letters (ERAS will automatically release on November 1)
4. Grades for promotions and evaluation committee
5. IPEDs fall reporting
6. State and regional enrollment reports
7. Verify Matriculating Students Report (AAMC)

November

1. Continue ERAS scanning and transmitting
2. Grades for promotions committees
3. AAMC and LCME Enrollment Reports
4. Clinical rotation scheduling (if applicable)

December

1. Distribute grade rosters to all course directors
2. Post grades
3. Grades for promotions committees
4. Order any December diplomas
5. Continue ERAS scanning and transmitting
6. Prepare students for clinical scheduling (if applicable)

January

1. Spring registration (if applicable)
2. First draft of academic calendars for next academic year
3. Begin process of updating elective catalog
4. Grades for promotions committees
5. Continue ERAS scanning and transmitting
6. State accreditation body enrollment report
7. Review claims and utilization reports for student health insurance, solicit quote for premium for next year, review coverage and benefits and determine if there is a need to consider making a change.
8. Clinical scheduling for third- and fourth-year students (if applicable)

February

1. Order student regalia and diplomas for commencement
2. E-mail to faculty for faculty commencement regalia orders
3. Grades for promotions committees
4. Finalize academic calendars
5. Finalize elective catalog
6. Update elective compendium on AAMC Web site
7. SSCR (Department of Education Data reporting – online – depending on your reporting schedule)
8. Update tuition and fee charges (all programs)
9. Update commencement guidebook
10. Clinical scheduling through VSAS begins (if applicable)

March

1. Grades for promotions committee meetings
2. Assist with unmatched students in anticipation of MATCH Day
3. Prepare MATCH Day packets, which include:
 - a. Commencement Guidebook (update annually)
 - b. Copy of unofficial transcript
 - c. Cover memo
 - d. GQ information and token (M.D. only)
 - e. Match Results Release Form
4. Order faculty regalia for commencement
5. Collect criminal background check releases and conduct CBCs on rising fourth years.
6. Clinical scheduling through VSAS (if applicable)

April

1. Aggressively track M4 grades.
2. Receive and verify accuracy of diplomas.
3. Monitor completion of Graduation Questionnaire (M.D. only)
4. Post grades
5. Grades for promotions committees
6. IPEDs spring reporting
7. Clinical scheduling through VSAS (if applicable)

May

1. Distribute regalia orders for MSM faculty and students.
2. Prepare exit packets (unofficial and official copy of transcript, cover memo, certified and uncertified copies of diplomas)
3. Commencement and confer degrees in the system
4. Pre-registration packets for M1 & M2 (rising M2 & M3)
5. Criminal Background Checks for rising M3
6. Promotions committee meetings to clear students for graduation
7. Begin planning for orientation
8. Final mailing to new students (depending on their start date)

June

1. Receive data and files on anticipated new students
2. Create new academic terms in database
3. Create new course sections in database
4. Create any new courses in database
5. Update class levels in database
6. Certify graduation roster in SRS and NBME
7. Build tuition and fee billing tables based on tuition and fee schedules
8. Load ERAS

9. SSCR (Department of Education data reporting – online – depending on your reporting schedule)
10. Continuing students' transcripts or system grade release to financial aid to verify satisfactory academic progress
11. Final mailing to new students (depending on their start date)
12. Student clinician ceremony
13. Purge records per the institution's purge policy

Life of a Medical Student Record

