THE OHIO STATE UNIVERSITY

OFFICIAL PROCEEDINGS OF THE

ONE THOUSAND FIVE HUNDRED AND THIRTY-SECOND

MEETING OF THE BOARD OF TRUSTEES

Columbus, Ohio, November 20 – December 4, 2025

The Board of Trustees and its committees met in Columbus, Ohio, at Longaberger Alumni House, unless noted otherwise herein, and virtually over Zoom on November 20 and December 2-4, 2025, pursuant to adjournment.

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Minutes of the last meetings were approved.

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TALENT, COMPENSATION AND GOVERNANCE COMMITTEE MEETING

Committee Chair Jeff Kaplan called the meeting of the Talent, Compensation and Governance Committee to order on Thursday, November 20, 2025, at 9:02 a.m. The committee convened in Columbus, Ohio, in the Alumni Room at the Fawcett Center.

Members Present: Jeff M.S. Kaplan, Elizabeth P. Kessler, Gary R. Heminger, Reginald A. Wilkinson, Tomislav B. Mitevski, Juan Jose Perez, John W. Zeiger (ex officio)

Members Present via Zoom: N/A

Members Absent: N/A

It was moved by Mr. Kaplan and seconded by Mr. Perez that the committee recess into executive session to discuss business-sensitive trade secrets and personnel matters regarding the appointment, employment and compensation of public employees.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Mr. Kaplan, Ms. Kessler, Mr. Heminger, Dr. Wilkinson, Mr. Mitevski, Mr. Perez and Mr. Zeiger.

The committee entered into executive session at 9:21 a.m. and adjourned at 12:03 p.m.

(See Appendix XXXVI for Summary of Actions Taken, page 911)

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ACADEMIC AFFAIRS AND STUDENT LIFE COMMITTEE MEETING

Committee Chair Reginald Wilkinson called the meeting of the Academic Affairs and Student Life Committee to order on Thursday, November 20, 2025, at 1:00 p.m. The committee convened in Columbus, Ohio, in the Alumni Room of the Fawcett Center.

Members Present: Reginald A. Wilkinson, Elizabeth A. Harsh, Elizabeth P. Kessler, Jeff M.S. Kaplan, Bradley R. Kastan, Kara J. Trott – arr. 1:34 p.m., Patrick C. Arp, Phillip Popovich, Eric Bielefeld, John W. Zeiger (ex officio)

Members Present via Zoom: N/A

Members Absent: Michael F. Kiggin, Stefanie Sanford

It was moved by Dr. Wilkinson and seconded by Mr. Kaplan that the committee recess into executive session to discuss business-sensitive trade secrets; personnel matters involving the appointment, employment and compensation of public employees; and to consult with legal counsel regarding pending or imminent litigation.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Dr. Wilkinson, Mrs. Harsh, Ms. Kessler, Mr. Kaplan, Mr. Kastan, Mr. Arp, Dr. Popovich, Dr. Bielefeld and Mr. Zeiger. Ms. Trott was not present for this vote.

The committee entered executive session at 1:01 p.m. and reconvened in public session at 2:50 p.m. The committee adjourned at 3:57 p.m.

(See Appendix XXXVII for Summary of Actions Taken, page 936)

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WEXNER MEDICAL CENTER BOARD MEETING

Board Secretary Jessica A. Eveland called the meeting of the Wexner Medical Center Board to order on Tuesday, December 2, 2025, at 1:59 p.m.

Members Present: Gary R. Heminger, Tomislav B. Mitevski, Juan Jose Perez, George A. Skestos, Kara J. Trott, Robert H. Schottenstein, Stephen D. Steinour, Cindy Hilsheimer, Amy Chronis, John W. Zeiger (ex officio), Walter E. Carter Jr. (ex officio), Ravi V. Bellamkonda (ex officio), Michael Papadakis (ex officio), John J. Warner (ex officio)

Members Present via Zoom: Kendall C. Buchan, Hiroyuki Fujita

Members Absent: Leslie H. Wexner

It was moved by Dr. Warner and seconded by Mr. Zeiger that the Wexner Medical Center Board recess into executive session to consider business-sensitive trade secrets and quality matters required to be kept confidential.

A roll-call vote was taken, and the board voted to go into executive session with the following members present and voting: Mr. Heminger, Mr. Mitevski, Mr. Perez, Mr. Skestos, Ms. Trott, Dr. Buchan, Mr. Schottenstein, Mr. Steinour, Ms. Hilsheimer, Ms. Chronis, Dr. Fujita, Mr. Zeiger, President Carter, Dr. Bellamkonda, Mr. Papadakis and Dr. Warner.

The Wexner Medical Center Board entered executive session at 2:40 p.m. and adjourned at 5:35 p.m.

(See Appendix XXXVIII for Summary of Actions Taken, page 974)

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FULL-BOARD EXECUTIVE SESSION

Board Chair John W. Zeiger called the meeting of the Board of Trustees to order on Wednesday, December 3, 2025, at 9:00 a.m.

Members Present: John W. Zeiger, Elizabeth P. Kessler, Gary R. Heminger, Jeff M.S. Kaplan, Elizabeth A. Harsh, Tomislav B. Mitevski, Pierre Bigby, Juan Jose Perez, Bradley R. Kastan, George A. Skestos, Kara J. Trott, Patrick J. Tiberi

Members Present via Zoom: M. Katherine Holcombe, Reginald A. Wilkinson

Members Absent: N/A

Mr. Zeiger:

Will the secretary please advise when a quorum is present?

Ms. Eveland:

A quorum is present.

Mr. Zeiger:

Thank you. At this time, I would like to convene this meeting of the Board of Trustees and move that the board recess into executive session to consult with legal counsel regarding pending or imminent litigation; to consider business-sensitive trade secrets; and to discuss personnel matters involving the appointment, employment and compensation of public employees.

Upon the motion of Mr. Zeiger, seconded by Ms. Kessler, the Board of Trustees adopted the foregoing motion by unanimous roll-call vote, with the following members present and voting: Mr. Zeiger, Ms. Kessler, Mr. Heminger, Ms. Holcombe, Mr. Kaplan, Mrs. Harsh, Dr. Wilkinson, Mr. Mitevski, Mr. Bigby, Mr. Perez, Mr. Kastan, Mr. Skestos, Ms. Trott and Mr. Tiberi.

The meeting entered executive session at 9:01 a.m. and adjourned at 11:09 a.m.

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MASTER PLANNING AND FACILITIES COMMITTEE MEETING

Committee Chair John Perez called the meeting of the Master Planning and Facilities Committee to order on Wednesday, December 3, 2025, at 12:00 p.m.

Members Present: Juan Jose Perez, George A. Skestos, Elizabeth A. Harsh, Pierre Bigby, Bradley R. Kastan, Kendall C. Buchan, Robert H. Schottenstein, Keith Myers, John W. Zeiger (ex officio)

Members Present via Zoom: Reginald A. Wilkinson

Members Absent: N/A

It was moved by Mr. Perez and seconded by Mr. Skestos that the committee recess into executive session to consider business-sensitive trade secrets and to consult with legal counsel regarding pending litigation.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Mr. Perez, Mr. Skestos, Mrs. Harsh, Dr. Wilkinson, Mr. Bigby, Mr. Kastan, Dr. Buchan, Mr. Schottenstein, Mr. Myers and Mr. Zeiger.

The committee entered executive session at 12:12 p.m. and adjourned at 2:32 p.m.

(See Appendix XXXIX for Summary of Actions Taken, page 1146)

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LEGAL, AUDIT, RISK AND COMPLIANCE COMMITTEE MEETING

Committee Chair Elizabeth P. Kessler called the meeting of the Legal, Audit, Risk and Compliance Committee to order on Wednesday, December 3, 2025, at 2:58 p.m.

Members Present: Elizabeth P. Kessler, Bradley R. Kastan, Juan Jose Perez, Patrick C. Arp, Amy Chronis, John W. Zeiger (ex officio)

Members Present via Zoom: N/A

Members Absent: N/A

It was moved by Ms. Kessler and seconded by Mr. Perez that the committee recess into executive session to consult with legal counsel regarding pending or imminent litigation and to consider business-sensitive trade secrets.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Ms. Kessler, Mr. Kastan, Mr. Perez, Mr. Arp, Ms. Chronis and Mr. Zeiger.

The committee entered executive session at 3:20 p.m. The meeting adjourned at 5:09 p.m.

(See Appendix XL for Summary of Actions Taken, page 1163)

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FINANCE AND INVESTMENT COMMITTEE MEETING

Committee Chair Tomislav Mitevski called the meeting of the Finance and Investment Committee to order on Thursday, December 4, 2025, at 8:00 a.m.

Members Present: Tomislav B. Mitevski, Pierre Bigby, Gary R. Heminger, George A. Skestos, Amy Chronis, John W. Zeiger (ex officio)

Members Present via Zoom: Kendall C. Buchan, Kent M. Stahl

Members Absent: N/A

It was moved by Mr. Mitevski and seconded by Mr. Bigby that the committee recess into executive session to consider business-sensitive trade secrets.

A roll-call vote was taken, and the committee voted to go into executive session with the following members present and voting: Mr. Mitevski, Mr. Bigby, Mr. Heminger, Mr. Skestos, Dr. Buchan, Ms. Chronis, Mr. Stahl and Mr. Zeiger.

The committee entered into executive session at 8:24 a.m. and adjourned at 10:23 a.m.

(See Appendix XLI for Summary of Actions Taken, page 1366)

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ATHLETICS COMMITTEE MEETING

Committee Chair Gary Heminger called the meeting of the Athletics Committee to order on Thursday, December 4, 2025, at 10:35 a.m.

Members Present: Gary R. Heminger, Elizabeth P. Kessler, Jeff M.S. Kaplan, Pierre Bigby, Bradley R. Kastan, George R. Skestos, Patrick C. Arp, John W. Zeiger (ex officio)

Members Present via Zoom: N/A

Members Absent: N/A

It was moved by Mr. Heminger and seconded by Mr. Skestos that the committee recess into executive session to discuss business-sensitive trade secrets.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Mr. Heminger, Ms. Kessler, Mr. Kaplan, Mr. Bigby, Mr. Kastan, Mr. Skestos, Mr. Arp and Mr. Zeiger.

The committee entered into executive session at 10:55 a.m., and the meeting adjourned at 11:59 a.m.

(See Appendix XLII for Summary of Actions Taken, page 1447)

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FULL-BOARD PUBLIC SESSION

Board Chair John W. Zeiger convened The Ohio State University Board of Trustees on Thursday, December 4, 2025, at 12:59 p.m.

Members Present: John W. Zeiger, Elizabeth P. Kessler, Gary R. Heminger, Jeff M.S. Kaplan, Elizabeth A. Harsh, Tomislav B. Mitevski, Pierre Bigby, Juan Jose Perez, Bradley R. Kastan, George A. Skestos, Kara J. Trott, Patrick J. Tiberi

Members Present via Zoom: M. Katherine Holcombe, Reginald A. Wilkinson

Members Absent: N/A

Mr. Zeiger:

Good afternoon. Will the secretary please advise when a quorum is present?

Ms. Eveland:

A quorum is present.

Mr. Zeiger:

Thank you. I would like to convene this meeting of the Board of Trustees and remind everyone with us today that this meeting is being recorded and livestreamed by WOSU Public Media. I will ask all attendees to follow the rules of decorum proper to conducting the business of today.

As chair of the Board of Trustees, I have the privilege from time to time of welcoming new trustees to the board and helping celebrate those colleagues of ours whose service has concluded. Today, I have the privilege of doing both.

Effective as of last week, Michael Kiggin has stepped down from his role on the board. After first joining the board in 2019 to fill an unexpired term, he was subsequently reappointed by Governor DeWine to a term of his own, starting in 2021. Throughout his six years of service, Michael has been a thoughtful presence, lending his perspective to help us shape our work on many important matters. This includes the establishment of the Athletics Committee, a body which has proven essential in light of the rapid change taking place in intercollegiate sports. He has also been relentlessly focused on the university's brand and reputation, reminding us that what happens at Ohio State matters far beyond our campuses. Michael was a significant contributor, and we very much appreciate all of his service. I hope that each of the board members will join me in expressing our appreciation to Michael for his six years of service and his leadership and wishing him well as things move forward.

At the same time, as we say goodbye to Michael, we welcome a new member to the board: Kathy Holcombe. Kathy is with us virtually today and so glad to have you, Kathy, with us. She's had a substantial and amazing career in the real estate area here in central Ohio as well as being involved in many organizations and causes throughout our community and the City of Worthington, in particular. We're grateful that Ohio State, Kathy, is now part of that list of many organizations in which you are supportive. So Kathy, welcome, and we look forward to working with you in the years ahead.

Ms. Holcombe:

Thank you. And I look forward to being there in person.

Mr. Zeiger:

I also should note that Dr. Reginald Wilkinson is online with us today and participating, as well. As is Kendall, I gather. Hi, Kendall.

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APPROVAL OF MINUTES

Mr. Zeiger:

First order of business today is the approval of the minutes from the board's August meeting. These have been distributed and reviewed by all the trustees. Are there any additions or corrections that should be noted?

Hearing none, the minutes are approved as distributed. *(Minutes were approved.)*

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PRESIDENT'S REPORT

Mr. Zeiger:

I will now ask President Carter if he will deliver his report.

Mr. Carter:

Thank you, Mr. Chairman.

I want to join the chairman in formally welcoming Trustee Kathy Holcombe to the board. Ohio State will benefit greatly from Trustee Holcombe's leadership and commitment to our community.

Trustee Holcombe, congratulations. We look forward to working with you.

Ms. Holcombe:

Thank you. I look forward to working with you as well.

Mr. Carter:

I also extend our gratitude to Trustee Kiggin for his dedicated service to Ohio State. He has been a steady and thoughtful presence on the board, and we wish him and his family all the best in the future.

You know, it's hard to believe the end of the semester is already approaching. I'm excited to have the opportunity to speak to the autumn Class of 2025 in just a few weeks. When we began this academic year, around the last time this board convened for a public session, I shared my anticipation for a busy and momentous period ahead for our university. I'd say that, so far, we have lived up to that expectation. We kicked off the year with the public launch of our “Education for Citizenship 2035” strategic plan, a bold 10-year vision for Ohio State to define the future of higher education. I want to thank the board for joining us for that event and for pushing us to articulate an ambitious agenda for excellence across our university.

I'm incredibly proud of the progress we've made in only a few short months in putting our plan into action, particularly when it comes to the pursuit of academic excellence — the foundation of our vision.

Leadership in artificial intelligence is a centerpiece of our academic excellence strategy. I can confirm to you after engaging with colleagues at several national events recently that Ohio State is at the forefront, which is probably why we were front and center on a new PBS report about how AI is reshaping higher education. No other university in the entire United States is taking as comprehensive an approach in integrating AI across the enterprise as we are. This is only possible because of the size, strength and stability of our institution — and the commitment of Provost Bellamkonda and our academic leaders who are moving us forward with vision and purpose. We have announced plans to hire 100 new faculty with AI expertise in the next five years, with the first cohort of hires expected to join us next fall. These faculty will complement the 300 colleagues already on our campus who are engaged in some way as our experts in AI. We have also launched a transformative new AI hub, commonly known as “AI^{X},” that will serve as the resource for any student, faculty member or staff member who wants to explore opportunities to integrate AI into their academic pursuits. And, true to our land-grant mission, we are offering AI courses to Ohio businesses, providing the opportunity for them to improve their efficiency and business outcomes.

At Ohio State, we believe in excellence for all. We have taken significant new steps to make a Buckeye education more affordable and accessible for Ohio students. The new “Buckeye Bridge” program, an innovative collaboration with our colleagues at Columbus State, creates a tuition-free path for low- and middle-income Ohio students to complete a four-year degree at Ohio State after they have earned an associate’s degree from Columbus State.

The Regional Campus Commitment covers tuition and fees for low- and middle-income students who start at one of our regional campuses, providing them a path to either complete their degree at a regional campus or transfer to the Columbus campus, tuition free. And the President's Ohio Scholarship Program covers the total cost of attendance for Ohio's elite academic talent, making us more competitive in keeping students who score a perfect 36 on the ACT or 1600 on the SAT right here in our home state of Ohio.

Scholarships are not our only vehicle for expanding affordability. I want to give a shout out to our University Libraries team, who are leading the charge to lower textbook costs for students by finding digital or other materials that can be used instead of the more expensive traditional textbooks.

As we're talking about access, there's a special group of learners that we are working hard to attract to Ohio State — and that's our student veterans. As you can imagine, this is especially meaningful to me. As we celebrated Veteran's Day just a few weeks ago, Coach Day and I had the opportunity to speak to several hundred ROTC cadets and midshipman after their morning workout, and that was a special time for us to say “thank you” and recognize their hard work. You know, veterans are a natural fit for higher education. They have a strong work ethic. They are primed for careers in service and leadership. And they have high public trust and confidence. They also have unique circumstances that we need to be attuned to, in terms of their family, work and military obligations. I'm very proud that Ohio State ranks among the nation’s leaders in military friendliness, but I think we can, and should, be No. 1, and we are well on our way. So, look for us to say more on this topic very soon.

In healthcare, we are nearing the opening early next year of our new University Hospital, the largest single facilities project in Ohio State history. While I'm excited to cut the ribbon, I'm far more excited about the transformational work that will take place inside this incredible new space. The advances in cancer care, women's and infant health, stroke care, organ transplantation and other areas will change and save untold lives across Ohio and beyond. This is the very definition of our land-grant mission to make life better for the people of our state. Many of you were present for the lighting of the 30-foot-tall Block O on the tower, a visual symbol of hope and our commitment to providing world-class care to every person in our community. While the hospital may be based in Columbus, it is a resource — as is our entire medical center — for the entire state. We are continuing to find new ways to expand our reach in every corner of Ohio to ensure excellent health outcomes in our rural and Appalachian communities, as well as our metro communities. A new mobile lung cancer screening unit, launched by The James, for example, will expand services for rural and underserved parts of our state.

Athletics, as you know, is an important pillar of our strategic plan. As I’ve often been known to say, it is the “front porch” of our university for many Ohioans and part of the unifying fabric of our state. We're very proud of our tradition of excellence on and off the field. You may have heard that we're playing a pretty big game in a little over 48 hours. This follows an undefeated regular season, the nation's longest winning streak and a host of awards for our players for their achievements in athletics, academics and community service. You know, as excited as we are to be in the postseason once again, I won't miss an opportunity to draw attention to the academic success of all of Ohio State's student-athletes. The NCAA recently released a new report on graduation success rate, or GSR, and 15 Buckeye teams had a perfect score. Twenty-three teams had a GSR of 90 or better. That kind of success speaks to the culture that Ross Bjork and our coaches and staff are setting, where the student part of student-athlete truly comes first. And, as the collegiate athletics landscape continues to evolve day by day, we are committed to staying on the forefront — notably by maintaining 36 varsity sports, adding scholarships primarily for non-revenue and women's sports, and working closely

with our Big Ten colleagues to explore new and innovative revenue sources that will keep us competitive.

None of these successes would be possible without our greatest asset: our people. To that end, I'm pleased that Ohio State continues to be a magnet for top talent. As you know, our enrollment is up this year, with growth at all student levels. We are especially proud that more than two-thirds of our first-year students are from Ohio, a marker of our land-grant mission.

And we are excited to welcome new members of our leadership team. John Horak has been named vice president of research — or, as he very aptly calls it, the “Department of the Future” — and will lead our efforts to grow our research enterprise to $2 billion. And today, pending your approval, Erik Porfeli will serve as the interim dean of the College of Education and Human Ecology until 2028. Erik is a professor and chair within the college and is the right person to lead in the transition after current Dean Don Pope-Davis steps down at the end of the calendar year. We will also soon begin a search for the next dean of our College of Medicine, as Dean Carol Bradford will step down on December 31. The college is well positioned for its next chapter of growth, and we thank Dean Bradford for her leadership.

This has been an extraordinary semester of achievements by our students, faculty and staff — even in the face of uncertainties that are impacting all of higher education. While Buckeyes aren't braggers, we are raising the bar for ourselves in terms of telling the stories of the incredible work being done by our community. One such example is in front of you. For those watching online, a digital version of this document is also available on our website. The university Impact Report, put together by our communications team, tells a comprehensive story of the statewide impact of our university. This is one of a number of tools we are using, to include media and op-eds, a new website dedicated to academic excellence, and more video and social media — to bring greater visibility to our work and ensure that Ohioans have awareness of the ways Ohio State touches their lives.

I'm confident that 2026 will bring new opportunities for excellence and impact. We are excited to finish this semester strong, take an opportunity to rest and recharge, and begin again in the new year.

Thank you, and that concludes my report. Mr. Chairman, I'll turn the podium back to you.

Mr. Zeiger:

Thank you, President Carter. As I have said previously, this board is very pleased by the progress that Ohio State continues to make under your leadership. We've seen a lot of things advance in a relatively brief period of time, and we're delighted about that. We are also appreciative of your transparent and cooperative leadership with this board in dealing with all campus issues, particularly those that relate to advancing excellence throughout our institution. So, we feel very privileged to have your leadership. We appreciate it.

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CONSENT AGENDA

Mr. Zeiger:

As is the case usually, the consent agenda will be this afternoon's significant item of business.

There are a total of 28 different items presented on the list of board actions today. With the exception of resolutions in memoriam, each of these matters has been reviewed and recommended for approval by one or more of the committees of this board that have been meeting over the last several weeks. Those recommendations are based on the committees' careful review and thoughtful deliberation of the items that are presented. The trustees focus not only on the immediate needs of the institution, in terms of these approvals, but also the strategic priorities that will drive progress toward the long-term aspirations of our university.

Among the resolutions that we will deal with today are resolutions measuring new programs and evaluating appropriately the existing ones to ensure their continued utility. We also are considering resolutions appointing key members of the Ohio State administration and faculty, and items approving contracts for construction and professional services on projects throughout the university.

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RESOLUTIONS IN MEMORIAM

Resolution No. 2026-55

Synopsis: Approval of Resolutions in Memoriam is proposed.

BE IT RESOLVED, That the Board of Trustees hereby approves the attached Resolutions in Memoriam and that the President be requested to convey copies to the families of the deceased.

Ann D. Christy
Clyde C. Goad
William "Bill" E. Henderson
Paul R. Hothem
James "Jim" Gottling
Jacqueline E. LaMuth
Brian G. McHale
Helen Deacon Swank
Desh Pal Singh Verma
Thomas A. Willke

ANN D. CHRISTY

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on October 3, 2025, of Ann D. Christy, associate dean and professor in the Department of Food, Agricultural and Biological Engineering in the College of Food, Agricultural, and Environmental Sciences. She was 63.

Professor Christy received her BS (1983) in agricultural engineering and MS (1985) in biomedical engineering from Ohio State's College of Engineering, and she earned her PhD (1991) from Clemson University in environmental systems engineering. Following a short period as an engineer, she joined Ohio State in 1996 and served as a faculty member until her passing. Her research in bioenergy, environment and engineering education generated 145 publications, including more than 40 topics in teaching and learning. She was named a fellow of the American Society for Engineering Education (ASEE) and of the American Society of Agricultural and Biological Engineers (ASABE). Christy chaired ASEE's

Biological and Agricultural Division and helped found and subsequently chaired ASABE's Education Division.

Her impact at The Ohio State University was significant, highlighted by her service as a faculty fellow in the Office of Academic Affairs during the semester conversion process and reviewing over 9,000 courses. She was interim associate dean for Undergraduate Education and Student Services in the College of Engineering, then served as the inaugural assistant dean for Teaching and Learning. After stepping down from this role, she was subsequently named associate dean and director for academic programs in the College of Food, Agricultural, and Environmental Sciences.

Everyone who knew Professor Christy was drawn to her warmth, light and enjoyment of each day as it came. Ann had an immense passion for higher learning and embracing her inner child. Through her kind-hearted and resolute leadership, Professor Christy fostered an atmosphere of collegiality and camaraderie among all members of the department, which fostered the professional development of graduate students. Professor Christy exemplified what the College of Food, Agricultural, and Environmental Sciences strongly values — putting students first and working collaboratively to sustain life.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Ann D. Christy its deepest sympathy and compassion for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to her family as an expression of the board's heartfelt sympathy and appreciation.

CLYDE C. GOAD

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on July 21, 2025, of Clyde C. Goad, professor emeritus from the former Department of Geodetic Science and Surveying.

Professor Goad received his BS in applied mathematics (1969) from North Carolina State University, his MS in numerical science (1971) from Johns Hopkins University and his PhD in aeronautical engineering in 1977 from the Catholic University of America.

Until 1986, Clyde worked in the private sector and in the government, including for the National Oceanic and Atmospheric Administration. In 1986, Clyde was invited to join the Department of Geodetic Science and Surveying at The Ohio State University. Clyde's forte was associated with the theory and practical use of and exciting new technology — the global positioning system (GPS). Professor Goad developed and taught several courses in GPS methodology with specific emphasis on highly accurate positioning.

His knowledge and teaching skills soon attracted students from many countries and, in a few years, Ohio State became the educational magnet for individuals interested in high accuracy positioning. Nearly all his students have become highly successful and have responsible positions in their workplaces.

Professor Goad worked closely with the Center for Mapping at Ohio State and therefore became involved with the commercialization of GPS. The union of the private sector and the university fostered new avenues of applied and basic research.

An example of the result of the marriage of the academy and the private sector is the development of using GPS to obtain and display the movement of the blade of earth-moving equipment (e.g., bulldozer and implements for precision agriculture) to an accuracy

of one quarter of an inch. Many other important research concepts and practical uses resulted from Professor Goad's brilliant and creative mind.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Clyde C. Goad its deepest sympathy and compassion for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

WILLIAM "BILL" E. HENDERSON

The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on August 13, 2024, of William "Bill" E. Henderson, associate professor emeritus with The Ohio State University in the College of Food, Agricultural, and Environmental Sciences.

Mr. Henderson began his career with Ohio State University Extension in 1971, serving as the 4-H educator in Allen County until 1990. He also served as county chair since 1983. During his county service, Mr. Henderson was promoted to Assistant Professor in July 1978 and then to associate professor in July 1989.

In April 1990, he became the Northwest District 4-H specialist and served in that role until his retirement in April 2002.

During his career, Mr. Henderson shared his expertise and developed meaningful 4-H experiences within the county, across county lines and with other educational partners.

He helped to develop the multi-county 4-H Space Camp, which was held at Ohio Northern University, and Teen Leadership Camp, which was held at The Ohio State University at Lima. He dedicated time to youth activities at the Ohio State Fair, serving as an assistant superintendent for the 4-H photography and woodworking days for nearly 20 years.

Mr. Henderson was a member of the Ohio Cooperative Extension Agents Association, the National Association of Extension 4-H Agents and Epsilon Sigma Phi national Extension honorary. He also served as a longtime member of the planning committee for the Buckeye Leadership Workshop, even during retirement.

Mr. Henderson was recognized as a 2008 inductee in the Ohio 4-H Hall of Fame, and he was a 2015 Walk of Honor inductee at the Allen County Fair.

Mr. Henderson earned his bachelor's degree in sociology in 1968 and his master's degree in sociology in 1976, both from Ohio University.

Before he joined OSU Extension, Mr. Henderson worked as a teaching assistant at Ohio University, a director for Head Start in Cambridge, a summer assistant for Extension and an inspector for the Ohio Department of Highways.

On behalf of the university community, the Ohio State Board of Trustees expresses to the family of William "Bill" E. Henderson its deepest sympathy and sense of understanding of their loss. It is directed that his resolution be inscribed upon the minutes of the Board of Trustees, and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

PAUL R. HOTHEM

The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on July 7, 2025, of Paul R. Hothem, assistant professor emeritus with The Ohio State University in the College of Food, Agricultural, and Environmental Sciences.

Mr. Hothem began his career with Ohio State University Extension in March 1962 as an associate county agent for 4-H and home economics in Knox County. In July 1964, he became the 4-H agent in Knox County. Mr. Hothem was promoted to assistant professor in July 1974. He also served as office chair for 15 years until his retirement in December 1988.

Mr. Hothem won many local, state and national awards for his distinguished service and was known for his innovative programs. He created the first 4-H trapping club in the state and authored the Muskrat Trapping Project book, as well as a book on arrowheads.

Mr. Hothem was very active in on the 4-H Camp Ohio board. He also remained very active in the Knox County Fair for many years, including serving as the junior fair coordinator for five years after retirement. He was a member and coordinator for the fair's Agriculture Museum Committee. Mr. Hothem assisted the Ohio Division of Wildlife by serving as the county head instructor for hunter safety for 20 years and trapping education for 32 years. Many local boards and committees benefited from his expertise and experience.

Mr. Hothem earned his bachelor's degree in animal science in 1959 from The Ohio State University. After graduation, he worked briefly as a summer assistant in Coshocton County before serving in the U.S. Army until March 1962. He furthered his studies by earning a master's degree in agricultural education in 1971.

On behalf of the university community, the Ohio State Board of Trustees expresses to the family of Paul R. Hothem, its deepest sympathy and compassion for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees, and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

JAMES "JIM" GOTTLING

The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on October 29, 2025, of James "Jim" Gottling, professor emeritus in the Department of Electrical and Computer Engineering in the College of Engineering. He was 92.

Professor Gottling earned a Bachelor of Science in electrical engineering from Lehigh University in 1955 and completed his Doctor of Science in electrical engineering at the Massachusetts Institute of Technology in 1960. He joined the Ohio State University faculty that same year and served with distinction for three decades until his retirement.

A prolific educator and researcher, Professor Gottling authored notable works such as Electronics: Models, Analysis, and Systems (1982), Matrix Analysis of Circuits Using Matlab (1995) and Hands on PSpice: Circuit Modeling and Analysis (1995). His research contributions spanned circuit analysis, including works like "Node and Mesh Analysis by Inspection" (1995), and optical measurements, as seen in "Double-Layer Interference in Air-CdS Films" (1966).

Professor Gottling was recognized repeatedly for his excellence in teaching, receiving prestigious accolades such as The Ohio State University Alumni Award for Distinguished Teaching (1967), the Charles E. MacQuigg Outstanding Teaching Award (1994) and the Eta Kappa Nu Professor of the Year Award (1995). He was an active member of a faculty

group that welcomed and supported international graduate students and their families as they acclimated to life at Ohio State. He belonged to numerous academic and professional societies and was deeply admired for his mentorship, dedication to students and commitment to fostering a collaborative academic environment.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor James "Jim" Gottling its deepest sympathy and compassion for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

JACQUELINE E. LAMUTH

The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on July 28, 2025, of Jacqueline E. LaMuth, associate professor emeritus with The Ohio State University in the College of Food, Agricultural, and Environmental Sciences.

Dr. LaMuth began working for Ohio State University Extension in April 1971 as a county Extension agent for 4-H and home economics. She became an agent focusing on 4-H in Franklin County in December 1972. She was promoted to assistant professor in 1979 and then to associate professor in 1987. Dr. LaMuth also served as an acting chair in 1989 and became chair of the Franklin County office in September 1990.

Dr. LaMuth later served as the interim leader for evaluation, grantsmanship and product development, followed by interim leader, resource development. In October 2000, she was appointed as the leader, grants and contracts. She served in this role for several years, followed by leader, resource development and management, until her retirement on September 1, 2014.

Dr. LaMuth was a respected scholar and educator. She authored numerous educational publications and resources for colleagues and Extension clientele. She served on the Extension Grantsmanship Action Learning Team, coordinating resources and learning opportunities with several colleagues for the benefit of all Extension professionals.

Dr. LaMuth served as a counselor for Ohio 4-H Sea Camp at Kelleys Island for many years, where she embraced the opportunity to teach young people about aquatic science, sailing and other recreational watersports.

Dr. LaMuth gave back to her community by serving as board chair for the Solid Waste Authority of Central Ohio. She was well known for her horticultural and geological knowledge, which she shared enthusiastically with colleagues and friends. She was also a renowned local musician and enjoyed travelling with her fellow musicians.

Dr. LaMuth earned her bachelor's degree in 1971 and her master's degree in 1977, both in home economics education, as well as her doctoral degree in human and community resource development in 2006, all from The Ohio State University.

On behalf of the university community, the Ohio State Board of Trustees expresses to the family of Jaqueline E. LaMuth, its deepest sympathy and compassion for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees, and that a copy be tendered to her family as an expression of the board's heartfelt sympathy and appreciation.

BRIAN G. MCHALE

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on July 27, 2025, of Brian Geoffrey McHale, professor emeritus in the Department of English in the College of Arts and Sciences. He died on his 73rd birthday.

Professor McHale received his BA from Brown University in 1974 and was awarded a Rhodes Scholarship that same year. He received his DPhil in English language and literature in 1977. Joining the Department of English at The Ohio State University as an Arts and Humanities Distinguished Professor in 2002, Professor McHale was a vital member of the department as a scholar, teacher, mentor and colleague even after his retirement in 2022.

One of the world's most influential scholars of postmodern literature and culture, and one of its leading narrative theorists, Professor McHale's first book, Postmodernist Fiction (1987), changed the conversation about the nature of postmodernism and its relation to modernism. In narrative theory, he did groundbreaking work on narrative discourse, narrative in poetry and science fiction. When he spoke or wrote, scholars around the world listened: His work was read and taught by literary scholars across six continents and representing a wide variety of literary periods, genres and methodologies. Professor McHale was the author of three other monographs and over 100 essays published in leading scholarly journals and edited collections. He co-edited five additional volumes.

He also served the global scholarly community as associate editor, co-editor and editor-in-chief of Poetics Today and as president of both the International Society for the Study of Narrative (ISSN) and the Association for the Study of the Arts of the Present. A co-founder of Ohio State's Project Narrative, his work helped define and shape the field. Fittingly, he received the ISSN's Wayne C. Booth Lifetime Achievement Award in 2025.

A beloved teacher and mentor, he brought his expertise and passion to his undergraduate and graduate students. Simultaneously generous and scrupulous in his criticism and advice, he always improved the research and writing of students and colleagues with whom he worked. In recognition of Brian's exemplary mentorship, the department named the award for Best Essay by a Graduate Sudent in Narrative Studies after him. In department meetings, he was the model of eloquence and good sense. He ceaselessly served the department, the university and the discipline of English studies.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Brian McHale its deepest sympathy and compassion for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

HELEN DEACON SWANK

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on August 6, 2025, of Helen Deacon Swank, professor emerita of voice in the School of Music in the College of Arts and Sciences. She was 93.

Professor Swank joined Ohio State's faculty in 1965 and served until her retirement in 1991, including service as area head of voice from 1977 to 1991. A visionary educator and mentor, she created the School of Music's nationally recognized graduate programs in voice pedagogy, among the first in the nation; these programs continue to flourish today.

Beyond campus, Professor Swank served the broader community as choir director at The Church of the Messiah in Westerville and nurtured a lifelong love of the arts through oil

painting and writing. With her husband, C. William Swank, she was a steadfast supporter of Ohio State and endowed the Helen Swank Award recognizing outstanding graduate singers.

Professor Swank earned a BS in education and an MA in music from The Ohio State University. Her graduate work was an interdisciplinary course of study of her own design, integrating physics, speech and hearing science, and medicine. This holistic approach presaged and informs today's singing health work in the Helen Deacon Swank Voice Teaching and Research Laboratory in the School of Music. She received the Alumni Award for Distinguished Teaching in 1976 and 1987, and the School of Music Distinguished Service Award in 1997. In 2007, the trustees approved naming the Helen Deacon Swank Voice Teaching and Research Laboratory in her honor.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Helen Deacon Swank its deepest sympathy and compassion for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to her family as an expression of the board's heartfelt sympathy and appreciation.

DESH PAL SINGH VERMA

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on October 10, 2025, of Dr. Desh Pal Singh Verma, professor emeritus in the Department of Molecular Genetics in the College of Arts and Sciences.

Dr. Verma earned a master's degree in botany from Agra University in 1964 and a PhD from the University of Western Ontario in 1970. After completing his postdoctoral research at the Fox Chase Cancer Center, he joined McGill University as an assistant professor in 1974. While at McGill, he was awarded the E.W.R. Steacie Memorial Fellowship by the National Research Council of Canada, was elected a Fellow of the Royal Society of Canada and became a member of the Canadian Academy of Sciences in 1986. In 1988, he joined the newly formed Department of Molecular Genetics at The Ohio State University as professor and associate director of the Biotechnology Center.

Dr. Verma's research contributions included the first isolation of the first plant mRNA (encoding soybean leghemoglobin) as well as the cloning of its encoding gene. He also led the identification of a novel class of genes referred to as "nodulins," which are involved in the development of Rhizobium-Legume symbiosis. During his career, Dr. Verma trained over 150 graduate students, postdoctoral fellows and visiting scientists; authored over 200 peer-reviewed research publications; and edited 11 academic books. Dr. Verma served as a senior editor for the International Society of Molecular Plant-Microbe Interactions (IS-MPMI), and as co-editor for its flagship journal Molecular Plant-Microbe Interactions. In 2003, he was elected a Fellow of The World Academy of Sciences. He also served as a consultant to several international companies and was an advisor to the Planning Commission of India (now NITI Aayog) on agricultural biotechnology from 2006-2011.

Dr. Verma was a valued colleague with a deep interest in all scientific areas, who always asked the most rigorous and thought-provoking questions. He will be deeply missed.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Dr. Desh Pal Singh Verma its deepest sympathy for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt appreciation.

THOMAS A. WILLKE

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on August 21, 2025, of Thomas A. Willke, founding member of the Department of Statistics in the College of Arts and Sciences. He was 93.

Professor Willke received his MA and PhD in mathematics from Ohio State under the guidance of Ransom Whitney. After a brief appointment as assistant professor of mathematics at the University of Maryland, Tom returned to Ohio with his wife, Gerry, and their young family to serve as an associate professor for Ohio State's Department of Mathematics in 1966.

Tom was one of the founding faculty to establish the Department of Statistics in 1970, and he was promoted to full professor of statistics in 1972. The department, which recently celebrated its 50th anniversary, was formalized in 1974, and Tom was one of only eight initial faculty members. As the department grew and celebrated new milestones, Tom was instrumental in recording aspects of its earliest history. In 2003, he conducted and transcribed an interview with the founding chair of the Department of Statistics, Ransom Whitney, which detailed its inaugural years.

Tom continued to serve the university with distinction as vice provost/dean of undergraduate studies for the College of the Arts and Sciences from 1973-1987, and as acting dean of University College from 1983-1985. After retiring from Ohio State in 1987 as emeritus dean of undergraduate studies and professor of statistics, he continued his academic career as chair of the Department of Mathematical Sciences at Otterbein College until 1997.

Throughout his distinguished career, Tom focused on service to others and touched the lives of countless students and colleagues. His legacy lives on, both through the department he helped to create and the many lives he influenced. Remarkably, Tom's personal dedication to academia and to the university has led to 31 degrees conferred by Ohio State to his family members. Within the Willke family, this tradition has also translated to at least 145 years in academic or service positions at the university.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Thomas A. Willke its deepest sympathy and compassion for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

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APPROVAL OF PERSONNEL ACTIONS

Resolution No. 2026-56

BE IT RESOLVED, That the Board of Trustees hereby approves the personnel actions as recorded in the personnel budget records of the university since the August 20, 2025, meeting of the Board, including the following appointments and contract amendments:

Appointment

Name: John Horack
Title: Vice President, Enterprise for Research, Innovation and Knowledge
Unit: Office of Academic Affairs

Term: October 1, 2025 – September 30, 2027

Name: Rob Lowden
Title: Vice President and Chief Information Officer
Unit: Administration and Planning
Term: August 1, 2025

Interim Appointment

Name: Erik Porfeli
Title: Interim Dean, College of Education and Human Ecology
Unit: Office of Academic Affairs
Term: January 1, 2026 – June 30, 2028

***

REVOCATION OF DEGREE

Resolution No. 2026-57

Synopsis: Revocation of a Doctor of Philosophy degree.

WHEREAS the committee on academic misconduct constituted according to rule 3335-5-48.7 of the administrative code requested that the Board of Trustees effectuate the revocation of the Doctor of Philosophy degree of Samantha Carter; and

WHEREAS the request was concurred with by the Executive Vice President and Provost; and

WHEREAS the request was further concurred with by the Academic Affairs and Student Life Committee; and

WHEREAS the appropriate bodies and administrative officer of the university have fully complied with applicable procedures and, in accordance with those procedures:

NOW THEREFORE

BE IT RESOLVED, That the Doctor of Philosophy degree, granted on August 4, 2024, pursuant to paragraph (E) of rule 3335-1-06 of the administrative code, is hereby revoked immediately.

***

REVOCATION OF DEGREE

Resolution No. 2026-58

Synopsis: Revocation of a Bachelor of Arts degree.

WHEREAS the university registrar and director of undergraduate admissions after utilization of rule 3335-9-20 requested that the Board of Trustees effectuate the revocation of the Bachelor of Arts degree of Ava Misseldine conferred under the name of Brie Bourgeois; and

WHEREAS the request was concurred with by the Executive Vice President and Provost; and

WHEREAS the request was further concurred with by the Academic Affairs and Student Life Committee; and

WHEREAS the appropriate bodies and administrative officer of the university have fully complied with applicable procedures and, in accordance with those procedures:

NOW THEREFORE

BE IT RESOLVED, That the Bachelor of Arts degree, granted on March 22, 2009, pursuant to paragraph (E) of rule 3335-1-06 of the Administrative Code, is hereby revoked immediately.

***

APPROVAL TO ESTABLISH AN EXECUTIVE MASTER OF HEALTH ADMINISTRATION

Resolution No. 2026-59

IN THE COLLEGE OF PUBLIC HEALTH

Synopsis: Approval to establish an Executive Master of Health Administration degree program in the College of Public Health is proposed.

WHEREAS the proposed Executive Master of Health Administration program is an extension of the accredited full-time, residential, early career Master of Health Administration program and would extend the reach of the program to more experienced mid-career professionals; and

WHEREAS the program's mission is to provide students with an exceptional educational experience encompassing the organization, financing, delivery and improvement of health care services leading to rewarding careers in health services management and policy; and

WHEREAS the residential program has been a national leader in healthcare management for more than 50 years and is currently ranked No. 8 in U.S. News & World Report; and

WHEREAS the proposed executive program is 45 credits, over five semesters, is primarily online and cohort-based with 20-25 students per cohort expected; and

WHEREAS markets for enrollment include employees of local health systems, clinicians seeking to move into leadership roles and others working in the broader healthcare space; and

WHEREAS the proposal was reviewed and approved by the Council on Academic Affairs at its meeting on May 28, 2025; and

WHEREAS the University Senate approved this proposal on October 30, 2025:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the proposal to establish an Executive Master of Health Administration degree program in the College of Public Health.

(See Appendix XLIII for background information, page 1458)

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APPROVAL OF THE REPORT ON LOW ENROLLMENT COURSES AND DUPLICATE PROGRAMS

Resolution No. 2026-60

Synopsis: Approval of the university's Report on Low Enrollment Courses and Duplicate Programs for submission to the Ohio Department of Higher Education is proposed.

WHEREAS Ohio Revised Code 3345.35 requires the governing boards of each state institution of higher education to evaluate courses and programs based on enrollments and duplication with other state institutions of higher education within a geographic region; and

WHEREAS the university currently adopts a minimum class size of 18 students, with exceptions for distinctive instructional settings; and

WHEREAS to prepare for this submission, the Office of Academic Affairs worked with the university's 15 academic colleges and four regional campuses to examine trend data and alignment of college enrollment policies; and

WHEREAS approximately 13,000 courses are offered at the university, with 409 identified as low enrolling; and

WHEREAS each college or regional campus has been directed to take appropriate action on its low enrollment courses; and

WHEREAS The Ohio State University has strong collaborations with two-year institutions and no significant program duplication with other institutions in the central Ohio region:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the Report on Low Enrollment Courses and Duplicate Programs for submission to the Ohio Department of Higher Education.

(See Appendix XLIV for background information, page 1470)

***

APPROVAL OF REVISIONS TO THE INTERIM POLICY ON FACULTY APPOINTMENTS, FACULTY WORKLOAD, TENURE, AND RETRENCHMENT

Resolution No. 2026-61

Synopsis: Approval of revisions to the interim policy is requested to align with Senate Bill 1's faculty workload policy requirements found in Ohio Revised Code 3345.45.

WHEREAS Ohio Senate Bill 1 (SB1), the Advance Ohio Higher Education Act, took effect on June 27, 2025; and

WHEREAS SB1 requires the Board of Trustees to adopt a series of policies in accordance with statutory

requirements, including those concerning faculty workload, and to submit those policies to the chancellor of higher education for review; and

WHEREAS the Board of Trustees approved an interim Faculty Appointments, Tenure, and Retrenchment Policy at its August 20, 2025, meeting to address SB1's requirements related to tenure and retrenchment; and

WHEREAS the proposed revisions expand that interim policy to address the required elements of faculty workload, including alignment with the Ohio Department of Higher Education (ODHE) Standards for Instructional Workloads issued by the chancellor of higher education in late October; and

WHEREAS a faculty workload policy consistent with the ODHE standards should be adopted by the board of trustees and submitted to ODHE by December 31, 2025, and every five years thereafter:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves revisions to the renamed interim policy on Faculty Appointments, Faculty Workload, Tenure, and Retrenchment.

(See Appendix XLV for background information, page 1475)

***

AMENDMENTS TO THE *RULES OF THE UNIVERSITY FACULTY*

Resolution No. 2026-62

Synopsis: Approval of the following amendments to the *Rules of the University Faculty* are proposed.

WHEREAS the University Senate, pursuant to rule 3335-1-09 of the Administrative Code, is authorized to recommend through the President to the Board of Trustees the adoption of amendments to the *Rules of the University Faculty* as approved by the University Senate; and

WHEREAS rule 3335-5-04 outlines procedures for complaints of failure to meet academic responsibilities, post-tenure review, and misconduct made against faculty members, including different investigatory procedures for different cases depending on the subject matter at issue; and

WHEREAS, pursuant to rule 3335-5-04.2, the Research Integrity Standing Committee (RISC), which consists of faculty members with specific research expertise and training, performs investigations of complaints of research misconduct; and

WHEREAS all other research-related complaints are investigated by faculty members serving on college-level investigation committees; and

WHEREAS complaints relating to research compliance often involve complex research-related issues, such that the RISC committee's expertise would be beneficial in conducting those investigations; and

WHEREAS the proposed amendments would change the process for reviewing complaints pertaining to research compliance to assign such cases to RISC for investigation rather than college-level investigation committees; and

WHEREAS this change would ensure that faculty with relevant research experience perform these research compliance investigations; and

WHEREAS the proposed amendments were approved by the University Senate during its meeting on November 13, 2025:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the attached amendments to the *Rules of the University Faculty* be adopted as recommended by the University Senate.

(See Appendix XLVI for background information, page 1503)

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FACULTY PERSONNEL ACTIONS

Resolution No. 2026-63

BE IT RESOLVED, That the Board of Trustees hereby approves the faculty personnel actions as recorded in the personnel budget records of the university since the August 20, 2025, meeting of the board, including the following appointments, appointments/reappointments of chairpersons, faculty professional leaves and emeritus titles:

Appointments

Name: ELLIOT BENDOLY
Title: Professor (The Richard M. Ross Chair in Management)
College: Fisher College of Business
Term: August 15, 2025, through August 14, 2030

Name: LAURA FLANNIGAN
Title: Assistant Professor (The Warner Woodring Chair in History)
College: Arts and Sciences
Term: August 15, 2025, through August 15, 2030

Name: LARRY GARVIN
Title: Professor (The Leon M. McCorkle Jr. Professorship in Commercial Law)
College: Law
Term: August 15, 2025, through August 15, 2030

Name: ANNA GAWBOY
Title: Associate Professor (Colleen McMahon Professorship in Music)
College: Arts and Sciences
Term: August 15, 2025, through June 30, 2030

Name: KURT GRAY*
Title: Professor (Weary Foundation Endowed Chair in Social Psychology)
College: Arts and Sciences
Term: December 4, 2025, through June 30, 2030

Name: ROGER GODDARD

Title: Professor (Novice G. Fawcett Chair in Educational Administration)
College: Education and Human Ecology
Term: September 15, 2025, through September 14, 2030

Name: JENNIFER GOLD*
Title: Professor and Chair (The Harry C. and Mary Elizabeth Powelson Professorship of Medicine)
College: Medicine
Term: December 1, 2025, through June 30, 2030

Name: MARYANNA KLATT
Title: Professor-Clinical (Endowed Chair in Integrative Health)
College: Medicine
Term: November 1, 2025, through June 30, 2029

Name: JOSEPH KWON
Title: Professor (Richard M. Morrow Chair in Polymer Engineering)
College: Engineering
Term: August 15, 2025, through June 30, 2030

Name: ROBERT LOUNT
Title: Professor (Irving Abramowitz Memorial Professorship)
College: Fisher College of Business
Term: August 15, 2025, through August 14, 2030

Name: OLAN MUNSON
Title: Assistant Professor (Dr. Chris Lee Endowed Professorship in Korean)
College: Arts and Sciences
Term: August 15, 2025, through August 15, 2030

Name: MICHAEL MURPHY
Title: Assistant Professor-Clinical (Smathers Designated Professor at the Moritz Entrepreneurial Business Law Clinic)
College: Law
Term: August 15, 2025, through August 14, 2030

Name: EFTHIMI PARASIDIS
Title: Professor (The Kara J. Trott Endowed Professorship in Law in honor of Prof. Morgan E. Shipman)
College: Law
Term: November 15, 2025, through November 14, 2030

Name: ERIK PORFELI
Title: Interim Dean
College: Education and Human Ecology
Term: January 1, 2026, through June 30, 2028, or until a permanent Dean is appointed

Name: PAUL REITTER
Title: Professor (The Ohio Eminent Scholar in German)
College: Arts and Sciences
Term: August 15, 2025, through June 30, 2030

Name: BLAINE SAITO
Title: Associate Professor (The Lawrence D. Stanley Professorship in Law)
College: Law

Term: August 15, 2025, through August 15, 2030

Name: COLLEEN SETTINERI
Title: Professor-Clinical (The Chief Justice Thomas J. Moyer Professorship for the Administration of Justice and Rule of Law)
College: Law
Term: November 15, 2025, through November 14, 2030

Name: ABRAHAM SCHNEIDER*
Title: Professor (The George C. Paffenbarger Alumni Chair in Dental Research)
College: Dentistry
Term: November 3, 2025, through November 2, 2030

Name: BENNETT TEPPER
Title: Professor (John A. Russell Chair for Communication Excellence)
College: Fisher College of Business
Term: August 15, 2025, through August 14, 2030

Name: ANDREW VAN BUSKIRK
Title: Professor (The Harry T. Mangurian, Jr. Foundation Professorship in Business)
College: Fisher College of Business
Term: August 15, 2025, through August 14, 2030

Name: XIAOGUANG WANG
Title: Assistant Professor (The H.C. 'Slip' Slider Professorship in Chemical and Biomolecular Engineering)
College: Engineering
Term: August 15, 2025, through June 30, 2030

Name: LIN ZHU NEWSAD
Title: Assistant Professor (Elizabeth McKeever Ross Professorship Fund)
College: Medicine
Term: November 1, 2025, through June 30, 2029

Reappointments

Name: YIGIT AKIN
Title: Associate Professor (Carter V. Findley Chair of Ottoman and Turkish History)
College: Arts and Sciences
Term: August 15, 2025, through June 30, 2030

Name: ARNAB CHAKRAVARTI
Title: Professor and Chair (Klotz Family Chair in Cancer Research)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Name: JEFFREY CHALMERS
Title: Professor (Helen C. Kurtz Chair in Chemical Engineering)
College: Engineering
Term: July 1, 2025, through June 30, 2030

Name: DANIEL CHOW
Title: Professor (The Frank E. and Virginia H. Bazler Chair in Business Law)

College: Law
Term: November 16, 2025, through November 15, 2030

Name: LOUIS DIMAURO
Title: Professor (The Dr. Edward E. and Sylvia Hagenlocker Chair in Physics)
College: Arts and Sciences
Term: July 1, 2025, through December 31, 2027

Name: EDWARD FOLEY
Title: Professor (Charles W. Ebersold and Florence Whitcomb Ebersold Chair)
College: Law
Term: November 16, 2025, through November 15, 2030

Name: JOHN FULTON
Title: Professor (The Food, Agricultural, and Biological Engineering Endowed Professorship)
College: Food, Agricultural, and Environmental Sciences
Term: June 1, 2024, through May 31, 2029

Name: JINGYIN HUANG
Title: Associate Professor (The Alice Louise Ridenour Wood Chair in Mathematics)
College: Arts and Sciences
Term: August 15, 2025, through August 15, 2030

Name: DOROTHEE IMBERT
Title: Professor and Director (The Hubert Schmidt Chair in Landscape Architecture)
College: Engineering
Term: July 1, 2025, through June 30, 2026

Name: ALAN MICHAELS
Title: Professor (The Edwin M. Cooperman Endowed Chair at The Michael E. Mortiz College of Law)
College: Law
Term: February 1, 2026, through January 31, 2031

Name: ERIN MOORE
Title: Assistant Professor (Dr. Carl F. Asseff Professorship in Anthropology and History of Medicine)
College: Arts and Sciences
Term: August 15, 2024, through June 30, 2030

Name: DAVID NAGIB
Title: Professor (Dr. Harold “Hal” Miller and Betty J. Miller Endowed Chair in Organic Chemistry and Biochemistry)
College: Arts and Sciences
Term: August 15, 2025, through August 14, 2027

Name: RITA PICKLER
Title: Professor (FloAnn Sours Easton Endowed Professorship in Child and Adolescent Health)
College: Nursing
Term: October 1, 2025, through May 15, 2028

Name: JAMES ROCCO
Title: Professor and Chair (The Mary E. and John W. Alford Research Chair in Head and Neck Cancer)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Name: BRUCE WEINBERG
Title: Professor (Eric Byron Fix-Monda Endowed Chair)
College: Arts and Sciences
Term: December 4, 2025, through August 14, 2026

Extensions

*New Hire

(See Appendix XLVII for background information, page 1509)

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DEGREES AND CERTIFICATES

Resolution No. 2026-64

Synopsis: Approval of Degrees and Certificates for autumn term 2025 is proposed.

WHEREAS pursuant to paragraph (E) of rule 3335-1-06 of the Administrative Code, the Board has authority for the issuance of degrees and certificates; and

WHEREAS the faculties of the colleges and schools shall transmit, in accordance with rule 3335-9-29 of the Administrative Code, for approval by the Board of Trustees, the names of persons who have completed degree and certificate requirements:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the degrees and certificates to be conferred on December 21, 2025, to those persons who have completed the requirements for their respective degrees and certificates and are recommended by the colleges and schools.

(See Appendix XLVIII for background information, page 1515)

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APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES AND ENTER INTO/INCREASE CONSTRUCTION CONTRACTS

Resolution No. 2026-65

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACTS
EAST HOSPITAL – TOWER – ELEVATOR RENOVATIONS

APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS
EAST HOSPITAL – FIRE SUPPRESSION

NEWTON HALL AHU REPLACEMENTS
VMA – LIBRARY REDESIGN

APPROVAL TO INCREASE CONSTRUCTION CONTRACTS
COLLEGE ROAD REBUILD
DENTAL SIMULATION SPACE MODERNIZATION
OHIO STADIUM, WHAC AUDIO AND VIDEO UPGRADES
WMC OUTPATIENT CARE POWELL

Synopsis: Authorization to enter into/increase professional services and construction contracts, as detailed in the attached materials, is proposed.

WHEREAS in accordance with the attached materials, the University desires to enter into professional services contracts for the following project; and

	Prof. Serv. Approval Requested	Total Requested	
East Hospital – Tower – Elevator Renovations	$1.7M	$1.7M	Auxiliary funds

WHEREAS in accordance with the attached materials, the University desires to enter into/increase professional services contracts and enter into/increase construction contracts for the following projects; and

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Requested	
East Hospital – Fire Suppression	$0.6M	$6.8M	$7.4M	Auxiliary funds
Newton Hall AHU Replacements	$3.4M	$8.6M	$12.0M	University funds
VMA – Library Redesign	$0.7M	$3.8M	$4.5M	University funds

WHEREAS in accordance with the attached materials, the University desires to enter into/increase construction contracts for the following projects; and

	Construction Approval Requested	Total Requested	
College Road Rebuild	$0.8M	$0.8M	University debt
Dental Simulation Space Modernization	$16.0M	$16.0M	University debt University funds State funds
Ohio Stadium, WHAC Audio and Video Upgrades	$6.5M	$6.5M	Auxiliary funds University debt
WMC Outpatient Care Powell	$4.7M	$4.7M	Auxiliary funds

WHEREAS the Master Planning and Facilities Committee has reviewed the projects listed above for alignment with all applicable campus plans and guidelines; and

WHEREAS the Finance Committee has reviewed the projects listed above for alignment with the Capital Investment Plan and other applicable financial plans.

NOW THEREFORE

BE IT RESOLVED, that the Board of Trustees hereby approves that the fiscal year 2026 Capital Investment Plan be amended to include professional services and construction approval for the College of Veterinary Medicine Library Redesign project and additional construction funding for the Dental Simulation Space Modernization project; and

NOW THEREFORE

BE IT RESOLVED, that the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance be authorized to enter into/increase professional services and construction contracts for the projects listed above in accordance with established university and State of Ohio procedures, with all actions to be reported to the board at the appropriate time.

(See Appendix XLIX for background information, page 1557)

***

APPROVAL OF THE EAST HOSPITAL
LEVEL III TRAUMA CENTER VERIFICATION

Resolution No. 2026-66

OHIO STATE UNIVERSITY HOSPITALS
d/b/a OSU WEXNER MEDICAL CENTER

Synopsis: Approval of the triennial review of the Level III Trauma Center for East Hospital, is proposed.

WHEREAS, the mission of the Ohio State University Hospitals d/b/a OSU Wexner Medical Center, including Ohio State University Hospital, Ohio State Richard M. Ross Heart Hospital, Ohio State Harding Hospital, and East Hospital, is to improve people's lives through innovation in research, education, and patient care; and

WHEREAS, the Ohio State University Hospitals continue to provide emergency, specialty, and subspecialty clinical trauma services, as well as professional and public education, injury prevention, research, and performance improvement programs (collectively, the "Trauma Program"); and

WHEREAS, the Ohio State University Hospitals intend to continue to meet all requirements and criteria to maintain Level III Trauma Center verification at East Hospital and support its Trauma Program, including ensuring that the necessary personnel, facilities, and equipment are made available to support a Level III Trauma Center at East Hospital; and

WHEREAS, the triennial review of a Level III Trauma Center at East Hospital was approved by the Ohio State University Hospitals Medical Staff Administrative Committee on October 8, 2025; and

WHEREAS, the triennial review of a Level III Trauma Center at East Hospital was approved by the Quality and Professional Affairs Committee on October 28, 2025:

NOW, THEREFORE

BE IT RESOLVED, That The Ohio State University Wexner Medical Center Board and The Ohio State University Board of Trustees hereby commit to maintain the high standards needed to provide optimal care to all trauma patients and supports the East Hospital Level III Trauma Center verification by the American College of Surgeons Committee on Trauma.

(See Appendix L for background information, page 1565)

***

APPROVAL OF AMENDMENTS TO THE *BYLAWS OF THE MEDICAL STAFF*

Resolution No. 2026-67

OHIO STATE UNIVERSITY HOSPITALS
d/b/a OSU WEXNER MEDICAL CENTER

Synopsis: The amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals are recommended for approval.

WHEREAS a summary of the proposed amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals is attached; and

WHEREAS the proposed amendments are also attached; and

WHEREAS the proposed amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals were approved by the University Hospitals Medical Staff Administrative Committee on September 10, 2025; and

WHEREAS on October 28, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and The Ohio State University Board of Trustees hereby approve the amendments to the *Bylaws of the Medical Staff* for The Ohio State University Hospitals, including Ohio State University Hospital, Ohio State Richard M. Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital.

(See Appendix LI for background information, page 1568)

***

APPROVAL OF AMENDMENTS TO THE *BYLAWS OF THE MEDICAL STAFF*

Resolution No. 2026-68

THE OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER
ARTHUR G. JAMES CANCER HOSPITAL AND RICHARD J. SOLOVE RESEARCH INSTITUTE

Synopsis: The amendments to the *Bylaws of the Medical Staff* of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute are recommended for approval.

WHEREAS a summary of the proposed amendments to the *Bylaws of the Medical Staff* of the James Cancer Hospital is attached; and

WHEREAS the proposed amendments are also attached; and

WHEREAS the proposed amendments to the *Bylaws of the Medical Staff* of the James Cancer Hospital were approved by the James Cancer Hospital Medical Staff Administrative Committee on September 19, 2025; and

WHEREAS on October 28, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the amendments to the *Bylaws of the Medical Staff* of the James Cancer Hospital:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and The Ohio State University Board of Trustees hereby approve the amendments to the *Bylaws of the Medical Staff* of the James Cancer Hospital.

(See Appendix LII for background information, page 1631)

***

APPROVAL OF AMENDMENTS TO THE *MEDICAL STAFF RULES AND REGULATIONS*

Resolution No. 2026-69

THE OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER
ARTHUR G. JAMES CANCER HOSPITAL AND RICHARD J. SOLOVE RESEARCH INSTITUTE

Synopsis: The amendments to the *Medical Staff Rules and Regulations* of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute are recommended for approval.

WHEREAS a summary of the proposed amendments to the *Medical Staff Rules and Regulations* of the James Cancer Hospital is attached; and

WHEREAS the proposed amendments are also attached; and

WHEREAS the proposed amendments to the *Medical Staff Rules and Regulations* of the James Cancer Hospital were approved by the James Cancer Hospital Medical Staff Administrative Committee on September 19, 2025; and

WHEREAS on October 28, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the amendments to the *Medical Staff Rules and Regulations* of the James Cancer Hospital:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and The Ohio State University Board of Trustees hereby approve the amendments to the *Medical Staff Rules and Regulations* for The James.

(See Appendix LIII for background information, page 1691)

***

APPROVAL FOR ACQUISITION OF REAL PROPERTY

Resolution No. 2026-70

2.646 +/- ACRES AT 941 CHATHAM LANE,
COLUMBUS, FRANKLIN COUNTY, OHIO

Synopsis: Authorization to acquire real property located at 941 Chatham Lane, Columbus, Ohio, is proposed.

WHEREAS The Ohio State University seeks to acquire 2.646 acres of improved real property located at 941 Chatham Lane, Columbus, Ohio, identified as Franklin County parcel number 010-003322 at a price of $3,550,000; and

WHEREAS the acquisition of this property supports the strategic investment of land assets in support of the university's current and future needs; and

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance shall be authorized to take any action required to effect the purchase of the aforementioned property upon terms and conditions deemed to be in the best interest of the university and at a purchase price at or below the appraised value.

(See Appendix LIV for background information, page 1711)

***

**APPROVAL OF THE FY25 PROGRESS REPORT ON
THE OHIO TASK FORCE ON AFFORDABILITY AND EFFICIENCY
IN HIGHER EDUCATION RECOMMENDATIONS**

Resolution No. 2026-71

Synopsis: Approval of Ohio State's FY24 progress report on the Ohio Task Force on Affordability and Efficiency recommendations, which will be submitted to the Chancellor of Higher Education, is proposed.

WHEREAS Governor John R. Kasich established the Ohio Task Force on Affordability and Efficiency in Higher Education in 2015 to recommend solutions for state colleges and universities to enhance affordability and efficiency; and

WHEREAS The Ohio State University supported the goals and work of this task force; and

WHEREAS the task force delivered its recommendations in the report "Action Steps to Reduce College Costs" on October 1, 2015; and

WHEREAS House Bill 49 (Section 381.550) requires the Board of Trustees of each state college and university to approve an efficiency report based on the task force recommendations each fiscal year and submit it to the Chancellor of Higher Education; and

WHEREAS consultations have taken place within the university to review and apply the recommendations to Ohio State's circumstances; and

WHEREAS Ohio State's strategic goal, focused on operational excellence and resource stewardship, is in strong alignment with task force recommendations:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the university's FY25 progress report in response to the task force recommendations, as detailed in the attached document; and

BE IT FURTHER RESOLVED, That the attached document be delivered to the Chancellor of the Ohio Department of Higher Education.

(See Appendix LV for background information, page 1713)

***

AUTHORIZATION TO APPROVE GOLF COURSE DUES AND FEES

Resolution No. 2026-72

Synopsis: Approval of golf course membership dues and fees for calendar year 2026 at the recommended levels is requested.

WHEREAS The Ohio State University Department of Athletics has a long history of self-sustainability in supporting 36 world-class athletics programs and providing needed revenues back to the university for scholarships and academic programs; and

WHEREAS each year the Athletic Council reviews projections for the coming year's budget and recommends golf course membership dues and fees; and

WHEREAS the Athletic Council has approved the golf course membership dues and fees as shown on the attached document; and

WHEREAS the Athletic Council's recommendations have been reviewed and are recommended by the appropriate University administration:

NOW THEREFORE

BE IT RESOLVED, That the recommended golf course membership dues and fees for calendar year 2026 be approved.

(See Appendix LVI for background information, page 1730)

***

APPROVAL OF THE UNIVERSITY FOUNDATION REPORT

Resolution No. 2026-73

Synopsis: Approval of the University Foundation Report as of October 31, 2025, is proposed.

WHEREAS monies are solicited and received on behalf of the university from alumni, industry, and various individuals in support of research, instructional activities, and service; and

WHEREAS such gifts are received through The Ohio State University Foundation; and

WHEREAS this report includes: (i) the establishment of one (1) endowed chair as part of the Provost's Endowed Chair Matching Program: the Eric Byron Fix-Monda Endowed Chair; two (2) endowed chairs: the Seth Andre Myers Chair in Global Military History and the Weary Foundation Endowed Chair in Social Psychology ; one (1) endowed chair fund as part of the Provost's Endowed Chair Matching Program: the Horticulture and Crop Science Chair Fund for Future Molecular Plant Scientists - Bridging University Research and High School Classrooms; three (3) endowed professorships: The William E. and Charlotte Curtis Hunt Professorship in the Department of Neurosurgery, The Daniel H. Reigle Endowed Professorship in Sarcoma Research and Care, the Elizabeth McKeever Ross Professorship; five (5) scholarships as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; and thirty-four (35) additional named endowed funds; (ii) the revision of thirteen (13) named endowed funds:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves The Ohio State University Foundation Report as of October 31, 2025.

(See Appendix LVII for background information, page 1732)

***

NAMING OF THE HERBERT J. BLOCK MEMORIAL TOURNAMENT PATIENT REGISTRATION

Resolution No. 2026-74

IN THE OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER – ARTHUR G. JAMES CANCER HOSPITAL AND RICHARD J. SOLOVE RESEARCH INSTITUTE

Synopsis: Approval for the naming of the registration room in The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, located at 460 W. 10th Avenue on The Ohio State University Wexner Medical Center campus, is proposed.

WHEREAS The University Hospital tower expansion of the Wexner Medical Center's campus is the largest project in Ohio State's history; and

WHEREAS the James Cancer Hospital and Solove Research Institute patient registration has been remodeled as a part of the construction of the University Hospital tower; and

WHEREAS the Herbert J. Block Memorial Tournament has provided significant contributions to the building fund for the James Cancer Hospital and Solove Research Institute; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Herbert J. Block Memorial Tournament's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named the Herbert J. Block Memorial Tournament Patient Registration.

***

NAMING OF THE HARRY T. MANGURIAN, JR. FOUNDATION VISITOR LOUNGE

Resolution No. 2026-75

IN THE JAMES OUTPATIENT CARE

Synopsis: Approval for the naming of the visitor lounge in The Ohio State University Wexner Medical Center James Outpatient Care facility, located at 2121 Kenny Rd, is proposed.

WHEREAS The James Outpatient Care facility provides convenient access to state-of-the-art health services for The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC – James) patients; and

WHEREAS the facility includes a variety of services supporting the James Cancer Hospital and Solove Research Institute program; and

WHEREAS The Harry T. Mangurian, Jr. Foundation has provided significant contributions to the OSUCCC – James and the James Outpatient Care facility; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of the aforementioned donor's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the internal space (Rooms X602L, 6000) be named the "The Harry T. Mangurian, Jr. Foundation Visitor Lounge."

***

NAMING OF THE JAMES L. PRUSA TURFGRASS INNOVATION LAB

Resolution No. 2026-76

AT THE COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES WOOSTER CAMPUS

Synopsis: Approval for the naming of the turfgrass innovation lab in the Secrest Welcome and Education Center at the College of Food, Agricultural, and Environmental Sciences (CFAES)Wooster Campus, located at 2122 Williams Road, Wooster, OH, is proposed.

WHEREAS Ohio State ATI on the CFAES Wooster Campus strives to offer quality educational programs to prepare students in agriculture, horticulture and environmental sciences to be technically competent and self-reliant in a global society; and

WHEREAS the Ohio State ATI Turfgrass Management program is a popular field of study preparing students for a future in the science and business related to turfgrasses in commercial, residential and recreational settings; and

WHEREAS John Prusa and Mary Prusa have provided significant contributions to the CFAES Wooster Turf Facilities Project; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of John Prusa and Mary Prusa's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named the James L. Prusa Turfgrass Innovation Lab.

***

NAMING OF THE KIMMET FAMILY CAPSTONE ROOM

Resolution No. 2026-77

IN SCOTT LABORATORY

Synopsis: Approval for the naming of Capstone Room A (room W258) in Scott Laboratory, located at 201 W 19th Ave, is proposed.

WHEREAS The capstone sequence in mechanical engineering in the College of Engineering is intended to provide experience in the design process and bring together and reinforce knowledge and skills learned throughout the program; and

WHEREAS the classrooms provided by the capstone sequence are undergoing renovations and equipment upgrades to better serve the needs of students completing their capstone projects; and

WHEREAS Daniel Kimmet has provided significant contributions to the mechanical engineering capstone lab's development; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Daniel Kimmet's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named the Kimmet Family Capstone Room.

***

NAMING OF THE MINNIE M. MCGEE ACADEMIC SUCCESS HUB

Resolution No. 2026-78

IN HITCHCOCK HALL

Synopsis: Approval for the naming of the CARE Student Lounge in Hitchcock Hall, located at 2070 Neil Ave, is proposed.

WHEREAS The Office of Community, Access, Retention, and Empowerment (CARE) plays a unique role in strategic enrollment, planning, supporting student persistence in STEM, and supports the university's land-grant mission in the College of Engineering by creating an environment where everyone thrives; and

WHEREAS the CARE lounge space was designed to support and motivate academic growth for all College of Engineering students, offering tutoring, supplemental instruction, and self-care items; and

WHEREAS Herbert Robinson and Barbara Sferra have provided significant contributions to the College of Engineering; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Herb Robinson and Barbara Sferra's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named the Minnie M. McGee Academic Success Hub.

***

NAMING OF INTERNAL SPACES

Resolution No. 2026-79

IN UNIVERSITY HOSPITAL

Synopsis: Approval for the naming of internal spaces in the University Hospital located at 650 W. 10th Avenue is proposed.

WHEREAS The Ohio State University is taking a major step forward with the development of the new University Hospital that, combined with modern educational space, will enhance a unified Ohio State Wexner Medical Center campus; and

WHEREAS the Ohio State Wexner Medical Center campus provides leading-edge research, outstanding clinical training and world-class patient care; and

WHEREAS the following donors have provided significant contributions to the Wexner Medical Center and University Hospital; and

- The Walsh Group
- The Harry T. Mangurian, Jr. Foundation
- Douglas W. Armbrust, MD '67

- Jane's Room

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of the aforementioned donors' philanthropic support, the Board of Trustees hereby approves in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned spaces be named the following:

- Lampert Family Auditorium
- The Harry T. Mangurian, Jr. Foundation Visitor Lounge (Rooms 14000, X1403L, 14040)
- Gift in memory of William and Peg Armbrust by their grateful son, Douglas W. Armbrust, MD '67 (Room 17582)
- Jane's Room (Room 23420)

***

NAMING OF INTERNAL SPACES

Resolution No. 2026-80

IN THE MULTISPECIES ANIMAL LEARNING COMPLEX

Synopsis: Approval for the naming of internal spaces in the Multispecies Animal Learning Complex (MALC), located in the Waterman Agricultural and Natural Resources Laboratory, is proposed.

WHEREAS The College of Food, Agricultural, and Environmental Sciences (CFAES) works to sustain life every day through teaching, research, and extension statewide on all of our campuses; and

WHEREAS the MALC will support the CFAES mission of education, research, and outreach and engagement by bringing people and animals together in a state-of-the-art facility that will be used by Ohio State students and public learners of all ages alike; and

WHEREAS the donors listed below have provided significant contributions toward the construction of the MALC; and

- Russell and Brenda Simmonds
- VAL-CO

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy, and if at any time following the approval of a naming, circumstances change so that the continued use of the name may compromise the integrity or reputation of the University, the University may remove the name with the approval of the President and the Board of Trustees and notification of the Donors, if possible:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of the aforementioned donors' philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned spaces be named the following:

- Dr. Charles H. Ingraham Memorial Lobby
- VAL-CO Broiler Room (room D113)

***

NAMING OF INTERNAL SPACES

Resolution No. 2026-81

IN ENGINEERING RESEARCH AND EDUCATION LABORATORIES

Synopsis: Approval for the naming of internal spaces in Engineering Research and Education Laboratories, located at the corner of Woodruff Ave and College Rd, is proposed.

WHEREAS The College of Engineering's new Engineering Research and Education Laboratories is being built to capitalize on the momentum and gains in education, research, innovation, and economic well-being; and

WHEREAS Engineering Research and Education Laboratories will create collaborative spaces for the university's highly ranked Departments of Materials Science and Engineering, Biomedical Engineering and Chemical and Biomolecular Engineering, spurring new ways of conducting research, new improvements to human health and new partnerships to advance Ohio businesses; and

WHEREAS the donors listed below have provided significant contributions to the construction of Engineering Research and Education Laboratories and

- Douglas E. Herr and Jane F. Maliszewski
- George E. Smith and Gretchen D. Smith
- James L. Balthaser and Anita Y. Balthaser
- Victor H. Yin and Kuei-Chun Yin
- Edward G. Smariga and Pamela D. Smariga
- Thomas J. Paquin, Suzanne R. Paquin, Joseph H. Paquin Jr. and Betsy C. Paquin
- Susan M. Sand and Timothy J. Sand
- Allan V. Johnson
- William A. Baeslack III and Michelle L. Baeslack
- Srinivasan K. Ganapathi and Nivedita Ganapathi
- Dorie-Ellen N. Eisenman
- Doruk A. Borekci and Ece Borekci
- Ann E. Schavey and Larry D. Schavey
- Byrne Family Foundation Agency
- Lincoln Electric Foundation

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of the aforementioned donors' philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned spaces be named the following:

- Douglas "Ben" Herr and Jane Maliszewski Impact Engineering Lab (room 4260)
- Douglas "Ben" Herr and Jane Maliszewski Impact Engineering Collaboration Space (room 4319)
- The George and Gretchen Smith Lab (room 1230)
- The James L. and Anita Y. Balthaser Lobby (X104L)
- The Victor Yin EED Teaching Prep Room (room 1210)
- Smariga Collaboration Space (room 2235)
- The Joseph and Mary Jane Paquin Makerspace Office (room 1320)
- Tim and Susan Sand Conference Room (room 2243)
- The Allan V. Johnson Reception Area (room 6300)
- Bud and Shelley Baeslack Conference Room (room 6215)
- KG and Nivedita Ganapathi IBE Innovation Space (room 3243)
- The Mark Eisenman Family Collaboration Space (room 2227)
- The Ece & Doruk Borecki Family Huddle Room (room 2229)
- The Schavey Family Graduate Office (room 5229)
- The Byrne Family Foundation Collaboration Space (room 1227)
- Lincoln Electric Foundations Lab (room 1240)
- Lincoln Electric Collaboration Space (room 1235)
- Lincoln Electric Conference Room (room 1243)
- Lincoln Electric Huddle Room (room 1229)
- Lincoln Electric Collaboration Space (room 1241)

***

NAMING OF ENGINEERING RESEARCH AND EDUCATION LABORATORIES

Resolution No. 2026-82

IN THE COLLEGE OF ENGINEERING

Synopsis: Approval for the administrative naming of the Engineering Research and Education Laboratories at the corner of W Woodruff Avenue and College Road, is proposed.

WHEREAS The renovation and construction at this facility is almost complete and will maximize collaborative research and learning and capitalize on momentum in education, research, innovation and economic well-being, and

WHEREAS this name accurately reflects the purpose and current naming standards within the College of Engineering; and

WHEREAS the College of Engineering recommends and Planning, Architecture and Real Estate reviewed these changes; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named Engineering Research and Education Laboratories (Building 0265).

***

Mr. Zeiger:

To approve these measures, we will hold two roll-call votes. The first will be a vote on item No. 9 only — each of you have before you a list of these items, and that is publicly available through the media office, as well, for anyone joining virtually — but the first roll-call vote will relate only to item No. 9 – Faculty Personnel Actions.

Ms. Trott has been advised to abstain.

Upon the motion of Mr. Zeiger, seconded by Mr. Kaplan, the Board of Trustees adopted the foregoing resolution by majority roll-call vote, cast by the following trustees: Mr. Zeiger, Ms. Kessler, Mr. Heminger, Ms. Holcombe, Mr. Kaplan, Mrs. Harsh, Dr. Wilkinson, Mr. Mitevski, Mr. Bigby, Mr. Perez, Mr. Kastan, Mr. Skestos and Mr. Tiberi. Ms. Trott abstained.

Ms. Eveland:

Motion carries.

***

Mr. Zeiger:

Thank you.

Upon the motion of Mr. Zeiger, seconded by Mr. Heminger, the Board of Trustees adopted the remaining resolutions by unanimous roll-call vote, cast by the following trustees: Mr. Zeiger, Ms. Kessler, Mr. Heminger, Ms. Holcombe, Mr. Kaplan, Mrs. Harsh, Dr. Wilkinson, Mr. Mitevski, Mr. Bigby, Mr. Perez, Mr. Kastan, Mr. Skestos, Ms. Trott and Mr. Tiberi.

Ms. Eveland:

Motion carries.

***

Mr. Zeiger:

Thank you. That concludes our agenda for today. This meeting is adjourned.

The meeting adjourned at 1:17 p.m.

Attest:

John W. Zeiger	Jessica A. Eveland
Chairman	Secretary

THE OHIO STATE UNIVERSITY

Board of Trustees

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Columbus, OH 43201

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SUMMARY OF ACTIONS TAKEN

November 20, 2025 – Talent, Compensation and Governance Committee Meeting

Members Present:

Jeff M.S. Kaplan	Reginald A. Wilkinson	Juan Jose Perez
Elizabeth P. Kessler	Tomislav B. Mitevski	John W. Zeiger (ex officio)
Gary R. Heminger		

Members Present via Zoom: N/A

Members Absent: N/A

PUBLIC SESSION

The Talent, Compensation and Governance Committee of The Ohio State University Board of Trustees convened on Thursday, November 20, 2025, in person in the Alumni Room at the Fawcett Center on the Columbus campus. Committee Chair Jeff Kaplan called the meeting to order at 9:02 a.m.

Items for Action:

1. Approval of Minutes: No changes were requested to the August 13, 2025, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

2. Resolution No. 2026-56, Approval of Personnel Actions:

   BE IT RESOLVED, That the Board of Trustees hereby approves the personnel actions as recorded in the personnel budget records of the university since the August 20, 2025, meeting of the Board, including the following appointments and contract amendments:

   Appointment

   Name: John Horack
   Title: Vice President, Enterprise for Research, Innovation and Knowledge
   Unit: Office of Academic Affairs
   Term: October 1, 2025 – September 30, 2027

   Name: Rob Lowden
   Title: Vice President and Chief Information Officer
   Unit: Administration and Planning
   Term: August 1, 2025

   Interim Appointment

   Name: Erik Porfeli
   Title: Interim Dean, College of Education and Human Ecology
   Unit: Office of Academic Affairs
   Term: January 1, 2026 – June 30, 2028

THE OHIO STATE UNIVERSITY

Action: Upon the motion of Mr. Kaplan, seconded by Mr. Perez, the foregoing resolution was adopted by unanimous voice vote, with the following members present and voting: Mr. Kaplan, Ms. Kessler, Mr. Heminger, Dr. Wilkinson, Mr. Mitevski, Mr. Perez and Mr. Zeiger.

Item for Discussion:

3. Annual Trustee Ethics Training: Senior Vice President and General Counsel Anne Garcia, Vice President and Chief Compliance Officer Gates Garrity-Rokous, and Director of Ethics and Investigations Jessica Tobias trained the trustees on their obligations under Ohio Ethics Law. This education takes place annually and is a requirement of the Board of Trustees' "Statement of Ethical Conduct and Leadership Integrity" as well as state law. Topics covered included the screening process for conflicts, annual financial disclosure requirements, conflicts of interest, other required reporting obligations, and processes for disclosing potential issues and seeking support from the Office of University Compliance and Integrity.

   In addition to the members of the committee, the following trustees participated in this portion of the meeting: M. Katherine Holcombe, Elizabeth A. Harsh, Pierre Bigby, Bradley R. Kastan, George A. Skestos, Kara J. Trott, Patrick J. Tiberi, Kendall C. Buchan and Amy Chronis.

   (See Attachment XXX for background information, page 913)

EXECUTIVE SESSION

It was moved by Mr. Kaplan and seconded by Mr. Perez that the committee recess into executive session to discuss business-sensitive trade secrets and personnel matters regarding the appointment, employment and compensation of public employees.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Mr. Kaplan, Ms. Kessler, Mr. Heminger, Dr. Wilkinson, Mr. Mitevski, Mr. Perez and Mr. Zeiger.

The committee entered into executive session at 9:21 a.m. and adjourned at 12:03 p.m.

ATTACHMENT XXX

Annual Ohio Ethics Law Training

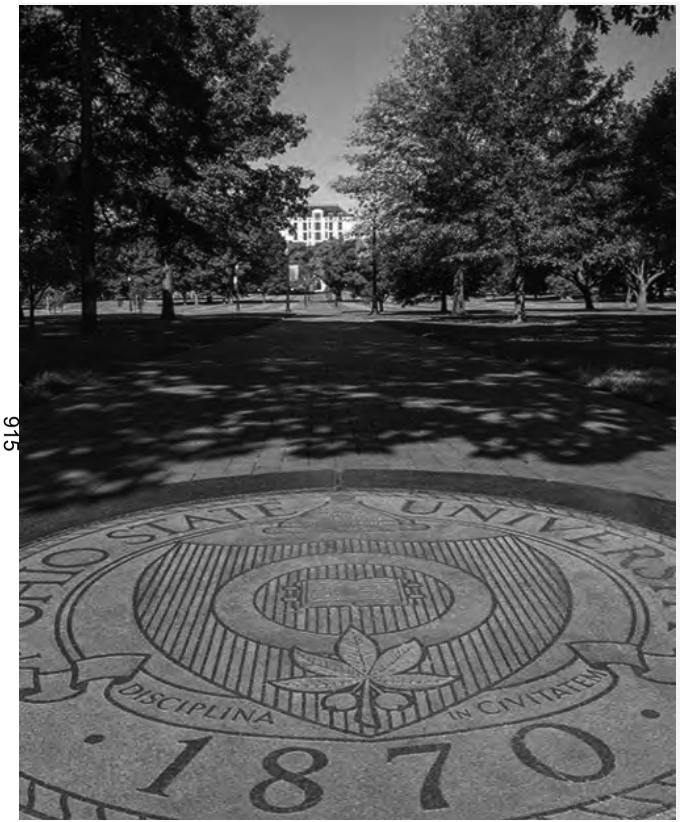
THE OHIO STATE UNIVERSITY

Annual Ohio Ethics Law Training

Anne K. Garcia
Senior Vice President and General Counsel

Gates Garrity-Rokous
Vice President and Chief Compliance Officer

Jessica Tobias
Ethics Director and Compliance Investigator



Key Takeaways

- The Board's Statement of Ethical Conduct and Leadership Integrity applies to all Trustees and Committee members and incorporates Ohio Ethics Law concepts.
- Trustees must submit an annual financial disclosure statement to the Ohio Ethics Commission.
- OSU's screening process relies on you voluntarily disclosing interests.

“The Ohio Ethics Law prohibits public officials or employees from participating, in any way, in actions or decisions that definitely and directly involve their own interests, or those of their families or business associates.”

- Ohio Ethics Commission

Ohio Ethics Law Key Concepts

Incorporated into Board Statement and Protocol

Conflicts of Interest (O.R.C. 102.03 (D) and (E))

- Prohibits trustee involvement on matters affecting themselves, family, or business associates
- Prohibits trustees from accepting anything of substantial value from an improper source

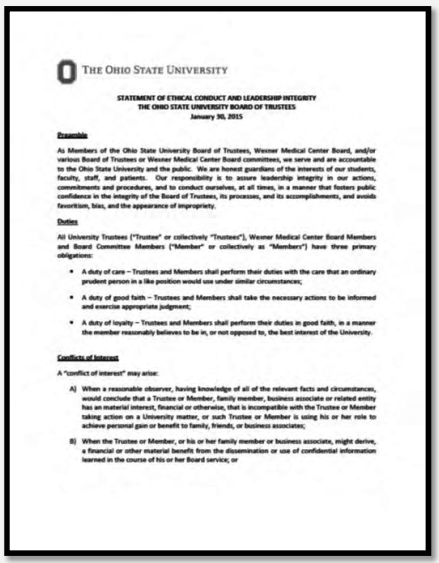
Public Contracts (O.R.C. 2921.42)

- Prohibits trustees from using influence to secure public contracts for themselves, family, or business associates
- Prohibits trustees from having a financial or fiduciary interest in a public contract

Representation Restrictions (O.R.C 102)

- Prohibits trustees from being paid to perform services on a matter before a state agency (exceptions may apply)

Board Statement and Protocol



THE OHIO STATE UNIVERSITY

STATEMENT OF ETHICAL CONDUCT AND LEADERSHIP INTEGRITY
THE OHIO STATE UNIVERSITY BOARD OF TRUSTEES
January 30, 2015

Preamble

As Members of the Ohio State University Board of Trustees, Wexner Medical Center Board, and/or various Board of Trustees or Wexner Medical Center Board committees, we serve and are accountable to the Ohio State University and the public. We are honest guardians of the interests of our students, faculty, staff, and patients. Our responsibility is to assure leadership integrity in our actions, commitments and procedures, and to conduct ourselves, at all times, in a manner that fosters public confidence in the integrity of the Board of Trustees, its processes, and its accomplishments, and avoids favoritism, bias, and the appearance of impropriety.

Duties

All University Trustees ("Trustee" or collectively "Trustees"), Wexner Medical Center Board Members and Board Committee Members ("Member" or collectively as "Members") have three primary obligations:

- A duty of care – Trustees and Members shall perform their duties with the care that an ordinary prudent person in a like position would use under similar circumstances;
- A duty of good faith – Trustees and Members shall take the necessary actions to be informed and exercise appropriate judgment;
- A duty of loyalty – Trustees and Members shall perform their duties in good faith, in a manner the member reasonably believes to be in, or not opposed to, the best interest of the University.

Conflicts of Interest

A "conflict of interest" may arise:

A) When a reasonable observer, having knowledge of all of the relevant facts and circumstances, would conclude that a Trustee or Member, family member, business associate or related entity has an material interest, financial or otherwise, that is incompatible with the Trustee or Member taking action on a University matter, or such Trustee or Member is using his or her role to achieve personal gain or benefit to family, friends, or business associates;

B) When the Trustee or Member, or his or her family member or business associate, might derive, a financial or other material benefit from the dissemination or use of confidential information learned in the course of his or her Board service; or



THE OHIO STATE UNIVERSITY

Board of Trustees Conflict of Interest Protocol

This Protocol summarizes the process by which the Office of Legal Affairs and Office of the Board of Trustees assist individual Trustees of the Ohio State University, as well as members of the Ohio State University Wexner Medical Center Board, and members of any Board Committees, in meeting their commitments under the Board of Trustees' Statement of Ethical Conduct and Leadership Integrity ("Statement") and Ohio Ethics Laws.

Candidate Screening: The Office of Legal Affairs will support the Board of Trustees in pre-screening potential trustees, Charter Trustees, Wexner Medical Center Board members, and members of Board Committees, when known, for possible ethics or conflict of interest issues based on publicly available information, prior to their appointment.

Charter and Committee Members: The Statement of Ethical Conduct and Leadership Integrity applies to both University Trustees ("Trustees") and Charter and Committee Members ("Members"). University Trustees are also governed by Ohio Ethics Laws. Members are expected to recognize potential conflicts of interest and respond accordingly, and the Office of Legal Affairs will assist both Trustees and Members as requested.

Ethics Education: At the time of his or her appointment, each Trustee and Member shall be invited to participate in a one-on-one education session by the General Counsel. The session will cover Ohio Ethics Law as it applies to the Trustee or Member and the Statement of Ethical Conduct and Leadership Integrity.

In addition, the University will provide Trustees and Members with an annual ethics education session that will cover Ohio Ethics Law as it applies to the Trustee or Member and the Statement of Ethical Conduct and Leadership Integrity.

The Board Office will also distribute the Summary of Substantive Provisions of the Ethics Law and Related Statutes prepared by the Ohio Ethics Commission and create a repository of relevant ethics documents that is accessible to Trustees and Members online.

Individualized conflict management plan: Where requested by an individual Trustee or Member, the General Counsel will define a management plan to assist in the management of a potential conflict. Such a plan may include assisting the Board Secretary in reviewing the Board Meeting agenda, prior to a meeting, to identify the potential conflict affecting individual Trustees or Members. Depending on the nature of the potential conflict, the Board materials may be redacted and other steps taken to ensure that the Trustee or Member appropriately recuses him- or herself from the discussion.

1

Board Ethics Statement and Protocol

Resources Available

1

PREPARATION

Candidate Screening
One-on-One Onboarding

2

ONGOING SUPPORT

Consulting and Conflict Management Plans
Meeting Agenda Review
Vendor List Provision
Interest Screening Process
Review Financial Disclosure Filings
Exit Meeting

3

ETHICS EDUCATION

Annual Ethics Training
Ohio Ethics Commission Guidance
Repository of Ethics Documents

Board Ethics Statement and Protocol

OSU's Recusal and Screening Processes

Disclosure to OSU (voluntary)

- Entities in which you serve as a director or in another fiduciary role (both for-profit and not-for-profit)
- Entities in which you hold 5% or more of the ownership of the entity

Agenda Review and Recusal Identifications

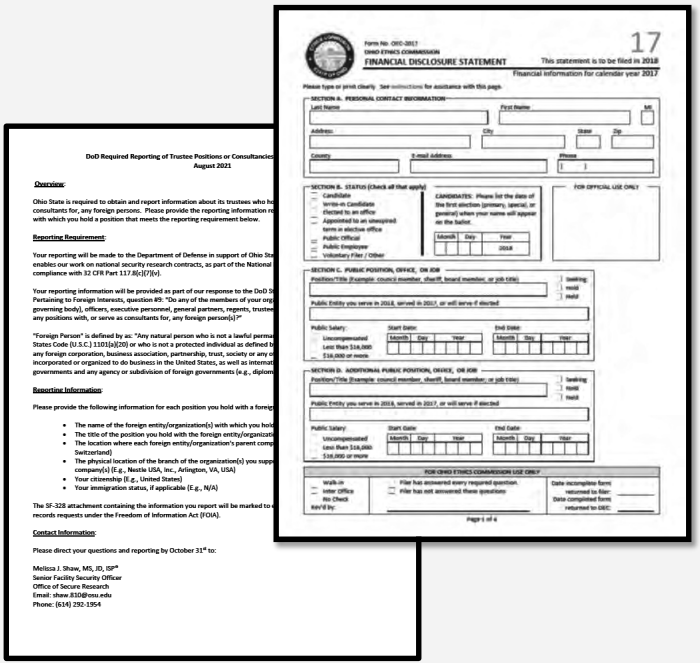
- Staff identify agenda items for possible recusal from university discussions, deliberations, and decisions, including Board action items

Public Contract Screening Processes

- Staff screen purchases of goods and services for potential conflicts

Required Reporting

- Ohio Ethics Commission Financial Disclosure Statement
- Department of Defense – Consultancies with Foreign Persons



DoD Required Reporting of Trustee Positions or Consultancies
August 2021

Overview:

Ohio State is required to obtain and report information about its trustees who he
consultants for, any foreign persons. Please provide the reporting information re
with which you hold a position that meets the reporting requirement below.

Reporting Requirement:

Your reporting will be made to the Department of Defense in support of Ohio Sta
enables our work on national security research contracts, as part of the National
compliance with 32 CFR Part 117.8(c)(7)(v).

Your reporting information will be provided as part of our response to the DoD SI
Pertaining to Foreign Interests, question #5: "Do any of the members of your org
governing body), officers, executive personnel, general partners, regents, trustee
any positions with, or serve as consultants for, any foreign person(s)?"

"Foreign Person" is defined by as: "Any natural person who is not a lawful perma
States Code (U.S.C.) 1101(a)(20) or who is not a protected individual as defined b
any foreign corporation, business association, partnership, trust, society or any o
incorporated or organized to do business in the United States, as well as internat
governments and any agency or subdivision of foreign governments (e.g., diplom

Reporting Information:

Please provide the following information for each position you hold with a foreig

- The name of the foreign entity/organization(s) with which you hold
- The title of the position you hold with the foreign entity/organizati
- The location where each foreign entity/organization's parent comp
  Switzerland)
- The physical location of the branch of the organization(s) you supp
  company(s) (E.g., Nestle USA, Inc., Arlington, VA, USA)
- Your citizenship (E.g., United States)
- Your immigration status, if applicable (E.g., N/A)

The SF-328 attachment containing the information you report will be marked to c
records requests under the Freedom of Information Act (FOIA).

Contact Information:

Please direct your questions and reporting by October 31st to:

Melissa J. Shaw, MS, ID, ISP®
Senior Facility Security Officer
Office of Secure Research
Email: shaw.810@osu.edu
Phone: (614) 292-1954

Form No. OEC-2017
OHIO ETHICS COMMISSION
FINANCIAL DISCLOSURE STATEMENT
17
This statement is to be filed in 2018
Financial information for calendar year 2017

Please type or print clearly. See instructions for assistance with this page.

SECTION A. PERSONAL CONTACT INFORMATION
Last Name | First Name | MI
Address | City | State | Zip
County | E-mail Address | Phone

SECTION B. STATUS (Check all that apply)
Candidate
Write-in Candidate
Elected to an office
Appointed to an unexpired term in elective office
Public Official
Public Employee
Voluntary Filer / Other
CANDIDATES: Please list the date of the first election (primary, special, or general) when your name will appear on the ballot.
Month | Day | Year
2018
FOR OFFICIAL USE ONLY

SECTION C. PUBLIC POSITION, OFFICE, OR JOB
Position/Title (Example: council member, sheriff, board member, or job title)
Seeking / Hold / Held
Public Entity you serve in 2018, served in 2017, or will serve if elected
Public Salary: Uncompensated / Less than $10,000 / $10,000 or more
Start Date: Month | Day | Year
End Date: Month | Day | Year

SECTION D. ADDITIONAL PUBLIC POSITION, OFFICE, OR JOB
Position/Title (Example: council member, sheriff, board member, or job title)
Seeking / Hold / Held
Public Entity you serve in 2018, served in 2017, or will serve if elected
Public Salary: Uncompensated / Less than $10,000 / $10,000 or more
Start Date: Month | Day | Year
End Date: Month | Day | Year

FOR OHIO ETHICS COMMISSION USE ONLY
Walk-in / Inter Office / Rec'd By:
Filer has answered every required question.
Filer has not answered these questions:
Date incomplete form returned to filer:
Date completed form returned to OEC:

Page 1 of 4

Questions?

THE OHIO STATE UNIVERSITY

STATEMENT OF ETHICAL CONDUCT AND LEADERSHIP INTEGRITY
THE OHIO STATE UNIVERSITY BOARD OF TRUSTEES
January 30, 2015

Preamble

As Members of the Ohio State University Board of Trustees, Wexner Medical Center Board, and/or various Board of Trustees or Wexner Medical Center Board committees, we serve and are accountable to the Ohio State University and the public. We are honest guardians of the interests of our students, faculty, staff, and patients. Our responsibility is to assure leadership integrity in our actions, commitments and procedures, and to conduct ourselves, at all times, in a manner that fosters public confidence in the integrity of the Board of Trustees, its processes, and its accomplishments, and avoids favoritism, bias, and the appearance of impropriety.

Duties

All University Trustees ("Trustee" or collectively "Trustees"), Wexner Medical Center Board Members and Board Committee Members ("Member" or collectively as "Members") have three primary obligations:

- A duty of care – Trustees and Members shall perform their duties with the care that an ordinary prudent person in a like position would use under similar circumstances;
- A duty of good faith – Trustees and Members shall take the necessary actions to be informed and exercise appropriate judgment;
- A duty of loyalty – Trustees and Members shall perform their duties in good faith, in a manner the member reasonably believes to be in, or not opposed to, the best interest of the University.

Conflicts of Interest

A "conflict of interest" may arise:

A) When a reasonable observer, having knowledge of all of the relevant facts and circumstances, would conclude that a Trustee or Member, family member, business associate or related entity has an material interest, financial or otherwise, that is incompatible with the Trustee or Member taking action on a University matter, or such Trustee or Member is using his or her role to achieve personal gain or benefit to family, friends, or business associates;

B) When the Trustee or Member, or his or her family member or business associate, might derive, a financial or other material benefit from the dissemination or use of confidential information learned in the course of his or her Board service; or

C) When a Trustee or Member, or their family member, business associate or related entity, has a material existing financial or other interest that impairs his or her independence, objectivity, or ability to discharge his or her duties in serving the University.

Commitment of Trustees and Members

Trustees shall follow the protections of the public found in Chapters 102 and 2921.42 and .43 of the Ohio Revised Code which apply to University Trustees and other public officials ("Ohio Ethics Laws"). In addition, all Trustees and Members shall:

- Serve with integrity and professionalism, in a manner that avoids favoritism, bias, conflicts of interest, and the appearance of impropriety;
- Withdraw from any consideration or action, or any participation with University employees, on any matter as to which the Trustee or Member has a conflict of interest. In doing so, the Trustee or Member shall advise the Secretary of the Board of Trustees that the Trustee or Member will recuse from discussion, consideration and vote on the matter on which conflict of interest exists which shall be reflected in the minutes of that Board;
- Accept no compensation or emolument from a source other than The Ohio State University for service as a Trustee or Member or in relation to any matter before their Board or committee;
- Not use membership on the Board, Wexner Medical Center Board or their committee, or the name of The Ohio State University or its acronym, logos, or other official indicia, in the any manner that suggests impropriety, bias, or unapproved commercial use;
- Not use any authority, advantage, or information conferred upon or provided by virtue of their service as a Trustee or Member for their personal benefit or that of their family or business associates;
- Not use any information not available to the public at large and obtained as a result of their service as a Trustee or Member for personal gain or benefit or for the gain or benefit of others; and
- Preserve the confidentiality of information obtained that is required by law to remain confidential.

Procedures Applicable to Trustees and University Employees

A) Each Trustee is individually responsible for assuring their personal compliance with Ohio Ethics Laws.

- Annually the Secretary of the Board will circulate the Summary of Substantive Provisions of the Ethics Law and Related Statutes prepared by the Ohio Ethics Commission to each Board Member for review.

- The University General Counsel shall supplement the Summary with a brief memorandum outlining any other applicable provisions of Ohio law with which the Trustees must be familiar.

- Each Trustee shall attend annual ethics education as provided by the University, the Board of Regents, or comparable program.

- Each Trustee shall submit to the Board Secretary an annual acknowledgement of the filing of their financial disclosure with the Ohio Ethics Commission.

- Members who are not Trustees of the University or paid employees of the University are not subject to the Ethics Laws but may, at their option, avail themselves of the procedures outlined in B) and C) below.

B) The University shall establish a database of all contracts with third party vendors to the University. Once a year the Secretary of the Board shall circulate a form to each Trustee on which the Trustee may, at his or her option, list any entities in which the Trustee (1) serves as a director or other fiduciary (both for-profit and not-for-profit entities), or (2) holds (individually and/or combined with other members of the Trustee's family and/or the Trustee's business associates) five percent (5%) or more of the ownership of the entity.

- A Trustee is encouraged to update the Trustee's entity list at any time the Trustee agrees to assume a directorship or other fiduciary relation with an entity or acquires a five percent (5%) or larger ownership interest in the entity (individually and/or combined with other members of the Trustee's family and/or the Trustee's business associates).

- Upon receipt of the annual or update entity disclosures, the University shall determine whether the University has made any purchases of goods or services from each identified entity in the last twenty-four (24) months or whether it otherwise has any contracts with each identified entity. Upon completion of its review, the Secretary of the Board of Trustees shall promptly notify each Trustee of any situation in which the University has purchased goods or services from, or has a contract with, any entity listed by that Trustee on that Trustee's entity disclosure.

- The University shall use its best efforts to not prospectively purchase any goods or services, or enter into a contract with, any entity listed by a Trustee on the Trustee's entity disclosure without the prior written consent of (1) the Trustee and (2) the General Counsel of the University.

- The form shall be submitted to the General Counsel along with a request for legal advice pertaining to the Trustee or Member's obligations relating to their service. The General Counsel will provide the Trustee or Member a confirmation letter as well as a summary of preventative actions the University will take as outlined above.

C) The General Counsel of the University shall be available to advise each Trustee with regard to any issue arising under the Ethics Laws. In doing so, the Office of Legal Affairs shall maintain the attorney-client privilege with the Trustee or Member unless expressly waived in writing by the Trustee or Member. If the Office of Legal Affairs is unable to provide representation consistent with maintaining the attorney-client privilege with the Trustee or Member, or otherwise believes a conflict might exist if the Office of Legal Affairs represented the Trustee or Member, the Office of Legal Affairs shall so inform the Trustee or Member.

THE OHIO STATE UNIVERSITY

Board of Trustees Conflict of Interest Protocol

This Protocol summarizes the process by which the Office of Legal Affairs and Office of the Board of Trustees assist individual Trustees of the Ohio State University, as well as members of the Ohio State University Wexner Medical Center Board, and members of any Board Committees, in meeting their commitments under the Board of Trustees' Statement of Ethical Conduct and Leadership Integrity ("Statement") and Ohio Ethics Laws.

Candidate Screening: The Office of Legal Affairs will support the Board of Trustees in pre-screening potential trustees, Charter Trustees, Wexner Medical Center Board members, and members of Board Committees, when known, for possible ethics or conflict of interest issues based on publicly available information, prior to their appointment.

Charter and Committee Members: The Statement of Ethical Conduct and Leadership Integrity applies to both University Trustees ("Trustees") and Charter and Committee Members ("Members"). University Trustees are also governed by Ohio Ethics Laws. Members are expected to recognize potential conflicts of interest and respond accordingly, and the Office of Legal Affairs will assist both Trustees and Members as requested.

Ethics Education: At the time of his or her appointment, each Trustee and Member shall be invited to participate in a one-on-one education session by the General Counsel. The session will cover Ohio Ethics Law as it applies to the Trustee or Member and the Statement of Ethical Conduct and Leadership Integrity.

In addition, the University will provide Trustees and Members with an annual ethics education session that will cover Ohio Ethics Law as it applies to the Trustee or Member and the Statement of Ethical Conduct and Leadership Integrity.

The Board Office will also distribute the Summary of Substantive Provisions of the Ethics Law and Related Statutes prepared by the Ohio Ethics Commission and create a repository of relevant ethics documents that is accessible to Trustees and Members online.

Individualized conflict management plan: Where requested by an individual Trustee or Member, the General Counsel will define a management plan to assist in the management of a potential conflict. Such a plan may include assisting the Board Secretary in reviewing the Board Meeting agenda, prior to a meeting, to identify the potential conflict affecting individual Trustees or Members. Depending on the nature of the potential conflict, the Board materials may be redacted and other steps taken to ensure that the Trustee or Member appropriately recuses him- or herself from the discussion.

Optional Provision of List of Interests: Once a year the Secretary of the Board shall circulate a form to each Trustee on which the Trustee may, at his or her option, list any entities in which the Trustee (1) serves as a director or other fiduciary (both for-profit and not-for-profit entities), or (2) holds (combined with other members of the Trustee's family or the Trustee's business associates) five percent (5%) or more of the ownership of the entity. A Trustee is encouraged to update the Trustee's entity list at any time the Trustee agrees to assume a directorship or other fiduciary relation with an entity or acquires a five percent (5%) or larger ownership interest in the entity. The form shall be submitted to the General Counsel along with a request for legal advice pertaining to the Trustee or Member's obligations relating to their service. The information so disclosed shall be held in confidence. Members may avail themselves of this process at their own initiative. The General Counsel will provide the Trustee or Member a confirmation letter as well as a summary of preventative actions the University will take to assist the Trustee or Member in managing the disclosed relationship(s).

Potential conflicting vendor list and University purchases: To assist Trustees in meeting their obligations under the Ohio Ethics Laws, and otherwise to manage their potential conflicts of interest, the Board Office, upon request, will provide to the Trustees the University's vendor list.

Financial Disclosure Filings: Annually, the Board Office will remind trustees of Ohio Ethics Commission financial disclosure filing requirements and upcoming deadlines, pay for filing fees, and confirm with each trustee that he or she properly filed their financial disclosure with the Commission.

Agenda Review: The Board Office will review each Board, Wexner Medical Center Board, and/or Committee agenda to identify items for action on those agendas that may pose potential conflicts of interest for individual Trustees and Members, based on previously disclosed or known information, and will consult with the individual trustee or member and the Office of Legal Affairs, as appropriate.

Exit meeting: At the time that a Trustee or Member retires from the Board or Committee, General Counsel will offer to review the ongoing ethical obligations of the Trustee or Member and offer ongoing support in interpretation of those obligations.

OHIO ETHICS COMMISSION
William Green Building
30 West Spring Street, L3
Columbus, Ohio 43215-2256
Telephone: (614) 466-7090
Fax: (614) 466-8368

www.ethics.ohio.gov

OHIO ETHICS LAW MEMORANDA FOR TRUSTEES OF PUBLIC COLLEGES AND UNIVERSITIES

I. INTRODUCTION TO THE ETHICS LAW AND RELATED STATUTES

This handout contains general information about the Ohio Ethics Law and related statutes (Chapter 102. and Sections 2921.42, 2921.421, and 2921.43) as they apply to individuals serving as trustees of state colleges and universities. To assist you, this handout outlines, in general terms, your responsibilities under the Ethics Law and related statutes.

The prohibitions of the Ethics Law and related statutes protect both individuals who serve in public positions and the general public. The law includes requirements for financial disclosure by trustees of public colleges and universities, as well as general provisions that condition the conduct of public officials and employees to help protect against conflicts of interest.

A. Intent:
- To prevent public officials and employees with conflicts of interest from acting on those conflicts
- To provide remedies of education, advice, and enforcement

B. Application:
- All public officials and employees at every level of government in Ohio, and those who do business with them
- All trustees of state public colleges and universities are public officials and are, therefore, subject to Ohio's Ethics Law.
- Limited exception for teachers and other educators with no administrative responsibilities [Ohio Revised Code ("R.C.") 102.01 (B)]

C. Ohio's Ethics Law:
- Found in Chapter 102 of the Revised Code
- Related statutes are R.C. 2921.42 and R.C. 2921.43

II. THE OHIO ETHICS COMMISSION

A. History
- Post-Watergate enactment in 1973 [H.B. 55, effective 1/1/74]

B. Purpose
- Requiring personal financial disclosure
- Imposing **criminal** penalties for unethical conduct

- Establishing uniform review of questions by statewide commissions of the three branches of government

C. Composition of the Ethics Commission
- Six **bi-partisan** members
- Appointed by Governor, confirmed by Senate
- Staggered, 6-year terms
- Compensated $75 per meeting, up to $1800 per year

D. Authority of the Ethics Commission
- Administers Ethics Law (R.C. 102) and related statutes (R.C. 2921.42 and 2921.43) for all public officials and employees at the state, county, municipal, township, and other levels of government *except*:
  a. Judges and judicial employees [Contact the Board of Commissioners on Grievances and Discipline of the Supreme Court at (614) 644-5800]
  b. State legislators and legislative employees [Contact the Joint Legislative Ethics Committee at (614) 728-5100]

III. RESPONSIBILITIES AND PROCESSES OF THE COMMISSION

A. General Duties - Five Major Responsibilities
1. Public Information
2. Advice
3. Investigation and Referral for Prosecution
4. Financial Disclosure
5. Legislation

B. Public Information – R.C. 102.08.
1. Organize and provide training and information sessions regarding conflicts of interest and financial disclosure
   - Presented 137 educational sessions throughout the state in 1997
   - Sessions given by the Commission are free of charge
2. Create and distribute informational materials regarding Ohio's Ethics Law
3. Provide a master copy of the Ethics Law to agencies for distribution
4. Maintain website of electronic information [**http://www.ethics.state.oh.us**]

C. Advice – Render Advisory Opinions – R.C. 102.08.
1. The law provides assistance to you as a public official from the Ethics Commission through written advisory guidance to answer your questions about the specific application of the Ethics Law to future actions. You are encouraged to ask questions and we will do our best to answer them.
2. Please do not hesitate to call or write to our office at the telephone and address above.

D. Investigation – R.C. 102.06.
1. Authority – Analogous to specialized grand jury
2. **Confidential process** – Commission is prohibited by law from disclosing any information about investigations *except*:
   a. Commission may publicly comment that a complaint has been referred to a prosecutor if no action has been taken within 90 days of the referral
      - Commission cannot comment regarding the merits of its findings

b. Accused can request disclosure of a complaint, if the accused has successfully defended the complaint

3. Resolution Authority – After consultation with the accused, the person filing the complaint, and any other person the Commission considers necessary, the Commission or a prosecutor may agree to settle a charge with the accused.
4. Demand exceeds resources:
   a. An estimated 18,000 elected office holders and 500,000 public employees subject to authority
   b. As a result, commission must weigh the relative severity of allegations in order to prioritize which will be investigated

E. Financial Disclosure – R.C. 102.02.
1. All state college and university trustees are required to file individual financial disclosure statements with the Ethics Commission by May 15th of each year.
2. These statements aid trustees in identifying financial interests they hold that may present conflicts of interest for them in the performance of their public duties.
3. The Ethics Commission provides financial disclosure statements to college and university trustees by February 15th of each year.
4. Financial disclosure statements reflect the entire preceding year's financial interests held by the filer, even if the trustee did not serve during the preceding year.
5. College and university trustees are required to disclose:
   - Sources of income of over $500;
   - Sources of gifts of over $500 (excluding most family members, but including spouses);
   - Investments over $1000;
   - Debtors and creditors over $1000;
   - Most ownership and leasehold interests in real property, located in Ohio.
6. Statements filed by trustees of public colleges and universities are confidential except for any part of the disclosure that reveals a potential conflict of interest. Each confidential statement is individually reviewed by the Ethics Commission to identify sources of potential conflict. These may include a trustee's financial interests, because a trustee may not use his authority to affect his or her own interests if they have business or regulative relationships with the college or university.
7. The General Assembly has mandated timely compliance with the deadline. As a result, the Ethics Commission will assess a late filing fee of $10 per day, up to a total of $250.00, against individuals who fail to file statements by the deadline.

F. Legislation – R.C. 102.08.
- Recommend legislation relating to ethics, conflicts of interest, and financial disclosure
- Recent examples:
  - H.B. 300 in 1986
  - H.B. 285 in 1994

IV. SUBSTANTIVE PROVISIONS OF THE ETHICS LAW AND RELATED STATUTES

General Rule – Whenever the personal financial or fiduciary interests of public officials or employees, their families, or their business associates are involved in a situation before the officials or employees, there is an ethics issue.

In addition to financial disclosure requirements, the Ohio Ethics Law contains provisions regarding the private activities of public officials. These provisions deal with four general areas: conflicts of interest; public contracts (including nepotism) and public investments; post-employment, confidentiality, and representation; and, supplemental compensation. These general restrictions are summarized below.

A. Conflict of Interest – R.C. 102.03 (D), (E), (F).

1. A trustee of a public college or university is prohibited from taking any action, including voting, discussing, deliberating, and formally or informally lobbying, on any matter where the official, his or her family or business associates, or others with whom the trustee has a relationship that would affect his or her objectivity, would receive anything of substantial value [102.03 (D)].
    a. R.C. 102.03 (D) prohibits public officials from using their authority to secure anything of value that could have a substantial and improper influence upon the official in the performance of their duties. This section prohibits any formal or informal action in a matter where a substantial thing of value may benefit the officials, their families, or their business associates.
    b. The law defines "**anything of value**" to include money, goods, chattels, future employment, interests in realty, and "every other thing of value."
2. A trustee of a public college or university is prohibited from accepting or soliciting anything of substantial value, including gifts, travel, meals, and lodging payments, and consulting fees, from improper sources including parties that are doing or seeking to do business with, regulated by, or interested in matters before the board or commission he or she serves [R.C. 102.03 (D) and (E)].
    a. R.C. 102.03 (E) prohibits a public official from merely soliciting or accepting anything of value if the thing of value could have a substantial and improper influence upon the public official in the performance of his or her duties.
    b. "Anything of value" could have a **substantial** influence upon a public official if the thing has a substantial value. The Ethics Commission has stated, for example, that season tickets for a professional sports team have a substantial value and cannot be provided to a public official by a party doing business with or regulated by the public agency [OEC Adv. Op. No. 95-001].
    c. A thing of value could have an **improper** influence upon a public official if it is provided by a source that has a direct relationship with the public agency served by the official. Those sources, which are "improper" because of their relationships with a public agency, include parties doing or seeking to do business with, regulated by, or interested in matters before the public agency. Those "interested in" matters might include an association of parties doing business with the public agency.

3. The law also **prohibits a private party, or any person**, from promising or giving anything of value to a public college or university trustee if the thing of value could have a substantial and improper influence upon the public official or employee in the performance of his or her duties [R.C. 102.03 (E); OEC Adv. Op. No. 90-001].
    a. One example of a situation where these restrictions have been applied is travel, meals, and lodging. A public college or university trustee is prohibited from accepting travel, meals, and lodging, from any improper source, which would include parties that are doing or seeking to do business with, regulated by, or interested in matters before the public agency [OEC Adv. Op. No. 89-014]. A trustee is also prohibited from accepting or using any frequent flyer benefits accrued while in the course of travel in his or her official capacity, unless the benefits are used in official travel [OEC Adv. Op. No. 91-010].

B. **Public Contract Restraints - R.C. 2921.42; R.C. 102.04.**
1. Trustees of public colleges or universities are prohibited from authorizing or using their positions to secure authorization of a public contract for themselves, their family member, or their business associates [R.C. 2921.42 (A)(1)].
    a. A "**public contract**" is any purchase or acquisition of any property or services, including employment, and casual, as needed purchases, and any design, construction, alteration, repair, or maintenance of any public property [2921.42 (G)(1)].
    b. The Commission has stated that a prohibited "**interest**" in a public contract must be definite and direct, and may be either pecuniary or fiduciary [OEC Adv. Op. No. 78-005].
    c. The term "**a member of his family**" includes, but is not limited to, a spouse, parent, grandparent, child, grandchild, or sibling. It also includes any other person related by blood or marriage to the public official and residing in the same household with the official [OEC Adv. Op. No. 80-001; Walsh v. Bollas, 82 Ohio App. 3d 588 (Lake County 1992)].
    d. A "**business associate**" is a person with whom a public official is engaged in an on-going business enterprise, such as a partner in a partnership, a co-owner of a business, or an outside, private employer [OEC Adv. Op. No. 92-003].
2. Trustees of public colleges or universities are **prohibited from profiting from** a public contract they approved, or that was approved by the board of trustees of which they are members, even if they abstain from the approval, unless the contract was competitively bid and awarded to the lowest and best bidder [R.C. 2921.42 (A)(3)]. This restriction applies while the official is connected with the public college or university, and for one year after he or she leaves his position.
    a. This section prohibits a member of a governing board, such as a college or university board of trustees, for one year from the time he or she leaves the position, from accepting employment with the public agency, if the employment was authorized or the position was created during the trustee's service. R.C. 102.03 (D) (discussed above) also prohibits a member of a governing board from using a public position to secure employment from the public agency he or she serves [OEC Adv. Op. No. 87-008]. These restrictions do not mean that a former college or university trustee is prohibited from securing employment with the college or university he or she had served, so long as the board of trustees did not create the position or

authorize the employment during the former trustee's service, and the former trustee did not seek the employment opportunity until after he or she left the position of trustee.

3. **Nepotism**
   a. A trustee of a public college or university is prohibited from authorizing the hire of, or using his or her authority to secure the hire of, or employment benefits for, any member of his or her family (parents, grandparents, children, grandchildren, spouse, siblings, or any person related by blood or marriage and residing in the same household) [R.C. 2921.42 (A)(1)].
4. **Improper Interest in Public Contracts**
   a. A trustee of a public college or university is prohibited from having an interest in the profits or benefits of a public contract entered into by the institution with which he or she is connected [R.C. 2921.42 (A)(4)]. The term "connected with" has been defined by the Commission as being related to or associated with the institution [OEC Adv. Op. No. 87-002, 89-004, 90-007].
      i. **EXEMPTION:** A trustee of a public college or university is not considered to have an interest in a public contract entered into by his or her college or university with a private corporation if the trustee's interest in the corporation is limited to being a stockholder of less than five percent or a creditor of **less than five percent** [R.C. 2921.42 (B)].
      ii. **EXEMPTION:** A trustee of a public college or university is not prohibited from having an interest in a public contract entered into by the college or university he or she serves so long as: (1) the purchase is a necessary purchase; (2) the goods or services are unobtainable elsewhere for the same or lower cost, or are furnished as part of a continuing course of dealing started prior to the trustee's connection with the college; (3) the service provided is the same as or better than the service provided to other clients or customers; and (4) the public official does not participate, the contract is at arm's length, and the college or university has full knowledge of the board member's interest [R.C. 2921.42 (C)].
      iii. The application of these two exemptions is dependent upon the facts. Please contact the Ethics Commission for further information.
   b. Trustees of state colleges and universities are prohibited from authorizing investments, or employing authority to secure investments of public funds in any security, if they, their family members, or any of their business associates either has an interest, is an underwriter, or receives any brokerage, origination, or servicing fees [R.C. 2921.42 (A)(2); State v. Strabala (1993)].
5. **Sale of Goods**
   a. A trustee of a state college or university is prohibited from selling any goods or services to any state entity, except through competitive bidding or as provided by exemption [R.C. 102.04 (B)].
      i. **EXEMPTION:** Sales to state agencies other than the college or university served are exempted when the trustee completes and files a disclosure of the sale of goods or services, as described in R.C. 102.04 (D), before entering into the sale. The trustee must file the disclosure with the college or university he serves, the state entity to which the sale will be made, and the Ethics Commission [R.C. 102.04 (D)].

C. **Post-Employment Restrictions – R.C. 102.03(A), (B); 102.04(A),(C).**

1. General **Revolving Door – R.C. 102.03(A):**
   A trustee of a state college or university is prohibited, during public service and for **one year** thereafter, from representing anyone, before any public agency, on any matter in which he or she personally participated while the trustee was a member of the board of trustees [R.C. 102.03 (A)].
   a. A "**matter**" is any case, proceeding, application, determination, issue, or question [R.C. 102.03 (A)(5)].
   b. "**Personal participation**" is any decision, approval, disapproval, recommendation, the rendering of advice, investigation, or other substantial exercise of administrative discretion [R.C. 120.03 (A)(1)]. Supervision of another public official or employee can be, but is not always, personal participation [OEC Adv. Op. No. 91-009].
   c. "**Representation**" is defined as any formal or informal appearance before, or any written or oral communication with, any public agency [102.03 (A)(5)]. "Representation" includes preparing documents, regardless of whether the individual himself signs them, or they are signed by someone else [OEC Adv. Op. No. 86-001]. The restriction applies even if the represented party is another public agency [OEC Adv. Op. No. 93-011]. The restriction does not apply to behind-the-scenes consultation with a client or new employer [OEC Adv. Op. No. 92-005].
2. **Representation** – R.C. 102.04 (A).
   a. A trustee of a public college or university is prohibited from receiving compensation except from the institution of higher education he or she serves for any service **rendered personally** on any case, application, or other matter before any state entity, except as provided by exemption [R.C. 102.04 (A)]. Ministerial matters like tax preparation and filing incorporation papers are removed from the restriction [R.C. 102.04 (F); OEC Adv. Op. No. 89-016].
      i. **EXEMPTION:** Receiving compensation for providing services on matters pending before state agencies other than the institution of higher education served is exempted when the official completes and files a disclosure, as described in R.C. 102.04 (D), before performing the personal services. The trustee must file the disclosure with the college or university he or she serves, the state entity to which the sale will be made, and the Ethics Commission [R.C. 102.04 (D)].
3. **Confidentiality** – R.C. 102.03 (B).
   a. A trustee of a state college or university is prohibited from disclosing or using confidential information acquired in the state position, without appropriate authorization. There is no time limit on this restriction [R.C. 102.03 (B)].
4. Representation - Influence peddling – R.C. 102.04 (A)(C).

D. Other Restrictions.

1. Supplemental Compensation – R.C. 2921.43 (A).
   a. A trustee of a state college or university is prohibited from accepting compensation, other than from the college or university he or she serves, for the performance of public duties [R.C. 2921.43 (A)]. Private parties are also prohibited from offering or giving supplemental compensation to university trustees [102.03 (F); 2921.43 (A)].
2. Honoraria – R.C. 102.03 (H)

a. The general restriction enacted by the Legislature in 1994 that prohibits a public official who files a disclosure statement from receiving an honorarium does not apply to any member of the boards of trustees, or any president, of state institutions of higher education. However, a trustee or president is prohibited from accepting honoraria or travel expenses from parties that are doing or seeking to do business with, regulated by, or interested in matters pending before his or her college or university [102.03 (I)].

3. Rate-Making – R.C. 102.03 (C).

E. Additional considerations

1. Copies of the law – R.C. 102.09 (E).

V. SUMMARY-COMMON SENSE WRAP-UP

A. Cannot authorize a contract or use authority to secure authorization of a contract for self, family, business associates
B. Cannot solicit or accept things of value
C. Cannot disclose or use confidential information
D. Cannot receive additional compensation for performance of official duties
E. Cannot represent parties on matters in which public servant involved
F. Cannot participate in matters where public servant has a conflict of interest – i.e., where something of value will result for self, family members, others

As previously stated, this information summarizes the Ohio Ethics Law and related statutes in Chapter 102. and Sections 2921.42, 2921.421, and 2921.43. These laws are criminal statutes designed to protect the public from decisions that could be influenced by improper conflicts of interest for those who serve the public interest. Although the majority of public officials and employees meet or exceed these standards, these provisions serve to assist in deterring or punishing the few who do not. Your careful consideration of the prohibitions is appreciated.

The Ohio Ethics Commission is an independent agency of state government charged with interpreting and administering the Ohio Ethics Law for many state and local public officials and employees. The Commission has been serving the public, and state and local governments, since its formation as part of the Ohio Ethics Law in 1973. If you have any questions about how these restrictions apply to you, or for more information about the Ethics Law in general, please contact the Ohio Ethics Commission at (614) 466-7090.

This memorandum was prepared by the Ohio Ethics Commission for informational purposes only. It is not intended as a substitute for the laws referenced or Ethics Commission advisory opinions construing those provisions.

WHEN IN DOUBT, CALL THE ETHICS COMMISSION--(614) 466-7090
Check us out on the Web at www.ethics.ohio.gov

THE OHIO STATE UNIVERSITY

Board of Trustees

University Square South
15 East 15th Avenue, 5th Floor
Columbus, OH 43201

Phone (614) 292-6359
Fax (614) 292-5903
trustees.osu.edu

SUMMARY OF ACTIONS TAKEN

November 20, 2025 – Academic Affairs and Student Life Committee Meeting

Members Present:

Reginald A. Wilkinson	Bradley R. Kastan	Phillip Popovich
Elizabeth A. Harsh	Kara J. Trott (arr. 1:34 p.m.)	Eric Bielefeld
Elizabeth P. Kessler	Patrick C. Arp	John W. Zeiger (ex officio)
Jeff M.S. Kaplan		

Members Present via Zoom: N/A

Members Absent:

Michael F. Kiggin	Stefanie Sanford

EXECUTIVE SESSION

The Academic Affairs and Student Life Committee of The Ohio State University Board of Trustees convened on Thursday, November 20, 2025, in person in the Alumni Room at the Fawcett Center on the Columbus campus. Committee Chair Reginald Wilkinson called the meeting to order at 1:00 p.m.

It was then moved by Dr. Wilkinson and seconded by Mr. Kaplan that the committee recess into executive session to discuss business-sensitive trade secrets; personnel matters involving the appointment, employment and compensation of public employees; and to consult with legal counsel regarding pending or imminent litigation.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Dr. Wilkinson, Mrs. Harsh, Ms. Kessler, Mr. Kaplan, Mr. Kastan, Mr. Arp, Dr. Popovich, Dr. Bielefeld and Mr. Zeiger. Ms. Trott was not present for this vote.

The committee entered executive session at 1:01 p.m. and reconvened in public session at 2:50 p.m.

PUBLIC SESSION

Items for Discussion:

1. Provost's Report: Executive Vice President and Provost Ravi Bellamkonda updated trustees on new leadership in the university's academic enterprise, efforts to recruit, retain and recognize Ohio State's faculty; and marked milestones in innovation — including celebrating 25 years of partnership between the university and Honda, and welcoming clean-energy startup Koloma to the Innovation District at Ohio State. The provost then shared early progress on the signature undergraduate experience and the AI Fluency initiative, both strategic priorities for Ohio State.

   (See Attachment XXXI for background information, page 946)

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2. Senior Vice President for Student Life Report: Senior Vice President for Student Life Melissa Shivers highlighted successes from the Office of Student Life over the past year. These included leveraging a new app to help incoming Buckeye students more easily navigate the Student Involvement Fair and get engaged. She also discussed Student Life's focus on comprehensive well-being, the work of the Monda Student Resource Center and the benefits of an on-campus residential experience. To close, three-time Ohio State alumna and former student trustee Dr. Taylor Schwein-Kachala joined the meeting to reflect on how her engagement through the Office of Student Life prepared her for leadership roles on campus and for the career she now holds.
(See Attachment XXXII for background information, page 960)

3. Introduction to the Vice President for Research: New Vice President for Research John Horack shared his observations from his first few weeks leading the Enterprise for Research, Innovation and Knowledge. Many things are going well. Continued growth in research funding, new facilities, 80 patents in the past year and more contribute to the excellence at scale from which Ohio State benefits. He sees his charge as building connections between areas of strength to better leverage existing assets; continuing to grow not just the amount of research, but the impact of that research; and investing in areas of strategic opportunity.

4. The Future of Career Development at Ohio State: Dr. Anne McDaniel, associate vice president for strategy, impact and strategic partnerships in the Office of Student Life, and Ann Talbot, associate vice president for strategic initiatives in the Office of Academic Affairs, updated the committee on ongoing work to streamline career and internship services at Ohio State. The current structure is decentralized, with some services offered by the university and many others offered by individual colleges. A more centralized, comprehensive arrangement will lead to better experiences for students, better tracking of outcomes, and better engagement with employers. The new effort will launch in January 2026 and aims to engage 80% of undergraduate students in internships and other career-preparation experiences.
(See Attachment XXXIII for background information, page 967)

Items for Action:

5. Approval of July 2025 Committee Meeting Minutes: No changes were requested to the July 16, 2025, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

6. Resolution No. 2026-57, Revocation of Degree – Doctor of Philosophy:

   Synopsis: Revocation of a Doctor of Philosophy degree.

   WHEREAS the committee on academic misconduct constituted according to rule 3335-5-48.7 of the administrative code requested that the Board of Trustees effectuate the revocation of the Doctor of Philosophy degree of Samantha Carter; and

   WHEREAS the request was concurred with by the Executive Vice President and Provost; and

   WHEREAS the request was further concurred with by the Academic Affairs and Student Life Committee; and

   WHEREAS the appropriate bodies and administrative officer of the university have fully complied with applicable procedures and, in accordance with those procedures:

   NOW THEREFORE

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BE IT RESOLVED, That the Doctor of Philosophy degree, granted on August 4, 2024, pursuant to paragraph (E) of rule 3335-1-06 of the administrative code, is hereby revoked immediately.

7. Resolution No. 2026-58, Revocation of Degree – Bachelor of Arts:

Synopsis: Revocation of a Bachelor of Arts degree.

WHEREAS the university registrar and director of undergraduate admissions after utilization of rule 3335-9-20 requested that the Board of Trustees effectuate the revocation of the Bachelor of Arts degree of Ava Misseldine conferred under the name of Brie Bourgeois; and

WHEREAS the request was concurred with by the Executive Vice President and Provost; and

WHEREAS the request was further concurred with by the Academic Affairs and Student Life Committee; and

WHEREAS the appropriate bodies and administrative officer of the university have fully complied with applicable procedures and, in accordance with those procedures:

NOW THEREFORE

BE IT RESOLVED, That the Bachelor of Arts degree, granted on March 22, 2009, pursuant to paragraph (E) of rule 3335-1-06 of the Administrative Code, is hereby revoked immediately.

8. Resolution No. 2026-59, Approval to Establish an Executive Master of Health Administration:

IN THE COLLEGE OF PUBLIC HEALTH

Synopsis: Approval to establish an Executive Master of Health Administration degree program in the College of Public Health is proposed.

WHEREAS the proposed Executive Master of Health Administration program is an extension of the accredited full-time, residential, early career Master of Health Administration program and would extend the reach of the program to more experienced mid-career professionals; and

WHEREAS the program's mission is to provide students with an exceptional educational experience encompassing the organization, financing, delivery and improvement of health care services leading to rewarding careers in health services management and policy; and

WHEREAS the residential program has been a national leader in healthcare management for more than 50 years and is currently ranked No. 8 in U.S. News & World Report; and

WHEREAS the proposed executive program is 45 credits, over five semesters, is primarily online and cohort-based with 20-25 students per cohort expected; and

WHEREAS markets for enrollment include employees of local health systems, clinicians seeking to move into leadership roles and others working in the broader healthcare space; and

WHEREAS the proposal was reviewed and approved by the Council on Academic Affairs at its meeting on May 28, 2025; and

WHEREAS the University Senate approved this proposal on October 30, 2025:

NOW THEREFORE

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BE IT RESOLVED, That the Board of Trustees hereby approves the proposal to establish an Executive Master of Health Administration degree program in the College of Public Health.

(See Appendix XLIII for background information, page 1458)

9. Resolution No. 2026-60, Approval of the Report on Low Enrollment Courses and Duplicate Programs:

Synopsis: Approval of the university's Report on Low Enrollment Courses and Duplicate Programs for submission to the Ohio Department of Higher Education is proposed.

WHEREAS Ohio Revised Code 3345.35 requires the governing boards of each state institution of higher education to evaluate courses and programs based on enrollments and duplication with other state institutions of higher education within a geographic region; and

WHEREAS the university currently adopts a minimum class size of 18 students, with exceptions for distinctive instructional settings; and

WHEREAS to prepare for this submission, the Office of Academic Affairs worked with the university's 15 academic colleges and four regional campuses to examine trend data and alignment of college enrollment policies; and

WHEREAS approximately 13,000 courses are offered at the university, with 409 identified as low enrolling; and

WHEREAS each college or regional campus has been directed to take appropriate action on its low enrollment courses; and

WHEREAS The Ohio State University has strong collaborations with two-year institutions and no significant program duplication with other institutions in the central Ohio region:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the Report on Low Enrollment Courses and Duplicate Programs for submission to the Ohio Department of Higher Education.

(See Appendix XLIV for background information, page 1470)

10. Resolution No. 2026-61, Approval of Revisions to the Interim Policy on Faculty Appointments, Faculty Workload, Tenure, and Retrenchment:

Synopsis: Approval of revisions to the interim policy is requested to align with Senate Bill 1's faculty workload policy requirements found in Ohio Revised Code 3345.45.

WHEREAS Ohio Senate Bill 1 (SB1), the Advance Ohio Higher Education Act, took effect on June 27, 2025; and

WHEREAS SB1 requires the Board of Trustees to adopt a series of policies in accordance with statutory requirements, including those concerning faculty workload, and to submit those policies to the chancellor of higher education for review; and

WHEREAS the Board of Trustees approved an interim Faculty Appointments, Tenure, and Retrenchment Policy at its August 20, 2025, meeting to address SB1's requirements related to tenure and retrenchment; and

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WHEREAS the proposed revisions expand that interim policy to address the required elements of faculty workload, including alignment with the Ohio Department of Higher Education (ODHE) Standards for Instructional Workloads issued by the chancellor of higher education in late October; and

WHEREAS a faculty workload policy consistent with the ODHE standards should be adopted by the board of trustees and submitted to ODHE by December 31, 2025, and every five years thereafter:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves revisions to the renamed interim policy on Faculty Appointments, Faculty Workload, Tenure, and Retrenchment.

(See Appendix XLV for background information, page 1475)

11. Resolution No. 2026-62, Amendments to the Rules of the University Faculty:

Synopsis: Approval of the following amendments to the *Rules of the University Faculty* are proposed.

WHEREAS the University Senate, pursuant to rule 3335-1-09 of the Administrative Code, is authorized to recommend through the President to the Board of Trustees the adoption of amendments to the *Rules of the University Faculty* as approved by the University Senate; and

WHEREAS rule 3335-5-04 outlines procedures for complaints of failure to meet academic responsibilities, post-tenure review, and misconduct made against faculty members, including different investigatory procedures for different cases depending on the subject matter at issue; and

WHEREAS, pursuant to rule 3335-5-04.2, the Research Integrity Standing Committee (RISC), which consists of faculty members with specific research expertise and training, performs investigations of complaints of research misconduct; and

WHEREAS all other research-related complaints are investigated by faculty members serving on college-level investigation committees; and

WHEREAS complaints relating to research compliance often involve complex research-related issues, such that the RISC committee's expertise would be beneficial in conducting those investigations; and

WHEREAS the proposed amendments would change the process for reviewing complaints pertaining to research compliance to assign such cases to RISC for investigation rather than college-level investigation committees; and

WHEREAS this change would ensure that faculty with relevant research experience perform these research compliance investigations; and

WHEREAS the proposed amendments were approved by the University Senate during its meeting on November 13, 2025:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the attached amendments to the *Rules of the University Faculty* be adopted as recommended by the University Senate.

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(See Appendix XLVI for background information, page 1503)

12. Resolution No. 2026-63: Faculty Personnel Actions:

BE IT RESOLVED, That the Board of Trustees hereby approves the faculty personnel actions as recorded in the personnel budget records of the university since the August 20, 2025, meeting of the board, including the following appointments, appointments/reappointments of chairpersons, faculty professional leaves and emeritus titles:

Appointments

Name:	ELLIOT BENDOLY
Title:	Professor (The Richard M. Ross Chair in Management)
College:	Fisher College of Business
Term:	August 15, 2025, through August 14, 2030
Name:	LAURA FLANNIGAN
Title:	Assistant Professor (The Warner Woodring Chair in History)
College:	Arts and Sciences
Term:	August 15, 2025, through August 15, 2030
Name:	LARRY GARVIN
Title:	Professor (The Leon M. McCorkle Jr. Professorship in Commercial Law)
College:	Law
Term:	August 15, 2025, through August 15, 2030
Name:	ANNA GAWBOY
Title:	Associate Professor (Colleen McMahon Professorship in Music)
College:	Arts and Sciences
Term:	August 15, 2025, through June 30, 2030
Name:	KURT GRAY*
Title:	Professor (Weary Foundation Endowed Chair in Social Psychology)
College:	Arts and Sciences
Term:	December 4, 2025, through June 30, 2030
Name:	ROGER GODDARD
Title:	Professor (Novice G. Fawcett Chair in Educational Administration)
College:	Education and Human Ecology
Term:	September 15, 2025, through September 14, 2030
Name:	JENNIFER GOLD*
Title:	Professor and Chair (The Harry C. and Mary Elizabeth Powelson Professorship of Medicine)
College:	Medicine
Term:	December 1, 2025, through June 30, 2030
Name:	MARYANNA KLATT
Title:	Professor-Clinical (Endowed Chair in Integrative Health)
College:	Medicine
Term:	November 1, 2025, through June 30, 2029
Name:	JOSEPH KWON
Title:	Professor (Richard M. Morrow Chair in Polymer Engineering)

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College:	Engineering
Term:	August 15, 2025, through June 30, 2030

Name:	ROBERT LOUNT
Title:	Professor (Irving Abramowitz Memorial Professorship)
College:	Fisher College of Business
Term:	August 15, 2025, through August 14, 2030

Name:	OLAN MUNSON
Title:	Assistant Professor (Dr. Chris Lee Endowed Professorship in Korean)
College:	Arts and Sciences
Term:	August 15, 2025, through August 15, 2030

Name:	MICHAEL MURPHY
Title:	Assistant Professor-Clinical (Smathers Designated Professor at the Moritz Entrepreneurial Business Law Clinic)
College:	Law
Term:	August 15, 2025, through August 14, 2030

Name:	EFTHIMI PARASIDIS
Title:	Professor (The Kara J. Trott Endowed Professorship in Law in honor of Prof. Morgan E. Shipman)
College:	Law
Term:	November 15, 2025, through November 14, 2030

Name:	ERIK PORFELI
Title:	Interim Dean
College:	Education and Human Ecology
Term:	January 1, 2026, through June 30, 2028, or until a permanent Dean is appointed

Name:	PAUL REITTER
Title:	Professor (The Ohio Eminent Scholar in German)
College:	Arts and Sciences
Term:	August 15, 2025, through June 30, 2030

Name:	BLAINE SAITO
Title:	Associate Professor (The Lawrence D. Stanley Professorship in Law)
College:	Law
Term:	August 15, 2025, through August 15, 2030

Name:	COLLEEN SETTINERI
Title:	Professor-Clinical (The Chief Justice Thomas J. Moyer Professorship for the Administration of Justice and Rule of Law)
College:	Law
Term:	November 15, 2025, through November 14, 2030

Name:	ABRAHAM SCHNEIDER*
Title:	Professor (The George C. Paffenbarger Alumni Chair in Dental Research)
College:	Dentistry
Term:	November 3, 2025, through November 2, 2030

Name:	BENNETT TEPPER
Title:	Professor (John A. Russell Chair for Communication Excellence)
College:	Fisher College of Business
Term:	August 15, 2025, through August 14, 2030

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Name:	ANDREW VAN BUSKIRK
Title:	Professor (The Harry T. Mangurian, Jr. Foundation Professorship in Business)
College:	Fisher College of Business
Term:	August 15, 2025, through August 14, 2030

Name:	XIAOGUANG WANG
Title:	Assistant Professor (The H.C. 'Slip' Slider Professorship in Chemical and Biomolecular Engineering)
College:	Engineering
Term:	August 15, 2025, through June 30, 2030

Name:	LIN ZHU NEWSAD
Title:	Assistant Professor (Elizabeth McKeever Ross Professorship Fund)
College:	Medicine
Term:	November 1, 2025, through June 30, 2029

Reappointments

Name:	YIGIT AKIN
Title:	Associate Professor (Carter V. Findley Chair of Ottoman and Turkish History)
College:	Arts and Sciences
Term:	August 15, 2025, through June 30, 2030

Name:	ARNAB CHAKRAVARTI
Title:	Professor and Chair (Klotz Family Chair in Cancer Research)
College:	Medicine
Term:	July 1, 2025, through June 30, 2029

Name:	JEFFREY CHALMERS
Title:	Professor (Helen C. Kurtz Chair in Chemical Engineering)
College:	Engineering
Term:	July 1, 2025, through June 30, 2030

Name:	DANIEL CHOW
Title:	Professor (The Frank E. and Virginia H. Bazler Chair in Business Law)
College:	Law
Term:	November 16, 2025, through November 15, 2030

Name:	LOUIS DIMAURO
Title:	Professor (The Dr. Edward E. and Sylvia Hagenlocker Chair in Physics)
College:	Arts and Sciences
Term:	July 1, 2025, through December 31, 2027

Name:	EDWARD FOLEY
Title:	Professor (Charles W. Ebersold and Florence Whitcomb Ebersold Chair)
College:	Law
Term:	November 16, 2025, through November 15, 2030

Name:	JOHN FULTON
Title:	Professor (The Food, Agricultural, and Biological Engineering Endowed Professorship)
College:	Food, Agricultural, and Environmental Sciences
Term:	June 1, 2024, through May 31, 2029

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Name:	JINGYIN HUANG
Title:	Associate Professor (The Alice Louise Ridenour Wood Chair in Mathematics)
College:	Arts and Sciences
Term:	August 15, 2025, through August 15, 2030
Name:	DOROTHEE IMBERT
Title:	Professor and Director (The Hubert Schmidt Chair in Landscape Architecture)
College:	Engineering
Term:	July 1, 2025, through June 30, 2026
Name:	ALAN MICHAELS
Title:	Professor (The Edwin M. Cooperman Endowed Chair at The Michael E. Mortiz College of Law)
College:	Law
Term:	February 1, 2026, through January 31, 2031
Name:	ERIN MOORE
Title:	Assistant Professor (Dr. Carl F. Asseff Professorship in Anthropology and History of Medicine)
College:	Arts and Sciences
Term:	August 15, 2024, through June 30, 2030
Name:	DAVID NAGIB
Title:	Professor (Dr. Harold “Hal” Miller and Betty J. Miller Endowed Chair in Organic Chemistry and Biochemistry)
College:	Arts and Sciences
Term:	August 15, 2025, through August 14, 2027
Name:	RITA PICKLER
Title:	Professor (FloAnn Sours Easton Endowed Professorship in Child and Adolescent Health)
College:	Nursing
Term:	October 1, 2025, through May 15, 2028
Name:	JAMES ROCCO
Title:	Professor and Chair (The Mary E. and John W. Alford Research Chair in Head and Neck Cancer)
College:	Medicine
Term:	July 1, 2025, through June 30, 2029
Name:	BRUCE WEINBERG
Title:	Professor (Eric Byron Fix-Monda Endowed Chair)
College:	Arts and Sciences
Term:	December 4, 2025, through August 14, 2026

Extensions

*New Hire

(See Appendix XLVII for background information, page 1509)

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13. Resolution No. 2026-64: Degrees and Certificates:

    Synopsis: Approval of Degrees and Certificates for autumn term 2025 is proposed.

    WHEREAS pursuant to paragraph (E) of rule 3335-1-06 of the Administrative Code, the Board has authority for the issuance of degrees and certificates; and

    WHEREAS the faculties of the colleges and schools shall transmit, in accordance with rule 3335-9-29 of the Administrative Code, for approval by the Board of Trustees, the names of persons who have completed degree and certificate requirements:

    NOW THEREFORE

    BE IT RESOLVED, That the Board of Trustees hereby approves the degrees and certificates to be conferred on December 21, 2025, to those persons who have completed the requirements for their respective degrees and certificates and are recommended by the colleges and schools.

    (See Appendix XLVIII for background information, page 1515)

The committee first voted on item No. 12 – Faculty Personnel Actions. Ms. Trott was advised to abstain.

Action: Upon the motion of Dr. Wilkinson, seconded by Mr. Kaplan, the foregoing resolution was adopted by majority roll-call vote, with the following members present and voting: Dr. Wilkinson, Mrs. Harsh, Ms. Kessler, Mr. Kaplan, Mr. Kastan, Mr. Arp, Dr. Popovich, Dr. Bielefeld and Mr. Zeiger. Ms. Trott abstained.

The committee then voted on the remainder of the items for approval.

Action: Upon the motion of Dr. Wilkinson, seconded by Mr. Kaplan, the remainder of the resolutions for approval were adopted by unanimous roll-call vote, with the following members present and voting: Dr. Wilkinson, Mrs. Harsh, Ms. Kessler, Mr. Kaplan, Mr. Kastan, Ms. Trott, Mr. Arp, Dr. Popovich, Dr. Bielefeld and Mr. Zeiger.

The committee adjourned at 3:57 p.m.



Provost's Report

November 20, 2025

Ravi V. Bellamkonda, Executive Vice President and Provost

THE OHIO STATE UNIVERSITY

Reflections on the fall semester



New leaders



Trevor Brown, PhD
Senior Vice Provost for Academic Affairs
Office of Academic Affairs



Paula Song, PhD
Dean
College of Public Health



Aravind Chandrasekaran, PhD
Interim Dean
Fisher College of Business

New leaders



John M. Horack, PhD
Vice President for Research
Enterprise for Research, Innovation and Knowledge



Erik J. Porfeli, PhD
Interim Dean (beginning Jan. 1)
College of Education and Human Ecology

Investing in our faculty

- Provost’s Endowed Chair Matching Program
  - $100M investment to augment endowed chairs at Ohio State
- AI Faculty Hiring Initiative
  - Hiring 100 AI-enabled faculty across our colleges in the next five years
- Game Changer Scholars Initiative
  - Attracting top faculty talent to Ohio State
- Faculty awards
  - Increasing resources to recognize faculty and nominate for external awards

National Academy of Medicine

951

Two faculty newly elected in 2025



Deanna L. Kroetz, PhD
Dean and Professor
College of Pharmacy



Gail Besner, MD
Director, Division of Pediatric Surgery
Chief of Pediatric Surgery, Nationwide Children's Hospital
H. William Clatworthy, Jr. Professor of Surgery
College of Medicine

Barry Prize for Distinguished Intellectual Achievement

American Academy of Sciences & Letters



Janet M. Box-Steffensmeier
Vernal G. Riffe Professor in
Government and Politics
College of Arts and Sciences

Research, discovery and creative expression

- Working in strong alignment with the Ohio State Wexner Medical Center
- Opportunities in national defense, health, energy, computing, quantitative social sciences, faculty entrepreneurship and more
- Operational excellence
- Exploration through the arts



25 years of innovation: Ohio State & Honda

- More than $130M in philanthropy and sponsored research
- More than 400 research projects
- Hands-on learning opportunities for thousands of students







Koloma Establishes Research Presence in the Innovation District at Ohio State

- Clean energy startup founded on Ohio State research
- Tech behind Koloma comes from co-founder and CTO **Tom Darrah**, professor in the College of Arts and Sciences







Signature Undergraduate Experience

- Expanding access, affordability and lowering college debt
  - President's Ohio Scholarship Program
  - Regional Campus Commitment
  - Buckeye Bridge
- Front loading experiential learning where possible – early introduction to the 'Why?'
- A focus on student experience and graduation
- Career Center of Excellence
- Accelerating infrastructure and support for student startups
- Creating, nurturing and supporting curricular and extra-curricular spaces for reflection, meaning making, and purpose



Supporting graduate and professional students

- Graduate student stipends
  - 13.4% increase to minimum graduate associate stipends over the past two years
- International students
- Interdisciplinary PhD programs
- Graduate student support for community engagement (seed grants, community of practice)
- Advancing research pinnacle areas



AI at Ohio State

- **AI Fluency:** Ensuring students are “bilingual” – AI fluent, domain experts
- **AI Faculty Hiring Initiative:** Hiring 100 AI-focused faculty in the colleges over the next five years
- **AI(X) Hub:** Creating a “core facility” and supporting infrastructure for AI-enabled research across disciplines
- **AI Pathway courses:** Advancing AI education and skill building for Ohio small business community, legislators and other community members
- **Faculty/Instructor resources:** Teaching endorsements, courses, workshops, and reference guides through the Drake Institute for Teaching and Learning

Thank you

Engage. Learn. Thrive.

Senior Vice President for Student Life Report

Dr. Melissa S. Shivers
Senior Vice President for Student Life

The Ohio State University
Office of Student Life

Innovation in Involvement

By the Numbers

- **1,400+** registered student organizations
- **65,000** screen views and **11,000** unique users of 2025 Student Involvement Fair page of Ohio State app during the event
- **9,100** student organizations saved as a favorite on app
- **2,400** students shared their contact information directly with student organization from app



Well-being and Academic Success



Monda Student Resource Center

August through October

- **2,567** overall visits among 809 unique students
- **2,307** visits to food pantry
- **332** visits to Reid Family Career Closet



Residential Experience

By the Numbers

- **15,053** students live in residence halls on the Columbus campus
- **82%** of students report they enjoy living in their residence hall
- **89%** of students report there are opportunities for social interactions among residents
- **86%** of students agree that their residence hall is conducive to academic success and studying
- **74%** of students report they have stronger skills resolving problems with peers due to living in the residence hall



An Alumna Perspective



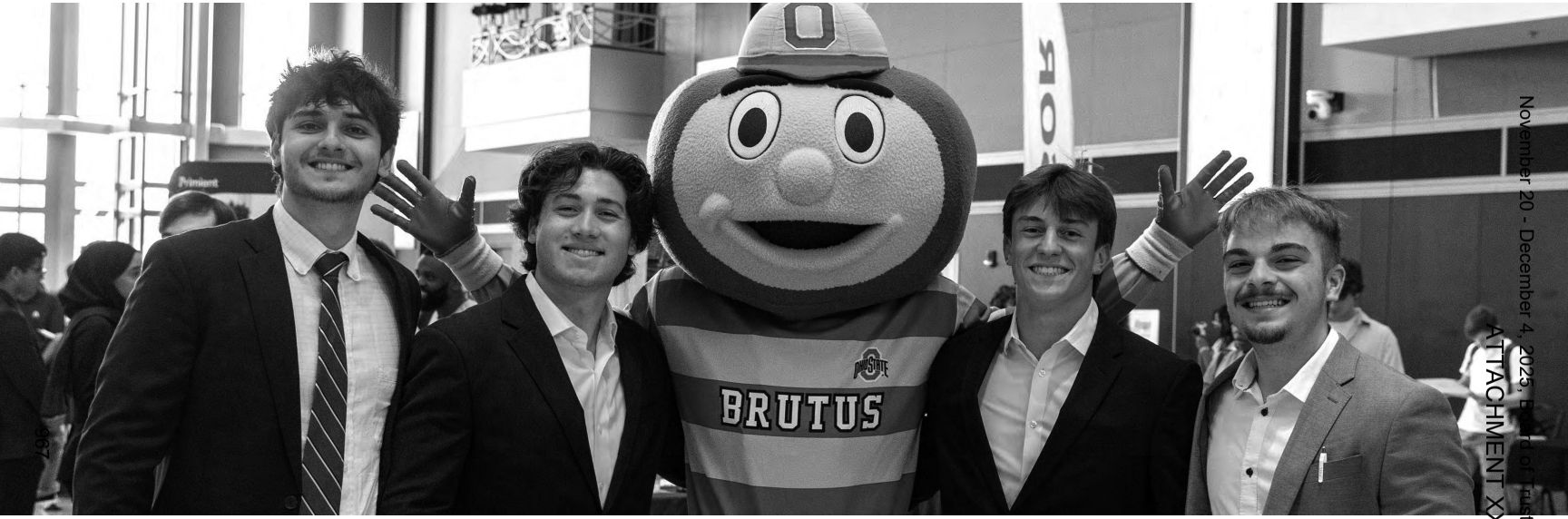
Taylor Schwein Kachala ’21, ’23, ’24

Current role: Psychiatric Mental Health Nurse Practitioner, Nationwide Children’s Hospital Behavioral Health Pavilion

Degrees: Bachelor of Science, Nursing; Master of Science in Nursing; Doctorate of Nursing Practice

Hometown: Mansfield, Ohio

Questions?



Career Services Center of Excellence

Anne McDaniel, PhD, Associate Vice President, Office of Student Life

Ann Talbot, Associate Vice President, Office of Academic Affairs

Ohio State Career Services Opportunities


Student


College


Employer

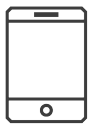

University

Career Services Center of Excellence



Internships and Innovation

Serve as a catalyst for career navigation innovation by administering seed funding for internships and serving as hub for incubation.



Technology and Reporting

Coordinate and manage all career technology for university, including KPI reporting and data management.



Strategy and Best Practice

Lead university-wide initiatives and efforts focused on career navigation and disseminate best practices to colleges for tailored implementation.



Targeted Employer Support

Coordinate, streamline and increase employer engagement.

Internship Acceleration Plan

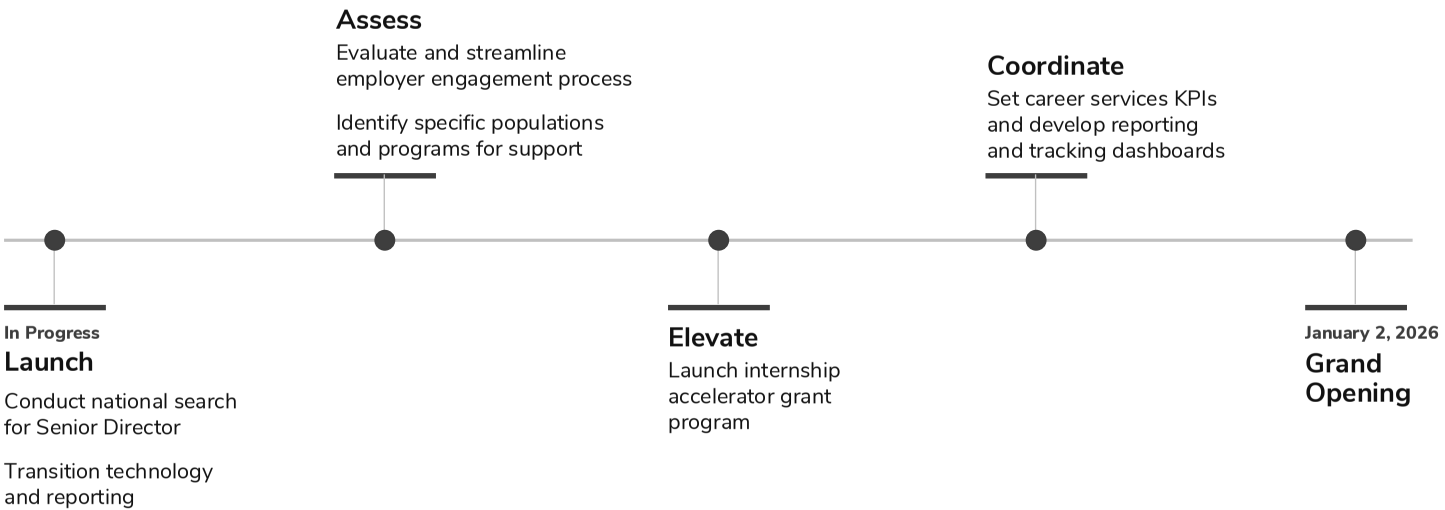


Key Metrics and Outcomes



Milestones

Center of Excellence will officially open on January 2, 2026



Questions?

THE OHIO STATE UNIVERSITY

Board of Trustees

University Square South
15 East 15th Avenue, 5th Floor
Columbus, OH 43201

Phone (614) 292-6359
Fax (614) 292-5903
trustees.osu.edu

SUMMARY OF ACTIONS TAKEN

December 2, 2025 – Wexner Medical Center Board Meeting

Members Present:

Gary R. Heminger	Robert H. Schottenstein	Walter E. Carter Jr. (ex officio)
Tomislav B. Mitevski	Stephen D. Steinour	Ravi V. Bellamkonda (ex officio)
Juan Jose Perez	Cindy Hilsheimer	Michael Papadakis (ex officio)
George A. Skestos	Amy Chronis	John J. Warner (ex officio)
Kara J. Trott	John W. Zeiger (ex officio)	

Members Present via Zoom:

Kendall C. Buchan	Hiroyuki Fujita

Members Absent:

Leslie H. Wexner

PUBLIC SESSION

The Wexner Medical Center Board convened for its 56th meeting on Tuesday, December 2, 2025, via Zoom and in person at Longaberger Alumni House on Ohio State's Columbus campus. Board Secretary Jessica A. Eveland called the meeting to order at 1:59 p.m.

Item for Action:

1. Approval of Minutes: No changes were requested to the August 19, 2025, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

Items for Discussion:

Mr. Rick Lucas, president and executive director of the Ohio Nurses Association and, joined the Board to share concerns related to the safety of healthcare providers within the medical center in the areas surrounding it. He related alleged incidents and called for enhanced accountability of leadership, greater investments in safety infrastructure and staffing, additional protocols to protect staff and patients, and the hiring of additional healthcare staff.

2. Chief Executive Officer's Report: Dr. John Warner, chief executive officer of the Wexner Medical Center and executive vice president at Ohio State, noted that this meeting would be the Board's last prior to the opening of the new University Hospital. Staff and healthcare providers held their first of three "dress rehearsals," opportunities to run different scenarios to learn how to move and work in the new space, in October. The second will occur on December 4. The medical center is on track to meet its hiring goals for the new facility, having filled 2,030 of 2,178 planned positions.

   Dr. Warner celebrated the 25th anniversary of the Dorothy M. Davis Heart and Lung Research Institute as well as the awarding of the Jay and Jeanie Schottenstein Prize in Cardiovascular Surgery to Dr. Joseph Wu of the Stanford Cardiovascular Institute. He then thanked Dr. Carol

THE OHIO STATE UNIVERSITY

Bradford for her contributions to the College of Medicine following an announcement on December 1 that she will be stepping down from her leadership post at the end of the year. Dr. Warner closed by recognizing the record $29.2 million raised by Pelotonia this year.

3. James Cancer Hospital Report: Chief Executive Officer Kimryn Rathmell began her remarks by recounting the longstanding success of Pelotonia. Including the $29.2 million raised this year, the organization has raised $339 million over the past 17 years to fund lifesaving cancer research and care. She then explained the need for an expanded, more audacious vision for The James driven by a four-part framework: enabling a curiosity-driven culture, expanding our reach, providing ultimate individualized care and learning from every encounter. Work is already underway to empower providers and staff at The James to achieve these aims.

   (See Attachment XXXIV for background information, page 980)

4. Wexner Medical Center Financial Report: Chief Financial Officer Richard Silveria provided a high-level report out of the medical center's financial results. The first quarter of FY26 was positive for the Wexner Medical Center, setting a strong foundation for the year. Driven by strong surgical volumes, infusion activity as well as a favorable service mix, the health system's total operating revenue during this period was $1.38 billion, compared to the budget of $1.35 billion. This puts the health system 2.3% ahead of budget and 16.3% ahead of FY25. The health system ended the quarter with $1.25 billion in expenses compared to the budget of $1.24 billion, or 0.4% above budget driven by the strong volumes in FY26. Overall, the health system's expense and labor management were solid and in line with volumes for the fiscal year. The medical center closed Q1 with 126 days cash on hand compared to the target of 121.5.
   (See Attachment XXXV for background information, page 992)

Items for Action:

5. Resolution No. 2026-50, Recommend Approval to Enter Into/Increase Professional Services and Increase Construction Contracts:

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACTS
EAST HOSPITAL- TOWER – ELEVATOR RENOVATIONS

APPROVAL TO INCREASE PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS
EAST HOSPITAL – FIRE SUPPRESSION

APPROVAL TO INCREASE CONSTRUCTION CONTRACTS
WMC OUTPATIENT CARE POWELL

Synopsis: Authorization to enter into/increase professional services and construction contracts, as detailed in the attached materials, is proposed.

WHEREAS in accordance with the attached materials, the University desires to enter into professional services contracts for the following project; and

	Prof. Serv. Approval Requested	Total Requested	
East Hospital – Tower – Elevator Renovations	$1.7M	$1.7M	Auxiliary funds

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WHEREAS in accordance with the attached materials, the University desires to increase professional services and construction contracts for the following project; and

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Requested	
East Hospital – Fire Suppression	$0.6M	$6.8M	$7.4M	Auxiliary funds

WHEREAS in accordance with the attached materials, the University desires to increase construction contracts for the following project; and

	Construction Approval Requested	Total Requested	
WMC Outpatient Care Powell	$4.7M	$4.7M	Auxiliary funds

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves and proposes that the professional services and construction contracts for the projects listed above be recommended to the University Board of Trustees for approval.

BE IT FURTHER RESOLVED, That the President and/or Senior Vice President for Business and Finance be authorized to enter into professional services and construction contracts for the projects listed above in accordance with established University and State of Ohio procedures, with all actions to be reported to the Board at the appropriate time.

(See Attachment XXXVI for background information, page 997)

6. Resolution No. 2026-51, Approval of the East Hospital Level III Trauma Center Verification:

OHIO STATE UNIVERSITY HOSPITALS d/b/a OSU WEXNER MEDICAL CENTER

Synopsis: Approval of the triennial review of the Level III Trauma Center for East Hospital, is proposed.

WHEREAS, the mission of the Ohio State University Hospitals d/b/a OSU Wexner Medical Center, including Ohio State University Hospital, Ohio State Richard M. Ross Heart Hospital, Ohio State Harding Hospital, and East Hospital, is to improve people's lives through innovation in research, education, and patient care; and

WHEREAS, the Ohio State University Hospitals continue to provide emergency, specialty, and subspecialty clinical trauma services, as well as professional and public education, injury prevention, research, and performance improvement programs (collectively, the "Trauma Program"); and

WHEREAS, the Ohio State University Hospitals intend to continue to meet all requirements and criteria to maintain Level III Trauma Center verification at East Hospital and support its Trauma Program, including ensuring that the necessary personnel, facilities, and equipment are made available to support a Level III Trauma Center at East Hospital; and

THE OHIO STATE UNIVERSITY

WHEREAS, the triennial review of a Level III Trauma Center at East Hospital was approved by the Ohio State University Hospitals Medical Staff Administrative Committee on October 8, 2025; and

WHEREAS, the triennial review of a Level III Trauma Center at East Hospital was approved by the Quality and Professional Affairs Committee on October 28, 2025:

NOW THEREFORE

BE IT RESOLVED, That The Ohio State University Wexner Medical Center Board and The Ohio State University Board of Trustees hereby commit to maintain the high standards needed to provide optimal care to all trauma patients and supports the East Hospital Level III Trauma Center verification by the American College of Surgeons Committee on Trauma.

(See Attachment XXXVII for background information, page 1000)

7. Resolution No. 2026-52, Approval of Amendments to the *Bylaws of the Medical Staff* – Ohio State University Hospitals d/b/a OSU Wexner Medical Center:

OHIO STATE UNIVERSITY HOSPITALS d/b/a OSU WEXNER MEDICAL CENTER

Synopsis: The amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals are recommended for approval.

WHEREAS a summary of the proposed amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals is attached; and

WHEREAS the proposed amendments are also attached; and

WHEREAS the proposed amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals were approved by the University Hospitals Medical Staff Administrative Committee on September 10, 2025; and

WHEREAS on October 28, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and The Ohio State University Board of Trustees hereby approve the amendments to the *Bylaws of the Medical Staff* for The Ohio State University Hospitals, including Ohio State University Hospital, Ohio State Richard M. Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital.

(See Attachment XXXVIII for background information, page 1003)

8. Resolution No. 2026-53, Approval of Amendments to the *Bylaws of the Medical Staff* – The Ohio State University Comprehensive Cancer Center, Arthur G. James Cancer Hospital and Richard J. Solove Research Institute:

THE OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER
ARTHUR G. JAMES CANCER HOSPITAL AND
RICHARD J. SOLOVE RESEARCH INSTITUTE

Synopsis: The amendments to the *Bylaws of the Medical Staff* of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute are recommended for approval.

THE OHIO STATE UNIVERSITY

WHEREAS a summary of the proposed amendments to the *Bylaws of the Medical Staff* of the James Cancer Hospital is attached; and

WHEREAS the proposed amendments are also attached; and

WHEREAS the proposed amendments to the *Bylaws of the Medical Staff* of the James Cancer Hospital were approved by the James Cancer Hospital Medical Staff Administrative Committee on September 19, 2025; and

WHEREAS on October 28, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the amendments to the *Bylaws of the Medical Staff* of the James Cancer Hospital:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and The Ohio State University Board of Trustees hereby approve the amendments to the *Bylaws of the Medical Staff* of the James Cancer Hospital.

(See Attachment XXXIX for background information, page 1066)

9. Resolution No. 2026-54, Approval of Amendments to the *Medical Staff Rules and Regulations* – The Ohio State University Comprehensive Cancer Center, Arthur G. James Cancer Hospital and Richard J. Solove Research Institute:

THE OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER
ARTHUR G. JAMES CANCER HOSPITAL AND
RICHARD J. SOLOVE RESEARCH INSTITUTE

Synopsis: The amendments to the *Medical Staff Rules and Regulations* of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute are recommended for approval.

WHEREAS a summary of the proposed amendments to the *Medical Staff Rules and Regulations* of the James Cancer Hospital is attached; and

WHEREAS the proposed amendments are also attached; and

WHEREAS the proposed amendments to the *Medical Staff Rules and Regulations* of the James Cancer Hospital were approved by the James Cancer Hospital Medical Staff Administrative Committee on September 19, 2025; and

WHEREAS on October 28, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the amendments to the *Medical Staff Rules and Regulations* of the James Cancer Hospital:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and The Ohio State University Board of Trustees hereby approve the amendments to the *Medical Staff Rules and Regulations* for The James.

(See Attachment XL for background information, page 1126)

THE OHIO STATE UNIVERSITY

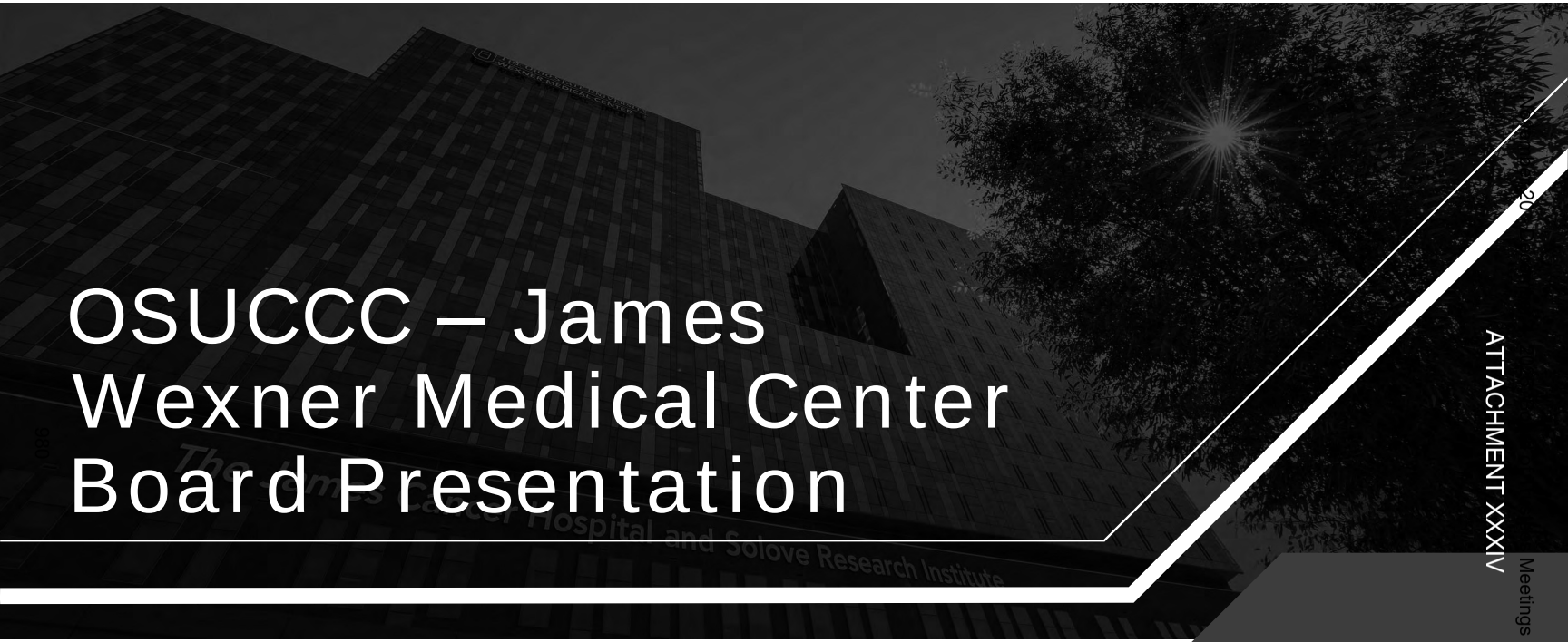
Action: Upon the motion of Mr. Perez, seconded by Dr. Warner, the Wexner Medical Center Board recommended these items for approval by roll-call vote with the following members present and voting: Mr. Heminger, Mr. Mitevski, Mr. Perez, Mr. Skestos, Ms. Trott, Dr. Buchan, Mr. Schottenstein, Mr. Steinour, Ms. Hilsheimer, Ms. Chronis, Dr. Fujita, Mr. Zeiger, President Carter, Dr. Bellamkonda, Mr. Papadakis and Dr. Warner.

EXECUTIVE SESSION

It was moved by Dr. Warner and seconded by Mr. Zeiger that the Wexner Medical Center Board recess into executive session to consider business-sensitive trade secrets and quality matters required to be kept confidential.

A roll-call vote was taken, and the Board voted to go into executive session with the following members present and voting: Mr. Heminger, Mr. Mitevski, Mr. Perez, Mr. Skestos, Ms. Trott, Dr. Buchan, Mr. Schottenstein, Mr. Steinour, Ms. Hilsheimer, Ms. Chronis, Dr. Fujita, Mr. Zeiger, President Carter, Dr. Bellamkonda, Mr. Papadakis and Dr. Warner.

The Wexner Medical Center Board entered executive session at 2:40 p.m. and adjourned at 5:35 p.m.



OSUCCC – James Wexner Medical Center Board Presentation

ATTACHMENT XXXIV
Meetings
20

December 2, 2025

W. Kimryn Rathmell, MD, PhD

Chief Executive Officer

The James

THE OHIO STATE UNIVERSITY
COMPREHENSIVE CANCER CENTER

Vision

To create a cancer-free world. One person, one discovery at a time.



Vision

To create a cancer-free world.

Every person,
Every discovery,
Every time.





How will we do this?

Enable a Curiosity-Driven Culture

Foster an environment where curiosity inspires innovation and continuous learning across teams.

Expand Our Reach

Increase access and impact by reaching more communities across the state and country.

Provide Ultimate Individualized Care

Deliver tailored healthcare solutions using advanced technology to meet individual patient needs.

Learn From Every Encounter

Improve outcomes by gathering insights and knowledge from every person we encounter.

Impact 2035 Alignment

Impact 2035 Strategic Priorities	Enable Curiosity-Driven Culture	Expand Our Reach	Provide Ultimate Individualized Care	Learn from Every Encounter
Exceptional Care	✓	✓	✓	✓
Purposeful Growth	✓	✓	✓	✓
Best-in-Class Operating Model	✓	✓	✓	✓
High Impact Discovery	✓	✓	✓	✓
A Healthier Ohio	✓	✓	✓	✓
Accelerated Health Care Transformation	✓	✓	✓	✓
Reimagined Learning and Development	✓	✓	✓	✓
Workplace of Choice	✓	✓	✓	✓

People are the center of our vision.



Our Patients, Families, Caregivers, and Communities



Our Team



Our Organization



Person-Centered Approach

- Commitment to prevention
- Truly 'personalized' care
- Comprehensive phenotyping for all tumor types
- Person-centered efficiencies and supportive care services
- Intentional and integrated use of telehealth
- Distributed clinical trials – centralized to the James

Empowering Our Team

- Every person and role matters, and we are all owners of our vision
- Innovative training programs
- Impactful mentorship and coaching
- Transformative recruitment
- Optimizing design innovation – and connection
- Culture of ownership, recognition, gratitude, pride



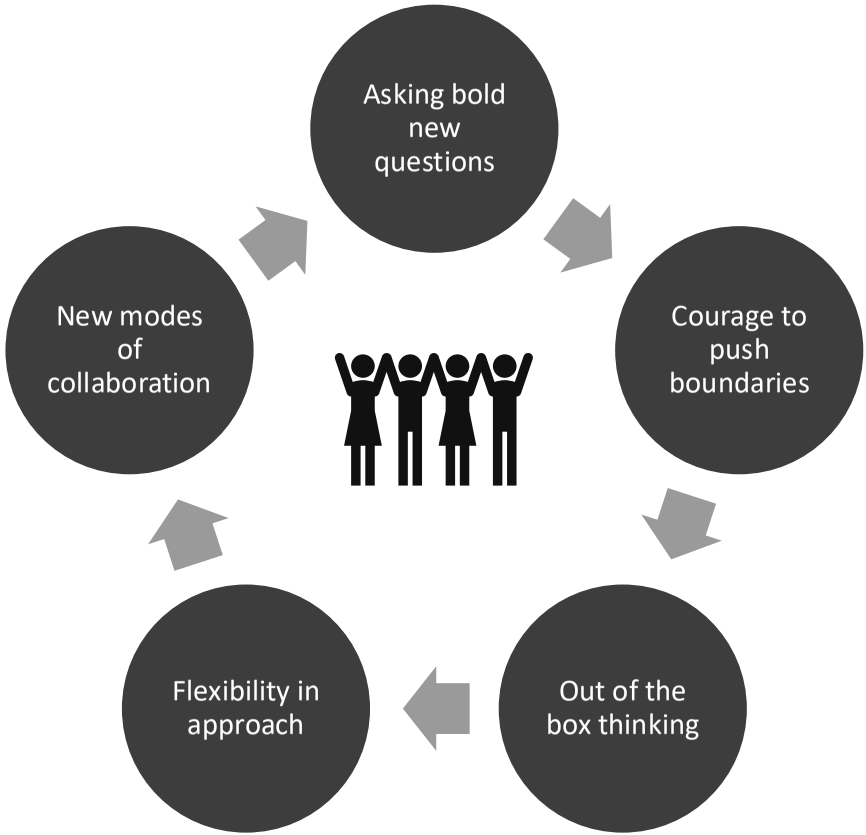


Organizational Resources and Infrastructure

- Collaborative research space
- Best-in-class clinical space
- Flexible office solutions
- Sustainable financial resources



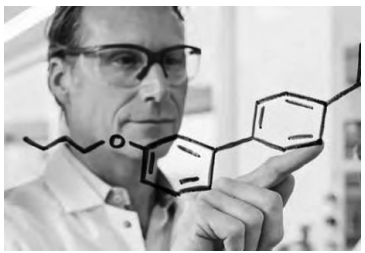
Creating the ecosystem needed to enable our virtuous cycle



The James

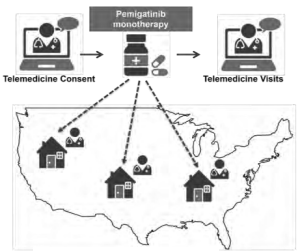
The Ohio State University
Comprehensive Cancer Center

First, Best, Only



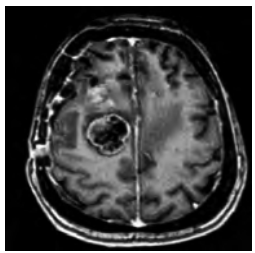
FIRST **Phase 1 testing of JBZ-001 – fully discovered and developed at OSU**

Targets dihydroorotate dehydrogenase (DHODH), novel pathway critical for many cancers



BEST **Launch of first ever nationwide study of 100% telehealth clinical trial**

Reaching patients where they are advancing discovery to improve outcomes



ONLY **availability of GARP CAR-T cell engineered for treatment of recurrent glioma**

Tackling the hardest of the hard with innovative treatments



Thank You

Connect with us on social media:

The James

THE OHIO STATE UNIVERSITY
COMPREHENSIVE CANCER CENTER

cancer.osu.edu



Wexner Medical Center Board
Financial Report
Public Session

December 2, 2025

The Ohio State University Health System

Consolidated Statement of Operations
For the YTD ended September 30, 2025
(in thousands)

	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
OPERATING STATEMENT						
Total Operating Revenue	1,383,282	1,351,794	31,488	2.3%	1,189,815	16.3%
Operating Expenses						
Salaries and Benefits	524,900	530,837	5,937	1.1%	483,784	-8.5%
Resident/Purchased Physician Services	74,931	74,482	(449)	-0.6%	64,071	-16.9%
Supplies/Pharmaceuticals/Other	572,757	562,595	(10,162)	-1.8%	480,848	-19.1%
Depreciation	68,091	68,091	-	0.0%	65,733	-3.6%
Interest	12,120	12,120	-	0.0%	12,778	5.1%
Total Expense	1,252,799	1,248,125	(4,674)	-0.4%	1,107,214	-13.1%
Gain (Loss) from Operations (pre MCI)	130,483	103,669	26,814	25.9%	82,601	58.0%
Medical Center Investments	(79,845)	(77,763)	(2,082)	-2.7%	(59,390)	-34.4%
Income from Investments	15,546	13,319	2,227	16.7%	17,629	-11.8%
Other Gains (Losses)	14,644	14,503	141	1.0%	9,437	55.2%
Excess of Revenue over Expense	$ 80,828	$ 53,728	$ 27,100	50.4%	$ 50,277	60.8%
Margin Percentage	5.8%	4.0%	1.8%	47.0%	4.2%	1.6%
EBIDA	$ 161,039	$ 133,939	$ 27,100	20.2%	$ 128,788	25.0%
EBIDA Margin Percentage	11.6%	9.9%	1.7%	17.5%	10.8%	0.8%

The Ohio State University Wexner Medical Center

Combined Statement of Operations
For the YTD ended: September 30, 2025
(in thousands)

	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
OPERATING STATEMENT						
Total Operating Revenue	1,815,705	1,791,381	24,324	1.4%	1,596,839	13.7%
Operating Expenses						
Salaries and Benefits	944,171	950,920	6,749	0.7%	860,393	-9.7%
Resident/Purchased Physician Services	74,931	74,482	(449)	-0.6%	64,071	-16.9%
Supplies/Pharmaceuticals/Other	680,148	668,137	(12,011)	-1.8%	582,200	-16.8%
Depreciation	69,211	69,211	1	0.0%	66,947	-3.4%
Interest	12,169	12,178	9	0.1%	12,831	5.2%
Total Expense	1,780,630	1,774,929	(5,701)	-0.3%	1,586,443	-12.2%
Gain (Loss) from Operations	35,076	16,453	18,623	113.2%	10,396	237.4%
Income from Investments	18,893	17,892	1,002	5.6%	22,047	-14.3%
Other Gains (Losses)	13,167	15,611	(2,444)	-15.7%	8,978	46.7%
Excess of Revenue over Expense	$ 67,136	$ 49,956	$ 17,180	34.4%	$ 41,422	62.1%
Margin Percentage	3.7%	2.8%	0.9%	32.6%	2.6%	1.1%
EBIDA	$ 148,516	$ 131,345	$ 17,170	13.1%	$ 121,200	22.5%
EBIDA Margin Percentage	8.2%	7.3%	0.9%	11.6%	7.6%	0.6%

* Combined Medical Center includes Health System, OSUP, and College of Medicine.

** This statement does not conform to Generally Accepted Accounting Principles. Different accounting methods are used in each of these entities and no eliminating entries are included.

The Ohio State University Wexner Medical Center

Combined Balance Sheet
As of: September 30, 2025
(in thousands)

	Sep 2025	June 2025	Change
Assets			
Cash	$ 1,481,039	$ 1,592,347	$ (111,308)
Net Patient Receivables	874,837	839,574	35,262
Other Current Assets	266,863	244,749	22,115
Assets Limited as to Use	845,422	842,180	3,242
Property, Plant & Equipment - Net	4,135,296	4,049,573	85,723
Other Assets	645,979	630,290	15,689
Total Assets	$ 8,249,436	$ 8,198,713	$ 50,723
Liabilities & Net Position			
Current Liabilities	$ 711,142	$ 709,652	$ 1,490
Other Liabilities	421,789	420,478	1,311
Total Debt	1,326,135	1,348,084	(21,949)
Net Position	5,790,369	5,720,498	69,871
Liabilities and Net Position	$ 8,249,436	$ 8,198,713	$ 50,723
Days Cash on Hand	124.2	133.8	(9.6)
Net Days in Accounts Receivable	55.1	52.7	(2.3)
Debt to Capital	18.6%	19.1%	0.4%

* Combined Medical Center includes Health System, OSUP, and College of Medicine.

** This Balance sheet is not intended to conform to Generally Accepted Accounting Principles. Different accounting methods are used in each of these entities and no eliminating entries are included.

Thank You

Project Data Sheet for Board of Trustees Approval

East Hospital - Tower - Elevator Renovations

OSU-265016 (REQ ID# WMC240003)

Project Location: East Hospital - Tower (0397)

- **Approval Requested and Amount**

Professional services	$1.7M
Total requested	$1.7M

- **Project Budget**

Professional services	$1.7M
Construction w/contingency	$12.3M
Total project budget	$14.0M

- **Project Funding**
  Auxiliary funds

- **Project Schedule**

BoT professional services approval	12/25
Design	02/26 – 08/26
BoT construction approval	09/26
Construction	10/26 – 12/28
Facility opening	12/28

- **Project Delivery Method**
  Construction Manager at Risk



- **Planning Framework**
  - This project is included in the FY26 Capital Investment Plan and will cash flow over the next two years.

- **Project Scope**
  - This project is a four-phase elevator modernization project at OSU East Tower which will replace all four public elevators sequentially, always maintaining three elevators in service to minimize disruption.
  - Scope includes full replacement of elevator equipment and interior finishes to improve reliability, safety, and user experience.

- **Approval Requested**
  - Approval is requested to enter into professional services contracts.

- **project team**
  University project manager: Jackson, Clay
  AE/design architect: TBD
  CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

East Hospital - Fire Suppression

OSU-220196 (REQ ID# WMC22000001; WMC240001)

Project Location: East Hospital - Main (0398), East Hospital - Tower (0397)



- **Approval Requested and Amount**

Professional services	$0.6M
Construction w/contingency	$6.8M
Total requested	$7.4M

- **Project Budget**

Professional services	$1.4M
Construction w/contingency	$12.2M
Total project budget	$13.6M

- **Project Funding**
  Auxiliary funds

- **Project Schedule**

BoT professional services approval	05/22
Design	10/22 – 06/27
BoT construction approval	11/23
Construction (phased)	05/25 – 06/28
BoT construction approval	12/25
Facility opening	06/28

- **Project Delivery Method**
  Construction Manager at Risk

- **Planning Framework**
  - This project was included in the FY23 Capital Investment Plan with cash flow programmed over several fiscal years.

- **Project Scope**
  - This project will extend the fire suppression system to all non-sprinklered areas of OSU East Hospital bringing the building into compliance.
  - Scope includes the installation of a new fire pump serving the full facility. Work will be phased within occupied hospital areas.
  - This project faced multiple delays and limited contractor interest. Scope and budget have been clarified, resulting in a successful bid with the CMR.

- **Approval Requested**
  - Approval is requested to increase professional services and construction contracts.

- **project team**
  University project manager: Flaherty, Brendan
  AE/design architect: Karpinski Engineering
  CM at Risk or Design Builder: Messer Construction

Project Data Sheet for Board of Trustees Approval

WMC Outpatient Care Powell

OSU-220880 (REQ ID# WMC229002; WMC240009)

Project Location: Outpatient Care Powell (1046)



- **Approval Requested and Amount**

Construction w/contingency	$4.7M
Total requested	$4.7M

- **Project Budget**

Professional services	$23.0M
Construction w/contingency	$164.7M
Total project budget	$187.7M

- **Project Funding**
  Auxiliary funds

- **Project Schedule**

BoT professional services approval	05/22
Design	06/22 – 09/23
BoT construction approval	02/24
Construction	04/24 – 06/26
Facility opening	08/26

- **Project Delivery Method**
  Construction Manager at Risk

- **Planning Framework**
  - This project was included in the FY23 Capital Investment Plan with cash flow programmed over several fiscal years.
  - Consistent with the strategic plans of the university and Wexner Medical Center to provide medical services within community-based ambulatory facilities.

- **Project Scope**
  - Design and construction of a five-story medical office building and a two-story ambulatory health center which includes imaging, outpatient rehab/PT, endoscopy, and support services.
  - The James added cancer infusion services to the 4th and 5th floors of the facility and work is underway using contingency funds.
  - The proposed funding increase supports an MRI upgrade from 1.5T to 3.0T, and medical and lab equipment for infusion.

- **Approval Requested**
  - Approval is requested to increase construction contracts.

- **project team**
  University project manager: Rice, George
  AE/design architect: DLR Group
  CM at Risk or Design Builder: CK Construction

OSUWMC Adult Level III Trauma Center



Standard 1.1 Administrative Commitment

"In all trauma centers, the institutional governing body, hospital leadership, and medical staff must demonstrate continuous commitment and provide the necessary human and physical resources to properly administer trauma care consistent with the level of verification throughout the verification cycle"

1.1 Administrative Commitment—TYPE I

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, the institutional governing body, hospital leadership, and medical staff must demonstrate continuous commitment and provide the necessary human and physical resources to properly administer trauma care consistent with the level of verification throughout the verification cycle.

Additional Information

Human resources include physicians, registered nurses, advanced practice providers (APPs), physician assistants, coordinators, and so forth.

This standard fully encompasses all staffing needs, physical structures, space allotments, and equipment needed for a trauma center to function optimally.

Measures of Compliance

Documentation that demonstrates compliance, including:

- Hospital Board of Directors (or other administrative governing authority) approval of the establishment of the trauma center at the level specified and of the application for verification
- Commitment to adherence to the standards required for the level of verification
- Commitment to ensuring that the necessary personnel, facilities, and equipment are made available to support adherence to the standards

Resources

None

References

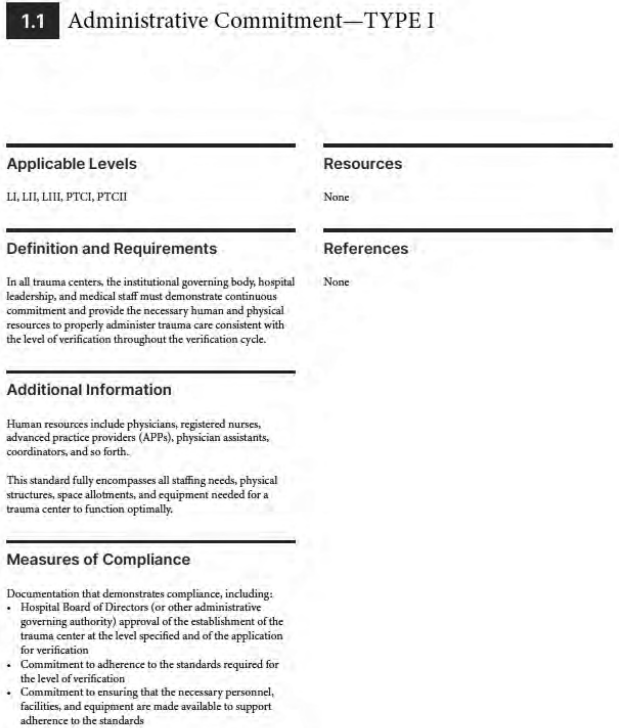
None

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WMC Board Approval Request

Documented Compliance:

- "Hospital Board of Directors (or other administrative governing authority) approval of the establishment of the trauma center at the level specified and of the application for verification"
- "Commitment to adherence to the standards required for the level of verification"
- "Commitment to ensuring that the necessary personnel, facilities, and equipment are made available to support adherence to the standards"



1.1 Administrative Commitment—TYPE I

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, the institutional governing body, hospital leadership, and medical staff must demonstrate continuous commitment and provide the necessary human and physical resources to properly administer trauma care consistent with the level of verification throughout the verification cycle.

Additional Information

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Documentation that demonstrates compliance, including:

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- Commitment to adherence to the standards required for the level of verification
- Commitment to ensuring that the necessary personnel, facilities, and equipment are made available to support adherence to the standards

Resources

None

References

None

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Joint Bylaws Committee Meeting
University Hospitals and The James

August 21, 2025

Summary of Proposed Amendments

University Hospitals Bylaws

- Proposed changes to 3335-43-04 (Membership) and 3335-43-07 (Categories of the medical staff) describing the required period of active clinical practice from "two" years to "three" to bring in-line with current recredentialing cycles.

- Proposed addition of granting telemedicine privileges by proxy as permitted by Centers for Medicare and Medicaid Services Conditions of Participation and by Joint Commission standards – added at 3335-43-07(K)(11).

University Hospitals Rules and Regulations

- No proposed amendments

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Chapter 3335-43 - *Bylaws of the Medical Staff* of The Ohio State University Hospitals
Updated July 25, 2025

3335-43-01 Medical staff name.

The board of trustees of the Ohio state university, by official action on September 13, 1963, established "the Ohio state university hospitals." In accordance with Chapters 3335-93-01 to 3335-93-03 and 3335-101-04 of the Administrative Code, the Ohio state university Wexner medical center board (herein called Wexner medical center board) has delegated to the medical staff of the Ohio state university hospitals the responsibility to prepare and recommend adoption of these bylaws. "The medical staff of the Ohio state university hospitals" shall be the name of the hospitals' medical staff organization.

(Board approval date: 5/14/2010, 11/7/2014)

3335-43-02 Purpose.

The purpose of the self-governing, democratically organized medical staff, which is accountable to the Ohio state university Wexner medical center board for the quality of care provided to the patients of the Ohio state university hospitals, shall be:

(A) To strive to maintain quality standards of patient care for all patients admitted to the Ohio state university hospitals, consistent with an active teaching environment, realizing that the care and treatment of the individual patient is the medical responsibility of the member of the attending, community affiliate A and community affiliate D medical staff to whose care the patient is admitted or transferred.

(B) To support educational and research programs; elevate and advance the educational standards of our professions, including, but not limited to, pre- and post-M.D. students, nurse students, graduate nurse students, students of the allied medical professions, and students of other health professional colleges; and provide research programs to enhance and advance the educational and patient-care programs.

(C) To provide a means whereby medical problems may be reviewed; policies and procedures discussed; and to provide a means for establishing and maintaining standards of professional, medical and educational performance, organization, and discipline within the medical staff and harmonious cooperation and understanding among the units comprising the Ohio state university hospitals.

(D) To provide service, education and research programs to benefit the mental, physical, and environmental health of the citizens of the state of Ohio; dedicate itself to be responsive to the needs of its patients and to communicate effectively concerning matters of patient care; and encourage dissemination of medical knowledge to health professionals and the public, and conduct research for the prevention and treatment of disease.

(E) To govern medical staff and credentialed practitioners these bylaws are not intended to and shall not create any contractual rights between the Ohio state university Wexner medical center and any practitioner. Any and all contracts of affiliation, association or employment shall control contractual and financial relationships between the Ohio state university Wexner medical center and such practitioners.

(Board approval dates: 6/7/2002, 2/2/2007, 9/19/2008, 4/8/2011, 11/7/2014, 4/6/2018, 8/15/2023)

Chapter 3335-43 - *Bylaws of the Medical Staff* of The Ohio State University Hospitals
Updated August 20, 2024

3335-43-03 Patients.

(A) The continuous care and treatment of individual patients is the medical responsibility of the member of the attending, community affiliate A and community affiliate D medical staff to whose care the patient is admitted or transferred within the Ohio state university hospitals and to licensed health care professionals being granted clinical privileges under these bylaws.

(B) There shall be only one category or classification of patients in the Ohio state university hospitals, and those patients are the private patients of the medical staff under whose care they are admitted. Patients admitted to the Ohio state university hospitals who, at the time of admission, have not requested or selected a member of the medical staff to attend them shall be assigned by the chief of the appropriate clinical division or department or their designees, to a member of the medical staff for their care and treatment.

(C) All patients admitted to the Ohio state university hospitals should cooperate and be an integral part of the teaching program of the college of medicine. Should a patient, or on the behalf of the patient, the patient's representative, refuse to participate or cooperate in the teaching program of the Ohio state university hospitals or the college of medicine, the medical staff member responsible for the care and treatment of the patient will encourage participation in the Ohio state university's teaching programs, but will simultaneously inform patients, or when appropriate, the patient's representative, of their right to refuse participation. Students, including pre- and post-M.D., but not limited thereto, shall be under the direction and control of the members of the medical staff to whom the patient is assigned upon admission to the Ohio state university hospitals or transfer within the Ohio state university hospitals' services. The Ohio state university hospitals respect the patient's right to participate in decisions about his or her care, treatment and services, and further respects the patient's right to refuse care treatment and services, in accordance with law and regulation.

(Board approval dates: 6/7/2002, 2/2/2007, 9/19/2008, 4/8/2011, 11/7/2014, 8/15/2023)

3335-43-04 Membership.

(A) Qualifications.

(1) Membership on the medical staff of the Ohio state university hospitals is a privilege extended to doctors of medicine, osteopathic medicine, dentistry, and to practitioners of psychology and podiatry who consistently meet the qualifications, standards, and requirements set forth in the bylaws, rules and regulations of the medical staff, the Wexner medical center board and the board of trustees of the Ohio state university. Membership on the medical staff is available on an equal opportunity basis without regard to race, color, creed, religion, sexual orientation, national origin, gender, age, handicap, or veteran/military status. Doctors of medicine, osteopathic medicine, dentistry, and practitioners of psychology and podiatry in faculty and administrative positions who desire medical staff membership shall be subject to the same procedures as all other applicants for the medical staff.

(2) All members of the medical staff of the Ohio state university hospitals shall, except as specifically provided in these bylaws, be members of the faculty of the Ohio state university college of medicine, or in the case of dentists, of the Ohio state university college of dentistry. All members, except for physician scholar medical staff, shall be duly licensed or certified to practice in the state of Ohio. Members of the limited staff shall possess a valid training certificate, or an unrestricted license from the applicable state board based on the eligibility criteria defined by that board. All members of the medical staff and limited staff and licensed health care professionals with clinical privileges shall comply with provisions of state law and the regulations of the state medical board or other state licensing board if applicable. Only those physicians, dentists, and practitioners of psychology and podiatry who can document their education, training, experience, competence, adherence to the ethics of their

profession, dedication to educational and research-goals, and ability to work with others with sufficient adequacy to assure the Wexner medical center board and the board of trustees of the Ohio state university that any patient treated by them at university hospitals will be given the high quality of medical care provided at university hospitals, shall be qualified for membership on the medical staff of the Ohio state university hospitals.

All applicants for membership, clinical privileges, and members of the medical staff must provide basic health information to fully demonstrate that the applicant or member has, and maintains, the ability to perform requested clinical privileges. The chief medical officer of the medical center, medical directors, the department chairperson, the credentialing committee, the medical staff administrative committee, the quality and professional affairs committee of the Ohio state university Wexner medical center board, or the Ohio state university Wexner medical center board may initiate and request a physical or mental health evaluation of an applicant or member. Such request shall be in writing to the applicant. All members of the medical staff and licensed health care professionals will comply with medical staff and the Ohio state university policies regarding employee and medical staff health and safety; uncompensated care; and will comply with appropriate administrative directives and policies to avoid disrupting those operations of the Ohio state university hospitals which adversely impact overall patient care or which adversely impact the ability of the Ohio state university hospitals employees or staff to effectively and efficiently fulfill their responsibilities. All members of the medical staff and licensed health care professionals shall agree to comply with bylaws, rules and regulations, and policies and procedures adopted by the medical staff administrative committee and the Wexner medical center board, including but not limited to policies on professionalism, behaviors that undermine a culture of safety. Annual education and training approved by the medical staff administrative committee or as required by the Wexner medical center to meet accreditation standards, federal regulations, or quality and safety goals is required for medical staff members with clinical privileges in addition to conflict of interest disclosure. Medical staff members and licensed health care professionals with clinical privileges must also comply with the university integrity program requirements including but not limited to billing, self-referral, ethical conduct and annual education. Medical staff members and licensed health care professionals with clinical privileges must immediately disclose to the chief medical officer and the department chairperson the occurrence of any of the following events: a licensure action in any state, any malpractice claims filed in any state or an arrest by law enforcement.

(3) All members of the medical staff and credentialed providers must maintain continuous uninterrupted enrollment with all governmental health care programs.

(a) It shall be the duty of all medical staff members and credentialed providers to promptly inform the chief medical officer and the corporate credentialing office of any investigation, action taken, or the initiation of any process which could lead to an action taken by any governmental programs.

(b) Exclusion of any medical staff member or credentialed provider from participation in any federal or state government program or suspension from participation, in whole or part, in any federal or state government reimbursement program, shall result in immediate lapse of membership on the medical staff of the Ohio state university hospitals and the immediate lapse of clinical privileges at the Ohio state university hospitals as of the effective date of the exclusion or suspension. Medical staff members may submit a request to resign their medical staff membership to the Chief Medical Officer in lieu of automatic termination. The resignation in lieu of automatic termination shall be discussed at the next credentialing committee and medical staff administrative committee in order to provide recommendations to the Quality and Professional Affairs Committee of the Wexner Medical Center Board. A final determination should be decided by the Quality and Professional Affairs Committee at its next regular meeting.

(c) If the medical staff member's or credentialed provider's participation in all governmental programs is fully reinstated, the affected medical staff member or credentialed provider shall be eligible to apply for membership and clinical privileges at that time.

(4) An applicant for membership shall at the time of appointment or reappointment, be and remain board certified in his or her primary are of practice at the Ohio state university hospitals. This Board certification must be approved by at least one of the American board of medical specialties, or other applicable certifying boards, including certifying boards if applicable for doctors of osteopathy, podiatry, psychology, and dentistry. All applicants must be and remain certified within the specific areas for which they have requested clinical privileges. Applicants who are not board certified at the time of application but who have completed their residency or fellowship training within the last five years will be eligible for medical staff appointment. However, in order to remain eligible, those applicants must achieve board certification in their primary area of practice within five years from the date of completion of their residency or fellowship training. Applicants must maintain board certification and, to the extent required by the applicable specialty/subspecialty board, satisfy recertification requirements. Recertification will be assessed at reappointment. Failure to meet or maintain board certification shall result in immediate termination of membership on the medical staff of the Ohio state university hospitals.

(5) All applicants must demonstrate recent clinical activity in their primary area of practice during the last ~~two~~three years to satisfy minimum threshold criteria for privileges within their clinical departments.

(6) Waiver requests for the threshold eligibility requirements listed in paragraphs (A)(3) to (A)(5) of this rule may be requested and considered as follows:

(a) A request for a waiver will only be considered if the applicant provides information sufficient to satisfy his or her burden of demonstrating that his or her qualifications are equivalent to or exceed the criterion in question and that there are exceptional circumstances that warrant a waiver. The clinical department chief must endorse the request for waiver in writing to the credentialing committee.

(b) The credentialing committee may consider supporting documentation submitted by the prospective applicant, any relevant information from third parties, input from the relevant department chiefs, and the best interests of the hospital and the communities it serves. The credentialing committee will forward its recommendation, including the basis for such, to the medical staff administrative committee.

(c) The medical staff administrative committee will review the recommendation of the credentialing committee and make a recommendation to the quality and professional affairs committee of the Ohio state university Wexner medical center and the Wexner medical center board regarding whether to grant or deny the request for a waiver and the basis for its recommendation.

(d) The Ohio state university Wexner medical center board's determination regarding whether to grant a waiver is final. A determination not to grant a waiver is not a "denial" of appointment or clinical privileges and does not give rise to a right to a hearing. The prospective applicant who requested the waiver in a particular case is not intended to set a precedent for any other applicant. A determination to grant a waiver does not mean that an appointment will be granted. Waivers of threshold eligibility criteria will not be granted routinely. No applicant is entitled to a waiver or to a hearing if a waiver is not granted.

(e) Waiver requests for the threshold eligibility requirement listed in paragraph (A)(3) of this rule may only be considered for applicants who have voluntarily opted out of governmental health care programs. Applicants who have been excluded or suspended shall be ineligible to request a waiver.

(f) Waivers to requirements prescribed by regulatory accrediting or other external agencies will not be granted.

(7) Any medical staff member whose membership has been terminated pursuant to paragraph (A)(3) or (A)(4) of this rule shall not be entitled to request a hearing and appeal in accordance with rule 3335-43-06 of the Administrative Code. Any licensed health care professional whose clinical privileges have been terminated pursuant to paragraph (A)(4) of this rule may not request an appeal in accordance with paragraph (G)(3) of rule 3335-43-07 of the Administrative Code.

(8) No applicant shall be entitled to medical staff membership and or clinical privileges merely by the virtue of fulfilling the above qualifications or holding a previous appointment to the medical staff.

(B) Application for membership.

Initial application for medical staff membership for all categories of the medical staff shall be made by the applicant to the chief of the clinical department on forms prescribed by the medical staff administrative committee stating the qualifications and references of the applicant and giving an account of the applicant's current licensure, relevant professional training and experience, current competence and ability to perform the clinical privileges requested. All applications for appointment must specify the clinical privileges requested. Applications may be made only if the applicant meets the qualifications outlined in paragraph (A) of this rule. The application shall include written statements of the applicant to abide by the bylaws, rules and regulations and policies and procedures of the medical staff, the Wexner medical center board, and the board of trustees of the Ohio state university. The applicant shall produce a government-issued photo identification to verify his/her identity pursuant to hospital/medical staff policy. The applicant shall agree that membership on the medical staff requires participation in the peer review process of evaluating credentials, medical staff membership and clinical privileges, and that a condition for membership requires mutual covenants between all members of the medical staff to release one another from civil liability in this review process as long as the peer review was taken in the reasonable belief that it was in furtherment of quality health care based upon a reasonable review and appropriate procedural due process. In order to optimize the clinical organization resource utilization and planning of the Ohio state university hospitals, the chief of the clinical department may require that the community affiliate D medical staff member identify categories of diagnosis, extent of anticipated patient activity, and service areas to be utilized and may prepare a statement of participation for the applicant, which shall be made a part of the application for appointment. A separate record shall be maintained for each applicant requesting appointment to the medical staff.

(C) Terms of appointment. Initial appointment to the medical staff shall be for a period not to exceed thirty-six months. During the first six months of the initial appointment, except for medical staff appointments without clinical privileges, appointees shall be subject to focused professional practice evaluation (FPPE) in order to evaluate the privilege-specific competence of the practitioner who does not have documented evidence of competently performing the requested privilege at the organization pursuant to these bylaws. FPPE requires the evaluation by of the chief of the clinical department with oversight by the credentials committee and the medical staff administrative committee. Following the six-month FPPE period, the chief of the clinical department may: 1. recommend the initial appointee to transition to ongoing professional practice evaluation (OPPE), which is described later in these bylaws to the medical staff administrative committee; 2. extend the FPPE period, which is not considered an adverse action, for an additional six months not to exceed a total of twelve months for purposes of further monitoring and evaluation; or 3. terminate the initial appointee's medical staff

membership and clinical privileges. In the event that the medical staff administrative committee recommends that an adverse action be taken against an initial appointee, the initial appointee shall be entitled to the provisions of due process as outlined in these bylaws.

(D) Ethics and ethical relationship. The code of ethics as adopted, or as may be amended, by the American medical association, the American dental association, the American psychological association, American osteopathic association and the American podiatric medical association shall govern the professional ethical conduct of the respective members of the medical staff.

(E) Procedure for appointment.

(1) The written and signed application for membership on the medical staff shall be presented to the applicable chief of the clinical department. The applicant shall include in the application a signed statement indicating the following:

(a) If the applicant should be accepted to membership on the medical staff, the applicant agrees to be governed by the bylaws, rules and regulations of the medical staff, the Wexner medical center board and the board of trustees of the Ohio state university.

(b) The applicant consents to be interviewed in regard to the application.

(c) The applicant authorizes the Ohio state university hospitals to consult with members of the medical staffs of other hospitals with which the applicant has been or has attempted to be associated, and with others who may have information bearing on the applicant's competence, character and ethical qualifications.

(d) The applicant consents to the Ohio state university hospitals' inspection of all records and documents that may be material to the evaluation of the applicant's professional qualifications and competence to carry out the clinical and educational privileges for which the applicant is seeking as well as the applicant's professional ethical qualifications for medical staff membership.

(e) The applicant releases from any liability:

(i) All representatives of university hospitals for acts performed in connection with evaluating the applicant’s credentials or releasing information to other institutions for the purpose of evaluating the applicant’s credentials in compliance with these bylaws performed in good faith; and

(ii) All third parties who provide information, including otherwise privileged and confidential information, to members of the medical staff, the Ohio state university hospitals staff, Ohio state university Wexner medical center board members and members of the Ohio state university board of trustees concerning the applicant’s credentials performed in good faith.

(f) The applicant has an affirmative duty to disclose any prior termination, voluntary or involuntary, current loss, restriction, denial, or the voluntary or involuntary relinquishment of any of the following: professional licensure, board certification, DEA registration, membership in any professional organization or medical staff membership or privileges at any other hospital or health care facility.

(g) The applicant further agrees to disclose to the chief medical officer of the Ohio state university hospitals the initiation of any process which could lead to such loss or restriction of the applicant’s professional licensure, board certification, DEA registration, membership in any professional organization or medical staff membership or privileges at any other hospital or health care facility.

(h) The applicant agrees that acceptance of membership on the medical staff of the Ohio state university hospitals authorizes the Ohio state university hospitals to conduct any appropriate health assessment including but not limited to drug or alcohol screens on a practitioner at any time during the normal pursuit of medical staff duties, based upon reasonable cause as determined by the chief of the practitioner's clinical department or the chief medical officer of the Ohio state university hospitals or their authorized designees.

(2) The purpose of the health assessment shall be to ensure that the member of the medical staff is able to fully perform and discharge the clinical, educational, administrative and research responsibilities which the member is permitted to exercise by reason of medical staff membership. If, at the time of the initial request for a health assessment, and at any time a medical staff member refuses to participate as needed in a health assessment, including but not limited to a drug or alcohol screening, this shall result in automatic lapse of membership, privileges, and prerogatives until remedied by compliance with the requested health assessment. Upon request of the medical staff administrative committee or Wexner medical center board, the applicant will provide documentation the applicant's physical and mental status with sufficient adequacy to demonstrate that any patient treated by the applicant will receive care of a generally professionally recognized level of quality and efficiency. The conditions of this paragraph shall be deemed continuing and may be applicable to issues of continued good standing as a member of the medical staff.

(3) An application for membership on the medical staff shall be considered complete when all the information requested on the application form is provided, the application is signed by the applicant and the information is verified. A completed application must contain:

(a) Peer recommendation from at least three individuals with "first hand" knowledge about the applicant's clinical and professional skills.

(b) Evidence of required immunizations.

(c) Evidence of current professional medical malpractice liability coverage required for the exercise of clinical privileges.

(d) Satisfaction of ECFMG requirements, if applicable. If an individual receives a conceded eminence certificate or a clinical research faculty certificate from the state medical board of Ohio, the requirement for ECFMG certification may be waived at the discretion of the Wexner medical center board.

(e) Verification by primary source documentation of:

(i) Current and previous state licensure;

(ii) Faculty appointment (not required for community affiliate B, community affiliate C, community affiliate D or contracted category);

(iii) DEA registration when required for exercise of clinical privileges;

(iv) Graduation from an accredited medical or professional school;

(v) Successful completion or record of post graduate medical or professional education; and

(vi) Board certification active candidacy for board certification (may not be required for community affiliate B, community affiliate C and community

affiliate D categories). or applicant qualifies for a waiver pursuant to paragraph (A)(6) of rule 3335-43-04 of the Administrative Code.

(f) Information from the national practitioner data bank.

(g) Verification that the applicant has not been excluded from any federally funded health care program.

(h) Complete disclosure by applicant of all past and current claims, suits, and settlements, if any.

(i) Completion of a criminal background investigation that meets the requirements of the Wexner medical center.

(j) Completion of drug testing for substances required for individuals applying for clinical privileges and in accordance with Wexner medical center approved testing protocols.

(k) Verification of completion of annual educational requirements approved by the medical staff administrative committee and maintained in the chief medical officer's office.

(l) Demonstration of recent active clinical practice during the last ~~two~~three years required for exercise of clinical privileges.

(m) Attestation of current Ohio automated Rx reporting system ("OARRS") account for all applicants who have a DEA registration.

(4) The chief of the applicable clinical department shall be responsible for investigating and verifying the character, qualifications, and professional standing of the applicant by making inquiry of the primary source of such information and shall within thirty days of receipt of the complete application, submit a report of those findings along with a recommendation on membership and clinical privileges to the chief medical officer of the Ohio state university hospitals.

(5) The chief medical officer shall receive all initial signed and verified applications from the chief of the clinical department and shall make an initial determination as to whether the application is complete. The credentials committee, the medical staff administrative committee, the quality and professional affairs committee, and the Wexner medical center board have the right to render an application incomplete, and therefore not able to be processed, if the need arises for additional or clarifying information.

The chief medical officer shall forward all complete applications to the credentials committee. The applicant shall have the burden of producing information for an adequate evaluation of applicant's qualifications for membership and for the clinical privileges requested. If the applicant fails to complete the prescribed forms or fails to provide the information requested within sixty days of receipt of the signed application, processing of the application shall cease and the application shall be deemed to have been voluntarily withdrawn which action is not subject to hearing or appeal pursuant to rule 3335-43-06 of the Administrative Code.

If the chief of the applicable clinical department does not submit a report and recommendation on a timely basis, the completed application shall be forwarded to the chief medical officer for presentation to the credentials committee on the same basis as other applicants.

(6) Completed applications shall be acted upon as follows:

(a) By the credentials committee within thirty days after receipt of a completed application from the chief medical officer.

(b) By the medical staff administrative committee within thirty days after receipt of a completed application and the report and recommendation of the credentials committee.

(c) By the quality and professional affairs committee through the expedited credentialing process or Wexner medical center board within sixty days after receipt of a completed application and the report and recommendation of the medical staff administrative committee.

All applications shall be acted upon by the Ohio state university Wexner medical center board within one hundred twenty days of receipt of a completed application. These time periods are deemed guidelines only and do not create any right to have an application processed within these precise periods. These periods may be stayed or altered pending receipt and verification of further information requested from the applicant, or if the application is deemed incomplete at any time. If the procedural rights specified in rule 3335-43-06 of the Administrative Code are activated, the time requirements provided therein govern the continued processing of the application.

(7) The credentials committee shall review the application, evaluate and verify the supporting documentation, references, licensure, the chief of the clinical department's report and recommendation, and other relevant information. The credentials committee shall examine the character, professional competence, professional conduct, qualifications and ethical standing of the applicant and shall determine, through information contained in personal references and from other sources available to the credentials committee, including an appraisal from the chief of the clinical department in which clinical privileges are sought, whether the applicant has established and meets all of the necessary qualifications for the category of medical staff membership and clinical privileges requested.

The credentials committee shall, within thirty days from receipt of a complete application, make a recommendation to the chief medical officer that the application be accepted, rejected, or modified. The chief medical officer shall forward the recommendation of the credentials committee to the medical staff administrative committee. The credentials committee or the chief medical officer may recommend to the medical staff administrative committee that certain applications for appointment be reviewed in executive session. The recommendation of the medical staff administrative committee regarding an appointment decision shall be made within thirty days of receipt of the credentials committee recommendation and shall be communicated by the chief medical officer, along with the recommendation of the chief medical officer to the quality and professional affairs committee of the Wexner medical center board, and thereafter to the Wexner medical center board. When the Ohio state university Wexner medical center board has acted, the chairperson of the board shall instruct the chief medical officer to transmit the final decision to the chief of the clinical department and applicant and, if appropriate, to the director of the applicable clinical division.

(8) At any time the medical staff administrative committee first recommends non-appointment of an initial applicant for medical staff membership or recommends denial of any clinical privileges requested by the applicant, the medical staff administrative committee shall require the chief medical officer to notify the applicant by certified return receipt mail that the applicant may request an evidentiary hearing as provided in paragraph (D) of rule 3335-43-06 of the Administrative Code. The applicant shall be notified of the requirement to request a hearing as provided by paragraph (B) of rule 3335-43-06 of the Administrative Code. If a hearing is properly requested, the applicant shall be subject to the rights and responsibilities of rule 3335-43-06 of the Administrative Code. If an applicant fails to properly request a hearing, the

medical staff administrative committee shall accept, reject, or modify the application for appointment to membership and clinical privileges.

The final recommendation of the medical staff administrative committee shall be directly communicated to the Wexner medical center board by the chief medical officer, who shall make a separate recommendation to the Wexner medical center board.

When the Ohio state university Wexner medical center board has acted, the chairperson of the board shall instruct the chief medical officer to transmit the final decision to the chief of the clinical department and applicant and, if appropriate, to the director of the applicable clinical division. The chairperson of the board shall also notify the dean of the college of medicine and the chief executive officer of the Ohio state university hospitals of the decision of the board.

(F) Procedure for reappointment.

(1) At least ninety days prior to the end of the medical staff member's appointment period, the chief of the clinical department shall provide each medical staff member with an application for reappointment to the medical staff on forms prescribed by the medical staff administrative committee. The reappointment application shall include all information necessary to update and evaluate the qualifications of the medical staff member. The chief of the clinical department shall review the information available on each medical staff member, and the chief of the clinical department shall make recommendations regarding reappointment to the medical staff and for granting clinical privileges for the ensuing appointment period. The chief of the clinical department's recommendation shall be transmitted in writing along with the signed and completed reappointment forms to the chief medical officer at least forty-five days prior to the end of the medical staff member's appointment period.

The terms of paragraphs (A), (B), (C), (D), (E)(1), and (E)(2) of this rule shall apply to all applicants for reappointment. Reappointment to the medical staff shall be done on a regular basis for a period not to exceed thirty-six months. Only completed applications for reappointment shall be considered by the credentials committee. An application for reappointment is complete when all the information requested on the reappointment application form is provided, the reappointment form is signed by the applicant, and the information is verified, and no need for additional or clarifying information is identified. A completed reappointment application form must contain:

(a) Evidence of required immunizations if applicable since last appointment.

(b) Evidence of current professional medical malpractice liability insurance required for the exercise of clinical privileges.

(c) Verification of primary source documentation of:

(i) State licensure;

(ii) DEA registration when required for clinical privileges;

(iii) Successful completion or record of additional post graduate medical or professional education; and

(iv) Board certification, re-certification, or continued active candidacy for certification (may not be required for community affiliate category) or applicant qualifies for a waiver pursuant to paragraph (A) (4) of rule 3335-43-06 of the Administrative Code.

(d) Information from the national practitioner data bank.

(e) Verification that the applicant has not been excluded from any federally funded health care program.

(f) Specific requests for any changes in clinical privileges sought at reappointment with supporting documentation as required by credentialing guidelines.

(g) Specific requests for any changes in medical staff category.

(h) A summary of the member's clinical activity during the previous appointment period.

(i) Patterns of care as demonstrated through quality assurance records.

(j) Verification of completion of annual educational requirements approved by the medical staff administrative committee and maintained in the chief medical officer's office.

(k) Complete disclosure by medical staff members of claims, suits, and settlements, if any.

(l) Continuing medical education and applicable continuing professional education activities. Documentation of category one CME that at least in part relates to the individual medical staff member's specialty or sub-specialty area and are consistent with the licensing requirements of the applicable Ohio state licensing board shall be required.

(m) Attestation of current OARRS account for all applicants who have a DEA registration.

(2) The member for reappointment shall be required to submit any reasonable evidence of current ability to perform the clinical privileges requested. The chief of the clinical department shall review and evaluate the reappointment application and the supporting documentation. The chief of the clinical department shall evaluate all matters relevant to recommendation, including the member's professional competence; clinical judgment; clinical or technical skills; ethical conduct; participation in medical staff affairs; compliance with the bylaws, rules and regulations of the medical staff, the Wexner medical center board, and the board of trustees of the Ohio state university; cooperation with the Ohio state university hospitals' personnel and the use of the Ohio state university hospitals' facilities for patients; relations with other physicians, other health professionals or other staff, and maintenance of a professional attitude toward patients; and the responsibility to the Ohio state university hospitals and the public.

(3) The chief medical officer shall forward the reappointment forms and the recommendations of the chief of the clinical department to the credentials committee. The credentials committee shall review the request for reappointment in the same manner, and with the same authority as an original application for medical staff membership. The credentials committee shall review all aspects of the reappointment application including source verification of the member's quality assurance record for continuing membership qualifications and for clinical privileges. The credentials committee shall review each member's performance-based profile to ensure that the same level of quality of care is delivered by all medical staff members with similar delineated clinical privileges across all clinical departments and across all categories of medical staff membership.

The credentials committee shall forward its recommendations to the chief medical officer at least thirty days prior to the end of the period of appointment. The chief medical officer shall transmit the completed reappointment application and the recommendation of the credentials

committee to the medical staff administrative committee.

Failure of the member to submit a reappointment application shall be deemed a voluntary resignation from the medical staff and shall result in automatic expiration of membership and all clinical privileges at the end of the medical staff member's current appointment period, which action shall not be subject to a hearing or appeal pursuant to rule 3335-43-06 of the Administrative Code. A request for reappointment subsequently received from a member who has been automatically expired shall be processed as a new appointment.

Failure of the chief of the clinical department to act timely on an application for reappointment shall be the same as provided in paragraph (E)(5) of this rule.

(4) The medical staff administrative committee shall review each request for reappointment in the same manner and with the same authority as an original application for medical staff membership. The medical staff administrative committee shall accept, reject, or modify the request for reappointment in the same manner and with the same authority as an original application for medical staff membership. The recommendation of the medical staff administrative committee regarding reappointment of a member shall be communicated by the chief medical officer, along with the recommendation of the chief medical officer, to the quality and professional affairs committee of the Wexner medical center board, and thereafter to the Wexner medical center board. When the Ohio state university Wexner medical center board has acted, the chairperson of the board shall instruct the chief medical officer to transmit the final decision to the chief of the clinical department and applicant and, if appropriate, to the director of the applicable clinical division.

(5) When the decision of the medical staff administrative committee results in a decision of non-reappointment or reduction, suspension or revocation of clinical privileges, the medical staff administrative committee shall instruct the chief medical officer to give written notice to the affected member of the decision, the stated reason for the decision, and the member's right to a hearing pursuant to paragraphs (A) and (B) of rule 3335-43-06 of the Administrative Code. This notification and an opportunity to exhaust the appeal process shall occur prior to an adverse decision unless the provisions outlined in paragraph (D) of rule 3335-43-05 of the Administrative Code apply. The notice by the chief medical officer shall be sent certified return receipt mail to the affected member's last known address as determined by the Ohio state university records.

(6) If the affected member of the medical staff does not make a written request for a hearing to the chief medical officer within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any hearing or appeal as provided in rule 3335-43-06 of the Administrative Code to which the staff member might otherwise have been entitled on the matter.

(7) If a timely, written request for hearing is made, the procedures set forth in rule 3335-43-06 of the Administrative Code shall apply.

(G) Resumption of clinical activities following leave of absence.

(1) A member of the medical staff or credentialed provider shall request a leave of absence in writing for good cause shown such as medical reasons, educational and research reasons or military service to the chief of clinical service and the chief medical officer. Such leave of absence shall be granted at the discretion of the chief of the clinical service and the chief medical officer provided, however, such leave shall not extend beyond the term of the member's or credentialed provider's current appointment. A member of the medical staff or credentialed provider who is experiencing health problems that may impair his or her ability to care for patients has the duty to disclose such impairment to his or her chief of clinical department and the chief medical officer and the member or credentialed provider shall be

placed on immediate medical leave of absence until such time the member or credentialed provider can demonstrate to the satisfaction of the chief medical officer that the impairment has been sufficiently resolved and can request for reinstatement of clinical activities. During any leave of absence, the member or credentialed provider shall not exercise his or her clinical privileges, and medical staff responsibilities and prerogatives shall be inactive.

(2) The member or credentialed provider must submit a written request for the reinstatement of clinical privileges to the chief of the clinical service. The chief of the clinical service shall forward his recommendation to the credentialing committee which, after review and consideration of all relevant information, shall forward its recommendation to the medical staff administrative committee and quality and professional affairs committee of the Wexner medical center board. The credentials committee, the chief medical officer, the chief of the clinical service or the medical staff administrative committee shall have the authority to require any documentation, including advice and consultation from the member's or credentialed provider's treating physician or the committee for practitioner health that might have a bearing on the medical staff member's or credentialed provider's ability to carry out the clinical and educational responsibilities for which the medical staff is seeking privileges. Upon return from a leave of absence for medical reasons the medical staff member or credentialed provider must demonstrate his or her ability to exercise his or her clinical privileges upon return to clinical activity.

(3) All members of the medical staff or credentialed providers who take a leave of absence for medical or non-medical reasons must be in good standing upon resumption of clinical activities. No member shall be granted leave of absence in excess or his or her current appointment and the usual procedures for appointment and reappointment, including deadlines for submission of application as set forth in this rule, will apply irrespective of the nature of the leave. Absence extending beyond his or her current term or failure to request reinstatement of clinical privileges shall be deemed a voluntary resignation from the medical staff and of clinical privileges, and in such event, the member or credentialed provider shall not be entitled to a hearing or appeal.

(Board approval dates: 9/1/1999, 10/1/1999, 10/5/2001, 6/7/2002, 9/6/2002, 3/5/2003, 5/30/2003, 6/4/2004, 5/6/2005, 11/4/2005, 2/2/2007, 2/1/2008, 9/19/2008, 9/18/2009, 10/29/2009, 5/14/2010, 4/8/2011, 8/31/2012, 2/1/2013, 1/31/2014, 11/7/2014, 11/6/2015, 9/2/2016, 4/6/2018, 8/15/2023)

3335-43-05 Peer review and corrective action.

(A) Informal peer review.

(1) All medical staff members agree to cooperate in informal peer review activities that are solely intended to improve the quality of medical care provided to patients at the Ohio state university hospitals.

(2) Information indicating a need for informal review, including patient complaints, disagreements, questions of clinical competence, inappropriate conduct and variations in clinical practice identified by the clinical departments or divisions and medical staff committees shall be referred to the chair of the practitioner evaluation committee.

(3) The practitioner evaluation committee chair or his or her designee may obtain information or opinions from medical staff members or credentialed providers as well as external peer review consultants pursuant to criteria outlined in these bylaws. The information or opinions from the informal peer review may be presented to the practitioner evaluation committee or another designated peer review committee.

(4) Following the assessment by the practitioner evaluation committee chair or his or her designee, the practitioner evaluation committee may make recommendations for educational actions of additional training, sharing of comparative data or monitoring or provide other forms of guidance to the medical staff member to assist him or her in improving the quality of patient care. Such actions are not regarded as adverse, do not require reporting to any governmental or other agency, and do not invoke a right to any hearing.

(5) At the conclusion of the evaluation, the practitioner evaluation committee chair or his or her designee submits a report to the applicable clinical department chief and the chief medical officer. The chief of the clinical department and the chief medical officer shall evaluate the matter to determine the appropriate course of action. They shall make an initial written determination on whether:

(a) The matter warrants no further action;

(b) Informal resolution under this paragraph is appropriate. The chief of the clinical department and the chief medical officer shall determine whether to include documentation of the informal resolution in the medical staff member's file. If documentation is included in the member's file, the affected member shall have an opportunity to review it and may make a written response which shall also be placed in the file. Informal review under this paragraph is not a procedural prerequisite to the initiation of formal peer review under paragraph (B) of this rule; or

(c) Formal peer review under paragraph (B) of this rule is warranted.

(6) In cases where the chief of the clinical department and chief medical officer cannot agree on the need for formal peer review, the matter shall be submitted for formal peer review and determined as set forth in paragraph (B) of this rule.

(B) Formal peer review.

(1) Formal peer review may be initiated when a member of the medical staff of the Ohio state university hospitals:

(a) Fails to adhere to standards of patient care and professional conduct appropriate for a physician practicing in an academic medical center as determined by the medical staff;

(b) Is disruptive to the operation of the Ohio state university hospitals;

(c) Violates the bylaws, rules and regulations of the medical staff, the Ohio state university Wexner medical center board, or the board of trustees of the Ohio state university;

(d) Violates state or federal law; or

(e) Is responsible for acts or omissions detrimental to patient safety or to the quality or efficiency of patient care within the Ohio state university hospitals; or

(f) Is responsible for acts or omissions damaging to the reputation of the medical staff of the Ohio state university hospitals.

Formal peer review may be initiated by a chief of a clinical department, the chief medical officer, any member of the medical staff, the chief executive officer of the Ohio state university hospitals, the dean of the college of medicine, any member of the board of the Ohio state

university hospitals, or the vice president for health services. All requests for formal peer review shall be in writing, shall be submitted to the chief medical officer, and shall specifically state the conduct or activities which constitute grounds for the requested action.

(2) The chief medical officer shall promptly deliver a written copy of the request for formal peer review to the affected member of the medical staff, in a confidential manner. The chief medical officer shall then conduct a preliminary review to verify the facts related to the request for formal peer review, and within thirty days, make a written determination. If the chief medical officer decides that no further action is warranted, the chief medical officer shall notify the person(s) who filed the request for formal peer review and the member accused, in writing, that no further action will be taken.

(3) Whenever the chief medical officer determines that formal peer review is warranted, he or she shall refer the request for formal peer review to the formal peer review committee. The affected member of the medical staff shall be notified of the referral to the formal peer review committee, and be informed that these medical staff bylaws shall govern all further proceedings.

(4) The executive vice president for health sciences or designee shall exercise any or all duties or responsibilities assigned to the chief medical officer under these rules for implementing corrective action and appellate procedure if:

(a) The chief medical officer is the medical staff member charged;

(b) The chief medical officer has a financial interest or a relationship with any person that may have an improper effect on the exercise of his or her judgment in the matter, or may be perceived to have such an effect.

(5) The formal peer review committee shall investigate every request and shall deliver written findings and recommendations for action to the chief of the clinical department. The formal peer review committee may recommend a reduction, suspension or revocation of the medical staff member's clinical privileges or other action as it deems appropriate. In making its recommendation the formal peer review committee may consider, relevant literature and clinical practice guidelines, the opinions and views expressed throughout the review process, information or explanations provided by the member under review, and other relevant information. Prior to making its report, the committee shall afford the medical staff member against whom the action has been requested an opportunity for an interview. At such interview, the medical staff member shall be informed of the specific actions or omissions alleged to constitute grounds for formal peer review and shall be given copies of any statements, reports, opinions or other information compiled at prior stages of the proceedings. The medical staff member may furnish written or oral information to the formal peer review committee at this time and shall be given an opportunity to discuss, explain, or refute the allegations and to respond to any statements, reports or opinions previously compiled in the proceedings. However, such interview shall not constitute a hearing, but shall be investigative in nature. The medical staff member shall not be represented by an attorney at this interview. The written findings and recommendations for action are expected to be submitted within 90 days, unless an extension is deemed necessary by the committee.

(6) Upon receipt of the written report and recommendation from the formal peer review committee, the chief of the clinical department shall make his or her own written recommendation for corrective action and forward that recommendation along with the findings and recommendations of the formal peer review committee to the chief medical officer.

(7) The chief medical officer shall decide whether to accept, reject or modify the recommendation of the chief of the clinical department. If the chief medical officer decides the grounds are not

substantiated, the chief medical officer will notify the formal peer review committee, the chief of the clinical department, the person(s) who filed the complaint and the affected medical staff member, in writing, that no further action will be taken.

If the chief medical officer finds the grounds for the requested corrective action are substantiated, the chief medical officer shall promptly notify the affected medical staff member of that decision and the corrective action that will be taken. This notice shall advise the affected medical staff member of his or her right to request a hearing before the medical staff administrative committee pursuant to rule 3335-43-06 of the Administrative Code and shall also include a statement that failure to request a hearing in the timeframe prescribed in this rule shall constitute a waiver of rights to a hearing and to an appeal on the matter and the affected medical staff member shall also be given a copy of the rule 3335-43-06 of the Administrative Code. This notification and an opportunity to exhaust the administrative hearing and appeal process shall occur prior to the imposition of the proposed corrective action unless the emergency provisions outlined in paragraph (D) of this rule apply. This written notice by the chief medical officer shall be sent certified return receipt mail to the affected medical staff member's last known address as determined by university records.

(8) If the affected member of the medical staff does not make a written request for a hearing to the chief medical officer within thirty-one days after receipt of the adverse decision, he or she shall be deemed to have waived the right to any review by the medical staff administrative committee to which the staff member might otherwise have been entitled on the matter.

(9) If a timely, written request for hearing is made, the procedures set forth in rule 3335-43-06 of the Administrative Code shall apply.

(C) Composition of formal peer review committee.

(1) When the determination that formal peer review is warranted is made, the chief of the clinical department shall select three members of the medical staff to serve on a formal peer review committee.

(2) Whenever the questions raised concern the clinical competence of the member under review, the chief of the clinical department shall select members of the medical staff to serve on the formal peer review committee who shall have similar levels of training and qualifications as the member who is subject to formal peer review.

(3) An external peer review consultant may serve as a member of the peer review committee whenever:

(a) A determination is made by the chief of the clinical department and the chief medical officer that the clinical expertise needed to conduct the review is not available on the medical staff;

(b) The objectivity of the review may be compromised; or

(c) Whenever the chief medical officer determines that an external review is otherwise advisable.

If an external reviewer is recommended, the chief of the clinical department shall make a written recommendation to the chief medical officer for selection of an external reviewer. The chief medical officer shall make the final selection of an external reviewer.

(D) Summary suspension.

(1) Notwithstanding the provisions of this rule, a member of the medical staff shall have all or

any portion of his or her clinical privileges suspended or appointment terminated by the chief medical officer or the chief of the member's clinical department whenever such action must be taken immediately, when there is imminent danger to patients or to the patient care operations. Such summary suspension shall become effective immediately upon imposition and the medical staff member shall be subsequently notified in writing of the suspension by the chief medical officer. Such notice shall be issued by certified return mail to the affected medical staff member's last known address as determined by university records.

(2) A medical staff member whose privileges have been summarily suspended or whose appointment has been terminated shall be entitled to a hearing and appeal of the suspension pursuant to rule 3335-43-06 of the Administrative Code. If the affected member of the medical staff does not make a written request for a hearing to the chief medical officer within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any review by the medical staff administrative committee to which the staff member might otherwise have been entitled on the matter. If a timely, written request for a hearing is made, the procedures of rule 3335-43-06 of the Administrative Code shall apply.

(3) Immediately upon the imposition of a summary suspension, the chief medical officer or the appropriate chief of a clinical department shall have the authority to provide for alternative medical coverage for the patients of the suspended medical staff member who remain in the Ohio state university hospitals at the time of suspension. The wishes of the patient shall be considered in the selection of such alternative medical coverage. While a summary suspension is in effect, the member of the medical staff is ineligible for reappointment to the medical staff. Medical staff and hospital administrative duties and prerogatives are suspended during the summary suspension.

(E) Automatic suspension and termination.

(1) Notwithstanding the provisions of this rule, a temporary lapse of a medical staff member's admitting privileges, effective until medical records are completed, may be imposed automatically by the chief medical officer after a warning, in writing, of delinquency for failure to complete medical records as defined by the rules and regulations of the medical staff. The chief medical officer shall notify the chief executive officer of the Ohio state university hospitals of the action taken.

(2) Action by the Ohio state boards of licensure revoking or suspending a medical staff member's license or placing the member upon probation shall automatically impose the same restrictions to that member's Ohio state university hospitals' privileges.

(3) Failure to maintain the minimum required type and amount of professional liability insurance with an approved insurer, shall result in immediate and automatic suspension of a medical staff member’s appointment and privileges until such time as proof of appropriate insurance coverage is furnished. In the event such proof is not provided within ten days of notice of such suspension, the medical staff member or credentialed provider shall be deemed to no longer comply with medical staff requirements under 3335-43-04 and automatically relinquish his or her appointment and privileges.

(4) Upon exclusion, debarment, or other prohibition from participation in any state or federal health care reimbursement program, or a federal procurement or non-procurement program, the medical staff member’s appointment and privileges shall immediately and automatically terminate, unless resignation in lieu of automatic terminations is permitted to rule 3335-43-04(A)(3).

(5) If a medical staff member pleads guilty to or is found guilty of a felony which involves: violence or abuse upon a person, conversion, embezzlement, or misappropriation of property; fraud, bribery, evidence tampering, or perjury; or a drug offense, the medical staff member’s

appointment and privileges shall be immediately and automatically terminated.

(6) Whenever a medical staff member's drug enforcement administration (DEA) or other controlled substances number is revoked, he or she shall be immediately and automatically divested of his or her right to prescribe medications covered by the number.

(7) When a medical staff member's DEA or other controlled substances number is suspended or restricted in any manner, his or her right to prescribe medications covered by the number is similarly automatically suspended or restricted during the term of the suspension or restriction.

(8) No medical staff member shall be entitled to the procedural rights set forth in rule 3335-43-06 of the Administrative Code as a result of an automatic suspension or termination. As soon as practicable after the imposition of an automatic suspension, the medical staff administrative committee shall convene to determine if further corrective action is necessary. Any further action with respect to an automatic suspension must be taken in accordance with this rule.

(9) Resignation, termination, or non-reappointment to the faculty of the Ohio state university shall result in immediate termination of membership on the medical staff of the Ohio state university hospitals.

(F) Reporting responsibility.

When a decision on corrective action is taken which constitutes a "formal disciplinary action" as may be defined in Ohio state law, or as may be required to be reported pursuant to federal law, including the health care quality improvement act, the chief medical officer shall ensure that a report of said action is made in order to maintain compliance with applicable state or federal law or regulations. The chief medical officer shall ensure that such reports are amended as may be required to reflect subsequent actions taken under the hearing and appeal rights afforded in these bylaws.

When applicable, any recommendations or actions that are the result of a review or hearing and appeal shall be monitored by the chief medical officer on an ongoing basis through the Ohio state university hospitals' quality management activities.

(Board approval dates: 6/7/2002, 5/6/2005, 2/1/2008, 9/19/2008, 9/18/2009, 5/14/2010, 4/8/2011, 11/7/2014, 11/6/2015, 4/6/2018)

3335-43-06 Hearing and appeal process.

(A) Right to hearing and to an appeal.

(1) When a member of the medical staff who has exhausted all remedies under paragraphs (E) and (F) of rule 3335-43-04 of the Administrative Code on appointment or reappointments; or under rule 3335-43-05 of the Administrative Code for corrective action; or who has been summarily suspended under paragraph (D) of rule 3335-43-05 of the Administrative Code, the staff member shall be entitled to an adjudicatory hearing.

(2) A medical staff member shall not be entitled to a hearing under the following circumstances:

(a) Denial by the Wexner medical center board to grant a waiver of board certification for a medical staff member.

(b) Termination of a medical staff member because of exclusion from participation in

any government reimbursement program.

(c) Voluntary withdrawal of a medical staff application.

(d) Failure to submit a reappointment application.

(e) A leave of absence extending beyond current appointment or failure to request reinstatement of clinical privileges following a leave of absence.

(f) Actions or recommendations resulting from an informal peer review.

(g) Termination of community affiliate C medical staff appointments upon approval by the Wexner medical center board.

(3) All hearings and appeals shall be in accordance with the procedural safeguards set forth in this rule to assure that the affected medical staff member is accorded all rights to which the member is entitled.

(B) Request for hearing.

(1) The request for a hearing shall be submitted in writing by the affected medical staff member to the chief medical officer within thirty days of notification by the chief medical officer of the intended action. The chief medical officer shall forward the request to the medical staff administrative committee along with instructions to convene a hearing.

(2) The failure of a medical staff member to request a hearing, to which the member is entitled by these bylaws within the time and in the manner herein provided, shall be deemed a waiver of the right to any review by the medical staff administrative committee. The chief medical officer shall then implement the decision and that action shall become and remain effective against the medical staff member in the same manner as a final decision of the Ohio state university Wexner medical center board as provided for in paragraph (F) of rule 3335-43-05 of the Administrative Code. The chief medical officer shall promptly inform the affected medical staff member that the proposed decision, which had entitled the medical staff member to a hearing, has now become final.

(C) Notice of hearing.

(1) After receipt of a timely request for hearing by the chief medical officer from a medical staff member entitled to such hearing, the medical staff administrative committee shall be notified of the request for hearing by the chief medical officer and shall at the next scheduled meeting take the following action:

(a) Instruct the chief medical officer and chief of staff to jointly appoint within seven days a hearing committee, consisting of five members of the medical staff who are not members of the medical staff administrative committee, are not direct competitors, do not have a conflict of interest, and who have not previously participated in the formal peer review of the matter under consideration.

(b) Instruct the hearing committee to schedule and arrange for a hearing which hearing shall be conducted not less than thirty days nor more than sixty days from the date of the receipt of the request for hearing by the chief medical officer; provided, however, that a hearing for a medical staff member who is under suspension, which is then in effect, shall be held as soon as arrangements may be reasonably made.

(2) The medical staff member shall be given at least ten days prior notice of the scheduled hearing, provided that this notice may be waived in writing by the medical staff member.

Notice shall be by certified return receipt mail to the staff member at the staff member's last known address as reflected by university records. The notice of hearing shall state in concise language the acts or omissions with which the medical staff member is charged; a list of representative medical records or documents being used; names of potential witnesses to be called; and any other reason or evidence that may be considered by the hearing committee during the hearing.

(D) Conduct of hearing.

(1) The hearing committee shall select a chairperson from the committee to preside over the hearing. The chairperson may require a representative for the individual and for the medical staff administrative committee (or the Wexner medical center board) to participate in a pre-hearing conference. At the pre-hearing conference, the chairperson shall resolve all procedural questions, including any objections to exhibits or witnesses, the role of legal counsel, and determine the time to be allotted to each witness's testimony and cross-examination.

The hearing committee shall have benefit of Ohio state university legal counsel. The hearing committee may grant continuances, recesses, and the chairperson may excuse a member of the hearing committee from attendance temporarily for good cause, provided that there shall be at no time less than four members of the hearing committee present unless the affected staff member waives this requirement.

All members of the hearing committee must be present to deliberate and vote. No member may vote by proxy. The person who has taken action from which the affected staff member has requested the hearing shall not participate in the deliberation or voting of the hearing committee. The hearing shall be a de novo hearing, although evidence of the prior recommendations and decisions may be presented.

(2) An accurate record of the hearing shall be kept. The mechanism for taking the record shall be by the use of a professional stenographer. This record shall be available to the affected member of the medical staff upon request at the member's expense.

(3) The personal presence of the medical staff member for whom the hearing has been scheduled shall be required. A medical staff member who fails without good cause to appear and proceed at such hearing shall be deemed to have waived all rights to appear and to have a hearing before the medical staff administrative committee in the same manner as provided in paragraph (B) of this rule, and to have accepted the adverse recommendation or decision involved and the same shall therein become and remain in effect as provided in paragraph (B) of this rule. The medical staff administrative committee may, in its own discretion, order the hearing committee to proceed with the hearing without the medical staff member and impose a sanction which is greater or lesser than that originally imposed.

(4) The hearing need not be conducted strictly according to the rules of law related to the examination of witnesses or presentation of evidence. Any relevant matters upon which responsible persons customarily rely in the conduct of serious affairs shall be considered, regardless of the existence of any common law or statutory rule which might make evidence inadmissible over objection in civil or criminal action. The member of the medical staff for whom the hearing is being held shall, prior to, or during the hearing, be entitled to submit memoranda concerning any issues of procedure or of fact and such memoranda shall become a part of the hearing record.

(5) The affected medical staff member shall have the following rights: to be represented by an attorney at law and to call and examine witnesses; to introduce evidence; to cross-examine any witnesses on any matter relevant to the issue of the hearing; and to challenge any witness and to rebut any evidence. If the medical staff member does not testify in his or her

own behalf, the staff member may be called and examined as if under cross-examination.

(6) The hearing committee shall request the person who has taken the action from which the affected staff member has requested the hearing to present evidence to the hearing committee in support of the adverse recommendation. The hearing committee may proceed to hear evidence and testimony from either party in whatever order the hearing committee deems appropriate. The hearing committee may call its own witnesses, may recall any parties witnesses, and may question witnesses as it deems appropriate. All parties shall be responsible to secure the attendance of their own witnesses. All witnesses and evidence received by the hearing committee shall be open to challenge and cross-examination by the parties. Witnesses shall not be placed under oath. At the close of the evidence the hearing committee may request each party to make summary statements, either oral or written. The hearing committee may request legal representation from the Ohio state university.

(7) The hearing committee may, without special notice, recess the hearing and reconvene the same for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. The hearing committee shall make its best effort to expeditiously determine the issues presented. The hearing committee may elect to limit its proceedings when sufficient material has been received. The parties may be required by the hearing committee to provide evidence in oral or written form. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The committee may thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the medical staff member for whom the hearing was convened.

(8) Within sixty days after its appointment, the hearing committee shall forward its written report and recommendation together with the transcript of the hearing and all other documentation provided by the parties to the medical staff administrative committee. The affected medical staff member shall be notified of the recommendation of the hearing committee including a statement of the basis for the recommendation. The medical staff administrative committee shall accept, reject, or modify the recommendation of the hearing committee. The medical staff administrative committee may conduct further hearings as it deems necessary or may remand the matter back to the hearing committee for further action as directed. The medical staff administrative committee may impose a greater or lesser sanction than that recommended by the hearing committee.

(9) The medical staff administrative committee shall submit a written report, including its recommendation to the chairperson of the Wexner medical center board within fourteen days of the final vote by the medical staff administrative committee. An adverse action which must be reported to the state medical board or the federal government, including the national practitioner data bank, shall entitle an affected medical staff member to the procedures of this rule. The affected member of the medical staff shall be notified of the decision of the medical staff administrative committee by the chief medical officer.

(10) The decision and record of the medical staff administrative committee shall be transmitted to the quality and professional affairs committee of the Wexner medical center board, which shall, subject to the affected member's right to appeal and implementation of paragraph (E) of this rule, consider the matter at its next scheduled meeting, or at a special meeting to be held no less than thirty days following receipt of the transmittal. The quality and professional affairs committee may accept, reject, or modify the decision of the medical staff administrative committee. The quality and professional affairs committee may remand that matter back to the medical staff administrative committee for further action as directed.

(11) The recommendation of the quality and professional affairs committee shall be promptly considered by the Wexner medical center board, at its next scheduled meeting. The Wexner medical center board may accept, reject, or modify the recommendation of the quality and professional affairs committee. The Wexner medical center board may remand the matter

back to the medical staff administrative committee for further action as directed.

(12) A copy of the Wexner medical center board decision shall be sent certified return receipt mail to the affected medical staff member at the member's last known address as determined by university records.

(E) Appeal process.

(1) Within thirty days after receipt of a notice by an affected medical staff member of the decision of the medical staff administrative committee, the member may, by written notice to the chairperson of the Ohio state university Wexner medical center board, request an appeal. The appeal shall only be held on the record before the medical staff administrative committee.

(2) If an appeal is not requested within thirty days, the affected medical staff member shall be deemed to have:

(a) Waived the member's right to appeal, and

(b) Accepted the adverse decision.

(3) The appeal shall be conducted by the quality and professional affairs committee of the Wexner medical center board.

(4) The affected medical staff member shall have access to the reports and records, including transcripts, if any, of the hearing committee and of the medical staff administrative committee and all other material, favorable or unfavorable, that has been considered by the medical staff administrative committee. The staff member shall then submit a written statement indicating those factual and procedural matters with which the member disagrees, specifying the reasons for such disagreement. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the quality and professional affairs committee no later than seven days following the date of the affected member's notice of appeal.

(5) New or additional matters not raised during the hearing or in the medical staff administrative committee hearings shall only be considered on appeal at the sole discretion of the quality and professional affairs committee.

(6) Within fourteen days following submission of the written statement by the affected medical staff member, the quality and professional affairs committee shall recommend to the Ohio state university Wexner medical center board that the adverse decision be affirmed, modified or rejected, or to refer the matter back to the medical staff administrative committee for further review and recommendation. Such referral to the medical staff administrative committee may include a request for further investigation.

(7) Any final decision by the Wexner medical center board shall be communicated by the chief medical officer and by certified return receipt mail to the affected medical staff member at that member's last known address as determined by university records. The chief medical officer shall also notify in writing the executive vice president for health sciences, the dean of the college of medicine, the chief executive officer of the Ohio state university hospitals and the vice president for health services, chief of staff, the chief of the clinical department, and the person(s) who initiated the request for formal peer review. The chief medical officer shall take immediate steps to implement the final decision.

(Board approval dates: 6/7/2002, 5/6/2005, 2/1/2008, 9/19/2008, 9/18/2009, 5/14/2010, 4/8/2011, 11/7/2014, 11/6/2015, 4/6/2018, 8/15/2023, 8/20/2024)

Chapter 3335-43 - *Bylaws of the Medical Staff* of The Ohio State University Hospitals
Updated August 20, 2024

3335-43-07 Categories of the medical staff.

The medical staff of the Ohio state university hospitals shall be divided into nine categories: attending, community affiliate A, community affiliate B, community affiliate C, community affiliate D, consulting, contracted, physician scholar and limited staff. Medical staff members who do not wish to obtain any clinical privileges shall be exempt from the requirements of medical malpractice liability insurance, DEA registration, demonstration of recent active clinical practice during the last ~~two~~ three years and specific annual education requirements but are otherwise subject to the provisions of these bylaws.

(A) Attending.

(1) Qualifications: The attending medical staff shall consist of those faculty members of the colleges of medicine and dentistry to whom clinical teaching responsibilities are assigned in the Ohio state university hospitals and who satisfy the requirements and qualifications for membership set forth in rule 3335-43-04 of the Administrative Code. The assignment of teaching responsibility is the prerogative of the chief of the clinical department or the chief's designee.

(2) Prerogatives.

An attending medical staff member may:

(a) Admit patients consistent with their clinical privileges and the balanced teaching and patient care responsibilities of the Ohio state university hospitals. When, in the judgment of the chief of the clinical department, a balanced teaching program is jeopardized, following consultation with the dean of the college of medicine; and the Ohio state university hospitals' chief executive officer, and with the concurrence of a majority of the medical staff administrative committee, the chief of the clinical department may restrict an attending medical staff member's ability to admit patients. Imposition of such restrictions shall not entitle the attending medical staff member to a hearing or appeal pursuant to rule 3335-43-06 of the Administrative Code.

(b) Be free to exercise such clinical privileges as are granted pursuant to these bylaws.

(c) Vote on all matters presented at general and special meetings of the medical staff and of the department and committees of which he or she is a member unless otherwise provided by resolution of the medical staff, clinical department, or committee and approved by the medical staff administrative committee.

(d) Hold office in the medical staff organization and in the clinical department and committees of which he or she is a member, unless otherwise provided by resolution of the medical staff, clinical department, or committee and approved by the medical staff administrative committee.

(3) Responsibilities.

Each member of the attending medical staff with clinical privileges shall:

(a) Meet the basic responsibilities set forth in rules 3335-43-02 and 3335-43-03 of the Administrative Code.

(b) Retain responsibility within the member's area of professional competence for the continuous care and supervision of each patient in the Ohio state university hospitals for whom the member is providing care, or arrange a suitable alternative for such care and supervision.

(c) Actively participate in such quality evaluation and monitoring activities as required by the medical staff, and discharge such medical staff functions as may be required from time to time.

(d) Satisfy the requirements set forth in rule 3335-43-11 of the Administrative Code for attendance at staff and departmental meetings and meetings of those committees of which he or she is a member and for payment of membership dues.

(e) Supervise members of the limited staff in the provision of patient care in accordance with accreditation standards and policies and procedures of approved clinical training programs. It is the responsibility of the attending physician to authorize each member of the limited staff to perform only those services which the limited staff member is competent to perform under supervision.

(f) Supervise other licensed healthcare professionals as necessary in accordance with accreditation standards and state law. It is the responsibility of the attending physician to authorize each licensed healthcare professional to perform only those services which the licensed healthcare professional is privileged to perform.

(g) Take call as assigned by the chief of the clinical department.

(B) Community Affiliate A.

(1) Qualifications: The community affiliate A medical staff shall consist of physicians and other licensed healthcare professional who do not meet the criteria for attending medical staff appointment. This category includes community physicians and physicians employed by an affiliate entity who have clinical activity required for membership and actively participate in teaching programs.

(2) Prerogatives.

The community affiliate A medical staff may:

(a) Exercise such clinical privileges as are granted pursuant to these bylaws.

(b) Admit, consistent with their clinical privileges, patients who complement the clinical teaching program.

(c) Attend meetings as a member of the medical staff and the clinical department of which he or she is a member and any medical staff or the Ohio state university hospitals education programs. The community affiliate A medical staff member may vote on medical staff policies, bylaws, rules and regulations and for elected officials of the medical staff. Members of the community affiliate A medical staff may be appointed to serve on medical staff committees as provided by these bylaws.

(3) Responsibilities: Each member of the community affiliate A medical staff with clinical privileges shall be required to have a faculty appointment and discharge the basic responsibilities specified in paragraph (B)(3) of this rule.

(C) Community affiliate B.

(1) Qualifications: The community affiliate B medical staff shall consist of those doctors of medicine, osteopathic medicine, dentists and practitioners of podiatry or psychology who are employed by an affiliate entity, do not have patient activity at university hospitals but who are enrolled under institutional managed care contracts or other contractual arrangements and who work at facilities not owned by the Wexner medical center. Community affiliate B medical

staff members shall not be required to obtain appointment to the faculty of the Ohio state university and will not possess clinical privileges. Community affiliate B medical staff shall not be eligible to hold office or required to pay medical staff dues and shall not be eligible to vote on medical staff policies, rules and regulations, or bylaws. Community affiliate B medical staff shall not be assigned to a clinical department under rule 3335-43-08 of the Administrative Code.

(2) Appointment and reappointment: For purposes of processing applications for appointment and reappointment of community affiliate B medical staff, the duties of the chief of the clinical department set forth in rule 3335-43-04 of the Administrative Code shall be assigned by the chief medical officer to be performed by the chief physician of the affiliate entity or authorized designee. To perform these duties on behalf of community affiliate B medical staff, the chief physician or authorized designee must be an active member of the medical staff under these bylaws and will also serve as a voting member on the Medical Staff Administrative Committee.

(3) Termination of medical staff membership: The medical staff membership of a community B affiliate physician shall automatically terminate upon loss of employment with the affiliate entity. This automatic termination shall not entitle the community B affiliate physician to any of the hearing processes set forth in rule 3335-43-06 of the Administrative Code.

(D) Community affiliate C.

(1) Qualifications: The community affiliate C medical staff shall consist of those physicians and other licensed healthcare professionals who do not qualify for attending medical staff appointment and shall not possess clinical privileges. This category is comprised of referring physicians who desire to be associated with the Ohio state university hospitals to refer and follow patients. Community affiliate C medical staff members shall not be eligible to vote on medical staff policies, rules and regulations, or bylaws, shall not be eligible to hold office and are not required to pay medical staff dues.

(2) Prerogatives.

Community affiliate C medical staff members may:

(a) Have access to the Ohio state university hospitals and shall be given notice of all medical staff activities and meetings.

(b) Attend meetings as a member of the medical staff and the clinical departments of which he or she is a member and any medical staff or the Ohio state university hospitals education programs.

(c) The grant of community affiliate C medical staff appointment to physicians is a courtesy only and may be terminated by the Wexner medical center board upon recommendation of the medical staff administrative committee without the right to a hearing or appeal.

(E) Community affiliate D.

This is a closed medical staff category that was created as a one-time historical category for medical staff members of the Ohio state university hospitals east prior to July 1, 2007.

(1) Qualifications: Community affiliate D medical staff shall consist of those doctors of medicine, osteopathic medicine, dentists and practitioners of podiatry or psychology who:

(a) Do not qualify for an attending medical staff appointment; and

(b) Are community affiliate D members seeking reappointment; and

(c) Satisfy the requirements and qualifications set forth in rule 3335-43-04 of the Administrative Code and are already appointed to the community affiliate D medical staff pursuant to these bylaws.

(4) A community affiliate D medical staff member shall meet and maintain the same standards for quality patient care applicable to all members of the medical staff. Community affiliate D medical staff members shall be subject to these bylaws and the rules and regulations of the medical staff except as provided in this paragraph. The community affiliate D medical staff member shall not be required to obtain appointment to the faculty of the Ohio state university. The community affiliate D medical staff member shall not be subject to the requirement for board certification within the community affiliate D medical staff member's respective area of practice if that requirement was waived when he or she became a member of the Ohio state university east medical staff. Teaching and research accomplishments shall not be required in determining the qualifications of applicants to this category of the medical staff.

(5) To optimize the clinical organization, resource utilization, and planning of the hospitals, the chief of the clinical department may require that the applicant for community affiliate D medical staff membership to identify categories of diagnosis, extent of anticipated patient activity, and service areas to be utilized and may prepare a statement of participation for the applicant which will be made a part of the application for appointment.

(4) Prerogatives.

A community affiliate D medical staff member may:

(a) Admit patients consistent with the limitations of bed and service allocations established by the medical directors and approved by the medical staff administrative committee, and the Wexner medical center board. If, in the judgment of the medical directors, a balanced teaching program is jeopardized, following consultation with the chief of the clinical department, and with the concurrence of a majority of the medical staff administrative committee, the medical director may restrict admissions of members of the community affiliate D medical staff. Patients admitted under the care of the community affiliate medical staff D will not be required to participate in the educational mission of the Ohio state university hospitals. Ordinarily, no coverage by the limited medical staff will be afforded, with the exception of emergency medical services.

(b) Exercise the clinical privileges granted, have access to all medical records, and be entitled to utilize the facilities of the Ohio state university hospitals incidental to the clinical privileges granted pursuant to these bylaws.

(c) Attend teaching and educational conferences approved by the Ohio state university, attend medical staff social functions, and participate as providers in the Ohio state university or the Ohio state university hospitals affiliated health plans.

(5) Responsibilities.

Each member of the community affiliate D medical staff shall:

(a) Participate in the management of and represent the interests of the clinical department for which he or she is granted clinical privileges. The community affiliate D medical staff member shall comply with all provisions of these bylaws and rules and regulations of the medical staff, unless expressly exempted under this rule.

(b) The community affiliate D medical staff member shall comply with all the Ohio state university hospitals' policies and accreditation standards, and shall be subject to the same quality evaluation, monitoring, and resource management requirements as other members of the medical staff.

(c) Be responsible within the member's area of professional competence for the continuous care and supervision of each patient in the Ohio state university hospitals for whom the member is providing care, or arrange a suitable alternative for such care and supervision.

(d) Not be eligible to vote on medical staff policies, rules and regulations, or bylaws or to hold office. Members of the community affiliate D medical staff may serve on non-elected medical staff committees as provided by these bylaws.

(e) Be subject to payment of medical staff dues or assessments as approved by the medical staff.

(F) Consulting.

(1) Qualifications. The consulting medical staff shall consist of those faculty members of the colleges of medicine and dentistry who:

(a) Satisfy the requirements and qualifications for membership set forth in rule 3335-43-04 of the Administrative Code.

(b) Are consultants of recognized professional ability and expertise who provide a service not readily available from the attending medical staff. These practitioners provide services at the Ohio state university hospitals only at the request of attending or community affiliate A members of the medical staff.

(c) Demonstrate participation on the active medical staff at another accredited hospital requiring performance improvement/quality assessment activities similar to those of the Ohio state university hospitals. The practitioner shall also hold at such other hospital the same privileges, without restriction, that he/she is requesting at the Ohio state university hospitals. An exception to this qualification may be made by the Wexner medical center board provided the practitioner is otherwise qualified by education, training and experience to provide the requested service.

(2) Prerogatives.

Consulting medical staff members may:

(a) Exercise the clinical privileges granted for consultation purposes on an occasional basis when requested by an attending or community affiliate A medical staff member.

(b) Have access to all medical records and be entitled to utilize the facilities of the Ohio state university hospitals incidental to the clinical privileges granted pursuant to these bylaws.

(c) Not admit patients to the Ohio state university hospitals.

(d) Not vote on medical staff policies, rules and regulations, or bylaws, and may not hold office.

(e) Must actively participate in such quality evaluation and monitoring activities as

required by the medical staff and as outlined in the medical staff policy entitled "Consulting medical staff member policy."

(f) Attend medical staff meetings, but shall not be entitled to vote at such meetings or hold office.

(g) Attend department meetings, but shall not be entitled to vote at such meetings or serve as chief of a clinical department.

(h) Serve as a non-voting member of a medical staff committee; provided, however, that he/she may not serve as a committee chair or as a member of the medical staff administrative committee.

(3) Responsibilities.

Each member of the consulting medical staff shall:

(a) Meet the basic responsibilities set forth in rules 3335-43-02 and 3335-43-03 of the Administrative Code.

(b) Be exempt from all medical staff dues.

(G) Contracted.

(1) Qualifications: contracted medical staff shall consist of those members who meet the requirements for medical staff membership and are providing services to Wexner medical center patients exclusively through a contract with the Wexner medical center. Contracted medical staff members shall meet and maintain the same standards for quality patient care applicable to all members of the medical staff and shall be subject to these bylaws and the rules and regulations of the medical staff except as provided in this paragraph.

Contracted medical staff shall not be required to obtain appointment to the faculty of the Ohio state university. Contracted medical staff shall not be eligible to vote on medical staff policies, rules and regulations, or bylaws, shall not be eligible to hold office or required to pay medical staff dues.

(2) Prerogatives.

Contracted medical staff may:

(a) Exercise such clinical privileges as are granted pursuant to these bylaws.

(3) Any contracted medical staff member whose membership has been terminated due to loss of contract and/or clinical privileges shall not be entitled to request a hearing and appeal in accordance with rule 3335-43-06 of the Administrative Code.

(H) Physician scholar medical staff.

(1) Qualifications: The physician scholar medical staff shall be composed of those faculty members of the colleges of medicine and dentistry who are recognized for outstanding reputation, notable scientific and professional contributions, and high professional stature. This medical staff category includes but is not limited to emeritus faculty members. Nominations may be made to the chair of the credentialing committee who shall present the candidate to the medical staff administrative committee for approval.

(2) Prerogatives: Members of the physician scholar medical staff shall have access to the Ohio

state university hospitals and shall be given notice of all medical staff activities and meetings. Members of the physician scholar medical staff shall enjoy all rights of an attending medical staff member except physician scholar members shall not possess clinical privileges.

(3) Physician scholar medical staff must have either a full license or an emeritus registration by the State Medical Board of Ohio.

(I) Limited staff.

Limited staff are not considered full members of the medical staff, do not have delineated clinical privileges and do not have the right to vote in general medical staff elections. Except where expressly stated, members of the limited staff are bound by the terms of these bylaws, the rules and regulations of the medical staff, and the limited staff agreement.

(1) Qualifications.

(a) The limited staff shall consist of doctors of medicine, osteopathic medicine, dentists and practitioners of podiatry or psychology who are accepted in good standing by a program director into a post-doctoral graduate medical education program and appointed to the limited staff in accordance with these bylaws.

(b) The limited staff shall maintain compliance with the requirements of state law, including regulations adopted by the Ohio state university Wexner medical center board, or the limited staff member's respective licensing board.

(c) Members of the limited staff shall possess a valid training certificate or an unrestricted Ohio license from the applicable state board based on eligibility criteria defined by that state board. All members of the limited staff shall be required to successfully obtain an Ohio training certificate prior to beginning training within a program.

(2) Responsibilities.

Each member of the limited staff shall:

(a) Be responsible to respond to all questions and to complete all forms as may be required by the credentials committee.

(b) Participate fully in the teaching programs, conferences, and seminars of the clinical department in which he or she is appointed in accordance with accreditation standards and policies and procedures of the graduate medical education committee and approved clinical training programs.

(c) Participate in the care of all patients assigned to the limited staff member under the appropriate supervision of a designated member of the attending or community affiliate A medical staff in accordance with accreditation standards and policies and procedures of the clinical training programs. The clinical activities of the limited staff shall be determined by the program director appropriate for the level of education and training. Limited staff shall be permitted to perform only those services that they are authorized to perform by the member of the attending or community affiliate A medical staff based on the competence of the limited staff to perform such services. The limited staff may admit or discharge patients only when acting on behalf of the attending or community affiliate A medical staff. The limited staff member shall follow all rules and regulations of the service to which the limited staff member is assigned, as well as the general rules of the Ohio state university hospitals pertaining to limited staff. Specifically, a limited staff member shall consult with the attending or

community affiliate A member of the medical staff responsible for the care of the patient before the limited staff member undertakes a procedure or treatment that carries a significant, material-risk to the patient unless the consultation would cause a delay that would jeopardize the life or health of the patient.

(d) Serve as a member of various medical staff committees in accordance with established committee composition as described in these bylaws and/or the rules and regulations of the medical staff. The limited staff member shall not be eligible to vote or hold elected office in the medical staff organization but may vote on committees to which the limited staff member is assigned.

(e) Be expected to make regular satisfactory professional progress including anticipated certification by the respective specialty or sub-specialty program of post-doctoral training in which the limited staff member is enrolled. Evaluation of professional growth and appropriate humanistic qualities shall be made on a regular schedule by the clinical departmental chief, program director, teaching faculty or evaluation committee in accordance with accreditation standards and policies and procedures of the approved training programs.

(f) Appeal by a member of the limited staff of probation, lack of promotion, suspension or termination for failure to meet expectations for professional growth or failure to display appropriate humanistic qualities or failure to successfully complete any other competency as required by the accreditation standards of an approved training program will be conducted and limited in accordance with written guidelines established by the respective department or training program and approved by the program director and the Ohio state university hospitals graduate medical education committee as delineated in the limited staff agreement and by the graduate medical education policies. Alleged misconduct by a member of the limited staff, for reasons other than failure to meet expectations of professional growth as outlined above, shall be handled in accordance with rules 3335-43-05 and 3335-43-06 of the Administrative Code.

(3) Failure to meet reasonable expectations.

Termination of employment from the limited staff member's residency or fellowship training program shall result in automatic termination of the limited staff member's appointment pursuant to these bylaws.

(4) Temporary appointments.

(a) Limited staff members who are Ohio state university faculty may be granted an early commencement or an extension of appointment upon the recommendation of the chief of the clinical department, with prior concurrence of the associate dean for graduate medical education, when it is necessary for the limited staff member to begin his or her training program prior to or extend his or her training program beyond a regular appointment period. These appointments shall not exceed sixty days.

(b) Temporary appointments may be granted upon the recommendation of the chief of the clinical department, with prior concurrence of the medical directors, for limited staff members who are not Ohio state university faculty but who, pursuant to education affiliate agreements approved by the university, need to satisfy approved graduate medical education clinical rotation requirements. These appointments shall not exceed a total of one hundred twenty days in any given post-graduate year. In such cases, the mandatory requirement for a faculty appointment may be waived. All other requirements for limited staff member appointment must be satisfied.

(5) Supervision.

Limited staff members shall be under the supervision of an attending or community affiliate A medical staff member. Limited staff members shall have no privileges as such but shall be able to care for patients under the supervision and responsibility of their attending or community affiliate A medical staff member. The care they extend will be governed by these bylaws and the general rules and regulations of each clinical department. The practice of care shall be limited by the scope of privileges of their attending or community affiliate A medical staff member. Any concerns or problems that arise in the limited staff member's performance should be directed to the attending or community affiliate A medical staff member or the director of the training program.

(a) Limited staff members may write admission, discharge and other orders for the care of patients under the supervision of the attending or community affiliate A medical staff member.

(b) All records of limited staff member cases must document involvement of the attending or community affiliate A medical staff member in the supervision of the patient's care to include co-signature of the admission order, history and physical, operative report, and discharge summary.

(J) Temporary medical staff appointment.

(1) External peer review. When peer review activities are being conducted by someone other than a current member of the medical staff, the chief medical officer may admit a practitioner to the medical staff for a limited period of time. Such membership is solely for the purpose of conducting peer review in a particular evaluation and this temporary membership automatically expires upon the member's completion of duties in connection with such peer review. Such appointment does not include clinical privileges, and is for a limited purpose.

(2) Proctoring. Temporary privileges may be extended to visiting medical faculty for special clinical or educational activities as provided by the Ohio state medical or dental board. When medical staff members require proctoring for the purposes of gaining experience to become credentialed to perform a procedure, a visiting physician may apply for temporary privileges per the prescribed medical staff proctoring policy.

(K) Clinical privileges.

(1) Delineation of clinical privileges.

(a) Every person practicing at the Ohio state university hospitals by virtue of medical staff membership, faculty appointment, contract or under authority granted in these bylaws shall, in connection with such practice, be entitled to exercise only those clinical privileges specifically applied for and granted to the staff member or other licensed health care professional by the Ohio state university Wexner medical center board after recommendation from the medical staff administrative committee.

Each clinical department shall develop specific clinical criteria and standards for the evaluation of clinical privileges with emphasis on invasive or therapeutic procedures or treatment which present significant risk to the patient or for which specific professional training or experience is required. Such criteria and standards are subject to the approval of the medical staff administrative committee and the Wexner medical center board.

(b) Requests for the exercise and delineation of clinical privileges must be made as part of each application for appointment or reappointment to the medical staff on the

forms prescribed by the medical staff administrative committee. Every person in an administrative position who desires clinical privileges shall be subject to the same procedure as all other applicants. Requests for clinical privileges must be submitted to the chief of the clinical department in which the clinical privileges will be exercised. Clinical privileges requested other than during appointment or reappointment to the medical staff shall be submitted to the chief of the clinical department and such request must include documentation of relevant training or experience supportive of the request.

(c) The chief of the clinical department shall review each applicant's request for clinical privileges and shall make a recommendation regarding clinical privileges to the chief medical officer. Requests for clinical privileges shall be evaluated based upon the applicant's education, training, experience, demonstrated competence, references, and other relevant information, including the direct observation and review of records of the applicant's performance by the clinical department in which the clinical privileges are exercised. Whenever possible the review should be of primary source information.

(d) The applicant shall have the burden of establishing the applicant’s qualifications and competency in clinical privileges requested and shall have the burden of production of adequate information for the proper evaluation of qualifications.

(e) The applicant's request for clinical privileges and the recommendation of the chief of the clinical department shall be forwarded to the credentials committee and shall be processed in the same manner as applications for appointment and reappointment pursuant to rule 3335-43-04 of the Administrative Code.

(f) Medical staff members who are granted new or initial privileges are subject to FPPE, which is a six-month period of focused monitoring and evaluation of practitioners’ professional performance. Following FPPE medical staff members with clinical privileges are subject to ongoing professional practice evaluation (OPPE), which information is factored into the decision to maintain existing privileges, to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal. FPPE and OPPE are fully detailed in medical staff policies that were approved by the medical staff administrative committee and the Wexner medical center board.

(g) Upon resignation, termination or expiration of the medical staff member’s faculty appointment or employment with the university for any reason, such medical staff appointment and clinical privileges of the medical staff member shall automatically expire.

(h) Medical staff members authorize the Ohio state university hospitals and clinics to share credentialing, quality and peer review information pertaining to the medical staff member’s clinical competence and/or professional conduct. Such information may be shared at initial appointment and/or reappointment and at any time during the medical staff member’s medical staff appointment to the medical staff of the Ohio state university hospitals.

(i) Medical staff members authorize the Ohio state university hospitals to release information, in good faith and without malice, to managed care organizations, regulating agencies, accreditation bodies and other health care entities for the purposes of evaluating the medical staff member’s qualifications pursuant to a request for appointment, clinical privileges, participation or other credentialing or quality matters.

(2) Temporary privileges.

(a) Temporary privileges may be extended to a doctor of medicine, osteopathic medicine, dental surgery, psychologist, podiatry or to a licensed health care professional upon completion of an application prescribed by the medical staff administrative committee, upon recommendation of the chief of the clinical department. All temporary privileges are granted by the chief executive officer or authorized designee. The temporary privileges granted shall be consistent with the applicant's training and experience and with clinical department guidelines.

Prior to granting temporary privileges, primary source verification of licensure and current competence shall be required. Temporary privileges shall be limited to situations which fulfill an important patient-care need, and shall be granted for a period not to exceed one hundred twenty days.

(b) Temporary privileges may be extended to visiting medical faculty or for special activity as provided by the Ohio state medical or dental board.

(c) Temporary privileges granted for locum tenens may be exercised for a maximum of ninety days, consecutive or not, any time during the thirty-six month period following the date they are granted.

(d) Practitioners granted temporary privileges will be restricted to the specific delineations for which the temporary privileges are granted. The practitioner will be under the supervision of the chair of the clinical department while exercising any temporary privileges granted.

(e) Special privileges. Upon receipt of a written request for specific temporary privileges and the approval of the clinical department chief and the chief medical officer, an appropriately licensed practitioner of documented competence, who is not an applicant for medical staff membership, may be granted special privileges for the care of one or more specific patients. Such privileges shall be exercised in accordance with the conditions specified in these bylaws.

(f) Practitioners exercising temporary privileges shall abide by these medical staff bylaws, rules and regulations, and hospital and medical staff policies.

(g) The temporary and special privileges must be in conformity with accrediting bodies' standards and the rules and regulations of the professional boards of Ohio.

(3) Expedited privileges.

If the Wexner medical center board is not scheduled to convene in a timeframe that permits the timely consideration of the recommendation of a complete application by the medical staff administrative committee, applicants may be granted expedited privileges by the quality and professional affairs committee of the Wexner medical center board. Certain restrictions apply to the appointment and granting of clinical privileges via the expedited process. These include but are not limited to: an involuntary termination of medical staff membership at another hospital, involuntary termination of medical staff membership at another hospital, involuntary limitation, or reduction, denial or loss of clinical privileges, a history of professional liability actions resulting in a final judgement against the applicant or a challenge by a state licensing board.

(4) Podiatric privileges.

(a) Practitioners of podiatry may admit patients to the Ohio state university hospitals if such patients are being admitted solely to receive care that a podiatrist may provide

without medical assistance, pursuant to the scope of the professional license of the podiatrist. Practitioners of podiatry must, in all other circumstances, co-admit patients with a member of the medical staff who is a doctor of medicine or osteopathic medicine. A member of the medical staff who is a doctor of medicine or osteopathy shall be responsible for any medical problems that the patient has while an inpatient of the Ohio state university hospitals.

(b) A member of the medical staff who is a doctor of medicine or osteopathy:

(i) Shall be responsible for any medical problems that the patient has while an inpatient of the Ohio state university hospitals; and

(ii) Shall confirm the findings, conclusions and assessment of risk prior to high-risk diagnosis or therapeutic interventions defined by the medical staff.

(c) Practitioners of podiatry shall be responsible for the podiatric care of the patient including the podiatric history and physical examination and all appropriate elements of the patient's record.

(d) The podiatrist shall be responsible to the chief of the department of orthopaedics.

(5) Psychology privileges.

(a) Psychologists shall be granted clinical privileges based upon their training, experience and demonstrated competence and judgment consistent with their license to practice. Psychologists shall not prescribe drugs, or perform surgical procedures, or in any other way practice outside the area of their approved clinical privileges or expertise, unless otherwise authorized by law.

(b) Psychologists may not admit patients to the Ohio state university hospitals, but may diagnose and treat a patient's psychological illness as part of the patient's comprehensive care while hospitalized. All patients admitted for psychological care shall receive the same medical appraisal as all other hospitalized patients. A member of the medical staff who is a doctor of medicine or osteopathic medicine shall admit the patient and shall be responsible for the history and physical and any medical care that may be required during the hospitalization, and shall determine the appropriateness of any psychological therapy based on the total health status of the patient. Psychologists may provide consultation within their area of expertise on the care of patients within the Ohio state university hospitals.

In outpatient settings, psychologists shall diagnose and treat their patients' psychological illness. Psychologists shall ensure that their patients receive referral for appropriate medical care.

(c) Psychologists shall be responsible to the chief of the clinical department in which they are appointed.

(6) Dental privileges.

(a) Practitioners of dentistry, who have not been granted clinical privileges as oral and maxillofacial surgeons, may admit patients to the Ohio state university hospitals if such patients are being admitted solely to receive care which a dentist may provide without medical assistance, pursuant to the scope of the professional license of the dentist. Practitioners of dentistry must, in all other circumstances co-admit patients with a member of the medical staff who is a doctor of medicine or osteopathic medicine. A member of the medical staff who is a doctor of medicine or osteopathy

shall be responsible for any medical problems that the patient has while an inpatient of the Ohio state university hospitals.

(b) A member of the medical staff who is a doctor of medicine or osteopathy:

(i) Shall be responsible for any medical problems that the patient has while an inpatient of the Ohio state university hospitals; and

(ii) Shall confirm the findings, conclusions and assessment of risk prior to high-risk diagnosis or therapeutic interventions defined by the medical staff.

(c) Practitioners of dentistry shall be responsible for the dental care of the patient including the dental history and physical examination and all appropriate elements of the patient's record.

(7) Oral and maxillofacial surgical privileges.

All patients admitted to the Ohio state university hospitals for oral and maxillofacial surgical care shall receive the same medical appraisal as all other hospitalized patients. Qualified oral and maxillofacial surgeons shall admit patients, shall be responsible for the plan of care for the patients, shall perform the medical history and physical examination, if they have such privileges, in order to assess the medical, surgical, and anesthetic risks of the proposed operative and other procedure(s), and shall be responsible for the medical care that may be required at the time of admission or that may arise during hospitalization.

(8) Other licensed health care professionals.

(a) Clinical privileges may be exercised by licensed health care professionals who are duly licensed in the state of Ohio, and who are either:

(i) Members of the faculty of the Ohio state university, or

(ii) Employees of the Ohio state university whose employment involves the exercise of clinical privileges, or

(iii) Employees or members of the medical staff.

(b) A licensed health care professional as used herein, shall not be eligible for medical staff membership but shall be eligible to exercise those clinical privileges granted pursuant to these bylaws and in accordance with applicable Ohio state law. If granted such privileges under this rule and in accordance with applicable Ohio state law, other licensed health care professionals may perform all or part of the medical history and physical examination of a patient. Licensed health care professionals with privileges are subject to FPPE and OPPE.

(c) Licensed health care professionals shall apply and re-apply for clinical privileges on forms prescribed by the medical staff administrative committee and shall be processed in the same manner as provided in rule 3335-43-04 of the Administrative Code subject to the provisions of paragraph (G)(8) of this rule.

(d) Licensed health care professionals are not members of the medical staff, but may write admitting orders for patients of the Ohio state university hospitals when granted such privileges under this rule and in accordance with applicable Ohio state law. If such privileges are granted, the patient will be admitted under the medical supervision of the responsible medical staff member. Licensed health care professionals and shall not be eligible to hold office, to vote on medical staff affairs,

or serve on standing committees of the medical staff unless specifically authorized by the medical staff administrative committee.

(e) Each licensed health care professional shall be individually assigned to a clinical department and shall be sponsored by one or more members of the medical staff. The licensed health care professional's clinical privileges are contingent upon the sponsoring medical staff member's privileges. In the event that the sponsoring medical staff member loses privileges or resigns, the licensed health care professionals whom he or she has sponsored shall be placed on administrative hold until another sponsoring medical staff member is assigned. The new sponsoring medical staff member must be assigned in less than thirty days.

(f) Licensed health care professionals must comply with all limitations and restrictions imposed by their respective licenses, certifications, or legal credentials as required by Ohio law, and may only exercise those clinical privileges granted in accordance with provisions relating to their respective professions.

(g) Only applicants who can document the following shall be qualified for clinical privileges as a licensed health care professional:

(i) Current license, certification, or other legal credential required by Ohio law.

(ii) Certificate of authority, standard care agreement, or utilization plan.

(iii) Education, training, professional background and experience, and professional competence.

(iv) Patient care quality indicators definition for initial appointment. This data will be in a format determined by the licensed health care professional subcommittee and the quality management department.

(v) Adherence to the ethics of the profession for which an individual holds a license, certification, or other legal credential required by Ohio law.

(vi) Evidence of required immunization.

(vii) Evidence of good personal and professional reputation as established by peer recommendations.

(viii) Satisfactory physical and mental health to perform requested clinical privileges.

(xi) Ability to work with members of the medical staff and the Ohio state university hospitals employees.

(h) The applicant shall have the burden to produce documentation with sufficient adequacy to assure the medical staff and the Ohio state university hospitals that any patient cared for by the licensed health care professional seeking clinical privileges shall be given quality care, and that the efficient operation of the Ohio state university hospitals will not be disrupted by the applicant's care of patients in the Ohio state university hospitals.

(i) By applying for clinical privileges as a licensed health care professional, the applicant agrees to the following terms and conditions:

(i) The applicant has read the bylaws and rules and regulations of the medical

staff of the Ohio state university hospitals and agrees to abide by all applicable terms of such bylaws and any applicable rules and regulations, including any subsequent amendments thereto, and any applicable Ohio state university hospitals policies that the Ohio state university hospitals may from time to time put into effect.

(ii) The applicant releases from liability all individuals and organizations who provide information to the Ohio state university hospitals regarding the applicant and all members of the medical staff, the Ohio state university hospitals staff, the Ohio state university Wexner medical center board and the Ohio state university board of trustees for all acts in connection with investigating and evaluating the applicant.

(iii) The applicant shall not deceive a patient as to the identity of any practitioner providing treatment or service in the Ohio state university hospitals.

(iv) The applicant shall not make any statement or take any action that might cause a patient to believe that the licensed health care professional is a member of the medical staff.

(v) The applicant shall not perform any patient care in the Ohio state university hospitals that is not permitted under the applicant's license, certification, or other legal credential required under Ohio law.

(vi) The applicant shall obtain and continue to maintain professional liability insurance in such amounts required by the medical staff.

(j) Licensed health care professionals shall be subject to quality review and corrective action as outlined in this paragraph for violation of these bylaws, their certificate of authority, standard of care agreement, utilization plan, or the provisions of their licensure, including professional ethics. Review may be requested by any member of the medical staff, a chief of the clinical department, or by the chief quality officer or his or her designee. All requests shall be in writing and shall be submitted to the chief quality officer. The chief quality officer shall appoint a three-person committee to review and make recommendations concerning appropriate action. The committee shall consist of at least one licensed health care professional and one medical staff member. The committee shall make a written recommendation to the chief quality officer, who may accept, reject, or modify the recommendation. The chief quality officer forwards his or her recommendation to the chief medical officer for final determination.

(k) Appeal process.

(i) A licensed health care professional may submit a notice of appeal to the chairperson of the quality and professional affairs committee within thirty days of receipt of written notice of any adverse corrective action pursuant to these bylaws.

(ii) If an appeal is not so requested within the thirty-day period, the licensed health care professional shall be deemed to have waived the right to appeal and to have conclusively accepted the decision of the chief medical officer.

(iii) The appellate review shall be conducted by the chief of staff, the chair of the licensed health care professionals subcommittee and one medical staff member from the same discipline as the licensed health care professional under review. The licensed health care professional under review shall have

the opportunity to present any additional information deemed relevant to the review and appeal of the decision.

(iv) The affected licensed health care professional shall have access to the reports and records, including transcripts, if any, of the hearing committee and of the medical staff administrative committee and all other material, favorable or unfavorable, that has been considered by the chief quality officer. The licensed health care professional shall submit a written statement indicating those factual and procedural matters with which the member disagrees, specifying the reasons for such disagreement. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the review committee no later than seven days following the date of the licensed health care professional's notice of appeal.

(v) New or additional matters shall only be considered on appeal at the sole discretion of the quality and professional affairs committee.

(vi) Within thirty days following submission of the written statement by the licensed health care professional, the chief of staff shall make a final recommendation to the chair of the quality and professional affairs committee of the Wexner medical center board. The quality and professional affairs committee of the Wexner medical center board shall determine whether the adverse decision will stand or be modified and shall recommend to the Ohio state university Wexner medical center board that the adverse decision be affirmed, modified or rejected, or to refer the matter back to the review committee for further review and recommendation. Such referral to the review committee may include a request for further investigation.

(vii) Any final decision by the Wexner medical center board shall be communicated by the chief quality officer and by certified return receipt mail to the last known address of the licensed health care professional as determined by university records. The chief quality officer shall also notify in writing the executive vice president for health sciences, the dean of the college of medicine, the chief executive officer of the Ohio state university hospitals and the vice president for health services and the chief of the applicable clinical department or departments. The chief medical officer shall take immediate steps to implement the final decision.

(9) Emergency privileges.

In case of an emergency, any member of the medical staff to the degree permitted by the member's license or certification and regardless of department or medical staff status shall be permitted to do everything possible to save the life of a patient using every facility of the Ohio state university hospitals necessary, including the calling for any consultation necessary or desirable. After the emergency situation resolves, the patient shall be assigned to an appropriate member of the medical staff. For the purposes of this paragraph, an "emergency" is defined as a condition which would result in serious permanent harm to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

(10) Disaster privileges.

Disaster privileges may be granted in order to provide voluntary services during a local, state, or national disaster in accordance with hospital/medical staff policy and only when the

following two conditions are present: the emergency management plan has been activated and the hospital is unable to meet immediate patient needs. Such privileges may be granted by the chief medical officer or his or her designee to fully licensed or certified, qualified individuals who at the time of the disaster are not members of the medical staff. These privileges will be limited in scope and will terminate once the disaster situation subsides or at the discretion of the chief medical officer.

(11) Telemedicine privileges.

Practitioners who provide contracted patient care, treatment, and services via telemedicine shall be credentialed and privileged to provide such services. A grant of telemedicine privileges shall include appointment to the contracted medical staff category as described in paragraph (G) of this rule.

Practitioners providing contracted telemedicine services shall be credentialed and privileged through one of the following mechanisms:

(a) The practitioner shall be credentialed and privileged in accordance with rule 3335-43-04.

(b) The practitioner shall be credentialed and privileged by proxy using the credentialing and privileging decision from the distant site if all of the following requirements are met:

(i) The distant site is also accredited by the Joint Commission.

(ii) The distant site is a Medicare-participating hospital or a facility that qualifies as a distant-site telemedicine entity under federal regulations.

(iii) The Ohio state university hospitals have entered into a written agreement with the distant site.

(iv) If the distant site is a Medicare-participating hospital, the written agreement shall specify that it is the responsibility of the distant-site hospital to meet the Centers for Medicare and Medicaid Services conditions of participation applicable to medical staff credentialing and privileging.

(v) If the distant site is a distant-site telemedicine entity as defined by federal regulations, the written agreement shall specify that the distant-site telemedicine entity is a contractor of services to the Ohio state university hospitals and furnishes the contracted services in a manner that allows the Ohio State university hospitals Hospital to comply with all applicable Centers for Medicare and Medicaid Services conditions of participation for contracted services and for medical staff credentialing and privileging.

(vi) The individual distant-site practitioner is privileged at the distant site for those services to be provided to patients of the Ohio state university hospitals via telemedicine and the distant site provides a current list of the practitioner's privileges at the distant site.

(vii) The individual distant-site practitioner holds an appropriate license, telemedicine certificate, or telemedicine waiver issued by the applicable Ohio licensing board for the practitioner's area of practice.

(viii) The Ohio state university hospitals maintain documentation of all internal reviews of the performance of each distant-site Practitioner and sends the distant site such performance information for use in the distant site's periodic appraisal of the distant-site Practitioner's privileges. At a minimum, this information must include all adverse events that result from the telemedicine services provided by the distant-site practitioner to patients of the Ohio state

university hospitals, and all complaints the Ohio state university hospitals receive about the distant-site practitioner.

(Board approval dates: 6/7/2002, 9/6/2002, 5/30/2003, 6/4/2004, 5/6/2005, 11/4/2005, 2/2/2007, 2/1/2008, 9/19/2008, 9/18/2009, 5/14/2010, 4/8/2011, 8/31/2012, 2/1/2013, 11/07/2014, 11/6/2015, 4/6/2018, 2/8/2022, 8/15/2023, 8/20/2024)

3335-43-08 Organization of the medical staff.

(A) Each member of the attending, community affiliate A, community affiliate C, community affiliate D, limited, and physician scholar medical staff shall be assigned to a clinical department and division, if applicable, upon the recommendation of the applicable chief of the clinical department.

(B) Names of clinical departments.

(1) Anesthesiology.

(2) Dermatology

(3) Emergency medicine.

(4) Family and community medicine.

(5) Internal medicine.

(6) Neurological surgery.

(7) Neurology.

(8) Obstetrics and gynecology.

(9) Ophthalmology and visual science.

(10) Orthopaedics.

(11) Otolaryngology – head and neck surgery.

(12) Pathology.

(13) Pediatrics.

(14) Physical medicine and rehabilitation.

(15) Plastic and reconstructive surgery.

(16) Psychiatry and behavioral health.

(17) Radiation oncology.

(18) Radiology.

(19) Surgery.

(20) Urology.

(21) Dentistry.

(C) The directors of the divisions in the Ohio state university hospitals shall be appointed by the chiefs of the clinical departments in the Ohio state university hospitals in which the divisions are included.

(D) Qualifications and responsibilities of the chief of the clinical department.

The academic department chairperson shall ordinarily serve also as the chief of the clinical department. Each chief of the clinical department shall be qualified by education and experience appropriate to the discharge of the responsibilities of the position. Each chief of the clinical department must be board certified by an appropriate specialty board or must establish comparable competence. The chief of the clinical department must be a medical staff member at the Ohio state university hospitals. Such qualifications shall be judged by the respective dean of the college of medicine or dentistry. Qualifications for chief of the clinical department generally shall include: recognized clinical competence, sound judgment and well-developed administrative skills.

(1) Procedure for appointment and reappointment of the chief of the clinical department.

Appointment or reappointment of chief of the clinical department shall be made by the dean of the respective college of medicine or dentistry in consultation with elected representatives of the medical staff and the chief medical officer.

(2) Term of appointment of the chief of the clinical department.

The term of appointment of the chief of the clinical department shall be concurrent with the chief's academic appointment but shall be no longer than four years. Prior to the end of said four-year term, a review shall be conducted by the dean of the college of medicine and such review shall serve as the basis for the recommendation for reappointment pursuant to paragraph (D)(1) of this rule.

(3) Duties of the chief of the clinical department.

Each chief of the clinical department is responsible for the following:

(a) Clinically related activities of the department;

(b) Administratively related activities of the department, unless otherwise provided by the hospital;

(c) Continuing surveillance of the professional performance of all practitioners in the department who have delineated clinical privileges;

(d) Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department;

(e) Recommending clinical privileges for each practitioner of the department based on relevant training and experience, current appraised competence, health status that does not present a risk to patients, and evidence of satisfactory performance with existing privileges;

(f) Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the

hospital;

(g) The integration of the department or service into the primary functions of the hospital, developing services that complement the medical center's mission and plan for clinical program development;

(h) The coordination and integration of interdepartment and intradepartmental services;

(i) The development and implementation of policies and procedures that guide and support the provision of care, treatment, and services. This includes the development, implementation, enforcement and updating of departmental policies and procedures that are consistent with the hospital's mission. The clinical department chief shall make such policies and procedures available to the medical staff;

(j) The recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services, including ensuring that call coverage provides for continuous high quality and safe care;

(k) The determination of the qualifications and competence of department or service personnel who are not licensed practitioners and who provide patient care, treatment, and services;

(l) The continuous assessment and improvement of the quality of care, treatment, and services;

(m) The maintenance of quality control programs, as appropriate;

(n) The orientation and continuing education of all persons in the department or service;

(o) Hold regular clinical department meetings and ensure open lines of communication are maintained in the clinical department. The agenda for the meetings shall include, but not be limited to, a discussion of the clinical activities of the department and communication of the decisions of the medical staff administrative committee. Minutes of departmental meetings, including a record of attendance, shall be electronically available and/or distributed to all medical staff members in the clinical department, and such minutes shall be kept in the clinical department.

(Board approval dates: 6/7/2002, 7/6/2002, 3/5/2003, 6/4/2004, 5/6/2005, 11/4/2005, 2/1/2006, 2/2/2007, 9/21/2007, 9/19/2008, 9/18/2009, 10/29/2009, 9/17/2010, 4/8/2011, 8/31/2012, 1/31/2014, 5/18/2021, 8/15/2023, 8/20/2024)

3335-43-09 Elected officers of the medical staff of the Ohio state university hospitals.

(A) Chief of staff.

The chief of staff shall:

(1) Serve on those committees of the Ohio state university Wexner medical center board as appointed by the chairperson of that board.

(2) Serve as vice chairperson of the medical staff administrative committee.

(3) Provide for communication between the medical staff and the Ohio state university Wexner medical center board or its committees in matters of quality of care, education, and research.

(4) Serve as liaison between the Ohio state university hospitals administration, medical administration, and the medical staff in all matters of mutual concern within the Ohio state university hospitals.

(5) In consultation with the medical directors and the chief medical officer, seek to ensure that the medical staff is represented and participates as appropriate in any Ohio state university hospitals deliberation which affects the discharge of medical staff responsibilities.

(6) Call, preside, and be responsible for the agenda of all general medical staff meetings.

(7) Make medical staff committee appointments in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code.

(8) Be spokesperson for the medical staff in its external professional and public relations.

(9) Serve as chairperson of the nominating committee of the medical staff.

(B) Chief of staff-elect.

The chief of staff-elect shall:

(1) Serve on those committees of the Ohio state university Wexner medical center board as appointed by the chairperson of the Wexner medical center board.

(2) Carry out all the duties of the chief of staff when the chief of staff is unable to do so.

(3) Oversee the inclusion of changes in the bylaws, rules and regulations of the medical staff.

(4) Assist the Chief of Staff with duties outlined above in paragraph (A)(1) to (A)(9).

(C) Representatives of the medical staff elected at-large.

There shall be six medical staff representatives elected at-large. Each representative shall be a member of the medical staff administrative committee and shall serve on those committees of the Ohio state university Wexner medical center board as appointed by the chairperson of the Wexner medical center board.

(D) Qualifications of officers.

(1) Officers must be members of the attending staff at the time of their nomination and election and must remain members in good standing during the term of their office. Failure to maintain such status shall immediately create a vacancy in the office involved.

(2) Chiefs of the clinical departments shall not be eligible to serve as chief of staff or chief of staff-elect unless they are replaced in their Ohio state university hospitals administrative role during the period of their term of office.

(E) Election of officers.

(1) All officers (other than at-large officers) shall be elected by a majority of those voting by electronic ballot of the attending staff.

(2) The nominating committee shall be composed of five members. The chief of staff shall serve on the committee and shall select four other members for the committee. The chief of staff shall be its chairperson.

(3) Nominations for officers shall be accepted from any member of the medical staff and shall be submitted either electronically or in writing to the nominating committee.

(4) The committee's nominees shall be submitted to all voting members of the attending staff no later than May first of the election year.

(5) Candidates for the office of chief of staff-elect shall be listed and each attending staff member shall be entitled to cast one vote. Candidates for the at-large positions shall be voted upon as a group. Each voting member of the attending staff shall be entitled to vote for three at-large candidates. The three candidates with the highest number of votes shall be elected. A majority of the votes shall not be necessary.

(6) Automatic removal shall be for failure to meet those responsibilities assigned within these bylaws, failure to comply with medical staff rules and regulations, policies and procedures of the medical staff, for conduct or statements that damage the reputation of the Ohio state university Wexner medical center, its goals and missions, or programs, or an automatic termination or suspension of clinical privileges that lasts more than thirty days.

(F) Term of office.

(1) The chief of staff and chief of staff-elect shall each serve two years in office beginning on July first. The chief of staff-elect shall be elected in the odd numbered years. A former chief of staff may not succeed the immediately preceding chief of staff-elect.

(2) The at-large representatives shall each serve two years, beginning July first. The at-large representatives may succeed themselves for three successive terms (six years total), if so elected. Upon completion of the three successive terms, the representative may not serve again without a period of two years out of office as an at-large representative. The representative may be elected chief of staff-elect at any time.

(G) Vacancies in office.

(1) A vacancy in the office of chief of staff shall be filled by the chief of staff-elect. If the unexpired term is one year or less, the new chief of staff shall serve out the remaining term in office and shall then serve as chief of staff for the term for which elected. If the unexpired term is more than one year, the new chief of staff shall serve out the remaining term only.

(2) Vacancies in the office of chief of staff-elect shall be filled by a special election held within sixty days of the vacancy by the nominating and election process set forth in paragraph (F) of this rule. The new chief of staff-elect shall become chief of staff at the end of the term of the incumbent.

(3) Vacancies in the at-large representatives medical staff positions shall be filled by appointment by the chief of staff.

(Board approval dates: 6/7/2002, 3/5/2003, 5/30/2003, 11/4/2005, 2/2/2007, 9/19/2008, 9/18/2009, 4/8/2011, 8/31/2012, 11/7/2014, 9/2/2016, 4/6/2018, 5/18/2021, 8/15/23, 8/20/2024)

3335-43-10 Administration of the medical staff of the Ohio state university hospitals

(A) Chief medical officer.

The chief clinical officer functions as the chief medical officer as referred to herein these bylaws. The chief medical officer is the senior medical officer for the medical center with the responsibility and authority for all health and medical care delivered at the medical center. The chief medical officer is

responsible for overall quality improvement and clinical leadership throughout the medical center, physician alignment, patient safety and medical staff development. The appointment, scope of authority, and responsibilities of the chief medical officer shall be as outlined in the Ohio state university Wexner medical center board bylaws.

(B) Chief quality officer.

The chief quality and patient safety officer of the Ohio state university Wexner medical center is referred to herein these bylaws as the chief quality officer. The chief quality officer reports to the chief medical officer. The chief quality officer works collaboratively with clinical leadership of the medical center, including the director of medical affairs for the James cancer hospital, nursing leadership and hospital administration. The chief quality officer provides leadership in the development and measurement of the medical center's approach to quality, patient safety and reduction of adverse events. The chief quality officer communicates and implements strategic, operational and programmatic plans and policies to promote a culture where patient safety is an important priority for medical and hospital staff.

(C) Medical directors.

The medical directors of the hospitals of the Ohio state university report to the chief executive officer or the executive director of the respective hospital and chief medical officer. Each medical director will collaborate with the chief quality officer, the chief medical officer and the clinical department chiefs to develop, execute and monitor the quality and safety programs of the hospital. The appointment, scope of authority, and responsibilities of the medical directors for the Ohio state university hospitals shall be further outlined in the Ohio state university Wexner medical center board bylaws.

(D) Medical staff committees.

(1) Appointments:

Appointments to all medical staff committees except the medical staff administrative committee, nominating committee and all health system committees, shall be made jointly by the chief of staff, chief of staff-elect, and the hospital medical directors with medical staff administrative committee ratification. Representatives from the Ohio state university hospitals to health system committees shall be appointed jointly by the chief medical officer of the health system and the medical director. Unless otherwise provided by these bylaws, all appointments to medical staff committees shall be for two years and may be renewed. The chief of staff, chief medical officer, medical director, and the chief executive officer of the Ohio state university hospitals may serve on any medical staff committee as an ex-officio member without vote.

(2) Meetings:

Each medical staff committee shall meet at the call of its chairperson and at least quarterly. Committees shall maintain records of proceedings and minutes of meetings and shall forward all recommendations and actions taken to the chief medical officer who shall promptly communicate them to the medical staff administrative committee. The chairperson shall control the committee agenda, attendance of staff and guests, and conduct of the proceedings. A simple majority of appointed voting members shall constitute a quorum.

(3) Peer review committees:

The medical staff as a whole and each committee provided for by these medical staff bylaws is hereby designated as a peer review committee in accordance with the laws of the state of Ohio. The medical staff through its committees shall be responsible for evaluating, maintaining and/or monitoring the quality and utilization of patient care services provided by

the Ohio state university hospitals.

(E) Medical staff administrative committee.

(1) Composition.

(a) This committee shall consist of the following voting members: chief of staff, chief of staff-elect, chiefs of the clinical departments, chief physician for the affiliated entity employing community affiliate B medical staff, six medical staff representatives elected at large, the chief medical officer, and the chief executive officer of the Ohio state university hospitals or designee. Additional members may be appointed to the medical staff administrative committee at the recommendation of the dean or the chief medical officer of the medical center subject to the approval of the medical staff administrative committee and subject to review/renewal on a biennial basis. Any members may be removed from the medical staff administrative committee at the recommendation of the dean, the executive vice president for health sciences or the chief medical officer of the medical center and subject to the review and approval of the medical staff administrative committee. A replacement will be appointed as outlined above to maintain the medical staff administrative committee's constituency. The chief medical officer shall be the chairperson and the chief of staff shall be vice-chairperson.

(b) Any member of the committee who anticipates absence from a meeting of the committee may appoint as a temporary substitute another member of the same category of the medical staff to represent him or her at the meeting. The temporary substitute shall have all the rights of the absent member.

(c) All members of the committee shall attend, either in person, virtual, or by proxy, a minimum of two-thirds of all committee meetings.

(2) Duties.

(a) To represent and to act on behalf of the medical staff, subject to such limitations as may be imposed by these bylaws, by the bylaws of the Ohio state university Wexner medical center board, the bylaws or rules of the board of trustees of the Ohio state university.

(b) To have primary authority for activities related to self-governance of the medical staff. Action approved by the medical staff administrative committee can be reviewed by the quality and professional affairs committee pursuant to section 3335-43-13 of these bylaws.

(c) To receive and act upon committee reports.

(d) To delegate appropriate staff business to committees while retaining the right of executive responsibility and authority over all medical staff committees. This shall include but is not limited to review of and action upon medical staff appointments and reappointments whenever timely action is necessary.

(e) To approve and implement policies of the medical staff.

(f) To provide a liaison between the medical staff, medical director, chief executive officer, and the Wexner medical center board.

(g) To recommend action to the medical directors and chief executive officer of the Ohio state university hospitals on matters of medical-administrative nature.

(h) To fulfill the medical staff's accountability to the Wexner medical center board and the board of trustees of the Ohio state university for medical care rendered to patients in the Ohio state university hospitals, and for the professional conduct and activities of the medical staff, including recommendations concerning:

(i) Medical staff structure;

(ii) The mechanism to review credentials and to delineate clinical privileges;

(iii) The mechanism by which medical staff membership may be terminated;

(iv) Participation in the Ohio state university hospitals' performance improvement activities; and

(v) Corrective action and hearing procedures applicable to medical staff members and other licensed health care professionals granted clinical privileges.

(vi) To ensure the medical staff is kept abreast of the accreditation process and informed of the accreditation status of the Ohio state university hospitals.

(i) To review and act on medical staff appointments, reappointments, and requests for delineation of clinical privileges. Whenever there is doubt of an applicant's ability to perform the privileges requested, the medical staff administrative committee shall have the authority to request an evaluation of the applicant's clinical activities relevant to requested privileges.

(j) To report to the medical staff all actions affecting the medical staff.

(k) To inform the medical staff of all changes in committees, and the elimination of such committees as circumstances shall require.

(l) To create committees (for which membership is subsequently appointed pursuant to rule 3335-43-09 of the Administrative Code) to meet the needs of the medical staff and comply with the requirements of accrediting agencies.

(m) To establish and maintain rules and regulations governing the medical staff.

(n) To perform other functions as are appropriate.

(3) Executive session.

(a) Upon the recommendation of the credentialing committee, the medical staff administrative committee may vote to hold a portion of a regular, special or emergency meeting in executive session with participation limited to voting members of the medical staff administrative committee. Other individuals may be invited to attend any or all portions of an executive session as deemed necessary by the committee chair.

(4) Meetings. The committee shall meet monthly and shall keep detailed minutes which shall be distributed to each committee member and to the Wexner medical center board through the quality and professional affairs committee.

(5) Voting. At a properly constituted meeting, voting shall be by a simple majority of members present except in the case of termination or non-reappointment of medical staff membership

or permanent suspension of clinical privileges, wherein a two-thirds vote of members present shall be required.

(F) Credentialing committee of the hospitals of the Ohio state university:

(1) Composition.

The credentialing responsibilities of medical staff are delegated to the credentialing committee of the hospitals of the Ohio state university, the composition of which shall include representation from the medical staff of each health system hospital.

The credentialing committee of the hospitals of the Ohio state university shall be appointed by the chief medical officer of the health system. The chief of staff, director of medical affairs and medical directors of each hospital shall make recommendations to the chief medical officer for representation on the credentialing committee of the hospitals of the Ohio state university.

The credentialing committee of the hospitals of the Ohio state university shall meet at the call of its chair, who shall be appointed by the chief medical officer of the health system.

(2) Duties.

(a) To review all applications for medical staff and licensed health care professional appointment and reappointment, as well as all requests for delineation, renewal, or amendment of clinical privileges in the manner provided in these medical staff bylaws, including applicable time limits. During its evaluation, the credentialing committee of the hospitals of the Ohio state university will take into consideration the appropriateness of the setting where the requested privileges are to be conducted;

(b) To review triennially all applications for reappointment or renewal of clinical privileges;

(c) To review all requests for changes in medical staff membership;

(d) To assure, through the chairperson of the committee, that all records of formal peer review activity taken by the committee, including committee minutes, are maintained in the strictest of confidence in accordance with the laws of the state of Ohio. The committee may conduct investigations and interview applicants as needed to discharge its duties. The committee may refer issues and receive issues as appropriate from other medical staff committees;

(e) To make recommendations to the medical staff administrative committee through the chairperson of the credentialing committee regarding appointment applications and initial requests for clinical privileges. Such recommendations shall include the name, status, department (division), medical school and year of graduation, residency and fellowships, medical-related employment since graduation, board certification and recertification, licensure status as well as all other relevant information concerning the applicant's current competence, experience, qualifications, and ability to perform the clinical privileges requested;

(f) To recommend to the medical staff administrative committee that certain applications for appointment be reviewed in executive session;

(g) The committee, after review and investigation, may make recommendations to the chief medical officer, chief of staff or the chief of a clinical department, regarding the restriction or limitation of a member’s clinical privileges for noncompliance or any

other matter related to its responsibilities;

(h) To review all grants of special or temporary privileges; and

(i) To review requests made for clinical privileges by other licensed health care professionals as set forth in these bylaws.

(j) To recommend eligibility criteria for the granting of medical staff membership and privileges.

(k) To develop, recommend, and consistently implement policy and procedures for all credentialing and privileging activities.

(l) To review, and where appropriate take action on, reports that are referred to it from other medical staff committees and medical staff members.

(m) To perform such other functions as requested by the medical staff administrative committee, the quality and professional affairs committee or Wexner medical center board.

(3) Licensed health care professionals subcommittee.

(a) Composition.

This subcommittee shall consist of other licensed health care professionals who have been appointed in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code. The subcommittee shall be chaired by a director of nursing who shall serve as chair of the subcommittee.

(b) Duties.

(i) To review, within thirty days of receipt, all completed applications as may be referred by the credentialing committee of the hospitals of the Ohio state university.

(ii) To review and investigate the character, qualifications and professional competence of the applicant.

(iii) To review the applicant's patient care quality indicator definitions on initial granting of clinical privileges and the performance based profile at the time of renewal.

(iv) To verify the accuracy of the information contained in the application.

(v) To request a personal interview with the applicant if deemed appropriate.

(vi) To forward, following review of the application, a written recommendation for clinical privileges to the credentialing committee of the hospitals of the Ohio state university for review at its next regularly scheduled meeting.

(vii) To develop relevant policies and procedures regarding the scope of service and scope of practice to be granted to each licensed health care professional specialty. These policies and procedures shall be ratified by the credentialing committee and medical staff administrative committee, and be approved by the Wexner medical center board.

(G) Committee for practitioner health.

(1) Composition.

The committee shall consist of medical staff members appointed in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code.

(2) Duties.

(a) To consider issues of licensed practitioner health or impairment whenever a self-referral or referral is requested by an affected member or another member or committee of the medical staff, the Ohio state university hospitals staff, or any other individual.

(b) To educate the medical staff and the Ohio state university hospitals staff about illness and impairment recognition issues, including at-risk criteria, specific to licensed practitioners.

(c) To provide appropriate counsel, referral and monitoring until the rehabilitation is complete and periodically thereafter, if required, to enable the medical staff member to obtain appropriate diagnosis and treatment, and to provide appropriate standards of care.

(d) To consult regularly with the chief of staff, chief medical officer and medical director of the Ohio state university hospitals.

(e) To advise credentials or other appropriate medical staff committees on the credibility of any complaint, allegation or concern, including those affecting the quality and safety of patient care.

(f) To assure, through the chairperson of the committee, that all proceedings and records, including the identity of the person referring the case, are handled and maintained in the strictest confidence in accordance with the laws of the state of Ohio.

(g) To initiate appropriate actions when a licensed practitioner fails to complete the required rehabilitation program.

(H) Medical staff bylaws committee.

(1) Composition.

The committee shall consist of those members appointed in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code. The chairperson shall always be the chief of staff-elect.

(2) Duties.

(a) To review and recommend amendments, as appropriate, to these medical staff bylaws to the medical staff administrative committee at least every two years.

(b) To receive from members of the medical staff or the medical staff administrative committee any suggestions that may necessitate amendment of these bylaws.

(I) Infection prevention committee.

(1) Composition.

The medical staff members of the committee shall consist of those members appointed in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code. The committee shall also include representatives of nursing, environmental services, and hospital administration as may be invited from time to time by the chief of staff. The chairperson shall be a physician member of the medical staff with experience or training in infectious diseases.

(2) Duties.

(a) To oversee surveillance and institute any recommendations necessary for the investigation, prevention, containment of nosocomial and clinical infectious diseases of both patients and staff at all facilities owned, operated, or controlled by the Ohio state university hospitals and subject to JCAHO standards.

(b) To take necessary action through the chairperson of the committee, and the Ohio state university hospitals' epidemiologist, in consultation with the medical director of the Ohio state university hospitals, to prevent and control emerging spread or outbreaks of infections; isolate communicable and infectious patients as indicated; and obtain all necessary cultures in emergent situations when the responsible medical staff member is unavailable.

(J) Ethics committee.

(1) Composition.

The committee shall consist of members of the medical staff, nursing, hospital administration, and other persons who by reason of training, vocation, or interest may make a contribution. Members shall be appointed as provided in these bylaws. The chairperson shall be a medical staff member who is a clinically active physician.

(2) Duties.

(a) To make recommendations for the review and development of guidelines or policies regarding ethical issues.

(b) To provide ethical guidelines and information in response to requests from members of the medical staff, patients, patient's family or other representative, and staff members of the Ohio state university hospitals.

(c) To provide a support mechanism for primary decision makers at the Ohio state university hospitals.

(d) To provide educational resources on ethics to all health care providers at the Ohio state university hospitals.

(e) To provide and enhance interaction between hospitals administration and staff, departmental ethics committees, pastoral care services, and members of the medical staff.

(K) Practitioner evaluation committee.

(1) Composition.

This multi-disciplinary peer review committee is composed of clinically-active practitioners. If additional expertise is needed, the practitioner evaluation committee may request the

assistance from any medical staff member or recommend to the chief medical officer an external review.

(2) Duties.

(a) To meet and keep minutes, which describe issues, opportunities to improve patient care, recommendations and actions to the chief quality officer and chair of the clinical department, responsible parties, and expected completion dates. The minutes are maintained in the quality and operations improvement office.

(b) To ensure that ongoing and systematic monitoring, evaluation, and process improvement is performed in each clinical department.

(c) To develop and utilize objective criteria in practitioner peer review activities.

(d) To ensure that the medical staff peer review process is effective.

(e) To maintain confidentiality of its proceedings. These issues are not to be handled outside of PEC by any individual, clinical department, division, or committee.

(L) Quality Leadership Council.

(1) Composition.

The quality leadership council shall consist of members appointed in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code, and shall include the executive vice president for health sciences, the dean of the college of medicine and the chairperson of the quality and professional affairs committee of the Wexner medical center board as ex-officio members without a vote. The chief quality officer shall be the chairperson of the quality leadership council.

(a) To design and implement systems and initiatives to enhance clinical care and outcomes throughout the integrated health care delivery system.

(b) To serve as the oversight council for the clinical quality management and patient safety plan.

(c) To establish goals and priorities for clinical quality, safety and service on an annual basis.

(M) Clinical quality and patient safety committee.

(1) Composition.

The members of this group shall be appointed pursuant to these bylaws and shall include medical staff members from various clinical departments and support services, and shall include the director of the clinical quality management policy group, and representatives of nursing and hospitals administration. The chairperson of the policy group shall be a physician member of the medical staff.

(2) Duties.

(a) To coordinate the quality management related activities of the clinical departments, the medical information management department, utilization review, infection control, pharmacy and therapeutics and drug utilization committee, transfusion and isoimmunization, and other medical staff and the Ohio state university hospitals committees.

(b) To implement clinical improvement programs to achieve the goals of the Ohio state university hospitals quality management plan, as well as assure optimal compliance with accreditation standards and governmental regulations concerning performance improvement.

(c) To review, analyze, and evaluate on a continuing basis the performance of the medical staff and other health care providers; and advise the clinical department clinical quality sub-committees in defining, monitoring, and evaluating quality indicators of patient care and services.

(d) To serve as liaison between the Ohio state university and the Ohio peer review organizations through the chairperson of the policy group and the director of clinical quality.

(e) To make recommendations to the medical staff administrative committee on the establishment of and the adherence to standards of care designed to improve the quality of patient care delivered in the Ohio state university hospitals.

(f) To hear and determine issues concerning the quality of patient care rendered by members of the medical staff and the Ohio state university hospitals staff and make appropriate recommendations and evaluate action plans when appropriate to the chief medical officer, the medical director, the chief of a clinical department, or the Ohio state university hospitals administration.

(g) To appoint ad-hoc interdisciplinary teams to address the Ohio state university hospitals-wide quality management plan.

(h) To annually review and revise as necessary the Ohio state university hospitals-wide clinical quality management plan.

(i) To report and coordinate with the quality leadership council all quality improvement initiatives.

(N) Utilization management committee.

(1) Composition.

The members shall be appointed in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code and shall include medical staff members from various clinical departments and support services the directors of clinical quality and case management, and representatives of nursing and hospitals administration. The chairperson of the committee shall be a physician member of the medical staff.

(2) Duties.

(a) To promote the most efficient and effective use of the hospitals of the Ohio state university health system facilities and services by participating in the review process and continued stay reviews on all hospitalized patients.

(b) To formulate and maintain a written resource management review plan for the hospitals of the Ohio state university health system consistent with applicable governmental regulations and accreditation requirements.

(c) To conduct resource management studies by clinical department or divisions, or by disease entity as requested or in response to variation from benchmark data would indicate.

(d) To report and recommend to the quality leadership council changes in clinical practice patterns in compliance with applicable governmental regulations and accreditation requirements, and when the opportunity exists to improve the resource management.

(e) To oversee evaluation and cost effective utilization of clinical technology.

(f) To oversee the activities of the utilization management committee of the hospitals of the Ohio state university health system. This oversight will include the annual review and approval of the utilization management plan.

(O) Clinical practice guideline committee.

(1) Composition.

The members shall be appointed in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code, and shall include medical staff members from various clinical departments and support services, representatives of nursing, pharmacy, information systems, hospitals administration, and the chair of the clinical quality and management policy group. The chairperson of the policy group shall be a physician member of the medical staff.

(2) Duties.

(a) To oversee the planning, development, approval, implementation and periodic review of evidence-based medicine resources (i.e., clinical practice guidelines, quick reference guides, clinical pathways, and clinical algorithms) for use within the Ohio state university hospitals and its affiliated institutions. Planning should be based on the prioritization criteria approved by the quality leadership council and review should focus on incorporating recent medical practice, literature or developments. Annual review should be done in cooperation with members of the medical staff with specialized knowledge in the field of medicine related to the guideline.

(b) To report and recommend to quality leadership council specific process and outcomes measures for each evidence-based medicine resource.

(c) To oversee ongoing education of medical staff (including specifically limited staff) and other appropriate Ohio state university hospitals staff regarding the fundamental concepts and value of evidence-based practice and outcomes measurement and its relation to quality improvement.

(d) To initiate and support research projects when appropriate in support of the objectives of the quality leadership council.

(e) To oversee the development, approval and periodic review of the clinical elements of computerized ordersets and clinical rules to be used within the information system of the Ohio state university hospitals and its affiliated institutions. Computerized ordersets and clinical rules related to specific practice guidelines should be forwarded to quality leadership council for approval. All other computerized ordersets and clinical rules should be forwarded to the quality leadership council for information.

(f) To regularly report a summary of all actions to the quality leadership council.

(P) Committee for practitioner effectiveness.

(1) Composition.

This multi-disciplinary peer review committee is composed of clinically-active practitioners and other individuals with expertise in professionalism.

(2) Duties.

(a) Receive and review validity of complaints regarding concerns about professionalism of credentialed practitioners;

(b) Treat, counsel and coach practitioners in a firm, fair and equitable manner;

(c) Maintain confidentiality of the individual who files a report unless the person who submitted the report authorizes disclosure or disclosure is necessary to fulfill the institution's legal responsibility;

(d) Ensure that all activities be treated as confidential and protected under applicable peer review and quality improvement standards in the Ohio Revised Code;

(e) Forward all recommendations to the clinical department chief, the chief medical officer or his/her designee and, if applicable, to the chief nursing officer.

(Board approval dates: 4/7/2000, 10/5/2001, 6/7/2002, 5/30/2003, 6/4/2004, 5/6/2005, 11/4/2005, 2/2/2007, 2/1/2008, 9/19/2008, 9/18/2009, 10/29/2009, 4/8/2011, 8/31/2012, 2/01/2013, 1/31/2014, 11/7/2014, 11/6/2015, 9/2/2016, 4/6/2018, 5/18/2021, 8/15/2023, 8/20/2024)

3335-43-11 History and physical

(A) History and physical examination.

(1) A history and physical appropriate to the patient and/or the procedure to be completed shall be documented in the medical record of all patients either:

(a) Admitted to the hospital

(b) Undergoing outpatient/ambulatory procedures requiring anesthesia or sedation

(c) Undergoing outpatient/ambulatory surgery

(d) In a hospital-based ambulatory clinic

(2) For patients admitted to the hospital, the history and physical examination shall include at a minimum:

(a) Date of admission

(b) History of present illness, including chief complaint

(c) Past medical and surgical history

(d) Relevant past social and family history

(e) Medications and allergies

(f) Review of systems

(g) Physical examination

(h) Test results

(i) Assessment or impression

(j) Plan of care

(3) For patients undergoing outpatient/ambulatory procedures requiring anesthesia or sedation or outpatient/ambulatory surgery, the history and physical examination shall include at a minimum:

(a) Indications for procedure or surgery

(b) Relevant medical and surgical history

(c) Medications and allergies or reference to current listing in the chart or electronic medical record

(d) Focused review of systems, as appropriate for the procedure or surgery

(e) Pre-procedure assessment and physical examination

(f) Assessment/impression and treatment plan

(4) For patients seen in a hospital-based ambulatory clinic, the history and physical shall include at a minimum:

(a) Chief complaint

(b) History of present illness

(c) Medications and allergies

(d) Problem-focused physical examination

(e) Assessment or impression

(f) Plan of care

(5) Deadlines and sanctions.

(a) A history and physical examination must be performed by a member of the medical staff, his/her designee or other licensed health care professional, who is appropriately credentialed by the hospital, and be signed, timed and dated.

(b) Patients admitted to the hospital: If the history and physical is performed by the medical staff member's designee or other licensed health care professional who is appropriately credentialed by the hospital, the history and physical must be countersigned by the responsible medical staff member.

(c) The complete history and physical examination shall be dictated, written or updated no later than twenty-four hours after admission for all inpatients.

(d) Admitted patients or patients undergoing a procedure requiring anesthesia or

sedation or surgery, the history and physical examination may be performed or updated up to thirty days prior to admission or the procedure/surgery. If completed before admission or the procedure/surgery, there must be a notation documenting an examination for any changes in the patient's condition since the history and physical was completed. The updated examination must be completed and documented in the patient's medical record within twenty-four hours after admission or before the procedure/surgery, whichever occurs first. It must be performed by a member of the medical staff, his/her designee, or other licensed health care professional who is appropriately credentialed by the hospital, and be signed, timed and dated. In the event the history and physical update is performed by the medical staff member's designee or other licensed health care professional who is appropriately credentialed by the hospital, it shall be countersigned, timed and dated by the responsible medical staff member.

(i) For patients undergoing an outpatient procedure requiring anesthesia or sedation or surgery, regardless of whether the treatment, procedure or surgery is high or low risk, a history and physical examination must be performed by a member of the medical staff, his/her designee, or other licensed health care professional who is appropriately credentialed by the hospital and must be signed or countersigned when required, timed and dated.

(ii) If a licensed health care professional is appropriately credentialed by the hospital to perform a procedure or surgery independently, a history and physical performed by the licensed health care professional prior to the procedure or surgery is not required to be countersigned.

(e) Hospital-based ambulatory clinic: If a history and physical examination is performed by a licensed health care professional who is appropriately credentialed by the hospital to see patients independently, the history and physical is not required to be countersigned.

(f) When the history and physical examination, including the results of indicated laboratory studies and x-rays, is not recorded in the medical record before the time stated for a procedure or surgery, the procedure or surgery cannot proceed until the history, and physical is signed or countersigned when required, by the responsible medical staff member, and indicated test results are entered into the medical record. In cases where such a delay would likely cause harm to the patient, this condition shall be entered into the medical record by the responsible medical staff member, his/her designee or other licensed health care professional, who is appropriately credentialed by the hospital, and the procedure or surgery may begin. When there is a disagreement concerning the urgency of the procedure, it shall be adjudicated by the medical director or the medical director's designee. (B/T 10, 29/2009, 8/31/12)

(g) Ambulatory patients must have a history and physical at the initial visit as outlined in paragraph (A)(4) of this rule.

(h) For psychology, psychiatric and substance abuse ambulatory sites, if no other acute or medical condition is present on the initial visit, a history and physical examination may be performed either:

i. within the past six months prior to the initial visit,

ii. at the initial visit, or

iii. within 30 days following the initial visit.

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Updated August 20, 2024

(Board approval dates: 10/29/2009, 8/31/2012, 1/31/2014, 11/7/2014, 11/6/2015, 8/20/2024)

3335-43-12 Meetings and dues.

(A) Meetings.

The medical staff of the Ohio state university hospitals shall conduct scheduled meetings at least annually. Notice of the meeting shall be sent to all medical staff at least two weeks prior to the meeting. Attendance is encouraged, but shall not be a requirement for continued medical staff membership and clinical privileges. Special and/or electronic meetings of the medical staff may be called at the option of the medical staff administrative committee.

(B) Dues.

The medical staff, by two-thirds vote of those in attendance at a regularly scheduled meeting, may establish dues. Payment of dues is a requirement for continued staff membership.

(Board approval date: 10/29/2009, 4/6/2018, 8/15/2023)

3335-43-13 Amendments and adoption.

(A) Medical staff responsibility.

The medical staff bylaws committee shall have the initial responsibility to formulate, review at least biennially, and recommend to the quality and professional affairs committee of the Wexner medical center board any medical staff bylaws, rules, regulations, policies, procedures, and amendments as needed. Amendments to the bylaws shall be effective when approved by the university board of trustees. Amendments to the rules and regulations shall be effective when approved by the Wexner medical center board.

Such responsibility shall be exercised in good faith, in a timely manner and in accordance with applicable laws and regulatory standards. This applies as well to the review, adoption, and amendment of the related rules, policies, and protocols developed to implement the various sections of these bylaws.

The organized medical staff shall also have the ability to propose amendments to the medical staff bylaws, rules and regulations, and policies and procedures and propose them directly to the quality and professional affairs committee of the Wexner medical center board.

If the voting members of the organized medical staff propose to adopt amendments to the bylaws, rules and regulations or policies, they must first communicate the proposal to the medical staff administrative committee. When the medical staff administrative committee proposes to adopt amendments to the bylaws, rules and regulations or policies, it communicates the proposal to the organized medical staff.

Conflict between the organized medical staff and the medical staff administrative committee will be managed by allowing communication directly from the medical staff to the quality and professional affairs committee of the Wexner medical center board on issues including, but not limited to amendments to the bylaws and the adoption of new rules and regulations or policies. Medical staff members may communicate with the quality and professional affairs committee of the Wexner medical center board by submitting their communication in writing to the chief of staff, who shall then communicate on their behalf to the quality and professional affairs committee of the Wexner medical center board at its next regularly scheduled meeting for final determination.

In cases of urgent need to update the medical staff bylaws or rules and regulations in order to comply with law, statute, federal regulation, or accreditation standard, the medical staff administrative committee and the quality and professional affairs committee of the Wexner medical center board may provisionally approve an urgent amendment without prior notification to the medical staff. The medical staff shall be immediately notified by the medical staff administrative committee. The medical staff shall have the opportunity for review of and vote on the provisional amendment. If the medical staff votes in favor of the provisional amendment, it shall stand. If there is conflict over the provisional amendment, process for resolving conflict between the organized medical staff and the medical staff administrative committee shall be implemented.

(B) Methods of adoption and amendment to these bylaws.

Proposed amendments to these bylaws may be originated by the medical staff bylaws committee, medical staff administrative committee or by a petition signed by twenty-five per cent of attending medical staff members.

Each attending medical staff member will be eligible to vote on the proposed amendment via secure ballot in a manner determined by the medical staff administrative committee. All attending medical staff members shall receive at least fourteen days advance notice of the changes to be adopted:

(1) The medical staff receives a simple majority of the votes cast by those members eligible to vote.

(2) Amendments so adopted shall be effective when approved by the university board of trustees.

(C) Methods of adoption and amendment to medical staff rules, regulations and policies.

The medical staff may adopt additional rules, regulations and policies as necessary to carry out its functions and meet its responsibilities under these bylaws.

Proposed amendments to the rules, regulations and policies may be originated by the medical staff bylaws committee or the medical staff administrative committee.

The medical staff administrative committee shall vote on the proposed language changes at a regular meeting, or at a special meeting called for such purpose. Following an affirmative vote by the medical staff administrative committee, rules and regulations may be adopted, amended or repealed, in whole or in part and such changes shall be effective when approved by the organized medical staff, and the Wexner medical center board. Policies and procedures will become effective upon approval of the medical staff administrative committee.

In addition to the process described above, the organized medical staff itself may recommend directly to the quality and professional affairs committee of the Wexner medical center board an amendment to any rule, regulation, or policy by submitting a petition signed by twenty-five percent of the members of the attending medical staff category. Upon presentation of such petition, the adoption process outlined above will be followed.

(D) The medical staff administrative committee may adopt such amendments to these bylaws, rules, regulations, and policies that are, in the committee's judgment, administrative, technical or legal modifications or clarifications. Such modifications may include reorganization or renumbering, punctuation, spelling, or other errors of grammar or expression. Such amendments need not be approved by the entire Wexner medical center board but must be approved by the vice president of health services. Neither the organized medical staff nor the Wexner medical center board may unilaterally amend the medical staff bylaws or rules and regulations.

The medical staff bylaws, rules and regulations, Wexner medical center board bylaws, and relevant policies shall not conflict. The medical staff bylaws committee shall assure that there is no conflict.

(Board approval date: 4/8/2011, 11/7/2014, 8/15/2023)

3335-43-14 Rules of construction.

(A) "Shall" as used herein is to be construed as mandatory.

(B) These bylaws should be construed to be gender neutral.

(Effective 6/14/2011 no board date given; was not 4/8/2011)

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Updated August 20, 2024

APPENDICES

APPENDIX I. COAT OF ARMS OF
THE OHIO STATE UNIVERSITY HOSPITALS

The official coat of arms of The Ohio State University Hospitals shall be as follows:

The blazon of the arms of University Hospitals is a shield, 16th century style, on a field of gray surrounded by an "O" in scarlet with the words, "The Ohio State University Hospitals" in black.

The shield is embattled above the chief, with three azure towers. The shield is divided "fesse cotised," through the "fesse point" by three bars, "gemels of or" (gold), separated each by bars, "gemels of argent" (silver). The chief is "gules" (scarlet), impaled by a charge, "The Ohio State University Crest." The "O" is argent, the center is gules, impaled by a charge with the "or" book of knowledge, and the base of the "O" is impaled by a charge of a "buckeye leaf vert" (green).

The base is quartered per pale.

The dexter base is vertical with a charge, the staff of Aesculapius.

The sinistra base is azure with a charge, the Hospitalier's cross, gules.

The scroll contains the Latin motto: "Hospitale-Academia-Investigatus."

The use of the coat of arms of The Ohio State University Hospitals will be by all who are connected with University Hospitals.

Chapter 3335-43 - *Bylaws of the Medical Staff* of The Ohio State University Hospitals
Updated August 20, 2024

APPENDIX II.

COAT OF ARMS OF THE MEDICAL STAFF
OF THE OHIO STATE UNIVERSITY HOSPITALS

The official coat of arms of the medical staff of The Ohio State University Hospitals shall be as follows: The shield on vertical narrow stripes, alternating silver and white, is square, parted per green (medicine) chevron. The dexter chief contains the golden oak leaf surmounted by the silver acorn representing the practice of medicine; the sinistra chief contains the multiple atomis circles representing research; the center base contains the golden book of knowledge encircled by the gray "O" from the crest of The Ohio State University and represents the teaching obligation of our staff. The scroll is gold, with the black lettering of the motto, "Eruditio A Scientia Exornata Miliorem Valetudinem Mortalibus Praestat" (knowledge enhanced by science assures better health for mankind).

Encircling the achievement are the words, "The Medical Staff" joined by a green buckeye leaf (symbol of the State of Ohio) to the words, "The Ohio State University Hospitals." Impaled in this "coat of arms" are the heritage of the State of Ohio and The Ohio State University with the obligation of teaching and research to provide and improve medical care. The use of this coat of arms of the medical staff shall be limited to duly appointed members of the medical staff and the staff organization.

Joint Bylaws Committee Meeting
University Hospitals and The James

August 21, 2025

Summary of Proposed Amendments

The James Bylaws

- Proposed changes to 3335-43-04 (Membership) and 3335-111-07 (Categories of the medical staff) describing the required period of active clinical practice from "two" years to "three" to bring in-line with current recredentialing cycles.

- Proposed addition of Contracted medical staff category in 3335-111-07(G) to align with Contracted medical staff category in University Hospitals Bylaws and to align with current workflow of Corporate Credentialing.

- Proposed addition of granting telemedicine privileges by proxy as permitted by Centers for Medicare and Medicaid Services Conditions of Participation and by Joint Commission standards – added at 3335-111-07(K)(11).

- Removal of outdated telemedicine privilege language in same paragraph. Telemedicine privileges for health system employed providers are now addressed on delineation of privilege forms.

The James Rules and Regulations

- Proposed deletion of "as verified by the attending medical staff member's signature" from Rule 10 (Medical records) at paragraph (A)(1)(a)(xii)(d) to remove this additional requirement that is not present in UH bylaws.

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Chapter 3335-111 - *Bylaws of the Medical Staff* of the
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

Updated July 25, 2025

3335-111-01 Medical staff name.

The board of trustees of the Ohio state university, by official action, established "the Arthur G. James cancer hospital and Richard J. Solove research institute (CHRI)." Hereinafter, the abbreviation "CHRI" shall mean the Arthur G. James cancer hospital and Richard J. Solove research institute; the term "medical staff" shall refer to the medical staff of the cancer hospital and research institute. "The medical staff of the Arthur G. James cancer hospital and Richard J. Solove research institute" shall be the name of the hospital's medical staff organization. In accordance with rules 3335-109-01 to 3335-109-20 and 3335-104-07 of the Administrative Code, the Ohio state university Wexner medical center board (herein called "Wexner medical center board") has delegated to the medical staff of the CHRI the responsibility to prepare and recommend adoption of these bylaws.

(Board approval dates: 9/1/1993, 2/5/1999, 9/6/2002, 2/6/2004, 11/4/2005, 2/11/2011, 11/7/2014)

3335-111-02 Purpose.

The purpose of the self-governing, democratically organized medical staff, which is accountable to the Ohio state medical center board for the quality of care provided to the patients of the CHRI shall be:

(A) To maintain exemplary standards of medical care for all patients at the CHRI. To assure continuity of care and treatment for the individual patient throughout the course of his or her illness, and to assure ongoing support and care for cancer survivors. To commit to being responsive to the needs of all CHRI patients and to communicate compassionately and effectively concerning matters of patient care.

(B) To support and encourage research, with an emphasis on the prevention and treatment of cancer; to actively encourage patients to participate in clinical trials and other research, and to foster research programs to enhance and advance the educational and patient care programs.

(C) To support educational programs for health care and other professionals, patients and families, and the community, with an emphasis on cancer-related education; to elevate and advance the educational standards of our professions, including pre and post medical or osteopathic students, nursing students, students of the allied medical professions, and students of other health professional colleges.

(D) To provide a means to identify and review medical problems, assure adherence to regulatory and accreditation standards, review and revise policies and procedures; and to provide a means for establishing and maintaining standards of professional, medical and educational performance, evaluation and discipline within the medical staff, and harmonious cooperation and understanding among the units comprising the CHRI.

(E) To govern medical staff credentialed practitioners and these Bylaws are not intended to and shall not create any contractual rights between the Ohio state university Wexner medical center and any practitioner. Any and all contracts of affiliation, association or employment shall control contractual and financial relationships between the Ohio state university Wexner medical center and such practitioners.

(Board approval dates: 9/1/1993, 12/6/1996, 9/1/1999, 12/3/1999, 6/2/2000, 11/4/2005, 9/18/2009, 10/29/2011, 4/8/2011, 4/6/2018)

Chapter 3335-111 - *Bylaws of the Medical Staff* of the
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
Updated August 20, 2024

3335-111-03 Patients.

(A) The continuous care and treatment of individual patients is the medical responsibility of the member of the attending, associate attending, clinical attending or community associate attending medical staff to whose care the patient is treated at or transferred to the CHRI, and to an allied health professional being granted clinical privileges under these bylaws.

(B) There shall be only one category or classification of patients in the CHRI, and those patients are the patients of the medical staff under whose care they are treated. Patients treated at the CHRI who, prior to treatment, have not requested or selected a member of the medical staff to attend them shall be assigned for their care and treatment to a member of the medical staff for their care and treatment.

(C) All patients treated at the CHRI should cooperate in, and, whenever applicable, participate in an approved cancer related protocol and knowingly participate in the teaching program of the college of medicine. Should a patient, or on the behalf of the patient, the patient's representative, refuse to participate or cooperate in the teaching program of the CHRI or the college of medicine, the medical staff member responsible for the care and treatment of the patient will encourage participation in the Ohio state university's teaching programs, but will simultaneously inform patients, or when appropriate, the patients representative, of their right to refuse participation.

(D) Students, including pre and post medical or osteopathic, but not limited thereto, shall be under the direction and control of the members of the medical staff to whom the patient is assigned for treatment within the CHRI. The CHRI respects the patient's right to participate in decisions about his or her care, treatment and services, and further respects the patient's rights to refuse care, treatment and services, in accordance with law and regulation.

(Board approval dates: 9/1/1993, 12/6/1996, 12/3/1999, 9/6/2002, 2/6/2004, 11/4/2005, 9/18/2009, 4/8/2011)

3335-111-04 Membership.

(A) Qualifications.

(1) Membership on the medical staff of the CHRI is a privilege extended to doctors of medicine, osteopathic medicine, dentistry, and to practitioners of psychology and podiatry who consistently meet the qualifications, standards, and requirements set forth in the bylaws, rules and regulations of the medical staff, and the board of trustees of the Ohio state university. Membership on the medical staff is available on an equal opportunity basis without regard to race, color, creed, religion, sexual orientation, national origin, gender, age, handicap, genetic information or veteran/military status. Doctors of medicine, osteopathic medicine, dentistry, and practitioners of psychology and podiatry in faculty and administrative positions who desire medical staff membership shall be subject to the same policies and procedures as all other applicants for the medical staff.

(2) All members of the medical staff of the CHRI, except physician scholar medical staff, shall be members of the faculty of the Ohio state university college of medicine, or in the case of dentists, of the Ohio state university college of dentistry, and shall be duly licensed or certified to practice in the state of Ohio. Members of the limited staff shall possess a valid training certificate, or an unrestricted license from the applicable state board based on the eligibility criteria defined by that board. All members of the medical staff and limited staff and licensed health care professionals with clinical privileges shall comply with provisions of state law and the regulations of the respective state medical board or other state licensing board if applicable. Only those physicians, dentists, and practitioners of psychology and podiatry who can document their education, training, experience, competence, adherence to the ethics of

their profession, dedication to educational and research goals and ability to work with others with sufficient adequacy to assure the Wexner medical center board and the board of trustees of the Ohio state university that any patient treated by them at the CHRI will be given high quality medical care provided at CHRI, shall be qualified for eligibility for membership on the medical staff of the CHRI. CHRI medical staff members shall also hold appointments to the medical staff of the Ohio state university hospitals for consulting purposes. Loss of such appointment shall result in immediate termination of membership on the CHRI medical staff and immediate termination of clinical privileges as of the effective date of the Ohio state university hospitals appointment termination. This consequence does not apply to an individual's suspension for completion of medical records. If the medical staff member regains an appointment to the Ohio state university hospitals medical staff, the affected medical staff member shall be eligible to apply for CHRI medical staff membership at that time. All applicants for membership, clinical privileges, and members of the medical staff must provide basic health information to fully demonstrate that the applicant or member has, and maintains, the ability to perform requested clinical privileges. The director of medical affairs of the CHRI, the medical director of credentialing, the department chairperson, the credentialing committee, the medical staff administrative committee, the quality and professional affairs committee of the Ohio state university Wexner medical center board, or the Ohio state university Wexner medical center board may initiate and request a physical or mental health evaluation of an applicant or member. Such request shall be in writing to the applicant.

(3) All members of the medical staff and licensed health care professionals will comply with medical staff and the CHRI policies regarding employee and medical staff health and safety, provision of uncompensated care, and will comply with appropriate administrative directives and policies which, if not followed, could adversely impact overall patient care or may adversely impact the ability of the CHRI employees or staff to effectively and efficiently fulfill their responsibilities. All members of the medical staff and licensed health care professionals shall agree to comply with bylaws, rules and regulations, and policies and procedures adopted by the medical staff administrative committee and the Wexner medical center board, including but not limited to policies on professionalism, behaviors that undermine a culture of safety. Annual education and training approved by the medical staff administrative committee or as required by the CHRI to meet accreditation standards, federal regulations, or quality and safety goals is required for medical staff members with clinical privileges in addition to conflict of interest disclosures. Medical staff members and licensed health care professionals must also comply with the university integrity program requirements including but not limited to billing, self-referral, ethical conduct and annual education. Medical staff members and licensed health care professionals with clinical privileges must immediately disclose to the chief medical officer and the department chairperson the occurrence of any of the following events: a licensure action in any state, any malpractice claims filed in any state or an arrest by law enforcement.

(4) All members of the medical staff and credentialed providers must maintain continuous uninterrupted enrollment with all governmental healthcare programs. This includes any federal and state government programs.

(a) It shall be the duty of all medical staff members and credentialed providers to promptly inform the chief medical officer and the corporate credentialing office of any investigation, action taken, or the initiation of any process which could lead to an action taken by any governmental program.

(b) Exclusion of any medical staff member or credentialed provider from participation in any federal or state government program or suspension from participation, in whole or in part, in any federal or state government reimbursement program, shall result in immediate lapse of membership on the medical staff of the CHRI and the immediate

lapse of clinical privileges at the CHRI as of the effective date of the exclusion or suspension. Medical staff members may submit a request to resign their medical staff membership to the Chief Medical Officer in lieu of automatic termination. The resignation in lieu of automatic termination shall be discussed at the next credentialing committee and medical staff administrative committee in order to provide recommendations to the Quality and Professional Affairs Committee of the Wexner Medical Center Board. A final determination should be decided by the Quality and Professional Affairs Committee at its next regular meeting.

(c) If the medical staff member's or credentialed provider's participation in all governmental programs is fully reinstated, the affected medical staff member or credentialed provider shall be eligible to apply for membership and clinical privileges at that time.

(5) Board certification.

An applicant for membership shall at the time of appointment or reappointment, be board certified in his or her specialty. This board certification must be approved by the American board of medical specialties, or other applicable certifying boards for doctors of osteopathy, podiatry, psychology, and dentistry. All applicants must be certified within the specific areas for which they have requested clinical privileges. Applicants who are not board certified at the time of application but who have completed their residency or fellowship training within the last five years will be eligible for medical staff appointment. However, in order to remain eligible, those applicants must achieve board certification in their primary area of practice within five years from the date of completion of their residency or fellowship training. Applicants must maintain board certification and, to the extent required by the applicable specialty/subspecialty board, satisfy recertification requirement. Recertification will be assessed at reappointment. Failure to meet or maintain board certification shall result in termination of membership on the medical staff of the CHRI.

(6) All applicants must demonstrate recent clinical activity in their primary area of practice during the last ~~two~~three years to satisfy minimum threshold criteria for privileges within their clinical departments.

(7) Waiver requests for the threshold eligibility requirements listed in paragraphs (A)(4) to (A)(6) of this rule may be requested and considered as follows:

(a) A request for a waiver will only be considered if the applicant provides information sufficient to satisfy his or her burden to demonstrate that his or her qualifications are equivalent to or exceed the criterion in question and that there are exceptional circumstances that warrant a waiver. The clinical department chief must endorse the request for waiver in writing to the credentialing committee.

(b) The credentialing committee may consider supporting documentation submitted by the prospective applicant, any relevant information from third parties, input from the relevant clinical department chiefs, and the best interests of the hospital and the communities it serves. The credentialing committee will forward its recommendation, including the basis for such, to the medical staff administrative committee.

(c) The medical staff administrative committee will review the recommendation of the credentialing committee and make a recommendation to the Wexner medical center board regarding whether to grant or deny the request for a waiver and the basis for its recommendation.

(d) The Wexner medical center board determination regarding whether to grant a waiver is final. A determination not to grant a waiver is not a denial of appointment or clinical privileges and does not give rise to a right to a hearing. The prospective applicant who requested the waiver is not entitled to a hearing. A determination to grant a waiver in a particular case is not intended to set a precedent for any other applicant. A determination to grant a waiver does not mean that an appointment will be granted.

(e) Waivers of threshold eligibility criteria will not be granted routinely. No applicant is entitled to a waiver or to a hearing if a waiver is not granted.

(f) Waivers to requirements prescribed by regulatory, accrediting, or other external agencies will not be granted.

(8) Resignation, termination or non-reappointment to the faculty of the Ohio state university shall result in immediate termination of membership on the medical staff of the CHRI for attending, associate attending and clinical attending staff members.

(9) Any staff member whose membership has been terminated pursuant to paragraph (A)(4) or (A)(5) of this rule shall not be entitled to request a hearing and appeal in accordance with rule 3335-111-06 of the Administrative Code. Any allied health professional whose clinical privileges have been terminated pursuant to paragraph (A)(4) of this rule may not request an appeal in accordance with paragraph (J)(8)(i) of rule 3335-111-07 of the Administrative Code.

(10) No applicant shall be entitled to medical staff membership and or clinical privileges merely by the virtue of fulfilling the above qualifications or holding a previous appointment to the medical staff.

(B) Application for membership.

Initial application for all categories of medical staff membership shall be made by the applicant to the clinical department chief or designee on forms prescribed by the medical staff administrative committee, stating the qualifications and references of the applicant and giving an account of the applicant's current licensure, relevant professional training and experience, current competence and ability to perform the clinical privileges requested. All applications for appointment must specify the clinical privileges requested. Applications may be made only if the qualifications are fulfilled as outlined in paragraph (A) of this rule. See paragraph (E)(1) of rule 3335-111-07 of the Administrative Code for exceptions to signature requirements. The application shall include written statements by the applicant that commit the applicant to abide by the bylaws, rules and regulations and policies and procedures of the medical staff, the Wexner medical center board, and the board of trustees of the Ohio state university. The applicant shall produce a government issued photo identification to verify his/her identity pursuant to hospital/medical staff policy. The applicant for medical staff membership shall agree that membership requires participation in and cooperation with the peer review processes of evaluating credentials, medical staff membership and clinical privileges, and that a condition for membership requires mutual covenants between all members of the medical staff to release one another from civil liability in these review processes as long as the peer review is not conducted in bad faith, with malice, or without reasonable effort to ascertain the accuracy of information being disclosed or relied upon. A separate record shall be maintained for each applicant requesting appointment to the medical staff.

(C) Terms of appointment.

Initial appointment to the medical staff, except for the honorary category, shall be for a period not to exceed thirty-six months. An appointment or grant of privileges for a period of less than twenty-four months shall not be deemed an adverse action. During the first six months of the initial appointment, except medical staff appointments without clinical privileges, appointees shall be subject to focused

professional practice evaluation (FPPE) in order to evaluate the privilege-specific competence of the practitioner who does not have documented evidence of competently performing the requested privilege at the organization pursuant to these bylaws. FPPE requires the evaluation by the clinical department chief with oversight by the credentials committee and the medical staff administrative committee.

The provisional appointee identifies the primary hospital. Following the six month FPPE period, the clinical department chief may:

(1) recommend the initial appointee to transition to ongoing professional practice evaluation (OPPE), which is described later in these bylaws to the medical staff administrative committee;

(2) extend the FPPE period, which is not considered an adverse action, for an additional six months not to exceed a total of twelve months for purposes of further monitoring and evaluation; or

(3) terminate the initial appointee's medical staff membership and clinical privileges. In the event that the medical staff administrative committee recommends that an adverse action be taken against an initial appointee, the initial appointee shall be entitled to the provisions of due process as outlined in these bylaws.

(D) Professional ethics.

The code of ethics as adopted, or as may be amended, by the American medical association, the American dental association, the American osteopathic association, the American psychological association, the American college of surgeons, or the American podiatric medical association shall usually govern the professional ethical conduct of the respective members of the medical staff.

(E) Procedure for appointment.

(1) The completed and signed application for membership of all categories of the medical staff as defined in rule 3335-111-07 of the Administrative Code, shall be presented to the clinical department chief or designee. The applicant shall include in the application a signed statement indicating the following:

(a) If the applicant should be appointed to a category of the CHRI medical staff, the applicant agrees to be governed by the bylaws, rules and regulations of the medical staff, the Wexner medical center board, and the board of the trustees of the Ohio state university.

(b) The applicant consents to be interviewed in regard to the application.

(c) The applicant authorizes the CHRI to consult with members of the medical staffs of other hospitals with which the applicant has been or has attempted to be associated, and with others who may have information bearing on the applicant's competence, character and ethical qualifications.

(d) The applicant consents to the CHRI's inspection of all records and documents that may be material to the evaluation of the applicant's professional qualifications and competence to carry out the clinical and educational privileges which the applicant is seeking as well as the applicant's professional and ethical qualifications for medical staff membership.

(e) The applicant releases from any liability:

(i) All representatives of the CHRI for acts performed in connections with evaluating the applicant's credentials or releasing information to other institutions for the purpose of evaluating the applicant's credentials in compliance with these bylaws performed in good faith and without malice; and

(ii) All third parties who provide information, including otherwise privileged and confidential information, to members of the medical staff, the CHRI staff, the medical center board members, and members of the Ohio state university board of trustees concerning the applicant's credentials performed in good faith and without malice.

(f) The applicant has an affirmative duty to disclose any prior termination, voluntary or involuntary, current loss, restriction, denial, or the voluntary or involuntary relinquishment of any of the following: professional licensure, board certification, DEA registration, membership in any professional organization or medical staff membership or privileges at any other hospital or health care facility.

(g) The applicant further agrees to disclose to the director of medical affairs or the medical director of credentialing the initiation of any process which could lead to such loss or restriction of the applicant's professional licensure, board certification, DEA registration, membership in any professional organization or medical staff membership or privileges at any other hospital or health care facility.

(h) The applicant agrees that acceptance of an appointment to any category of the CHRI medical staff authorizes the CHRI to conduct any appropriate health assessment including, but not limited to, drug or alcohol screens on a practitioner before granting of privileges and at any time during the normal pursuit of medical staff duties, based upon reasonable cause as determined by the chief of the practitioner's clinical department or the director of medical affairs of the CHRI or their authorized designees.

(2) The purpose of the health assessment shall be to ensure that the applicant or appointee to the CHRI medical staff is able to fully perform and discharge the clinical, educational, administrative and research responsibilities which the applicant or appointee would or is permitted to exercise by reason of medical staff appointment. If, at the time of the initial request for a health assessment, and at any time an appointee refuses to participate as needed in a health assessment, including, but not limited to, a drug or alcohol screening, this shall result in automatic lapse of membership, privileges, and prerogatives until remedied by compliance with the requested health assessment. Upon request of the medical staff administrative committee or the Wexner medical center board, the applicant or appointee will provide documentation of their physical/mental status with sufficient adequacy to demonstrate that any patient treated by the applicant or appointee will receive efficient and quality care at a professionally recognized level of quality and efficiency. The conditions of this paragraph shall be deemed continuing and may be applicable to issues of continued good standing as an appointee to the medical staff.

(3) An application for membership on the medical staff shall be considered complete when all the information requested on the application form is provided, the applicant signs the application and the information is verified. A completed application must contain:

(a) Peer recommendations from at least three individuals with first hand knowledge about the applicant's clinical and professional skills within the last year;

(b) Evidence of required immunizations;

(c) Evidence of current professional medical malpractice liability coverage required for the exercise of clinical privileges;

(d) Satisfaction of ECFMG requirements, if applicable. If an individual receives a conceded eminence certificate or a clinical research faculty certificate from the state medical board of Ohio, the requirement for ECFMG certification may be waived at the discretion of the Wexner medical center board.

(e) Verification by primary source documentation of:

(i) Current and previous state licensure, and

(ii) Faculty appointment, when applicable.

(iii) DEA registrations, when required for the exercise of requested clinical privileges;

(iv) Graduation from an accredited professional school, when applicable;

(v) Successful completion or record of post professional graduate medical education;

(vi) Board certification or, active candidacy for board certification or applicant qualifies for a waiver pursuant to paragraph (A)(5) of this rule.

(f) Information from the national practitioner data bank and other JCAHO approved sources;

(g) Verification that the applicant has not been excluded from any federally funded health care program; and

(h) Complete disclosure by the applicant of all past and current claims, suits, verdicts, and settlements, if any.

(i) Completion of a criminal background investigation that meets the requirements of the Wexner medical center.

(j) Completion of drug testing for substances required for individuals applying for clinical privileges and in accordance with Wexner medical center approved testing protocols.

(k) Verification of completion of specific competencies required for clinical privileges, as approved by the Medical Staff Administrative Committee and maintained in the provider's credentials files. All other required annual online learnings must be completed within sixty days of employment.

(l) Demonstration of recent active clinical practice during the last two years required for exercise of clinical privileges.

(m) Attestation of current Ohio automated Rx reporting system ("OARRS") account for all applicants who have a DEA registration.

(4) The clinical department chief shall be responsible for investigating and verifying the character, qualifications and professional standing of the applicants by making inquiry of the

primary source of such information and shall within thirty days of receipt of the completed application, submit a report of those findings along with a recommendation on medical staff membership and clinical privileges to the applicant's respective CHRI department chairperson and/or division director. Licensed allied health professional applicants will have their clinical department chief's report submitted to the subcommittee of the credentials committee charged with review of applications for associates to the medical staff.

(5) The department chairperson and/or division director shall receive all initial signed and verified applications from the appropriate clinical department chief and shall make a recommendation to the medical director of credentialing on each application. The medical director of credentialing shall make an initial determination as to whether the application is complete. The credentials committee, the medical staff administrative committee, the quality and professional affairs committee, and the Wexner medical center board have the right to render an application incomplete, and therefore not able to be processed, if the need arises for additional or clarifying information. The medical director of credentialing shall forward all completed applications to the credentials committee.

(6) The applicants shall have the burden of producing information for an adequate evaluation of his/her qualifications for membership and for the clinical privileges requested. If the applicant fails to complete the prescribed forms or fails to provide the information requested within sixty days of receipt of the signed application, processing of the application shall cease and the application shall be deemed to have been voluntarily withdrawn, action which is not subject to hearing or appeal pursuant to rule 3335-111-06 of the Administrative Code.

(7) If the clinical department chief does not submit a report and recommendation on a timely basis, the completed application shall be forwarded to the medical director of credentialing for presentation to the credentials committee on the same basis as other applicants.

(8) Completed applications shall be acted upon as follows:

(a) By the credentials committee within thirty days after receipt of a completed application from the medical director of credentialing;

(b) By the medical staff administrative committee within thirty days after receipt of a completed application and the report of the recommendation of the credentials committee;

(c) By the quality and professional affairs committee of the Wexner medical center board;

(d) By the Wexner medical center board within one hundred twenty days after receipt of a completed application and the report and recommendation of the medical staff administrative committee; and

(e) By the Wexner medical center board, or a subcommittee of the Wexner medical center board if eligible for expedited credentialing, within one hundred twenty days after receipt of a completed application and the report and recommendation of the medical staff administrative committee.

(9) These time periods are deemed guidelines only and do not periods. These periods may be stayed or altered pending receipt and verification of further information requested from the applicant, or if the application is deemed incomplete at any time. If the procedural rights create any right to have an application processed within these precise specified in rule 3335-111-06 of the Administrative Code are activated, the time requirements provided therein govern the continued processing of the application.

(10) The credentials committee shall review the application, evaluate and verify the supporting documentation, references, licensure, the clinical department chief's report and recommendation, and other relevant information. The credentials committee shall examine the character, professional competence, professional conduct, qualifications, and ethical standing of the applicant and shall determine, through information contained in the personal references and from other sources available, whether the applicant established and met all of the necessary qualifications for the category of the medical staff and clinical privileges requested.

(11) The credentials committee shall, within thirty days from receipt of a completed application, make a recommendation to the medical director of credentialing that the application be accepted, rejected or modified. The medical director of credentialing shall forward the recommendation of the credentials committee to the medical staff administrative committee. The credentials committee or the medical director of credentialing may recommend to the medical staff administrative committee that certain applications for appointment be reviewed in executive session.

(12) The recommendation of the medical staff administrative committee regarding an appointment decision shall be made within thirty days of receipt of the credentials committee recommendation and shall be communicated by the medical director of credentialing, along with the recommendation of the director of medical affairs, to the quality and professional affairs committee of the Wexner medical center board, and thereafter to the Wexner medical center board. When the Wexner medical center board has acted, the chair of the Wexner medical center board shall instruct the director of medical affairs to transmit the final decision to the clinical department chief, the applicant, and the respective department chairperson and/or division director.

(13) At any time, the medical staff administrative committee first recommends non-appointment of an initial applicant for any category of the medical staff or recommends denial of any clinical privileges requested by the applicant, the medical staff administrative committee shall require the medical director of credentialing to notify the applicant by certified return receipt mail that applicant may request an evidentiary hearing as provided in paragraph (D) of rule 3335-111-06 of the Administrative Code. The applicant shall be notified of the requirement to request a hearing as provided by paragraph (B) of rule 3335-111-06 of the Administrative Code. If a hearing is properly requested, the applicant shall be subject to the rights and responsibilities of rule 3335-111-06 of the Administrative Code. If an applicant fails to properly request a hearing, the medical staff administrative committee shall accept, reject, or modify the application for appointment to membership and clinical privileges.

(14) The director of medical affairs, who may make a separate recommendation to the Wexner medical center board, shall directly communicate the final recommendation of the medical staff administrative committee to the Wexner medical center board. When the Wexner medical center board has acted, the director of medical affairs will transmit the final decision to the clinical department chief, the applicant, the respective department chairperson and/or division director, and the Ohio state university board of trustees.

(F) Procedure for reappointment.

(1) Reappointment for all categories of the medical staff shall be for a period not to exceed thirty-six months. An appointment or grant of privileges for a period of less than thirty-six months shall not be deemed an adverse action. At least ninety days prior to the end of the medical staff member' or licensed allied health professional's appointment period, the clinical department chief shall provide each individual with an application for reappointment to the medical staff on forms prescribed by the medical staff administrative committee.

(2) The reappointment application shall include all information necessary to update and evaluate the qualification of the applicant. The clinical department chief shall review the information available on each applicant for reappointment and shall make recommendations regarding reappointment to the medical staff and for granting of privileges for the ensuing appointment period. The clinical department chief's recommendation shall be transmitted in writing along with the signed and completed reappointment forms to the appropriate department chairperson and/or division director at least forty-five days prior to the end of the individual's appointment. The terms of paragraphs (A), (B), (C), (D), (E)(1), and (E)(2) of this rule shall apply to all applicants for reappointment. Only completed applications for reappointment shall be considered by the credentials committee.

(3) An application for reappointment is complete when all the information requested on the reappointment application is provided, the reappointment form is signed by the applicant, and the information is verified, and no need for additional or clarifying information is identified. A completed reappointment application must contain:

(a) Evidence of current professional medical malpractice liability insurance required for the exercise of clinical privileges;

(b) Verification by primary source documentation of state licensure;

(c) DEA registration when required for clinical privileges as requested;

(d) Successful completion or record of any additional post graduate medical or professional education not submitted since initial or last appointment;

(e) Board certification, recertification, or continued active candidacy for certification or applicant qualifies for a waiver pursuant to paragraph (A)(5) of this rule.

(f) Information from the national practitioner data bank;

(g) Verification that the applicant has not been excluded from any federally funded health care program;

(h) Specific requests for any changes in clinical privileges sought at reappointment with supporting documentation as required by credentialing guidelines;

(i) Specific requests for any changes in medical staff category;

(j) A summary of the member's clinical activity during the previous appointment period;

(k) Verification of completion of any annual education requirements approved by the medical staff administrative committee and maintained in the chief medical officer's office;

(l) Complete disclosure by individuals of claims, suits, verdicts and settlements, if any since last appointment; and

(m) Continuing medical education and applicable continuing professional education activities: documentation of category one CME that, at least in part, relates to the individual medical staff member's specialty or subspecialty area and is consistent with the licensing requirements of the applicable Ohio state licensing board shall be required.

(n) Attending physicians only: submit information summarizing clinical research activities with each application.

(o) Attestation of current OARRS account for all applicants who have a DEA registration.

(4) The applicant for reappointment shall be required to submit any reasonable evidence of current ability to perform the clinical privileges requested. The clinical department chief shall review and evaluate the reappointment application and the supporting documentation. The clinical department chief shall evaluate all matters relevant to recommendation, including: the applicant's professional competence; clinical judgment; clinical or technical skills; ethical conduct; participation in medical staff affairs, if applicable; compliance with the bylaws, rules and regulations of the medical staff, the Wexner medical center board, and the board of trustees of the Ohio state university; cooperation with the CHRI hospitals personnel and the use of the CHRI hospital's facilities for patients; relations with other physicians other health professionals or other staff; maintenance of a professional attitude toward patients; and the responsibility to the CHRI and the public.

(5) The clinical department chief shall submit a report of those findings along with a recommendation on reappointment to the applicant's respective CHRI department chairperson and/or division director. Licensed allied health professional applicants will have their clinical department chief's report submitted to the subcommittee of the credentials committee charged with review of application for associates to the medical staff. The department chairperson and/or division director shall review the reappointment application and forward to the medical director of credentialing with a recommendation for reappointment. The medical director of credentialing shall forward the reappointment forms and the recommendations of the clinical department chief and department chairperson and/or division director to the credentials committee. The credentials committee shall review the request for reappointment in the same manner, and with the same authority, as an original application for medical staff membership. The credentials committee shall review all aspects of the reappointment application including source verification of the member's quality assurance record for continuing membership qualifications and for continuing clinical privileges. The credentials committee shall review each member's performance-based profile to ensure that all medical staff members deliver the same level of quality of care with similar delineated clinical privileges across all clinical departments and across all categories of medical staff membership.

(6) The credentials committee shall forward its recommendations to the medical director of credentialing at least thirty days prior to the end of the period of appointment for the individual. The medical director of credentialing shall transmit the completed reappointment application and recommendation of the credentials committee to the medical staff administrative committee.

(7) Failure of the member to submit a reappointment application shall be deemed a voluntary resignation from the medical staff and shall result in automatic termination of membership and all clinical privileges at the end of the medical staff member's current appointment period, action which shall not be subject to a hearing or appeal pursuant to rule 3335-111-06 of the Administrative Code. A request for reappointment subsequently received from a member who has been automatically terminated shall be processed as a new appointment.

(8) Failure of the clinical department chief to act in a timely manner on an application for reappointment shall be the same as provided in paragraph (E)(7) of this rule.

(9) The medical staff administrative committee shall review each request for reappointment in the same manner and with the same authority as an original application for appointment to the medical staff and shall accept, reject, or modify the request for reappointment in the same

manner and with the same authority as an original application. The recommendation of the medical staff administrative committee regarding reappointment shall be communicated by the medical director of credentialing, along with the recommendation of the director of medical affairs, to the quality and professional affairs committee of the Wexner medical center board, and thereafter to the Wexner medical center board. When the Wexner medical center board has acted, the chair of the Wexner medical center board shall instruct the director of medical affairs to transmit the final decision to the clinical department chief, the applicant, and the department chairperson and/or division director.

(10) When the decision of the medical staff administrative committee results in a decision of non-reappointment or reduction, suspension, or revocation of clinical privileges, the medical staff administrative committee shall instruct the medical director of credentialing to give written notice to the affected member of the decision, the stated reason for the decision, and the member's right to a hearing pursuant to rule 3335-111-06 of the Administrative Code. This notification and an opportunity to exhaust the appeal process shall occur prior to an adverse decision unless the provisions outlined in paragraph (C) of rule 3335-111-06 of the Administrative Code apply. The notice by the medical director of credentialing shall be sent certified return receipt mail to the affected member's last known address as determined by the Ohio state university records.

(11) If the affected member of the medical staff does not make a written request for a hearing to the director of medical affairs within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any hearing or appeal as provided in rule 3335-111-06 of the Administrative Code to which the staff member might otherwise have been entitled on the matter. If a timely, written request for hearing is made, the procedures set forth in rule 3335-111-06 of the Administrative Code shall apply.

(G) Resumption of clinical activities following a leave of absence:

(1) A member of the medical staff or credentialed provider shall request a leave of absence in writing for good cause shown such as medical reasons, educational and research reasons or military service to the chief of clinical service and the director of medical affairs. Such leave of absence shall be granted at the discretion of the chief of the clinical service and the director of medical affairs provided, however, such leave shall not extend beyond the term of the member's or credentialed provider's current appointment. A member of the medical staff or credentialed provider who is experiencing health problems that may impair his or her ability to care for patients has the duty to disclose such impairment to his or her chief of clinical department and the director of medical affairs and the member or credentialed provider shall be placed on immediate medical leave of absence until such time the member or credentialed provider can demonstrate to the satisfaction of the director of medical affairs that the impairment has been sufficiently resolved and can request for reinstatement of clinical activities. During any leave of absence, the member or credentialed provider shall not exercise his or her clinical privileges, and medical staff responsibilities and prerogatives shall be inactive.

(2) The member or credentialed provider must submit a written request for the reinstatement of clinical privileges to the chief of the clinical service. The chief of the clinical service shall forward his recommendation to the credentialing committee which, after review and consideration of all relevant information, shall forward its recommendation to the medical staff administrative committee and the quality and professional affairs committee of the Wexner medical center board. The credentials committee, the director of medical affairs, the medical director of credentialing, the chief of the clinical service or the medical staff administrative committee shall have the authority to require any documentation, including advice and consultation from the member's or credentialed provider's treating physician or the committee for practitioner health that might have a bearing on the medical staff member's

or credentialed provider's ability to carry out the clinical and educational responsibilities for which the medical staff is seeking privileges. Upon return from a leave of absence for medical reasons the medical staff member or credentialed provider must demonstrate his or her ability to exercise his or her clinical privileges upon return to clinical activity.

(3) All members or credentialed providers of the medical staff who take a leave of absence for medical or non-medical reasons must be in good standing on the medical staff upon resumption of clinical activities. No member shall be granted leave of absence in excess of his or her current appointment and the usual procedure for appointment and reappointment, including deadlines for submission of application as set forth in this rule will apply irrespective of the nature of the leave. Absence extending beyond his or her current term of failure to request reinstatement of clinical privileges shall be deemed a voluntary resignation from the medical staff and of clinical privileges, and in such event, the member or credentialed provider shall not be entitled to a hearing or appeal.

(Board approval dates: 9/1/1993, 3/3/1995, 4/3/1996, 12/6/1996, 9/1/1999, 12/3/1999, 6/2/2000, 4/5/2002, 2/6/2004, 11/4/2005, 8/6/2007, 2/6/2009, 9/18/2009, 5/14/2010, 10/29/2011, 4/8/2011, 8/31/2012, 2/1/2013, 6/6/2014, 11/7/2014, 11/6/2015, 9/2/2016, 4/6/2018, 8/15/2023)

3335-111-05 Peer review and corrective action

(A) Informal peer review.

(1) All medical staff members agree to cooperate in informal peer review activities that are solely intended to improve the quality of medical care provided to patients at the CHRI.

(2) Information indicating a need for informal review, including patient complaints, disagreements, questions of clinical competence, inappropriate conduct and variations in clinical practice identified by the clinical departments or divisions and medical staff committees shall be referred to the chair of the practitioner evaluation committee.

(3) The practitioner evaluation committee chair or his or her designee may obtain information or opinions from medical staff members or credentialed providers as well as external peer review consultants pursuant to criteria outlined in these bylaws. The information or opinions from the informal peer review may be presented to the practitioner evaluation committee or another designated peer review committee.

(4) Following the assessment by the practitioner evaluation committee chair or his or her designee, the practitioner evaluation committee may make recommendations for educational actions of additional training, sharing of comparative data or monitoring or provide other forms of guidance to the medical staff member to assist him or her in improving the quality of patient care. Such actions are not regarded as adverse, do not require reporting to any governmental or other agency, and do not invoke a right to any hearing.

(5) At the conclusion of the evaluation, the practitioner evaluation committee chair or his or her designee submits a report to the applicable clinical department chief and the director of medical affairs. The clinical department chief and the director of medical affairs shall evaluate the matter to determine the appropriate course of action. They shall make an initial written determination on whether:

(a) The matter warrants no further action;

(b) Informal resolution under this paragraph is appropriate. The clinical department chief and the director of medical affairs shall determine whether to include documentation of the

informal resolution in the medical staff member's file. If documentation is included in the member's file, the affected member shall have an opportunity to review it and may make a written response which shall also be placed in the file. Informal review under this paragraph is not a procedural prerequisite to the initiation of formal peer review under paragraph (B) of this rule; or

(c) Formal peer review under paragraph (B) of this rule is warranted. In cases where the clinical department chief and director of medical affairs cannot agree, the matter shall be submitted and determined as set forth in paragraph (B) of this rule.

(B) Formal peer review.

(1) Formal peer review may be requested in more serious situations or where informal review has not resolved an issue or whenever the activities or professional conduct of a member of the medical staff of the CHRI:

(a) Violates the standards or aims of the medical staff or standards of professional conduct;

(b) Is considered to be disruptive to the operation of the CHRI;

(c) Violates the bylaws, rules and regulations of the medical staff, the Wexner medical center board, or the board of trustees of the Ohio state university;

(d) Violates state or federal law; or

(e) Is detrimental to patient safety or to the delivery of patient care within the CHRI.

(2) Formal peer review may be initiated by the clinical department chief, the department chairperson and/or division director, the director of medical affairs, any member of the medical staff, the chief executive officer of the CHRI, the dean of the college of medicine, any member of the Wexner medical center board, or the vice president for health services. All requests for formal peer review shall be in writing, shall be submitted to the director of medical affairs, and shall be supported by reference to the specific activities or conduct which constitute grounds for the requested action.

(3) The director of medical affairs shall promptly notify the affected member of the medical staff, in a confidential manner, that a request for formal peer review has been made, and inform the member of the specific activities or conduct which constitute grounds for the requested action. The director of medical affairs shall verify the facts related to the request for formal peer review, and within thirty days, make a written determination. If the director of medical affairs decides that no further action is warranted, the director of medical affairs shall notify the person(s) who filed the request for formal peer review and the member accused, in writing, that no further action would be taken.

(4) Whenever the director of medical affairs determines that formal peer review is warranted and that a reduction, suspension or revocation of clinical privileges could result, the director of medical affairs shall refer the request for formal peer review to the formal peer review committee. The affected member of the medical staff shall be notified of the referral to the formal peer review committee, and be informed that these medical staff bylaws shall govern all further proceedings. The executive vice president for health sciences or designee shall exercise any or all duties or responsibilities assigned to the director of medical affairs under these rules for implementing corrective action and appellate procedure only if:

(a) The director of medical affairs is the medical staff member charged;

(b) The director of medical affairs is responsible for having the charges brought against another medical staff member; or

(c) There is an obvious conflict of interest.

(5) The formal peer review committee shall investigate every request and shall report in writing its findings and recommendations for action to the appropriate clinical department chief and notice given to the division director. In making its recommendation the formal peer review committee may consider as appropriate, relevant literature and clinical practice guidelines, all the opinions and views expressed throughout the review process, and any information or explanations provided by the member under review. Prior to making its report, the medical staff member against whom the action has been requested shall be afforded an opportunity for an interview with the formal peer review committee. At such interview, the medical staff member shall be informed of the specific activities alleged to constitute grounds for formal peer review, and shall be afforded the opportunity to discuss, explain or refute the allegations against the medical staff member. The medical staff member may furnish written or oral information to the formal peer review committee at this time. However, such interview shall not constitute a hearing, but shall be investigative in nature. The medical staff member shall not be represented by an attorney at this interview. The written findings and recommendations for action is expected to be submitted within 90 days, unless an extension is deemed necessary by the committee.

(6) Upon receipt of the written report from the formal peer review committee, the appropriate clinical department chief shall make his or her own written determination and forward that determination along with the findings and recommendations of the formal peer review committee to the director of medical affairs, or if required by paragraph (B)(3) of this rule, to the executive vice president for health sciences or designee.

(7) Following receipt of the recommendation from the clinical department chief and the report from the formal peer review committee, the director of medical affairs, or the executive vice president for health sciences or designee, shall approve or modify the determination of the clinical department chief. Following receipt of the report of the clinical department chief, the director of medical affairs or executive vice president for health sciences or designee shall decide whether the grounds for the requested corrective action are such as should result in a reduction, suspension or revocation of clinical privileges. If the director of medical affairs, or executive vice president for health sciences or designee, decides the grounds are not substantiated, the director of medical affairs will notify the formal peer review committee; clinical department chief and if applicable, the academic department chairperson; division director; person(s) who filed the complaint and the affected medical staff member, in writing, that no further action will be taken.

In the event the director of medical affairs or executive vice president for health sciences or designee finds the grounds for the requested corrective action are substantiated, the director of medical affairs shall promptly notify the affected medical staff member of that decision and of the affected medical staff member's right to request a hearing before the medical staff administrative committee pursuant to rule 3335-111-06 of the Administrative Code. The written notice shall also include a statement that the medical staff member's failure to request a hearing in the timeframe prescribed in rule 3335-111-06 of the Administrative Code shall constitute a waiver of rights to a hearing and to an appeal on the matter; a statement that the affected medical staff member shall have the procedural rights found in rule 3335-111-06 of the Administrative Code; and a copy of the rule 3335-111-06 of the Administrative Code. This notification and an opportunity to exhaust the administrative hearing and appeal process shall occur prior to the imposition of the proposed corrective action unless the emergency provisions outlined in paragraph (D) of this rule apply. This written notice by the director of

medical affairs shall be sent certified return receipt mail to the affected medical staff member's last known address as determined by university records.

(8) If the affected member of the medical staff does not make a written request for a hearing to the director of medical affairs within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any review by the medical staff administrative committee to which the staff member might otherwise have been entitled on the matter.

(9) If a timely, written request for hearing is made, the procedures set forth in rule 3335-111-06 of the Administrative Code shall apply.

(C) Composition of the formal peer review committee.

(1) When the determination that formal peer review is warranted is made, the clinical department chief shall select three members of the medical staff to serve on a formal peer review committee.

(2) Whenever the questions raised concern the clinical competence of the member under review, the clinical department chief shall select members of the medical staff to serve on the formal peer review committee who shall have similar levels of training and qualifications as the member who is subject to formal peer review.

(3) An external review consultant may serve as a member of the formal peer review whenever:

(a) A determination is made by the clinical department chief and the director of medical affairs that the clinical expertise needed to conduct the review is not available on the medical staff;

(b) The objectivity of the review may be compromised due to economic considerations; or

(c) Whenever the director of medical affairs determines that an external review is otherwise advisable.

If an external reviewer is recommended, the clinical department chief shall make a written recommendation to the director of medical affairs for selection of an external reviewer. The director of medical affairs shall make the final selection of an external reviewer.

(D) Summary suspension.

(1) Notwithstanding the provisions of this rule, a member of the medical staff shall have all or any portion of clinical privileges immediately suspended or appointment terminated by the chief executive officer or department chairperson and/or division director, whenever such action must be taken when there is imminent danger to patients or to the patient care operations. Such summary suspension shall become effective immediately upon imposition and the chief executive officer will subsequently notify the medical staff member in writing of the suspension. Such notice shall be by certified return receipt mail to the affected medical staff member's last known address as determined by university records.

(2) A medical staff member whose privileges have been summarily suspended or whose appointment has been terminated shall be entitled to appeal the suspension pursuant to rule 3335-111-06 of the Administrative Code. If the affected member of the medical staff does not make a written request for a hearing to the chief executive officer within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the affected member's right to

any review by the medical staff administrative committee of which the member might otherwise been entitled. If a timely, written request for a hearing is made, the procedures set forth in rule 3335-111-06 of the Administrative Code shall apply.

(3) Immediately upon the imposition of a summary suspension, the chief executive officer in consultation with the appropriate department chairperson and/or division director, shall have the authority to provide for alternative medical coverage for the patients of the suspended medical staff member who remain in the hospital at the time of suspension. The wishes of the patient shall be considered in the selection of such alternative medical coverage. While a summary suspension is in effect, the member of the medical staff is ineligible for reappointment to the medical staff. Medical staff and hospital administrative duties and prerogatives are suspended during the summary suspension.

(E) Automatic suspension and termination.

(1) Notwithstanding the provisions of this rule, a temporary lapse of a medical staff member's admitting privileges, effective until medical records are completed, may be imposed automatically by the chief executive officer after a warning, in writing, of delinquency for failure to complete medical records as defined by the rules and regulations of the medical staff.

(2) Action by the state boards of licensure revoking or suspending a medical staff member's licensure or placing the member on probation shall automatically impose the same restrictions to that member's CHRI medical staff privileges.

(3) Failure to maintain the minimum required type and amount of professional liability insurance with an approved insurer, shall result in immediate and automatic suspension of a medical staff member's appointment and privileges until such time as proof of appropriate insurance coverage is furnished. In the event such proof is not provided within ten days of notice of such suspension, the medical staff member or credentialed provider shall be deemed to no longer comply with medical staff requirements under 3335-111-04 and automatically relinquish his or her appointment and privileges.

(4) Upon exclusion, debarment, or other prohibition from participation in any state or federal health care reimbursement program, or a federal procurement or non-procurement program, the medical staff member's appointment and privileges shall immediately and automatically terminate, unless resignation in lieu of automatic termination is permitted pursuant to rule 3335-43-04(A)(4).

(5) If a medical staff member pleads guilty to or is found guilty of a felony which involves violence or abuse upon a person, conversion, embezzlement, or misappropriation of property; fraud, bribery, evidence tampering, or perjury; or a drug offense, the medical staff member's appointment and privileges shall be immediately and automatically terminated.

(6) Whenever a medical staff member's drug enforcement administration (DEA) or other controlled substances number is revoked, he or she shall be immediately and automatically divested of his or her right to prescribe medications covered by the number.

(7) When a medical staff member's DEA or other controlled substances number is suspended or restricted in any manner, his or her right to prescribe medications covered by the number is similarly automatically suspended or restricted during the term of the suspension or restriction.

(8) No medical staff member shall be entitled to the procedural rights set forth in rule 3335-111-06 of the Administrative Code as a result of an automatic suspension or termination. As soon

as practicable after the imposition of an automatic suspension, the medical staff administrative committee shall convene to determine if further corrective action is necessary. Any further action with respect to an automatic suspension must be taken in accordance with this rule.

(Board approval dates: 9/1/1993, 5/2/1997, 9/1/1999, 10/1/1999, 12/3/1999, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 2/6/2009, 9/18/2009, 10/29/2011, 4/8/2011, 11/7/2014, 11/6/2015, 4/6/2018)

3335-111-06 Hearing and appellate review procedure.

(A) Right to hearing before the medical staff administrative committee and to appellate review.

(1) When a member of the medical staff has exhausted remedies under paragraph (F) of rule 3335-111-04 of the Administrative Code on reappointments; or under rule 3335-111-05 of the Administrative Code for corrective action; or who has been summarily suspended under paragraph (D) of rule 3335-111-05 of the Administrative Code, the staff member shall be entitled to an adjudicatory hearing.

(2) A medical staff member shall not be entitled to a hearing under the following circumstances:

(a) Denial of the Wexner medical center board to grant a waiver of board certification for a medical staff member.

(b) Termination of a medical staff member because of exclusion from participation in any government reimbursement program.

(c) Voluntary withdrawal of a medical staff application.

(d) Failure to submit a reappointment application.

(e) A leave of absences extending beyond current appointment or failure to request reinstatement of clinical privileges following a leave of absence.

(f) Actions or recommendations resulting from an informal peer review.

(3) All hearings and appellate reviews shall be in accordance with the procedural safeguards set forth in this rule to assure that the affected medical staff member is accorded all rights to which the member is entitled.

(B) Request for hearing.

(1) The request for a hearing shall be submitted in writing by the affected medical staff member to the chief executive officer within thirty days of notifications by the chief executive officer of the intended action. The chief executive officer shall forward the request to the medical staff administrative committee along with instructions to convene a hearing.

(2) The failure of a medical staff member to request a hearing to which the member is entitled by these bylaws within the time and in the manner herein provided, shall be deemed a waiver of the member's right to any review by the medical staff administrative committee to which the member might otherwise been entitled. The chief executive officer shall then implement the decision and that action shall become and remain effective against the medical staff member in the same manner as a final decision of the Wexner medical center board as provided for in paragraph (E) of this rule. The chief executive officer shall promptly inform the affected medical staff member

that the proposed decision, which had entitled the medical staff member to a hearing, has now become final.

(C) Notice of hearing.

(1) After receipt of a timely request for hearing by the chief executive officer from a medical staff member entitled to such hearing, the medical staff administrative committee shall be notified of the request for hearing by the chief executive officer, and shall at the next scheduled meeting take the following action:

(a) Instruct the director of medical affairs and chief of staff to jointly appoint within seven days a hearing committee, consisting of three to five members of the medical staff who are not members of the medical staff administrative committee, are not direct competitors, do not have a conflict of interest, and who have not previously participated in the peer review of the matter under consideration.

(b) Instruct the hearing committee to schedule and arrange for a hearing which hearing shall be conducted not less than thirty nor more than sixty days from the date of the receipt of the request for a hearing by the chief executive officer. However, an initial hearing or meeting for a medical staff member who is under summary suspension, which is then in effect, shall be held as soon as arrangements may be reasonably made.

(2) The medical staff member shall be given at least ten days prior notice of the scheduled hearing, provided that the medical staff member may waive this notice in writing. Notice shall be by certified return receipt mail to the staff member at the staff member's last known address as reflected by university records. The notice of hearing shall state in concise language the acts or omissions with which the medical staff member is charged; a list of representative medical records or documents being used; names of potential witnesses to be called; and any other reason or evidence that may be considered by the hearing committee during the hearing.

(D) Conduct of hearing.

(1) The hearing committee shall select a chairperson from the committee to preside over the hearing. The chairperson may require a representative for the individual and for the medical staff administrative committee (or the Wexner medical center board) to participate in a pre-hearing conference. At the pre-hearing conference, the chairperson shall resolve all procedural questions, including any objections to exhibits or witnesses, the role of legal counsel, and determine the time to be allotted to each witness's testimony and cross-examination. The hearing committee shall have benefit of Ohio state university legal counsel. The hearing committee may grant continuances, recesses, and the chairperson may excuse a member of the hearing committee from attendance temporarily for good cause, provided that there shall be at no time less than two members of the hearing committee present unless the affected staff member waives this requirement.

All members of the hearing committee must be present to deliberate and vote. No member may vote by proxy. The person who has taken the action from which the affected staff member has requested the hearing shall not participate in the deliberation or voting of the hearing committee. The hearing shall be a de novo hearing, although evidence of the prior recommendations and decisions may be presented.

(2) An accurate record of the hearing shall be kept. The record shall be done by the use of a professional stenographer. This record shall be available to the affected member of the medical staff upon request at the affected member's expense.

(3) The personal presence of the medical staff member for whom the hearing has been scheduled shall be required. A medical staff member who fails without good cause to appear and proceed at such hearing shall be deemed to have waived the right to appear and to have a hearing before the medical staff administrative committee in the same manner as provided in paragraph (B) of this rule, and to have accepted the adverse recommendation or decision involved and the same shall therein become and remain in effect as provided in paragraph (B) of this rule. The hearing committee may, at its own discretion, proceed with the hearing without the medical staff member and impose a sanction.

(4) Postponements of hearings beyond the time set forth in this chapter shall be made only with the approval of the medical staff administrative committee. Granting of such postponement shall be only for good cause shown.

(5) The hearing need not be conducted strictly according to the rules of law related to the examination of witnesses or presentation of evidence. Any relevant matters upon which responsible persons customarily rely in the conduct of serious affairs shall be considered, regardless of the existence of any common law or statutory rule which might make evidence inadmissible over objection in civil or criminal action. The member of the medical staff for whom the hearing is being held shall, prior to, or during the hearing, be entitled to submit memoranda concerning any issues of procedure or of fact and such memoranda shall become a part of the hearing record.

(6) The affected medical staff member shall have the following rights: to be represented by an attorney at law and to call and examine witnesses; to introduce evidence; to cross-examine any witnesses on any matter relevant to the issue of the hearing; and to challenge any witness and to rebut any evidence. If the medical staff member does not testify in his/her own behalf, the member may be called and examined as if under cross-examination.

(7) The hearing committee shall request the person who has taken the action from which the affected medical staff member has requested the hearing to present evidence to the hearing committee in support of the adverse recommendation. The hearing committee may proceed to hear evidence and testimony from either party in whatever order the hearing committee deems appropriate. The hearing committee may call its own witnesses, may recall any party's witnesses, and may question witnesses as it deems appropriate. All parties shall be responsible to secure the attendance of their own witnesses. All witnesses and evidence received by the hearing committee shall be open to challenge and cross-examination by the parties. Witnesses shall not be placed under oath. At the close of the evidence the hearing committee may request each party to make summary statements, either oral or written.

(8) The hearing committee may, without special notice, recess the hearing and reconvene the same for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. The hearing committee shall make its best effort to expeditiously determine the issues presented. The hearing committee may limit its proceedings when sufficient material has been received. The parties may be required to provide evidence in oral or written form. Upon conclusion of the presentation of evidence the hearing shall be closed. The hearing committee may there upon, at a time convenient to itself, conduct its deliberations outside the presence of the medical staff member for whom the hearing was convened.

(9) Within sixty days after its appointment, unless otherwise extended by the medical staff administrative committee, the hearing committee shall forward its written report and recommendation together with the transcript of the hearing and all other documentation presented by the parties to the medical staff administrative committee. The affected member shall be notified of the recommendation of the hearing committee including a statement of

the basis for the recommendation. The medical staff administrative committee shall accept, reject, or modify the recommendation of the hearing committee. The medical staff administrative committee may conduct further hearings as it deems necessary or may remand the matter back to the hearing committee for further action as directed. The medical staff administrative committee may impose a greater or lesser sanction than that recommended by the hearing committee.

(10) Within fourteen days after the conclusion of the taking of all evidence and of all hearings, the medical staff administrative committee shall make a written report of its findings and its recommendation and shall forward the same together with the hearings record and all other documentation to the chairperson of the Wexner medical center board. Notice of that decision shall be sent certified return receipt mail to the affected medical staff member at the member's last known address as determined by university records by the director.

(11) The decision and record of the medical staff administrative committee shall be transmitted to the quality and professional affairs committee of the Wexner medical center board, which shall, subject to the affected member's right to appeal and implementation of paragraph (E) of this rule, consider the matter at its next scheduled meeting, or at a special meeting to be held no less than thirty days following receipt of the transmittal. The quality and professional affairs committee of the Wexner medical center board may accept, reject, or modify the decision of the medical staff administrative committee.

(12) The recommendation of the quality and professional affairs committee of the Wexner medical center board shall be promptly considered by the Wexner medical center board at its next scheduled meeting. The Wexner medical center board may accept, reject, or modify the recommendation of the quality and professional affairs committee of the Wexner medical center board.

(13) A copy of the Wexner medical center board decision shall be sent by certified return receipt mail to the affected medical staff member at the member's last known address as determined by university records.

(E) Appeal process.

(1) Within thirty days after receipt of a notice by an affected medical staff member of the action of the medical staff administrative committee the staff member may, by written notice to the chairperson of the Wexner medical center board, request an appeal. Such appeal shall only be held on the record before the medical staff administrative committee.

(2) If an appeal is not requested within the thirty-day period, the affected medical staff member shall be deemed to have waived the right to an appeal, and to have accepted such adverse decision.

(3) The appeal shall be conducted by the quality and professional affairs committee of the Wexner medical center board.

(4) The affected medical staff member shall have access to the reports and records, including transcripts, if any, of the medical staff administrative committee and all other material, favorable or unfavorable, that have been considered by that committee. The member shall then submit a written factual statement specifying those factual and procedural matters with which the member disagrees, and the reasons for such disagreement. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the quality and professional affairs committee of the Wexner medical center board no later than seven days following the date of the affected member's notice of appeal.

(5) New or additional matters not raised during the hearing procedure or in the medical staff administrative committee hearings shall only be introduced on appeal at the sole discretion of the quality and professional affairs committee of the Wexner medical center board.

(6) Within fourteen days following submission of the written statement by the affected medical staff member, the quality and professional affairs committee shall recommend to the Wexner medical center board that the adverse decision be affirmed, modified or rejected, or to refer the matter back to the medical staff administrative committee for further review and recommendation. Such referral to the medical staff administrative committee may include a request for further investigation.

(7) Any final decision by the Wexner medical center board shall be communicated by the chief executive officer by certified return receipt mail to the affected medical staff member at the member's last known address as determined by university records. The chief executive officer shall also notify in writing the executive vice president for health sciences, the dean of the college of medicine, the chief medical officer of OSU medical center, the vice president for health services, the director of medical affairs, chief of staff, the department chairperson and/or division director, clinical department chief and the academic department chairperson and the person(s) who initiated the request for formal peer review. The chief executive officer shall take immediate steps to implement the final decision.

(Board approval dates: 9/1/1993, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 2/6/2009, 9/18/2009, 10/29/2010, 4/8/2011, 11/7/2014, 11/6/2015, 4/6/2018, 8/15/2023)

3335-111-07 Categories of the medical staff.

The medical staff of the CHRI shall be divided into honorary, physician scholar, attending, associate attending, clinical attending, consulting medical staff and limited designations. All medical staff members with admitting privileges may admit patients in accordance with state law and criteria for standards of care established by the medical staff. Medical staff members who do not wish to obtain any clinical privileges shall be exempt from the requirements of medical malpractice liability insurance, DEA registration, demonstration of recent active clinical practice during the last ~~two~~ three years and specific annual education but are otherwise subject to the provisions of these bylaws.

(A) Honorary staff.

The honorary staff will be composed of those individuals who are recognized for outstanding reputation, notable scientific and professional contributions, and high professional stature in an oncology field of interest. The honorary staff designation is awarded by the Wexner medical center board on the recommendation of the chief executive officer of the CHRI, executive vice president for health sciences, department chairperson and/or division director, or the credentials committee after approval by the medical staff administrative committee. This is a lifetime appointment. Honorary staff are not entitled to patient care privileges.

(B) Physician scholar medical staff.

(1) Qualifications: The physician scholar medical staff shall be composed of those faculty members of the colleges of medicine and dentistry who are recognized for outstanding reputation, notable scientific and professional contributions, and high professional stature. This medical staff category includes but is not limited to emeritus faculty members. Nominations may be made to the chair of the credentialing committee who shall present the candidate to the medical staff administrative committee for approval.

(2) Prerogatives: Members of the physician scholar medical staff shall have access to the CHRI and shall be given notice of all medical staff activities and meetings. Members of the physician scholar medical staff shall enjoy all rights of an attending medical staff member except physician scholar members shall not possess clinical privileges.

(3) Physician scholar medical staff must have either a full license or an emeritus registration by the State Medical Board of Ohio.

(C) Attending medical staff.

(1) Qualifications:

The attending staff shall consist of those regular faculty members of the colleges of medicine and dentistry who are licensed or certified in the state of Ohio, whose practice is at least seventy-five percent oncology and with a proven career commitment to oncology as demonstrated by the majority of the following:

Training, current board certification (as specified in paragraph (A)(5) of rule 3335-111-04 of the Administrative Code), publications, grant funding, other funding and experience (as deemed appropriate by the chief executive officer and the department chairperson and/or division director); and who satisfy the requirements and qualifications for membership set forth in rule 3335-111-04 of the Administrative Code.

(2) Prerogatives:

Attending staff members may:

(a) Admit patients consistent with the balanced teaching and patient care responsibilities of the CHRI. When, in the judgment of the director of medical affairs, a balanced teaching program is jeopardized, following consultation with the chief executive officer, the clinical department chief and with the concurrence of a majority of the medical staff administrative committee, the director of medical affairs may restrict admissions. Imposition of such restrictions shall not entitle the attending staff member to a hearing or appeal pursuant to rule 3335-111-06 of the Administrative Code.

(b) Be free to exercise such clinical privileges as are granted pursuant to these bylaws.

(c) Vote on all matters presented at general and special meetings of the medical staff and committees of which he or she is a member unless otherwise provided by resolution of the medical staff, clinical department or committee and approved by the medical staff administrative committee.

(d) Hold office in the medical staff organization, clinical departments and committees of which they are a member, unless otherwise provided by resolution of the medical staff, clinical department or committee and approved by the medical staff administrative committee.

(3) Responsibilities:

An attending staff member shall:

(a) Meet the basic responsibilities set forth in rules 3335-111-02 and 3335-111-03 of the Administrative Code.

(b) Retain responsibility within the member's area of professional competence for the continuous care and supervision of each patient in the CHRI for whom he or she is providing care, or arrange a suitable alternative for such care and supervision.

(c) Actively participate in such quality evaluation and monitoring activities as required by the medical staff, and discharge such staff functions as may be required from time to time.

(d) Satisfy the requirements set forth in rule 3335-111-13 of the Administrative Code for attendance at medical staff meetings and meetings of those committees of which they are a member.

(e) Supervise members of the limited staff in the provision of patient care in accordance with accreditation standards and policies and procedures of approved clinical training programs. It is the responsibility of the attending physician to authorize each member of the limited staff to perform only those services that the limited staff member is competent to perform under supervision.

(f) Supervise other licensed allied health professionals as necessary in accordance with accreditation standards and state law. It is the responsibility of the attending physician to authorize each licensed allied health professional to perform only those services which the licensed allied health professional is privileged to perform.

(g) Take call as assigned by the clinical department chief.

(D) Associate attending staff.

(1) Qualifications:

The associate attending staff shall consist of those regular faculty members of the colleges of medicine and dentistry who do not qualify for attending staff appointment.

(2) Prerogatives:

The associate attending staff may:

(a) Admit patients consistent with the balanced teaching and patient care responsibilities of the institution. When, in the judgment of the director of medical affairs, a balanced teaching program is jeopardized, following consultation with the chief executive officer, the clinical department chief and with the concurrence of a majority of the medical staff administrative committee, the director of medical affairs may restrict admissions. Imposition of such restrictions shall not entitle the associate attending staff member to a hearing or appeal pursuant to rule 3335-111-06 of the Administrative Code.

(b) Be free to exercise such clinical privileges as are granted pursuant to the bylaws.

(c) Vote on all matters presented at general and special meetings of the medical staff and at committees of which he or she is a member unless otherwise prohibited by these bylaws or by resolution approved by the medical staff administrative committee.

(d) The associate attending staff member may not vote on amendments to the bylaws.

(3) Responsibilities:

Associate attending staff members shall:

(a) Meet the basic responsibilities set forth in rules 3335-111-02 and 3335-111-03 of the Administrative Code.

(b) Retain responsibility within the member's care area of professional competence for the continuous care and supervision of each patient in the CHRI for whom the member is providing care, or arrange a suitable alternative for such care and supervision including the supervision of interns, residents and fellows assigned to their service.

(c) Actively participate in such quality evaluation and monitoring activities as required by the staff and discharge such staff functions as may be required from time to time.

(d) Satisfy the requirements set forth in rule 3335-111-13 of the Administrative Code for attendance at medical staff meetings and meetings of those committees of which they are a member.

(E) Clinical attending staff.

(1) Qualifications:

The clinical attending staff shall consist of those clinical faculty members of the colleges of medicine and dentistry who have training, expertise, and experience in oncology, as determined by the chief executive officer in consultation with the department chairperson and/or division director and who satisfy the requirements and qualifications for membership set forth in rule 3335-111-04 of the Administrative Code.

(2) Prerogatives:

The clinical attending staff may:

(a) Admit patients which complement the research and clinical teaching program. At times when hospital beds or other resources are in short supply, patient admissions of clinical staff shall be subordinate to those of attending or associate attending staff.

(b) Be free to exercise such clinical privileges as are granted pursuant to these bylaws.

(c) Attend meetings as non-voting members of the medical staff and any medical staff or hospital education programs. The clinical attending staff may not hold elected office in the medical staff organization.

(3) Responsibilities:

(a) Meet the basic responsibilities set forth in rules 3335-111-02 and 3335-111-03 of the Administrative Code.

(b) Retain responsibility within the member's area of professional competence for the continuous care and supervision of each patient in the CHRI for whom the member is providing care, or arrange a suitable alternative for such care and supervision including the supervision of interns, residents and fellows assigned to their service.

(c) Actively participate in such quality evaluation and monitoring activities as required by the staff and discharge such staff functions as may be required from time to time.

(d) Satisfy the requirements set forth in rule 3335-111-13 of the Administrative Code for attendance at medical staff meetings and meetings of those committees of which they are a member.

(e) Supervise members of the limited staff in the provision of patient care in accordance with accreditation standards and policies and procedures of approved clinical training programs. It is the responsibility of the attending physician to authorize each member of the limited staff to perform only those services which the limited staff member is competent to perform under supervision.

(f) Supervise other licensed allied health professionals as necessary in accordance with accreditation standards and state law. It is the responsibility of the attending physician to authorize each licensed allied health professional to perform only those services which the licensed allied health professional is privileged to perform.

(F) Consulting medical staff.

(1) Qualifications.

The consulting medical staff shall consist of those faculty members of the colleges of medicine and dentistry who:

(a) Satisfy the requirements and qualifications for membership set forth in rule 3335-111-04 of the Administrative Code.

(b) Are consultants of recognized professional ability and expertise who provide a service not readily available from the attending medical staff. These practitioners provide services to James patients only at the request of attending or associate attending members of the medical staff.

(c) Demonstrate participation on the active medical staff at another accredited hospital requiring performance improvement/quality assessment activities similar to those of the hospitals of the Ohio state university. The practitioner shall also hold at such other hospital the same privileges, without restriction, that he/she is requesting at the James cancer hospital. An exception to this qualification may be made by the Wexner medical center board provided the practitioner is otherwise qualified by education, training and experience to provide the requested service.

(2) Prerogatives:

Consulting medical staff members may:

(a) Exercise the clinical privileges granted for consultation purposes on an occasional basis when requested by an attending or associate attending medical staff member.

(b) Have access to all medical records and be entitled to utilize the facilities of the Ohio state university hospitals and James cancer hospital incidental to the clinical privileges granted pursuant to these bylaws.

(c) Not admit patients to the Ohio state university hospitals or James cancer hospital.

(d) Not vote on medical staff policies, rules and regulations, or bylaws, and may not hold office.

(e) Must actively participate in such quality evaluation and monitoring activities as required by the medical staff and as outlined in the medical staff policy entitled "consulting medical staff member policy."

(f) Attend medical staff meetings, but shall not be entitled to vote at such meetings or hold office.

(g) Attend department meetings, but shall not be entitled to vote at such meetings or serve as clinical department chief.

(h) Serve as a non-voting member of a medical staff committee; provided, however, that he/she may not serve as a committee chair or as a member of the medical staff administrative committee.

(3) Responsibilities.

Each member of the consulting medical staff shall:

(a) Meet the basic responsibilities set forth in rules 3335-111-02 and 3335-111-03 of the Administrative Code.

(b) Be exempt from all medical staff dues.

(G) Contracted.

(1) Qualifications: contracted medical staff shall consist of those members who meet the requirements for medical staff membership and are providing services to CHRI patients exclusively through a contract with the CHRI. Contracted medical staff members shall meet and maintain the same standards for quality patient care applicable to all members of the medical staff and shall be subject to these bylaws and the rules and regulations of the medical staff except as provided in this paragraph.

Contracted medical staff shall not be required to obtain appointment to the faculty of the Ohio state university. Contracted medical staff shall not be eligible to vote on medical staff policies, rules and regulations, or bylaws, shall not be eligible to hold office or required to pay medical staff dues.

(2) Prerogatives.

Contracted medical staff may:

(a) Exercise such clinical privileges as are granted pursuant to these bylaws.

(3) Any contracted medical staff member whose membership has been terminated due to loss of contract and/or clinical privileges shall not be entitled to request a hearing and appeal in accordance with rule 3335-111-06 of the Administrative Code.

~~(G)~~(H) Limited staff.

Limited staff are not considered members of the medical staff, do not have delineated clinical privileges, and do not have the right to vote in general medical staff elections. Except where expressly stated, limited staff are bound by the terms of these bylaws, rules and regulations of the medical staff and the limited staff agreement.

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Chapter 3335-111 - *Bylaws of the Medical Staff* of the
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

Updated August 20, 2024

(1) Qualifications:

The limited staff shall consist of doctors of medicine, osteopathic physicians, dentists and practitioners of podiatry or psychology who are accepted in good standing by a program director into a postdoctoral graduate medical education program and appointed to the limited staff in accordance with these bylaws. The limited staff shall maintain compliance with the requirements of state law, including regulations adopted by the Ohio state medical board, or the limited staff member's respective licensing board.

Members of the limited staff shall possess a valid training certificate or an unrestricted Ohio license from the applicable state board based on eligibility criteria defined by that state board. All members of the limited staff shall be required to successfully obtain an Ohio training certificate prior to beginning training within a program.

(2) Responsibilities:

The limited staff shall:

(a) Be responsible to respond to all questions and complete all forms as may be required by the credentials committee.

(b) Participate fully in the teaching programs, conferences, and seminars of the clinical department in which he or she is appointed in accordance with accreditation standards and policies and procedures of the graduate medical education committee and approved clinical training programs.

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(c) Participate in the care of all patients assigned to the limited staff member under the appropriate supervision of a designated member of the attending medical staff in accordance with accreditation standards and policies and procedures of the clinical training programs. The clinical activities of the limited staff shall be determined by the program director appropriate for the level of education and training. Limited staff shall be permitted to perform only those services that they are authorized to perform by the member of the attending medical staff based on the competence of the limited staff to perform such services. The limited staff may admit or discharge patients only when acting on behalf of the attending, associate attending or clinical attending medical staff. The limited staff member shall follow all rules and regulations of the service to which he or she is assigned, as well as the general rules of the CHRI pertaining to limited staff.

(d) Serve as full members of the various medical staff committees in accordance with established committee composition as described in these bylaws and/or rules and regulations of the medical staff. The limited staff member shall not be eligible to vote or hold elected office in the medical staff organization, but may vote on committees to which the limited staff member is assigned.

(e) Be expected to make regular satisfactory professional progress including anticipated certification by the respective specialty or subspecialty program of post-doctoral training in which the limited staff member is enrolled. Evaluation of professional growth and appropriate humanistic qualities shall be made on a regular schedule by the clinical department chief, program director, teaching faculty or evaluation committee in accordance with accreditation standards and policies and procedures of the approved training programs.

(f) Appeal by a member of the limited staff of probation, lack of promotion, suspension or termination for failure to meet expectations for professional growth or failure to display appropriate humanistic qualities or failure to successfully complete any other competency as required by the accreditation standards of an approved training

program will be conducted and limited in accordance with written guidelines established by the respective academic department or training program and approved by the program director and the Ohio state university's graduate medical education committee as delineated in the limited staff agreement and by the graduate medical education policies.

Alleged misconduct by a member of the limited staff, for reasons other than failure to meet expectations of professional growth as outlined above, shall be handled in accordance with rules 3335-111-05 and 3335-111-06 of the Administrative Code.

(3) Failure to meet reasonable expectations:

Termination of employment from the limited staff member's residency or fellowship training program shall result in automatic termination of the limited staff member's appointment pursuant to these bylaws.

(4) Temporary appointments:

(a) Limited staff members who are Ohio state university faculty may be granted an early commencement or an extension of appointment upon the recommendation of the chief of the clinical department, with prior concurrence of the associate dean for graduate medical education, when it is necessary for the limited staff member to begin his or her training program prior to or extend his or her training program beyond a regular appointment period. The appointment shall not exceed sixty days.

(b) Temporary appointments may be granted upon the recommendation of the chief of the clinical department, with prior concurrence of the associate dean for graduate medical education, for limited staff members who are not Ohio state university faculty but who, pursuant to education affiliate agreements approved by the university, need to satisfy approved graduate medical education clinical rotation requirements. These appointments shall not exceed a total of one hundred twenty days in any given post-graduate year. In such cases, the mandatory requirement for a faculty appointment may be waived. All other requirements for limited staff member appointment must be satisfied.

(5) Supervision:

Limited staff members shall be under the supervision of an attending, associate attending or clinical attending medical staff member. Limited staff members shall have no privileges as such but shall be able to care for patients under the supervision and responsibility of their attending, associate attending or clinical attending medical staff member. The care they extend will be governed by these bylaws and the general rules and regulations of each clinical department. The practice of care shall be limited by the scope of privileges of their attending, associate attending or clinical attending medical staff member. Any concerns or problems that arise in the limited staff member's performance should be directed to the attending, associate attending or clinical attending medical staff member or the director of the training program.

(a) Limited staff members may write admission, discharge or other orders for the care of patients under the supervision of the attending, associate attending or clinical attending medical staff member.

(b) All records of limited staff member cases must document involvement of the attending, associate attending or clinical attending medical staff member in the supervision of the patient's care to include co-signature of the admission order, history and physical, operative report, and discharge summary.

~~(H)~~(I) Associates to the medical staff.

(1) Qualifications:

Licensed health care professionals are those professionals who possess a license, certificate or other legal credential required by Ohio law to provide direct patient care in a hospital setting, but who are not acting as licensed independent practitioners.

(2) Due process:

Licensed health care professionals are subject to corrective action for violation of these rules, their certificate of authority, standard care agreement, utilization plan or the provisions of their licensure, including professional ethics. Corrective action may be requested by any member of the medical staff, the clinical department chief, the chairperson of an academic department, the section chief, the medical director of credentialing or the director of medical affairs. All requests shall be in writing and be submitted to the director of medical affairs.

The director of medical affairs shall appoint a three-person committee to review the situation and recommend appropriate corrective action, including termination or suspension of clinical privileges. The committee shall consist of at least one licensed health care professional licensed in the same field as the individual being reviewed, if available, and one medical staff member. The committee shall make a written recommendation to the director of medical affairs, who may accept, reject or modify the recommendation. The decision of the director of medical affairs shall be final.

~~(I)~~(J) Temporary medical staff appointment.

(1) External peer review. When peer review activities are being conducted by someone other than a current member of the medical staff, the chief medical officer or director of medical affairs may admit a practitioner to the medical staff for a limited period of time. Such membership is solely for the purpose of conducting peer review in a particular evaluation and this temporary membership automatically expires upon the member's completion of duties in connection with such peer review. Such appointment does not include clinical privileges, and is for a limited purpose.

(2) Proctoring. Temporary privileges may be extended to visiting physician or visiting medical faculty for special clinical or educational activities as permitted by the Ohio state medical or dental board. When medical staff members require proctoring for the purposes of gaining experience to become credentialed to perform a procedure, a visiting medical faculty or visiting physician may apply for temporary privileges pursuant to the medical staff proctoring policy.

~~(J)~~(K) Clinical privileges.

(1) Delineation of clinical privileges:

(a) Every person practicing at the CHRI by virtue of medical staff membership, faculty appointment, contract or under authority granted in these bylaws shall, in connection with such practice, be entitled to exercise only those clinical privileges specifically applied for and granted to the staff member or other licensed allied health professional by the Wexner medical center board after recommendation from the medical staff administrative committee.

(b) Each clinical department and CHRI department and/or division shall develop specific clinical criteria and standards for the evaluation of privileges with emphasis on invasive or therapeutic procedures or treatment which represent significant risk to

the patient or for which specific professional training or experience is required. Such criteria and standards are subject to the approval of the medical staff administrative committee and the Wexner medical center board.

(c) Requests for the exercise and delineation of clinical privileges must be made as part of each application for appointment or reappointment to the medical staff on the forms prescribed by the medical staff administrative committee. Every person in an administrative position who desires clinical privileges shall be subject to the same procedure as all other applicants. Requests for clinical privileges must be submitted to the chief of the clinical department in which the clinical privileges will be exercised. Clinical privileges requested other than during appointment or reappointment to the medical staff shall be submitted to the chief of the clinical department and such request must include documentation of relevant training or experience supportive of the request.

(d) The chief of the clinical department shall review each applicant's request for clinical privileges and shall make a recommendation regarding clinical privileges to the medical director of credentialing. Requests for clinical privileges shall be evaluated based upon the applicant's education, training, experience, demonstrated competence, references, and other relevant information including the direct observation and review of records of the applicant's performance by the clinical department in which the clinical privileges are exercised. Whenever possible, the review should be of primary source information. The applicant shall have the burden of establishing qualifications and competence in the clinical privileges requested and shall have the burden of production of adequate information for the proper evaluation of qualifications.

(e) The applicant's request for clinical privileges and the recommendation of the clinical department chief shall be forwarded to the credentials committee and shall be processed in the same manner as applications for appointment and reappointment pursuant to rule 3335-111-04 of the Administrative Code.

(f) Medical staff members who are granted new or initial privileges are subject to FPPE, which is a six-month period of focused monitoring and evaluation of practitioner's professional performance. Following FPPE medical staff members with clinical privileges are subject to ongoing professional practice evaluation (OPPE), which information is factored into the decision to maintain existing privileges, to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal. FPPE and OPPE are fully detailed in medical staff policies that were approved by the medical staff administrative committee and the Wexner medical center board.

(g) Upon resignation, termination or expiration of the medical staff member's faculty appointment or employment with the university for any reason, such medical staff appointment and clinical privileges of the medical staff member shall automatically expire.

(h) Medical staff members authorize the CHRI and clinics to share amongst themselves credentialing, quality and peer review information pertaining to the medical staff member's clinical competence and/or professional conduct. Such information may be shared at initial appointment and/or reappointment and at any time during the medical staff member's medical staff appointment to the medical staff of the CHRI.

(i) Medical staff members authorize the CHRI to release, in good faith and without malice, information to managed care organizations, regulating agencies, accreditation bodies and other health care entities for the purposes of evaluating the medical staff member's qualifications pursuant to a request for appointment, clinical

privileges, participation or other credentialing or quality matters.

(2) Temporary and special privileges:

(a) Temporary privileges may be extended to a doctor of medicine, osteopathic medicine, dental surgery, psychologist, podiatry or to a licensed allied health professional upon completion of an application prescribed by the medical staff administrative committee, upon recommendation of the chief of the clinical department. All temporary privileges are granted by the chief executive officer or authorized designee. The temporary privileges granted shall be consistent with the applicant's training and experience and with clinical department guidelines. Prior to

granting temporary privileges, primary source verification of licensure and current competence shall be required. Temporary privileges shall be limited to situations which fulfill an important patient care need and shall not be granted for a period not to exceed one hundred twenty days.

(b) Temporary privileges may be extended to visiting medical faculty or for special activity as provided by the Ohio state medical or dental boards.

(c) Temporary privileges granted for locum tenens may be exercised for a maximum of one hundred twenty days, consecutive or not, any time during the thirty-six month period following the date they are granted.

(d) Practitioners granted temporary privileges will be restricted to the specific delineations for which the temporary privileges are granted. The practitioner will be under the supervision of the chair of the clinical department while exercising any temporary privileges granted.

(e) Practitioners exercising temporary privileges shall abide by these medical staff bylaws, rules and regulations, and hospital and medical staff policies.

(f) Special privileges -- upon receipt of a written request for specific temporary clinical privileges and the approval of the clinical department chief, the chairperson of the academic department and the director of medical affairs, an appropriately licensed or certified practitioner of documented competence, who is not an applicant for medical staff membership, may be granted special clinical privileges for the care of one or more specific patients. Such privileges shall be exercised in accordance with the conditions specified in rule 3335-111-04 of the Administrative Code.

(g) The temporary and special privileges must also be in conformity with accrediting bodies' standards and the rules and regulations of professional boards of Ohio.

(3) Expedited privileges:

If the Wexner medical center board is not scheduled to convene in a timeframe that permits the timely consideration of the recommendation of a complete application by the medical staff administrative committee, eligible applicants may be granted expedited privileges by the quality and professional affairs committee of the Wexner medical center board. Certain restrictions apply to the appointment and granting of clinical privileges via the expedited process. These include but are not limited to: an involuntary termination of medical staff membership at another hospital, involuntary limitation, or reduction, denial or loss of clinical privileges, a history of professional liability actions resulting in a final judgment against the applicant, or a challenge by a state licensing board.

(4) Podiatric privileges:

(a) Practitioners of podiatry may admit patients to the CHRI if such patients are being admitted solely to receive care that a podiatrist may provide without medical assistance, pursuant to the scope of the professional license of the podiatrist. Practitioners of podiatry must, in all other circumstances co-admit patients with a member of the medical staff who is a doctor of medicine or osteopathic medicine.

(b) A member of the medical staff who is a doctor of medicine or osteopathy.

(i) Shall be responsible for any medical problems that the patient has while an inpatient of the CHRI; and

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(ii) Shall confirm the findings, conclusions and assessment of risk prior to high-risk diagnosis or therapeutic interventions defined by the medical staff.

(c) Practitioners of podiatry shall be responsible for the podiatric care of the patient including the podiatric history and physical examination and all appropriate elements of the patient's record.

(d) The podiatrist shall be responsible to the chief of the department of orthopaedics.

(5) Psychology privileges:

(a) Psychologists shall be granted clinical privileges based upon their training, experience and demonstrated competence and judgment consistent with their license to practice. Psychologists shall not prescribe drugs, or perform surgical procedures, or in any other way practice outside the area of their approved clinical privileges or expertise unless otherwise authorized by law.

(b) Psychologists may not admit patients to the CHRI, but may diagnose and treat a patient's psychological illness as part of the patient's comprehensive care while hospitalized. All patients admitted for psychological care shall receive the same medical appraisal as all other hospitalized patients. A member of the medical staff who is a doctor of medicine or osteopathic medicine shall admit the patient and shall be responsible for the history and physical and any medical care that may be required during the hospitalization, and shall determine the appropriateness of any psychological therapy based on the total health status of the patient. Psychologists may provide consultation within their area of expertise on the care of patients within the CHRI. In ambulatory settings, psychologists shall diagnose and treat their patient's psychological illness. Psychologists shall ensure that their patients receive referral for appropriate medical care.

(c) Psychologists shall be responsible to the chief of the clinical department in which they are appointed.

(6) Dental privileges:

(a) Practitioners of dentistry, who have not been granted clinical privileges as oral and maxillofacial surgeons, may admit patients to the CHRI if such patients are being admitted solely to receive care which a dentist may provide without medical assistance, pursuant to the scope of the professional license of the dentist. Practitioners of dentistry must, in all other circumstances, co-admit patients with a member of the medical staff who is a doctor of medicine or osteopathic medicine.

(b) A member of the medical staff who is a doctor of medicine or osteopathy:

(i) Shall be responsible for any medical problems that the patient has while an inpatient of the CHRI; and

(ii) Shall confirm the findings, conclusions and assessment of risk prior to high-risk diagnoses or therapeutic interventions defined by the medical staff.

(c) Practitioners of dentistry shall be responsible for the dental care of the patient including the dental history and physical examination and all appropriate elements of the patient's record.

(7) Oral and maxillofacial surgical privileges:

All patients admitted to the CHRI for oral and maxillofacial surgical care shall receive the same medical appraisal as all other hospitalized patients. Qualified oral and maxillofacial surgeons shall admit patients, shall be responsible for the plan of care for the patients, shall perform the medical history and physical examination, if they have such privileges, in order to assess the medical, surgical, and anesthetic risks of the proposed operative and other procedure(s), and shall be responsible for the medical care that may be required at the time of admission or that may arise during hospitalization.

(8) Licensed allied health professionals:

(a) Clinical privileges may be exercised by licensed allied health professionals who are duly licensed in the state of Ohio and who are either:

(i) Members of the faculty of the Ohio state university, or

(ii) Employees of the Ohio state university whose employment involves the exercise of clinical privileges, or

(iii) Employees of members of the medical staff.

(b) A licensed allied health professional as used herein, shall not be eligible for medical staff membership but shall be eligible to exercise those clinical privileges granted pursuant to these bylaws and in accordance with applicable Ohio state law. If granted such privileges under this rule and in accordance with applicable Ohio state law, other licensed allied health professionals may perform all or part of the medical history and physical examination of the patient. Licensed health care professionals with privileges are subject to FPPE and OPPE.

(c) Licensed allied health professionals shall apply and re-apply for clinical privileges on forms prescribed by the medical staff administrative committee and shall be processed in the same manner as provided in rule 3335-111-04 of the Administrative Code.

(d) Licensed allied health professionals are not members of the medical staff, but may write admitting orders for; patients of the CHRI when granted such privileges under tis rule and in accordance with applicable Ohio state law. If such privileges are granted, the patient will be admitted under the medical supervision of the responsible medical staff member. Licensed allied health professionals are not members of the medical staff and shall not be eligible to hold office, to vote on medical staff affairs, or to serve on standing committees of the medical staff unless specifically authorized by the medical staff administrative committee.

(e) Each licensed allied health professional shall be individually assigned to a clinical department and shall be supervised by or collaborate with one or more members of the medical staff as required by Ohio law. The licensed health care professional's clinical privileges are contingent upon the collaborating/supervising medical staff member's privileges. In the event that the collaborating/supervising medical staff member loses privileges or resigns, the licensed allied health care professionals whom he or she has supervised shall be placed on administrative hold until another collaborating/ supervising medical staff member is assigned. The new collaborating/supervising medical staff member shall be assigned in less than thirty days.

(f) Licensed allied health professionals must comply with all limitations and restrictions imposed by their respective licenses, certifications, or legal credentials as required by Ohio law, and may only exercise those clinical privileges granted in accordance with provisions relating to their respective professions.

(g) Only applicants who can document the following shall be qualified for clinical privileges as a licensed allied health professional:

(i) Current license, certification, or other legal credential required by Ohio law;

(ii) Certificate of authority, standard care arrangement/agreement, or utilization plan;

(iii) Education, training, professional background and experience, and professional competence;

(iv) Patient care quality indicators definition for initial appointment. This data will be in a format determined by the licensed allied health professional subcommittee and the quality management department of the Ohio state university medical center;

(v) Adherence to the ethics of the profession for which an individual holds a license, certification, or other legal credential required by Ohio law;

(vi) Evidence of required immunization;

(vii) Evidence of good personal and professional reputation as established by peer recommendations;

(viii) Satisfactory physical and mental health to perform requested clinical privileges; and

(ix) Ability to work with members of the medical staff and the CHRI employees.

(h) The applicant shall have the burden to produce documentation with sufficient adequacy to assure the medical staff and the CHRI that any patient cared for by the licensed allied health professional seeking clinical privileges shall be given quality care, and that the efficient operation of the CHRI will not be disrupted by the applicant's care of patients in the CHRI.

(i) By applying for clinical privileges as a licensed allied health professional, the applicant agrees to the following terms and conditions:

(i) The applicant has read the bylaws and rules and regulations of the medical staff of the CHRI and agrees to abide by all applicable terms of such bylaws and any applicable rules and regulations, including any subsequent amendments thereto, and any applicable CHRI policies that the CHRI may from time to time put into effect;

(ii) The applicant releases from liability all individuals and organizations who provide information to the CHRI regarding the applicant and all members of the medical staff, the CHRI staff and the Wexner medical center board and the Ohio state university board of trustees for all acts in connection with investigating and evaluating the applicant;

(iii) The applicant shall not deceive a patient as to the identity of any practitioner providing treatment or service in the CHRI;

(iv) The applicant shall not make any statement or take any action that might cause a patient to believe that the licensed allied health professional is a member of the medical staff; and

(v) The applicant shall obtain and continue to maintain professional liability insurance in such amounts required by the medical staff.

(j) Licensed allied health care professionals shall be subject to quality review and corrective action as outlined in this paragraph for violation of these bylaws, their certificate of authority, standard of care agreement, utilization plan, or the provisions of their licensure, including professional ethics. Review may be requested by any member of the medical staff, a chief of the clinical department, or by the medical director of quality or the chief quality officer. All requests shall be in writing and shall be submitted to the chief quality officer. The chief quality officer, unless delegated to the medical director of quality, shall appoint a three-person committee to review and make recommendations concerning appropriate action. The committee shall consist of at least one licensed allied health care professional and one medical staff member. The committee shall make a written recommendation to the chief quality officer, unless delegated to the medical director of quality, who may accept, reject, or modify the recommendation. The chief quality officer, unless delegated to the medical director of quality shall forward his or her recommendation to the director of medical affairs for final determination.

(k) Appeal process.

(i) A licensed allied health care professional may submit a notice of appeal to the chairperson of the quality and professional affairs committee within thirty days of receipt of written notice of any adverse corrective action pursuant to these bylaws.

(ii) If an appeal is not so requested within the thirty-day period, the licensed allied health care professional shall be deemed to have waived the right to appeal and to have conclusively accepted the decision of the director of medical affairs.

(iii) The appellate review shall be conducted by the chief of staff, the chair of the licensed health care professionals subcommittee and one medical staff member from the same discipline as the licensed allied health care professional under review. The licensed allied health care professional under review shall have the opportunity to present any additional information deemed relevant to the review and appeal of the decision.

(iv) The affected licensed allied health care professional shall have access to the reports and records, including transcripts, if any, of the hearing committee and of the medical staff administrative committee and all other material, favorable or unfavorable, that has been considered by the chief quality officer. The licensed allied health care professional shall submit a written statement indicating those factual and procedural matters with which the member disagrees, specifying the reasons for such disagreement. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the review

committee no later than seven days following the date of the licensed allied health care professional's notice of appeal.

(v) New or additional matters shall only be considered on appeal at the sole discretion of the quality and professional affairs committee.

(vi) Within thirty days following submission of the written statement by the licensed allied health care professional, the chief of staff shall make a final recommendation to the chair of the quality and professional affairs committee of the Wexner medical center board. The quality and professional affairs committee of the Wexner medical center board shall determine whether the adverse decision will stand or be modified and shall recommend to the Ohio state university Wexner medical center board that the adverse decision be affirmed, modified or rejected, or to refer the matter back to the review committee for further review and recommendation. Such referral to the review committee may include a request for further investigation.

(vii) Any final decision by the Wexner medical center board shall be communicated by the chief quality officer and by certified return receipt mail to the last known address of the licensed allied health care professional as determined by university records. The chief quality officer shall also notify in writing the senior vice president for health sciences, the dean of the college of medicine, the chief executive officer of the CHRI and the vice president for health services and the chief of the applicable clinical department or departments. The chief quality officer, unless delegated to the medical director of quality, shall take immediate steps to implement the final decision.

(9) Emergency privileges:

In the case of an emergency, any member of the medical staff to the degree permitted by the member's license or certification and regardless of department or medical staff status shall be permitted to do everything possible to save the life of a patient using every facility of the CHRI necessary, including the calling for any consultation necessary or desirable. After the emergency situation resolves, the patient shall be assigned to an appropriate member of the medical staff. For the purposes of this paragraph, an "emergency" is defined as a condition that would result in serious permanent harm to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

(10) Disaster privileges:

Disaster privileges may be granted in order to provide voluntary services during a local, state or national disaster in accordance with hospital/medical staff policy and only when the following two conditions are present: the emergency management plan has been activated and the hospital is unable to meet immediate patient needs. Such privileges may be granted by the director of medical affairs or the medical director of credentialing to fully licensed or certified, qualified individuals who at the time of the disaster are not members of the medical staff. These privileges will be limited in scope and will terminate once the disaster situation subsides or at the discretion of the director of medical affairs temporary privileges are granted thereafter.

(11) Telemedicine privileges.

Practitioners who provide contracted patient care, treatment, and services via telemedicine shall be credentialed and privileged to provide such services. A grant of telemedicine privileges shall include appointment to the contracted medical staff category as described in paragraph (G) of this rule.

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Practitioners providing contracted telemedicine services shall be credentialed and privileged through one of the following mechanisms:

(a) The practitioner shall be credentialed and privileged in accordance with rule 3335-111-04.

(b) The practitioner shall be credentialed and privileged by proxy using the credentialing and privileging decision from the distant site if all of the following requirements are met:

(i) The distant site is also accredited by the Joint Commission.

(ii) The distant site is a Medicare-participating hospital or a facility that qualifies as a distant-site telemedicine entity under federal regulations.

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(iii) The Ohio state university hospitals have entered into a written agreement with the distant site.

(iv) If the distant site is a Medicare-participating hospital, the written agreement shall specify that it is the responsibility of the distant-site hospital to meet the Centers for Medicare and Medicaid Services conditions of participation applicable to medical staff credentialing and privileging.

(v) If the distant site is a distant-site telemedicine entity as defined by federal regulations, the written agreement shall specify that the distant-site telemedicine entity is a contractor of services to the Ohio state university hospitals and furnishes the contracted services in a manner that allows the Ohio State university hospitals Hospital to comply with all applicable Centers for Medicare and Medicaid Services conditions of participation for contracted services and for medical staff credentialing and privileging.

(vi) The individual distant-site practitioner is privileged at the distant site for those services to be provided to patients of the Ohio state university hospitals via telemedicine and the distant site provides a current list of the practitioner's privileges at the distant site.

(vii) The individual distant-site practitioner holds an appropriate license, telemedicine certificate, or telemedicine waiver issued by the applicable Ohio licensing board for the practitioner's area of practice.

(viii) The Ohio state university hospitals maintain documentation of all internal reviews of the performance of each distant-site Practitioner and sends the distant site such performance information for use in the distant site's periodic appraisal of the distant-site Practitioner's privileges. At a minimum, this information must include all adverse events that result from the telemedicine services provided by the distant-site practitioner to patients of the Ohio state university hospitals, and all complaints the Ohio state university hospitals receive about the distant-site practitioner.

~~(11) Telemedicine:~~

~~Telemedicine involves the use of electronic communication or other communication technologies to provide or support clinical care at a distance. Diagnosis and treatment of a patient may now be performed via telemedicine link.~~

~~(a) A member of the medical staff who wishes to utilize electronic technologies (telemedicine) to render care must so indicate on the application for clinical privileges form.~~

~~(b) A member of the medical staff may request to exercise via telemedicine the same clinical privileges he or she has already been granted. The credentials committee, the chief of the clinical service, medical director of credentialing, the director of medical affairs or the medical staff administrative committee, and the Wexner medical center board shall have the prerogative of requiring documentation or making a determination of the appropriateness of the exercise of a particular specialty/subspecialty via telemedicine.~~

(Board approval dates: 9/1/1993, 3/3/1995, 4/3/1996, 12/6/1996, 9/1/1999, 12/3/1999, 6/2/2000, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 7/7/2006, 8/6/2006, 2/6/2009, 9/18/2009, 5/14/2010, 10/29/2011, 4/8/2011, 8/31/2012, 2/1/2013, 11/7/2014, 11/6/2015, 4/6/2018, 5/18/2021, 2/8/2022, 8/15/2023)

3335-111-08 Organization of the CHRI medical staff.

(A) The chief executive officer.

(1) Method of appointment:

The chief executive officer shall be appointed by the board of trustees of the Ohio state university upon recommendation of the president, executive vice president for health sciences, and the vice president for health services following consultation with the medical center board in accordance with university bylaws, rules and regulations. The chief executive officer shall be a member of the attending medical staff of the CHRI.

(2) Responsibilities:

The chief executive officer shall be responsible for the conduct of teaching, research, and CHRI service activities of the facility, including continuing compliance with all appropriate quality assurance standards, ethical codes, or other monitoring or regulatory requirements. The chief executive officer shall be a member of all committees of the CHRI.

(B) The director of medical affairs (physician-in-chief/chief medical officer of the James cancer hospital).

(1) Method of appointment:

The director of medical affairs shall be appointed by the executive vice president for health sciences upon recommendation by the chief executive officer of the James Cancer Hospital. The director of medical affairs is the physician-in-chief and shall be the chief medical officer of the CHRI and must be a member of the attending medical staff of the CHRI.

(2) Responsibilities:

The director of medical affairs shall report to the chief executive officer and the Wexner medical center board for the quality of patient care provided in the CHRI. The director of medical affairs shall assist the chief executive officer in the administration of medical affairs including quality assurance and credentialing. In addition, the director of medical affairs determines initial medical staff category appointments, reappointments and any changes in categories of the medical staff.

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(C) The chief medical officer of the Ohio state university medical center.

The chief medical officer of the Ohio state university medical center is the senior medical officer for the medical center with the responsibility and authority for all health and medical care delivered at the medical center. The chief medical officer is responsible for overall quality improvement and clinical leadership throughout the medical center, physician alignment, patient safety and medical staff development. The appointment, scope of authority, and responsibilities of the chief medical officer shall be as outlined in the Ohio state medical center board bylaws. The director of medical affairs will work collaboratively with the chief medical officer and medical directors of each hospital of the medical center for the: coordination and supervision of patient care and clinical activities; responsibility for the clinical organization of his or her respective hospital; and to establish priorities, jointly with the chief executive officer or executive director of his or her respective hospital, for capital medical equipment, clinical space, and the establishment of new clinical programs, or the revision of existing clinical programs.

(D) The chief quality officer of the Ohio state university medical center.

The chief quality and patient safety officer of the Ohio state university medical center is referred to herein these bylaws as the chief quality officer. The chief quality officer reports to the chief medical officer. The chief quality officer works collaboratively with clinical leadership of the medical center, including medical director of quality for the CHRI, director of medical affairs for the CHRI, nursing leadership and hospital administration. The chief quality officer provides leadership in the development and measurement of the medical center's approach to quality, patient safety and reduction of adverse events. The chief quality officer communicates and implements strategic, operational and programmatic plans and policies to promote a culture where patient safety is an important priority for medical and hospital staff.

(E) Medical director of credentialing.

The medical director of credentialing for the James cancer hospital oversees the process for the credentialing of practitioners applying for membership and/or clinical privileges at the James cancer hospital. The medical director of credentialing shall provide guidance on specific practitioner application or privileging concerns as raised pursuant to these bylaws and shall recommend practitioners for membership and/or privileges at the James cancer hospital and facilitate the process for approving such membership and granting of clinical privileges.

(F) Medical director, James surgical services.

The medical director, James surgical services has oversight of all James designated perioperative services and procedural suites. Working collaboratively with the administrator of perioperative services, the medical director, James surgical services facilitates the timely sharing of OR resources (including personnel and equipment) across the medical center in order to maximize the efficiency of OR services. The medical director, James surgical services works with clinical service lines and clinical leadership to coordinate OR services in a manner that enhances the quality of care and safety of services for patients. The medical director, James surgical services reports to the director of medical affairs of the James.

(G) Professional assignments.

Each member of the attending, associate attending, clinical, limited, physician scholar and honorary staff shall be assigned to a CHRI division and/or department by the chief executive officer upon the recommendation of the appropriate academic department chairperson and the credentials committee.

Appointment to a specific department and/or division is based on the clinical specialty of the applicant for medical staff membership. Each department and/or division is headed by a department chairperson or division director who has the responsibility to oversee all research and clinical activities conducted by members of the department and/or division. Specifically, the department chairperson or division director shall be responsible for the following: the development and implementation of policies and procedures that guide and support the provision of service; recommendations re: staffing needs and clinical privileges for all members appointed to the department and/or division; the orientation and continuing surveillance of the professional performance of all department and/or division members; recommendation for space and other resources needed.

(H) Clinical department chief.

(1) Qualifications and responsibilities of the chief of the clinical department. The academic department chair shall ordinarily serve also as the chief of the clinical department. Each clinical department chief shall be qualified by education and experience appropriate to the discharge of the responsibilities of the position. Each clinical department chief must be board certified by an appropriate specialty board or must establish comparable competence. The chief of the clinical department must be a medical staff member at the Ohio state university hospitals. Such qualifications shall be judged by the respective dean of the colleges of medicine or dentistry. Qualifications for chief of the clinical department generally shall include recognized clinical competence, sound judgment and well-developed administrative skills.

(2) Procedure for appointment. Appointment or reappointment of chief of the clinical department shall be made by the dean of the respective colleges of medicine or dentistry in consultation with elected representatives of the medical staff and the chief medical officer of the Ohio state university medical center.

(3) Term of appointment of the chief of the clinical department. The term of the appointment of the chief of the clinical department shall be concurrent with the chief's academic appointment but shall be no longer than four years. Prior to the end of said four-year term, a review shall be conducted by the dean of the college of medicine and such review shall serve as the basis for the recommendation for reappointment pursuant to paragraph (D)(2) of this rule.

(4) Duties of the chief of the clinical department:

Each clinical department chief is responsible for the following:

(a) Clinically related activities of the department;

(b) Administratively related activities of the department, unless otherwise provided by the hospital;

(c) Continuing surveillance of the professional performance of all practitioners in the department who have delineated clinical privileges;

(d) Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department;

(e) Recommending clinical privileges for each practitioner of the department based on relevant training and experience, current appraised competence, health status that does not present a risk to patients, and evidence of satisfactory performance with existing privileges;

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(f) Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the hospital;

(g) The integration of the department or service into the primary functions of the hospital, developing services that complement the medical center's mission and plan for clinical program development;

(h) The coordination and integration of interdepartmental and intradepartmental services;

(i) The development and implementation of policies and procedures that guide and support the provision of care, treatment, and services. This includes the development, implementation, enforcement and updating of departmental policies and procedures that are consistent with the hospital's mission. The clinical department chief shall make such policies and procedures available to the medical staff;

(j) The recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services, including call coverage for continuous high quality and safe care;

(k) The determination of the qualifications and competence of department or service personnel who are not licensed practitioners and who provide patient care, treatment, and services;

(l) The continuous assessment and improvement of the quality of care, treatment, and services;

(m) The maintenance of quality control programs, as appropriate;

(n) The orientation and continuing education of all persons in the department or service;

(o) Recommending space and other resources needed by the department or service; and

(p) Hold regular clinical department meetings and ensure open lines of communication are maintained in the clinical department. The agenda for the meetings shall include, but not be limited to, a discussion of the clinical activities of the department and communication of the decisions of the medical staff administrative committee. Minutes of the departmental meetings, including a record of attendance, shall be kept in the clinical department.

(Board approval dates: 9/1/1993, 3/3/1995, 12/6/1996, 12/3/1999, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 7/7/2006, 2/6/2009, 9/18/2009, 5/14/2010, 2/11/2011, 4/8/2011, 8/31/2012, 2/01/2013, 6/6/2014, 11/6/2015, 4/6/2018, 8/15/2023)

3335-111-09 Elected officers of the medical staff of the CHRI.

(A) Chief of staff.

The chief of staff shall:

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(1) Serve on those committees of the Ohio state medical center board as appointed by the chairperson of the medical center board.

(2) Be a vice chairperson of the medical staff administrative committee and serve as liaison between university administration, CHRI administration, and the medical staff in all matters of mutual concern within the CHRI.

(3) Call, preside, and be responsible for the agenda of all general staff meetings.

(4) Make medical staff committee appointments in accordance with paragraph (A) of rule 3335-111-10 of the Administrative Code.

(5) Be a spokesperson for the medical staff in its external professional and public relations.

(6) Serve as chairperson of the nominating committee of the medical staff.

(B) Chief of staff-elect.

The chief of staff-elect shall:

(1) Serve on those committees of the Ohio state medical center board as appointed by the chairperson of the medical center board.

(2) Serve as the chairperson of the bylaws committee of the CHRI.

(3) Carry out all the duties of the chief of staff when the chief of staff is unable to do so.

(4) Oversee the inclusion of changes in the bylaws, rules and regulations of the medical staff.

(5) Assist the Chief of Staff with duties outlined above in section (A) 1-6.

(C) Delegates at-large.

Up to two additional at-large member(s) may be appointed to the medical staff administrative committee at the recommendation of the chief executive officer of the CHRI, subject to the approval of the medical staff administrative committee and subject to review and renewal every two years.

(D) Qualifications of officers.

(1) Officers must be members of the attending staff at the time of their nomination and election and must remain members in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

(2) The chief executive officer and director of medical affairs, chiefs of the clinical departments, and division directors are not eligible to serve as chief of staff or chief of staff-elect unless they are replaced in their CHRI administrative role during the period of their term of office.

(E) Election of officers.

(1) All officers (other than at-large officers) will be elected by a majority of those voting by electronic ballot after the April meeting of the medical staff. If one candidate does not achieve a majority vote, there will be an election on a second ballot between the two receiving the greatest number of votes.

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(2) The nominating committee will be composed of five members. The chief of staff and the chief of staff-elect will serve on the committee and the chief of staff will be its chairperson. The chief of staff will appoint the three other members of the committee.

(3) Nominations for officers will be accepted from the floor at the March meeting.

(4) The committee's nominees will be submitted by electronic or written ballot to all voting members of the medical staff no later than May.

(5) Candidates for the office of chief of staff-elect will be listed and each attending staff member may vote for one.

(6) Automatic removal shall be for failure to meet those responsibilities assigned within these bylaws, failure to comply with medical staff rules and regulations, policies and procedures of the medical staff, for conduct or statements that damage the reputation of the CHRI, its goal and missions, or programs, or an automatic termination or suspension of clinical privileges that lasts more than thirty days.

(F) Term of office.

(1) The chief of staff and chief of staff-elect will each serve two years in office beginning on the first of July. The chief of staff-elect will be elected in the odd years. The chief of staff may not be elected chief of staff-elect within one year of the end of the chief of staff's term in office.

(2) The at-large representatives shall serve two years, beginning on the first of July. The delegate at large may succeed themselves for three successive terms (six years, total), if so elected. They may not serve again without a period of two years out of office as a delegate at large. The delegate at large may be elected chief of staff-elect at any time if they are members of the attending staff.

(G) Vacancies in office.

(1) Vacancies in the office of chief of staff during the chief's term will be automatically succeeded and performed by the chief of staff-elect. When the unexpired term is one year or less, the new chief of staff will continue in office until the completion of the expected term in that office. When the unexpired term is more than one year, the new chief of staff will serve out the remaining term only.

(2) Vacancies in the office of chief of staff-elect shall be filled by a special election held within sixty days of establishing the vacancy by the nominating and election process set forth in paragraph (F) of this rule. The nominating committee will make nominations and a special meeting of the voting members of the medical staff will be called to add nominations and elect the replacement. The new chief of staff-elect will become chief of staff at the end of the term of the incumbent.

(3) Vacancies in the at-large representatives' positions will be filled by appointment by the chief executive officer.

(Board approval dates: 9/1/1993, 3/3/1995, 12/6/1996, 9/1/1999, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 2/6/2009, 9/18/2009, 2/11/2011, 4/8/2011, 6/6/2014, 9/2/2016, 4/6/2018, 5/18/2021, 8/15/2023. 8/20/2024)

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Chapter 3335-111 - *Bylaws of the Medical Staff* of the
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
Updated August 20, 2024

3335-111-10 Administration of the medical staff of the CHRI.

Medical staff committees.

(A) Appointments: Appointments to all medical staff committees except the medical staff administrative committee (MSAC) and the nominating committee will be made jointly by the chief of staff, chief of staff-elect, and the director of medical affairs with medical staff administrative committee ratification. Unless otherwise provided by the bylaws, all appointments to medical staff committees are for two years and may be renewed. The chairperson shall control the committee agenda, attendance of staff and guests and conduct the proceedings. A simple majority of appointed voting members shall constitute a quorum. All committee members appointed or elected to serve on a medical staff committee are expected to participate fully in the activities of those committees. The chief of staff, director of medical affairs and the chief executive officer of the CHRI may serve on any medical staff committee as an ex-officio member without vote.

(B) The medical staff as a whole and each committee provided for by these medical staff bylaws is hereby designated as a peer review committee in accordance with the laws of the state of Ohio. The medical staff through its committees shall be responsible for evaluating, maintaining and monitoring the quality and utilization of patient care services provided by CHRI.

(C) Medical staff administrative committee:

(1) Composition:

(a) Voting membership includes: chief of staff, chief of staff-elect, immediate past chief of staff, clinical department chief or division director of medical oncology, radiation oncology, anatomic pathology and molecular pathology; department chairperson or division director of hematology, gynecologic oncology, otolaryngology/head and neck, hospital medicine, human genetics, infectious diseases, surgical oncology, thoracic surgery, neurological oncology, orthopaedic oncology/sarcoma pulmonary, critical care, sleep medicine, and urology; medical director of James emergency services; clinical department chiefs of anesthesia, dermatology, physical medicine and rehabilitation, plastic surgery, psychiatry, and radiology; CHRI medical director of quality, CHRI medical director of credentialing, CHRI chief executive officer, CHRI director of medical affairs, director of the division of palliative medicine, chairperson of the cancer subcommittee, CCC director for clinical research, CCC director for cancer control, and medical director of the James surgical services. Up to two additional at-large member(s) may be appointed to the MSAC at the recommendation of the chief executive officer of the CHRI, subject to the approval of the medical staff administrative committee and subject to review and renewal on a yearly basis. If a division director is a member by leadership position, he or she will also fulfill the role of division director appointment. The director of medical affairs shall be the chairperson and the chief of staff shall be the vice-chairperson.

(b) Ex-officio non-voting membership includes: the CHRI executive director, the CHRI chief nursing officer, the CHRI executive director of patient services, the medical director of university hospital and/or the chief medical officer of the medical center, the dean of the Ohio state university college of medicine and the executive vice president for health sciences.

(c) Any member of the committee who anticipates absence from a meeting of the committee may appoint a temporary substitute as a representative at the meeting. The temporary substitute will have all the rights of the absent member.

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(d) All members of the committee shall attend, either in person, virtual, or by proxy, a minimum of two-thirds of all committee meetings.

(e) Any members may be removed from the medical staff administrative committee at the recommendation of the dean of the college of medicine, the director of medical affairs or the executive vice president for health sciences and subject to the review and approval of the medical staff administrative committee. A replacement will be appointed as outlined above to maintain the medical staff administrative committee's composition as stated in this paragraph.

(2) Duties:

(a) To represent and to act on behalf of the medical staff, subject to such limitations as may be imposed by this chapter, and the bylaws or rules of the Ohio state university.

(b) To have primary authority for activities related to self-governance of the medical staff. Action approved by the medical staff administrative committee can be reviewed by the quality and professional affairs committee pursuant to rule 3335-43-13 of the Administrative Code.

(c) To receive and act upon commission and committee reports. To delegate appropriate staff business to committees while retaining the right of executive responsibility and authority over all medical staff committees. This shall include but is not limited to review of and action upon medical staff appointments and reappointments whenever timely action is necessary.

(d) To approve and implement policies of the medical staff.

(e) To recommend action to the chief executive officer on matters of medico-administrative nature.

(f) To fulfill the medical staff's accountability to the Wexner medical center board for medical care rendered to patients in the CHRI, and for professional conduct and activities of the medical staff, including recommendations concerning;

(i) Medical staff structure;

(ii) The mechanism to review credentials and to delineate clinical privileges;

(iii) The mechanism by which medical staff membership may be terminated or suspended;

(iv) Participation in the CHRI's performance improvement, quality and patient safety activities; and

(v) Corrective action and hearing procedures applicable to medical staff members and other licensed allied health professionals granted clinical privileges.

(g) To ensure the medical staff is kept abreast of the accreditation process and informed of the accreditation status of the CHRI.

(h) To review and act on medical staff appointments and reappointments.

(i) To report to the medical staff all actions affecting the medical staff.

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(j) To inform the medical staff of all changes in committees, and the creation or elimination of such committees as circumstances shall require.

(k) To create committees (for which membership is subsequently appointed pursuant to rule 3335-111-10 of the Administrative Code) to meet the needs of the medical staff and comply with the requirements of accrediting agencies.

(l) To establish and maintain rules and regulations governing the medical staff.

(m) To oversee functions related to performance improvement of professional services provided by individuals with clinical privileges.

(n) To perform other functions as are appropriate.

(3) Executive session.

Upon the recommendation of the credentialing committee, the medical staff administrative committee may vote to hold a portion of a regular, special or emergency meeting in executive session with participation limited to voting members of the medical staff administrative committee. Other individuals may be invited to attend any or all portions of an executive session as deemed necessary by the committee chair.

(4) Meetings:

The committee shall meet monthly and keep detailed minutes, which shall be distributed to each committee member before or at the next meeting of the committee.

(5) Voting:

At a properly constituted meeting, voting shall be by a simple majority of members present except in the case of termination or non-reappointment of medical staff membership or permanent suspension of clinical privileges, wherein two-thirds of members present shall be required.

(D) Credentialing committee of the hospitals of the Ohio state university:

(1) Composition:

The credentialing responsibilities of the medical staff are delegated to the credentialing committee of the hospitals of the Ohio state university, the composition of which shall include representation from the medical staff of each hospital.

The chief medical officer of the medical center shall appoint the credentialing committee of the hospitals of the Ohio state university. The director of medical affairs and medical director of credentialing shall make recommendation to the chief medical officer for representation on the credentialing committee of the hospitals of the Ohio state university.

The credentialing committee of the hospitals of the Ohio state university shall meet at the call of its chair, whom shall be appointed by the chief medical officer of the medical center.

(2) Duties:

(a) To review all applications for medical staff and licensed allied health professional appointment and reappointment, as well as all requests for delineation, renewal, or

amendment of clinical privileges in the manner provided in these medical staff bylaws, including applicable time limits. During its evaluation, the credentialing committee of the hospitals of the Ohio state university will take into consideration the appropriateness of the setting where the requested privileges are to be conducted;

(b) To review triennially all applications for reappointment or renewal of clinical privileges;

(c) To review all requests for changes in medical staff membership;

(d) To assure, through the chairperson of the committee, that all records of peer review activity taken by the committee, including committee minutes, are maintained in the strictest of confidence in accordance with the laws of the state of Ohio. The committee may conduct investigations and interview applicants as needed to discharge its duties. The committee may refer issues and receive issues as appropriate from other medical staff committees;

(e) To make recommendations to the medical staff administrative committee through the medical director of credentialing regarding appointment applications and initial requests for clinical privileges. Such recommendations shall include the name, status, department (division and/or department), medical school and year of graduation, residency and fellowships, medical-related employment since graduation, board certification and recertification, licensure status as well as all other relevant information concerning the applicant's current competence, experience, qualifications, and ability to perform the clinical privileges requested;

(f) To recommend to the medical staff administrative committee that certain applications for appointment be reviewed in executive session;

(g) The committee, after review and investigation, may make recommendations to the director of medical affairs, chief of staff, or the chief of a clinical department, regarding the restriction or limitation of any medical staff member's clinical privileges, noncompliance with the credentialing process, or any other matter related to its responsibilities;

(h) To review requests made for clinical privileges by other licensed allied health professionals as set forth in this chapter.

(i) To recommend eligibility criteria for the granting of medical staff membership and privileges.

(j) To develop, recommend, and consistently implement policy and procedures for all credentialing and privileging activities.

(k) To review, and where appropriate take action on, reports that are referred to it from other medical staff committees and medical staff members.

(l) To perform such other functions as requested by the medical staff administrative committee, quality and professional affairs committee or Wexner medical center board.

(3) Licensed health care professionals subcommittee:

(a) This subcommittee shall consist of other licensed health care professionals who have been appointed in accordance with paragraph (A) of rule 3335-111-10 of the Administrative Code. This subcommittee shall be chaired by a director of nursing.

(b) Duties:

(i) To review, within thirty days of receipt, all completed applications as may be referred by the credentialing committee of the hospitals of the Ohio state university;

(ii) To review and investigate the character, qualifications and professional competence of the applicant;

(iii) To review the applicant's patient care quality indicator definitions on initial granting of clinical privileges and the performance based profile at the time of renewal;

(iv) To verify the accuracy of the information contained in the application; and

(v) To forward, following review of the application, a written recommendation for clinical privileges to the credentialing committee of the hospitals of the Ohio state university for review at its next regularly scheduled meeting.

(vi) To develop relevant policies and procedures regarding the scope of service and scope of practice to be granted to each licensed allied health care professional specialty. These policies and procedures shall be ratified by the credentialing committee, and medical staff administrative committee and be approved by the Wexner medical center board.

(E) Medical staff bylaws committee:

(1) Composition.

The committee shall be composed of at least four members of the attending staff pursuant to paragraph (A) of rule 3335-111-10 of the Administrative Code. The chairperson shall always be the chief of staff-elect.

(2) Duties.

To review and recommend amendments to the medical staff administrative committee as necessary to maintain bylaws that reflect the structure and functions of the medical staff but not less than every two years. This committee will recommend changes to the medical staff administrative committee.

(F) Committee for practitioner health.

(1) Composition:

The committee shall consist of medical staff members appointed in accordance with paragraph (A) of rule 3335-111-10 of the Administrative Code.

(2) Duties:

(a) To consider issues of licensed practitioner health or impairment whenever a self-referral or referral is requested by an affected member or another member or committee of the medical staff, CHRI hospital staff, or any other individual.

(b) To provide appropriate counsel, referral, and monitoring until the rehabilitation is complete and periodically thereafter, if required, to enable the medical staff member to obtain appropriate diagnosis and treatment, and to provide appropriate standards of care.

(c) To consult regularly with the chief of staff, medical director of credentialing and director of medical affairs of the CHRI.

(d) To advise credentials and/or other appropriate medical staff committees on the credibility of a complaint, allegation or concern, including those affecting the quality and safety of patient care.

(e) It will be the responsibility of the chairperson of the committee to assure that all proceedings and records, including the identity of the person referring the case, are handled and maintained in the strictest of confidence in accordance with the laws of the state of Ohio.

(f) To educate CHRI hospital and the medical staff about illness and impairment recognition issues, including at risk criteria specific to licensed practitioners.

(G) Cancer subcommittee:

(1) Composition:

Required to be included as members of the cancer subcommittee are physician representatives from surgery, medical oncology, radiology, radiation oncology, anesthesia, plastic surgery, urology, otolaryngology/head and neck, hematology, gynecologic oncology, thoracic surgery, orthopaedic oncology, neurological oncology, emergency medicine, palliative medicine and pathology, the cancer liaison physician and non-physician representatives from the cancer registry, administration, nursing, social services, and quality assurance. Other disciplines should be included as appropriate for the institution. The chairperson is appointed at the recommendation of the chief executive officer of the CHRI and the director of medical affairs, subject to the approval of the medical staff administrative committee and subject to review and renewal on a yearly basis.

(2) Duties:

(a) Develop and evaluate the annual goals and objectives for the clinical, educational, and programmatic activities related to cancer.

(b) Promote a coordinated, multidisciplinary approach to patient management.

(c) Ensure that educational and consultative cancer conferences cover all major site and related issues.

(d) Ensure that an active supportive care system is in place for patients, families, and staff.

(e) Monitor quality management and improvement through completion of quality management studies that focus on quality, access to care, and outcomes.

(f) Promote clinical research.

(g) Supervise the cancer registry and ensure accurate and timely abstracting, staging, and follow-up reporting.

(h) Perform quality control of registry data.

(i) Encourage data usage and regular reporting.

(j) Ensure content of the annual report meets requirements.

(k) Publishes the annual report by November first of the following year.

(l) Upholds medical ethical standards.

(m) Serve as cancer committee for commission on cancer program of the American college of surgeons.

(3) Meetings:

(a) The subcommittee shall meet in collaboration with the medical staff administrative committee as a policy-advisory and administrative body with documentation of activities and specialties in attendance.

(b) Any member anticipating an absence from the meeting should designate a representative to attend in their place.

(H) Ethics committee.

(1) Composition.

The committee is a joint committee and shall consist of members of the medical staff, nursing, hospital administration, and other persons representing both the CHRI and UH who, by reason of training, vocation, or interest, may make a contribution. Appointments will be made as provided by in this chapter. The chairperson shall be a physician who is a clinically active member of the medical staff of UH or the CHRI.

(2) Duties

(a) To make recommendations for the review and development of guidelines or policies regarding ethical issues.

(b) To provide ethical guidelines and information in response to requests from members of the medical staff, patients, patient's family or other representative, and staff members of the CHRI.

(c) To provide a support mechanism for primary decision makers at the CHRI.

(d) To provide educational resources on ethics to all health care providers at the CHRI.

(e) To provide and enhance interaction between CHRI administration and staff, departmental ethics committees, pastoral care services, and members of the medical staff.

(I) Practitioner evaluation committee.

(1) Composition.

This multi-disciplinary peer review committee is composed of clinically-active practitioners. If additional expertise is needed, the practitioner evaluation committee may request the assistance from any medical staff member or recommend to the director of medical affairs an external review.

(2) Duties:

(a) To meet regularly and keep minutes, which describe issues, opportunities to improve patient care, recommendations and actions to the chief quality officer, unless delegated to the medical director of quality and the chair of the clinical department, responsible parties, and expected completion dates. The minutes are maintained in the quality and patient safety office.

(b) To ensure that ongoing and systematic monitoring, evaluation and process improvement is performed in each clinical department.

(c) To develop and utilize objective criteria in practitioner peer review activities.

(d) To ensure that the medical staff peer review process is effective.

(e) To maintain confidentiality of its proceedings. These issues are not to be handled outside of the practitioner evaluation committee by any individual, clinical department, division, or committee.

(J) Committee for practitioner effectiveness.

(1) Composition.

This multi-disciplinary peer review committee is composed of clinically-active practitioners and other individuals with expertise in professionalism.

(2) Duties.

(a) Receive and review validity of complaints regarding concerns about professionalism of credentialed practitioners;

(b) Treat, counsel and coach practitioners in a firm, fair and equitable manner;

(c) Maintain confidentiality of the individual who files a report unless the person who submitted the report authorizes disclosure or disclosure is necessary to fulfill the institution's legal responsibility;

(d) Ensure that all activities be treated as confidential and protected under applicable peer review and quality improvement standards in the Ohio Revised Code;

(e) Forward all recommendations to the clinical department chief, director of medical affairs or his/her designee and, if applicable, to the chief nursing officer.

(Board approval dates: 9/1/1993, 3/3/1995, 12/6/1996, 9/1/1999, 10/1/1999, 12/3/1999, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 7/7/2006, 2/6/2009, 9/18/2009, 5/14/2010, 2/11/2011, 4/8/2011, 8/31/2012, 2/1/2013, 11/7/2014, 11/6/2015, 9/2/2016, 4/6/2018, 5/18/2021, 8/15/2023, 8/20/2024)

Chapter 3335-111 - *Bylaws of the Medical Staff* of the
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
Updated August 20, 2024

3335-111-11 History and physical.

(A) History and physical examination.

(1) A history and physical appropriate to the patient and/or the procedure to be completed shall be documented in the medical record of all patients either:

(a) Admitted to the hospital

(b) Undergoing outpatient/ambulatory procedures requiring anesthesia or sedation

(b) Undergoing outpatient/ambulatory surgery

(d) In a hospital-based ambulatory clinic

(2) For patients admitted to the hospital, the history and physical examination shall include at a minimum:

(a) Date of admission

(b) Chief complaint and/or indication for procedure

(c) History of present illness

(d) Past medical and surgical history

(e) Relevant past social and family history

(f) Medications and allergies

(g) Review of systems

(h) Physical examinations

(i) Test results

(j) Assessment or impression

(k) Plan of care

(3) For patients undergoing outpatient/ambulatory procedures requiring anesthesia or sedation or outpatients/ambulatory surgery, the history and physical examination shall include at a minimum:

(a) Indication for procedure/surgery

(b) Relevant medical or surgical history

(c) Medications and allergies or reference to current listing in the electronic medical record

(d) Focused review of systems, as appropriate

(e) Pre-procedure assessment and physical examination

(f) Assessment/impression and treatment plan

(4) For patients seen in a hospital-based ambulatory clinic, the history and physical shall include at a minimum:

(a) Chief complaint

(b) History of present illness

(c) Medications and allergies

(d) Problem-focused physical examination

(e) Assessment or impression

(f) Plan of care

(B) Deadlines and sanctions

(1) A history and physical examination must be performed by a member of the medical staff, his/her designee or other licensed healthcare professional, who is appropriately credentialed by the hospital, and be signed, dated and timed.

(2) Patients admitted to the hospital: If the history and physical is performed by the medical staff member's designee or other licensed healthcare professional who is appropriately credentialed by the hospital, the history and physical must be countersigned by the responsible medical staff member.

(3) The complete history and physical examination shall be dictated, written or updated no later than twenty-four hours after admission for all inpatients.

(4) Admitted patients or patients undergoing a procedure requiring anesthesia or sedation or surgery, the history and physical examination may be performed or updated up to thirty days prior to admission, or the procedure/surgery. If completed before admission or the procedure, there must be a notation documenting an examination for any changes in the patient's condition since the history and physical was completed. The updated examination must be completed and documented in the patient's medical record within twenty-four hours after admission, or before the procedure/surgery, whichever occurs first. It must be performed by a member of the medical staff, his/her designee, or other licensed health care professional who is appropriately credentialed by the hospital, and be signed, dated and timed. In the event the history and physical update is performed by the medical staff member's designee or other licensed health care professional who is appropriately credentialed by the hospital, it shall be countersigned, dated and timed by the responsible medical staff member.

(a) For patients undergoing an outpatient procedure requiring anesthesia or sedation or surgery, regardless of whether the treatment, procedure or surgery is high or low risk, a history and physical examination must be performed by a member of the medical staff, his/her designee, or other licensed health care professional who is appropriately credentialed by the hospital and must be signed or countersigned when required, timed and dated.

(b) If a licensed health care professional is appropriately credentialed by the hospital to perform a procedure or surgery independently, a history and physical performed by the licensed health care professional prior to the procedure or surgery is not required

to be countersigned.

(5) Hospital-based ambulatory clinic: If a history and physical examination is performed by a licensed health care professional who is appropriately credentialed by the hospital to see patients independently, the history and physical is not required to be countersigned.

(6) When the history and physical examination including the results of indicated laboratory studies and x-rays is not recorded in the medical record before the times stated for a procedure or surgery, the procedure or surgery cannot proceed until the history and physical is signed or countersigned, when required, by the responsible medical staff member, and indicated test results are entered into the medical record. In cases where such a delay would likely cause harm to the patient, this condition shall be entered into the medical record by the responsible medical staff member, his/her designee, or other licensed health care professional who is appropriately credentialed by the hospital, and the procedure or surgery may begin. When there is disagreement concerning the urgency of the procedure, it shall be adjudicated by the medical director or the medical director's designee.

(7) Ambulatory patients must have a history and physical at the initial visit.

(8) For psychology, psychiatric and substance abuse ambulatory sites, if no other acute or medical condition is present on the initial visit, a history and physical examination may be performed either:

(a) Within the past six months prior to the initial visit,

(b) At the initial visit, or

(c) Within thirty days following the initial visit.

(Board approval dates: 5/14/2010, 6/6/2014, 11/7/2014, 11/6/2015, 8/20/2024)

3335-111-12 Amendments and adoption.

(A) Medical staff responsibility.

The medical staff bylaws committee shall have the initial responsibility to formulate, review at least biennially, and recommend to the quality and professional affairs committee of the Wexner medical center board any medical staff bylaws, rules, regulations, policies, procedures, and amendments as needed. Amendments to the bylaws shall be effective when approved by the university board of trustees. Amendments to the rules and regulations shall be effective when approved by the Wexner medical center board.

Such responsibility shall be exercised in good faith, in a timely manner and in accordance with applicable laws and regulatory standards. This applies as well to the review, adoption, and amendment of the related rules, policies, and protocols developed to implement the various sections of these bylaws.

The organized medical staff shall also have the ability to propose amendments to the medical staff bylaws, rules and regulations and policies and procedures and propose them directly to the quality and professional affairs committee of the Wexner medical center board.

If the voting members of the organized medical staff propose to adopt amendments to the bylaws, rules and regulations or policies, they must first communicate the proposal to the medical staff administrative committee. When the medical staff administrative committee proposes to adopt

amendments to the bylaws, rules and regulations or policies, it communicates the proposal to the organized medical staff.

Conflict between the organized medical staff and the medical staff administrative committee will be managed by allowing communication directly from the medical staff to the quality and professional affairs committee of the Wexner medical center board on issues including, but not limited to: amendments to the bylaws and the adoption of new rules and regulations or policies. Medical staff members may communicate with the quality and professional affairs committee of the Wexner medical center board by submitting their communication in writing to the chief of staff, who shall then communicate on their behalf to the quality and professional affairs committee of the Wexner medical center board at its next regularly scheduled meeting for final determination.

In cases of urgent need to update the medical staff bylaws or rules and regulations in order to comply with law, statute, federal regulation, or accreditation standard, the medical staff administrative committee and the quality and professional affairs committee of the Wexner medical center board may provisionally approve an urgent amendment without prior notification to the medical staff. The medical staff shall be immediately notified by the medical staff administrative committee. The medical staff shall have the opportunity for review of and vote on the provisional amendment. If the medical staff votes in favor of the provisional amendment it shall stand. If there is conflict over the provisional amendment, process for resolving conflict between the organized medical staff and the medical staff administrative committee shall be implemented.

(B) Methods of adoption and amendment to these bylaws.

Proposed amendments to these bylaws may be originated by the medical staff bylaws committee, medical staff administrative committee or by a petition signed by twenty-five percent (25%) of attending medical staff members.

Each attending medical staff member will be eligible to vote on the proposed amendment via secure ballot in a manner determined by the medical staff administrative committee. All attending medical staff members shall receive at least fourteen days advance notice of the changes to be adopted:

(1) The medical staff receives a simple majority of the votes cast by those members eligible to vote.

(2) Amendments so adopted shall be effective when approved by the university board of trustees.

(C) Methods of adoption and amendment to medical staff rules, regulations and policies.

The medical staff may adopt additional rules, regulations and policies as necessary to carry out its functions and meet its responsibilities under these bylaws.

Proposed amendments to the rules, regulations and policies may be originated by the medical staff bylaws committee or the medical staff administrative committee.

The medical staff administrative committee shall vote on the proposed language changes at a regular meeting, or at a special meeting called for such purpose. Following an affirmative vote by the medical staff administrative committee, rules and regulations may be adopted, amended or repealed, in whole or in part and such changes shall be effective when approved by the organized medical staff, and the Wexner medical center board. Policies and procedures will become effective upon approval of the medical staff administrative committee.

In addition to the process described above, the organized medical staff itself may recommend directly to the quality and professional affairs committee of the Wexner medical center board an amendment

to any rules, regulation, or policy by submitting a petition signed by twenty-five per cent of the members of the attending medical staff category. Upon presentation of such petition, the adoption process outlined above will be followed.

(D) The medical staff administrative committee may adopt such amendments to these bylaws, rules, regulations, and policies that are, in the committee's judgment, administrative, technical or legal modifications or clarifications. Such modifications may include reorganization or renumbering, punctuation, spelling, or other errors of grammar or expression. Such amendments need not be approved by the entire Wexner medical center board but must be approved by the vice president of health services. Neither the organized medical staff nor the Wexner medical center board may unilaterally amend the medical staff bylaws or rules and regulations.

The medical staff bylaws, rules and regulations, Wexner medical center board bylaws, and relevant policies shall not conflict. The medical staff bylaws committee shall assure that there is no conflict.

(Board approval dates: 9/1/1993, 3/3/1995, 12/3/1999, 9/6/2002, 2/6/2004, 9/18/2009, 5/14/2010, 2/11/2011, 4/8/2011, 11/7/2014, 8/15/2023)

3335-111-13 Meetings and dues.

(A) Meetings.

The medical staff of the CHRI shall conduct scheduled meetings semi-annually. Notice of the meetings will be sent to all medical staff at least two weeks prior to the meeting. Attendance is encouraged, but shall not be a requirement for continued medical staff membership and clinical privileges. Special or electronic meetings may be called at the option of the medical staff administrative committee.

(B) Dues. The medical staff, by two-thirds vote of those in attendance at a regularly scheduled meeting, may establish dues. Payment of dues is a requirement for continued medical staff membership except honorary, clinical, and limited staff.

(Board approval date: 4/8/2011)

3335-111-14 Rules of construction.

(A) "Shall" as used herein is to be construed as mandatory.

(B) These bylaws should be construed to be gender neutral.

(Board approval dates: 9/1/1993, 12/6/1996, 9/1/1999, 9/6/2002, 5/14/2010, 4/8/2011)

Joint Bylaws Committee Meeting
University Hospitals and The James

August 21, 2025

Summary of Proposed Amendments

The James Bylaws

- Proposed changes to 3335-43-04 (Membership) and 3335-111-07 (Categories of the medical staff) describing the required period of active clinical practice from "two" years to "three" to bring in-line with current recredentialing cycles.

- Proposed addition of Contracted medical staff category in 3335-111-07(G) to align with Contracted medical staff category in University Hospitals Bylaws and to align with current workflow of Corporate Credentialing.

- Proposed addition of granting telemedicine privileges by proxy as permitted by Centers for Medicare and Medicaid Services Conditions of Participation and by Joint Commission standards – added at 3335-111-07(K)(11).

- Removal of outdated telemedicine privilege language in same paragraph. Telemedicine privileges for health system employed providers are now addressed on delineation of privilege forms.

The James Rules and Regulations

- Proposed deletion of "as verified by the attending medical staff member's signature" from Rule 10 (Medical records) at paragraph (A)(1)(a)(xii)(d) to remove this additional requirement that is not present in UH bylaws.

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

MEDICAL STAFF RULES AND REGULATIONS
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
as of August 15, 2023

01 Ethical pledge.

(A) Each member of the medical staff and health care providers with clinical privileges shall pledge adherence to standard medical ethics, including:

(1) Refraining from fee splitting or other inducements relating to patient referral;

(2) Providing for continuity of patient care;

(3) Refraining from delegating the responsibility for diagnosis or care of hospitalized patients to a medical or dental practitioner or other licensed healthcare professional who is not qualified to undertake this responsibility or who is not adequately supervised;

(4) Seeking consultation whenever necessary; and

(5) Never substituting physicians without the patient's knowledge or appropriate consent.

(Board approval dates: 7/7/2006, 8/31/2012, 4/6/2016)

02 Admission procedures.

(A) Except in an emergency, in the interest of assignment to the appropriate service, no patient shall be admitted to the hospital until after a provisional diagnosis has been stated by the patient's attending physician a member of the attending staff, limited staff member or other licensed healthcare professional who is appropriately credentialed by the hospital and under the supervision of the responsible medical staff member. The request for admission shall also include the following information:

(1) Any facts essential for the protection of the general hospital population against unnecessary exposure to infectious and other communicable diseases.

(2) Any information which will warn responsible hospital personnel of any tendency of any patient to commit suicide or to injure others because of mental disturbance.

(3) Any information concerning physical condition or personality idiosyncrasy which might be objectionable to other patients who might be occupying the same or adjoining rooms.

(B) It shall be the responsibility of the attending physician to notify hospital or medical staff personnel of the existence of mental or substance disorders and to order such precautionary measures as may be necessary to assure protection of the patient and the protection of others whenever a patient might be a source of danger. The attending physician is responsible to provide a comprehensive plan of care, including emergency care.

(Board approval dates: 9/18/2009, 4/6/2016)

MEDICAL STAFF RULES AND REGULATIONS
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
Updated August 15, 2023

03 Attending assignment.

(A) All patients entering the Arthur G. James cancer hospital and Richard J. Solove research institute (CHRI) who have not requested the services of a member of the medical staff to be responsible for their care and treatment while a patient therein shall be assigned to a member of the attending staff of the service concerned with the treatment of the disease, injury, or condition which necessitated the admission of the patient to the CHRI. This shall also apply to the transfer of patients within the services of the CHRI.

(B) Alternative attending medical staff member coverage.

Each division shall have a plan for medical coverage. Each member of the medical staff shall designate on his or her medical staff application one or more members of the attending or limited medical staff who have accepted this responsibility and who shall be called to attend his or her patients if the responsible attending medical staff member is not available, the director of medical affairs, section chiefs, department chair or his designee shall have authority to contact any member of the medical staff and arrange for coverage should the attending medical staff member and the alternate be unavailable.

(C) In the case of a medical or psychiatric emergency involving a patient, visitor or CHRI staff member in an inpatient or outpatient setting, any individual who is a member of the medical staff or who has been delineated privileges is permitted to do everything possible to save the life or prevent serious harm regardless of the individual's staff status or clinical privileges.

(Board approval dates: 11/4/2005, 2/11/2011, 4/6/2016)

04 Consultations.

(A) Consultation requirements.

When a patient care problem is identified that requires intervention during the hospital stay that is outside the medical staff member's area of training and experience, it is the responsibility of the medical staff member or his or her designee (with appropriate credentials) to obtain consultation by the appropriate specialist. The consultation may be ordered by the responsible medical practitioner, a member of the limited staff, or another licensed healthcare professional with appropriate clinical privileges as designated in these rules and regulations. If a consultation is ordered prior to 10:00 a.m., the consult shall occur on the same business day. If a consultation is ordered after 10:00 a.m., the consult shall occur within twenty-four hours. Each patient is continuously assessed and his or her plan for care if modified as necessary.

(B) Responsibility to monitor consultations.

It is the duty of the medical staff, through its clinical section chief and the medical staff administrative committee, to assure that members of the staff comply in the matter of requesting consultations as needed.

(C) Consultation contents.

A satisfactory consultation shall be rendered within one day of the request and shall include examination of the patient, examination of the medical record, and a written opinion signed by the consultant that is made a part of such record. If operative procedures are involved, the consultation note, except in an emergency, shall be recorded prior to the operation.

(Board approval dates: 11/4/2005, 7/7/2006, 2/6/2009, 9/18/2009, 4/8/2011, 4/6/2016)

MEDICAL STAFF RULES AND REGULATIONS
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
Updated August 15, 2023

05 Order writing privileges.

(A) Definition of "patient orders".

(1) A patient order(s) is a prescription for care or treatment of patients. An order can be given verbally, electronically or in writing to qualified personnel identified by category in paragraph (C) of this rule and shall be authenticated by the licensed medical practitioner, a member of the limited staff, or another licensed healthcare professional with appropriate clinical privileges. Patient orders may be given initially, renewed, discontinued or cancelled. Throughout these rules and regulations, the word “written” and its grammatical derivatives, as used to describe a nonverbal order, refer to both written and electronically entered orders.

(2) Electronic orders are equivalent and have the same authority as written orders. Electronic orders have been expressly structured to mirror these rules and regulations and all policy guidelines adopted by the medical staff and hospital administration.

(B) Responsible medical practitioner.

All patient care is the responsibility of the attending, associate attending, clinical attending, or community associate attending staff. Coverage may be provided by the limited staff or another licensed healthcare professional with appropriate clinical privileges under supervision. The licensed physician, dentist, podiatrist, or psychologist (under medical doctor supervision) with appropriate clinical privileges responsible for the hospitalization or outpatient care, and treatment of the patient is responsible for all orders for the patient. Attending, associate attending and clinical medical staff may designate members of the limited staff, or other licensed healthcare professionals with appropriate clinical privileges to write or electronically enter orders under their direction. The attending staff member may also designate members of the pre-M.D. medical student group to write or electronically enter orders, but in all cases these orders shall be signed by the physician, dentist, psychologist, podiatrist, or designated limited staff member who has the right to practice medicine, dentistry, psychology, or podiatry and who is responsible for that patient’s care prior to the execution of the order. Supervising physicians may delegate to a medical staff member (who is appropriately credentialed) the ability to relay, enter, transcribe or write orders for routine laboratory, radiologic and diagnostic studies under their direction, but, in all cases, the order shall be co-signed by the supervising physician within twenty-four hours of the order being written. Community associate staff coverage may be provided by the limited staff under supervision.

(C) Telephone and verbal orders may be given by the responsible attending physician, dentist, podiatrist, psychologist, member of the limited medical staff, or other licensed healthcare professionals with appropriate clinical privileges only to health care providers who have been approved in writing by title or category by the director of medical affairs and each chief of the clinical service where they will exercise clinical privileges, and only where said health care provider is exercising responsibilities which have been approved and delineated by job description for employees of the hospital, or by the customary medical staff credentialing process when the provider is not an employee of the hospital. Lists of the approved titles or categories of providers shall be maintained by the director of medical affairs. Verbal orders should be utilized infrequently. The individual giving the verbal or telephone order must verify the complete order by having the person receiving the information record and “read back” the complete order to assure the quality and safety of patient care. The job description or delineated privileges for each provider must indicate each provider’s authority to receive telephone or verbal orders, including but not limited to the authority to receive orders for medications. The order is to be recorded and authenticated by approved health care provider to whom it is given as “verbal order by _____,” or “V.O. or T.O. by _____,” giving the licensed healthcare practitioner’s name and the time of the order, followed by the approved health care provider’s signature and date, and read back in its entirety to the ordering physician, dentist, psychologist, podiatrist, designated limited staff member, or other licensed healthcare professionals with appropriate clinical privileges. All verbal orders for DEA schedule II controlled substances, patient seclusion, or patient restraint must be

authenticated within twenty-four hours by signature of a licensed physician, dentist, podiatrist, psychologist, or designated limited staff member or other licensed healthcare professionals with appropriate clinical privileges. Verbal orders for directives of urgent issues that cannot be addressed by the prescriber's order entry are encouraged to be signed electronically within forty-eight hours, but must be authenticated within twenty-one days by signature by a licensed physician, dentist, podiatrist, psychologist, limited staff member, or other licensed healthcare professionals with appropriate clinical privileges.

(D) Standing orders.

Standing orders for medications are only approved in emergency situations. All other standing orders must be developed, approved, used and monitored in strict compliance with the standing orders medical staff policy approved by the medical staff administrative committee and hospital administration.

(E) Preprinted orders.

Preprinted order forms for patients must be reviewed, dated, timed and signed by a responsible medical practitioner, a limited staff member, or other licensed healthcare professionals with appropriate clinical privileges before becoming effective.

(F) Investigational drug orders.

Evidence of informed patient consent must be available to a nurse or pharmacist before an investigational agent is ordered and administered. Investigational drugs may be ordered only upon authorization of the principal or co-investigator or other delegated physician, dentist, or podiatrist named in FDA forms 1572 or 1573. Registered nurses or pharmacists who are knowledgeable about the investigational agents may administer the drugs to patients.

(G) Change of nursing service.

Level of care is defined as the type and frequency of medical and nursing interventions required to appropriately manage the medical and nursing care requirements of the patient. "Change of level of care" means official and physical movement (transfer) of a patient from an inpatient or observation care unit providing one level of care to another providing a different level of care, with or without change in attending physician, dentist, psychologist or podiatrist or clinical service. Orders effective before transfer must be reviewed, renewed or rewritten upon transfer by signature of a responsible medical practitioner. The new or renewed orders may be written or electronically entered before or when the patient arrives on the receiving unit and may become effective immediately.

In each case of "change of nursing service," it is the responsibility of the receiving nurse to establish the availability of renewed or new written or electronically entered orders. Prior orders will remain in effect until new orders are available. This should be done within eight hours of transfer.

(H) "Transfer of clinical service" means transfer of full patient responsibility from one attending physician, dentist, psychologist or podiatrist to another; the patient may remain on the same unit or a change in patient care area may also occur. Admission of a patient from an emergency service to the hospital as an inpatient involves "transfer of clinical service."

For the purposes of order writing or electronically entering orders, two essentials of "transfer of clinical service" are necessary:

(1) The initial transfer order must indicate the release of responsibility and control of the patient, pending acceptance by the receiving service. The order may read "transfer (or admit) to Dr., head and neck service."

(2) Transfer of service may be completed only by the receiving service writing an order to the effect "accept in transfer (or admission) to Dr., head and neck service."

Orders effective before the transfer must be renewed or rewritten upon transfer by signature of a responsible medical practitioner, a limited staff member, or other licensed healthcare professionals with appropriate clinical privileges. The new or renewed orders may be written or electronically entered before or at the time of transfer, and may become effective immediately. It is the responsibility of the receiving nurse to establish the availability of new or renewed orders. If new orders are unavailable, then the nurse may continue previous orders and immediately notify the responsible medical practitioner, a limited staff member, or other licensed healthcare professionals with appropriate clinical privileges.

(I) Patient orders and the "covering" medical practitioner.

"Coverage" of patient responsibilities for another physician, dentist or podiatrist for a brief period of time does not constitute or require "transfer of clinical service" unless so desired and agreed upon by the physician, dentist, or podiatrist and patient.

(J) Hospital discharge/readmission orders.

Hospital discharge from standard inpatient units or day care unit to outpatient status requires appropriate discharge orders. Readmission to any inpatient unit requires new, rewritten/reentered or renewed orders by signature of the responsible medical practitioner, limited staff member, or other licensed healthcare professional with appropriate privileges and under the supervision of the responsible medical staff member.

(K) Do not resuscitate orders.

The order for do not resuscitate indicating that the patient should not undergo cardiopulmonary resuscitation may be written only by the attending physician or his delegate. Verbal orders for do not resuscitate will not be accepted under any circumstances. The order for do not resuscitate may be rescinded only by the attending physician or delegate and an order must be written to annul said order. Please refer to hospital policy 03-24 do not resuscitate orders for further details.

(L) Hospital admission/observation orders.

Hospital admission/observation requires an appropriate level of care (ALOC) order designating the patient as inpatient or outpatient (observation). The appropriate level of care (ALOC) order may be written a signed by the attending physician. If the ALOC order for inpatient admission is written by a member of the limited staff or other licensed healthcare practitioner with appropriate clinical privilege, it must be co-signed by the attending physician prior to the patient being discharged from the hospital. Admission to any inpatient unit or placing a patient in observation status requires new, rewritten/reentered or renewed orders by the responsible medical practitioner or limited staff member or other licensed healthcare professional with appropriate privileges and under the supervision of the responsible medical staff member.

(Board approval dates: 4/6/2016, 9/2/2016)

06 Death procedures.

(A) Every member of the medical staff shall be actively interested in securing necropsies in every death on their service. No autopsy shall be performed without written consent, permission, or direction as prescribed by the laws of Ohio.

(B) The death of a patient in the hospital within twenty-four hours of admission must be reported to the proper legal authorities under the laws of Ohio.

(C) When a necropsy is performed, provisional anatomic diagnosis should be recorded in the medical record within three days and the complete protocol should be made a part of the record within sixty days.

(D) Criteria for autopsy requests include the following:

(1) Coroner's cases when the coroner elects not to perform an autopsy. The county coroner has jurisdiction for performing an autopsy when death is the result of violence, casualty, or suicide, or occurs suddenly in a suspicious or unusual manner. Deaths occurring during surgery or within twenty-four hours of admission to the hospital are also coroner's cases, and the decision whether to autopsy is the coroner's responsibility. When the coroner elects not to perform an autopsy, a request of an autopsy shall be made pursuant to paragraph (A) of this rule.

(2) Unexpected or unexplained deaths, where apparently due to natural causes or due to those occurring during or following any surgical, medical, or dental diagnostic procedures or therapies.

(3) Undiagnosed infections disease where results may be of value in treating close contacts.

(4) All deaths in which the cause of death is not known with certainty on clinical grounds.

(5) Cases where there is question of disease related to occupational exposure.

(6) Organ donors (to rule out neoplastic or infectious disease).

(7) Cases in which autopsy may help to allay the concerns of the family or public regarding the death and to provide assurance to them regarding the same.

(8) Deaths in which autopsy may help to explain unknown or unanticipated medical complications to the attending.

(9) Deaths of patients who have participated in investigational therapy protocols.

(10) Deaths in which there is a need to enhance the education and knowledge of the medical staff and house staff. The attending practitioner shall be notified of the autopsies performed by the pathology department.

(E) When an autopsy is performed, provisional anatomic diagnosis should be recorded in the medical record within three days and the complete protocol should be made a part of the record within sixty days.

(Board approval dates: 11/4/2005, 4/6/2016)

07 Emergency preparedness.

(A) Emergency care.

Emergency care is considered to be treatment rendered to stabilize the patient prior to transport to the Ohio state university hospital's emergency department or other appropriate facility as the patient's condition dictates.

(B) Disaster preparedness.

In case of a civil, military, natural emergency or disaster, patients may be discharged from the CHRI, moved to other community hospitals, or moved to other facilities made available for the care and treatment of patients, by the order of the director of medical affairs of the CHRI or the director of medical affairs designated agent, to preserve life and health, to make room for more critically ill or injured patients sent to the hospitals from a disaster area or for the purpose of saving lives and to provide adequate medical care and treatment.

(Board approval dates: 11/4/2005, 2/6/2009, 4/6/2016)

08 Surgical case review (tissue committees).

Surgical case review shall be performed on an on-going basis by each department regularly doing surgical procedures in conjunction with the clinical quality management committee. The review shall include indications for surgery and all cases in which there is a major discrepancy between preoperative and postoperative (including pathologic) diagnoses. Discrepancies between the clinical impression and tissue removed during a surgical procedure are identified by pathology and then referred to the appropriate department for review. A screening mechanism based on predetermined criteria may be established for cases involving no specimens. Written records of the evaluations and any action taken shall be maintained in the quality and operations improvement department, and be available to the director of medical affairs, the CHRI section chief, department chairperson or their designees.

(Board approval dates: 11/4/2005, 4/6/2016)

09 Tissue disposition.

All tissue and foreign bodies removed during a surgical procedure shall be sent to the pathology laboratory for examination except for the following categories. These exceptions may be invoked by the attending surgeon only when the quality of care is not compromised by the exception when another suitable means of verification of the removal is routinely employed and when there is an authenticated operative or other official report that documents the removal. The categories of specimens that may be exempted from pathological examination are the following:

(A) Specimens that by their nature or condition do not permit fruitful examination, such as cataract, orthopedic appliance, foreign body, or portion of rib removed only to enhance operative exposure;

(B) Therapeutic radioactive sources, the removal of which shall be guided by radiation safety monitoring requirements;

(C) Traumatically injured members that have been amputated and for which examination for either medical or legal reasons is not deemed necessary;

(D) Foreign bodies (for example bullets) that for legal reasons are given directly in the chain of custody to law enforcement representatives.

(E) Specimens known to rarely if ever show pathological change, and removal of which is highly visible postoperatively.

(F) Teeth, provided the number including fragments is recorded in the medical record.

(G) Specimens for gross only examination.

(H) Medical devices. Soft tissue accompanying medical devices may be submitted for microscopic examination if deemed appropriate by the pathologist.

(I) Foreign bodies that are hard and cannot be decalcified. Accompanying soft tissue may be submitted for microscopic examination if deemed appropriate by the pathologist.

(J) Portions of bone removed from feet for bunions/hammer toes, if microscopic exam deemed unnecessary by pathology.

(K) Portions of rib removed for operative exposure only and not designated "disposal only." At the pathologist's discretion, marrow samples from such ribs may be submitted for microscopic examination.

(L) Nasal bone and cartilage removed for deviated septum (does not apply if deviation due to neoplastic or inflammatory process). If soft tissue accompanies nasal bone and cartilage, it may be examined at pathologist's discretion.

(Board approval dates: 11/4/2005, 4/6/2016)

10 Medical records.

(A) Each member of the medical staff shall conform to the following medical information management department policies:

(1) Medical record contents.

(a) The attending physician is ultimately responsible for the preparation of a complete medical record for each patient. The medical record may contain information collected and maintained by members of the medical staff, limited staff, other licensed healthcare professionals, medical students or providers who participate in the care of the patient. This record shall including the following elements as it applies to the patient encounter:

(i) Identification demographic data including the patient’s race and ethnicity.

(ii) The patient’s language and communication needs.

(iii) Emergency care provided to the patient prior to arrival, if any.

(iv) The legal status of patients receiving mental health services.

(v) Evidence of known advance directives.

(vi) Statement of present complaint.

(vii) History and physical examination.

(viii) Any patient generated information.

(ix) Provisional diagnosis.

(x) Documentation of informed consent when required.

(xi) Any and all orders related to the patient’s care.

(xii) Special reports, as those from:

(a) The clinical laboratory, including examination of tissues and autopsy findings, when applicable.

(b) Signed and dated reports of nuclear medicine interpretations, consultations, and procedures.

(c) The radiology department.

(d) Consultants ~~as verified by the attending medical staff member's signature~~.

(xiii) Medical and surgical treatments.

(xiv) Progress notes.

(xv) Pre-sedation or pre-anesthesia assessment and plans of care for patients receiving anesthesia.

(xvi) An intra-operative anesthesia record.

(xvii) Postoperative documentation records, the patient's vital signs and level of consciousness; medications, including IV fluids, blood and blood components; any unusual events or postoperative complications; and management of such events.

(xviii) Postoperative documentation of the patient's discharge from the post-sedation or post-anesthesia care area by the responsible licensed independent practitioner or according to discharge criteria.

(xix) A post anesthesia follow-up report written within forty-eight hours after surgery by the individual who administers the anesthesia.

(xx) All reassessments and any revisions of the treatment plan.

(xxi) Every dose of medication administered and any adverse drug reaction.

(xxii) Every medication dispensed to an inpatient at discharge.

(xxiii) Summary and final diagnosis as verified by the attending physician's signature.

(xxiv) Discharge disposition, condition of patient at discharge, instructions given at that time and the plan for follow up care.

(xxv) Any referrals and communications made to external or internal providers and to community agencies.

(xxvi) Any records of communication with the patient made by telephone or email or patient electronic portal.

(xxvii) Memorandum copy of the death certificate when applicable.

(2) Deadlines and sanctions.

(a) A procedure note shall be entered in the record by the responsible attending medical staff member or the medical staff member's designee (who is appropriately credentialed) immediately upon completion of an invasive procedure. Procedure notes must be written for any surgical or medical procedures, irrespective of their repetitive nature, which involve material risk to the patient. Notes for procedures performed in the operating rooms must be finalized in the operating room information system by the attending surgeon. For any formal operative procedures, a note shall include pre-operative and post-operative diagnoses, procedure(s) performed and description of each procedure, surgeon(s), resident(s), anesthesiologist(s), surgical service, type of anesthesia (general or local), complications, estimated blood loss, any pertinent information not included on the O.R./anesthesia record, preliminary surgical findings, and specimens removed and disposition of each specimen. Where a formal operative procedure report is appropriate, the report must be completed immediately following the procedure. The operative/procedure report must be signed by the attending medical staff member. Any operative/procedure report not completed or any procedure note for procedures completed in the operating rooms not completed in the operating room information system by 10:00 a.m. the day following the procedure shall be deemed delinquent and the attending medical staff member responsible shall lose operating/procedure room and medical staff privileges the following day. The operating rooms and procedure rooms will not cancel cases scheduled before the suspension occurred. Effective with the suspension, the attending medical staff member will lose all privileges to schedule elective cases. Affected medical staff members shall receive telephone calls from the medical information management department indicating the delinquent operative/procedure reports.

(b) Progress notes must provide a pertinent chronological report of the patient's course in the hospital and reflect any change in condition or results of treatment. A progress note must be completed by the attending medical staff member or his or her designated member of the limited medical staff or practitioner with appropriate privileges at least once every day. Each medical student or other licensed health care professional progress note in the medical records should be signed or counter-signed by a member of the attending, courtesy, or limited staff.

(c) Medical staff members with more than twenty-five verbal orders that remain unsigned greater than twenty-one days after the date of the order will be subject to corrective action including administrative suspension which may include suspension of admitting and operating room scheduling privileges until the orders are signed. Medical staff members shall be notified electronically prior to suspension for unsigned verbal orders.

(d) Birth certificates must be signed by the medical staff member who delivers the baby within one week of completion of the certificate. Fetal death certificates and death certificates must be signed and the cause of death must be recorded by the medical staff member with a permanent Ohio license within twenty-four hours of death.

(e) Office visit encounters shall be closed within ten days of the patient’s visit.

(f) All entries not previously defined must be signed within ten days of completion.

(g) Queries by clinical documentation specialists requesting clarification of a patient’s diagnoses and procedures will be resolved within five business days of confirmed notification of request.

(3) Discharges.

(a) Patients may not be discharged without a written or electronically entered discharge order from the appropriately credentialed, responsible medical staff member, a limited staff member or other licensed healthcare professional.

(b) At the time of discharge, the appropriately credentialed attending medical staff member, limited staff member, or other licensed healthcare professional is responsible for certifying the principal diagnosis, secondary diagnosis, the principal procedure, if any, and any other significant invasive procedures that were performed during the hospitalization. If a principal diagnosis has not yet been determined, then a "provisional" principal diagnosis should be used instead.

(c) The discharge summary must be available to any facility receiving the patient before the patient arrives at the facility. Similarly, the discharge summary must be available to the care provider before the patient arrives at any outpatient care visit subsequent to discharge. The discharge summary should be available within forty-eight hours of discharge for all patients. The discharge summary should be signed by the responsible attending medical staff member within forty-eight hours of availability.

(d) The discharge summaries must contain the following elements:

i. hospital course including reason for hospitalization and significant findings upon admission;

ii. principal and secondary diagnoses or provisional diagnosis;

iii. relevant diagnostic test results;

iv. procedures performed and care, treatment and services provided;

v. condition on discharge;

vi. medication list and medication instructions;

vii. plan for follow-up of tests and studies for which results are pending at discharge;

viii. coordination and planning for follow-up testing and physician appointments;

ix. plans for follow-up care and communication, and the instructions provided to the patient.

(e) All medical records must be completed by the attending medical staff member or, when applicable, the limited staff member or other licensed healthcare professional who is appropriately credentialed by the hospital, within twenty-one days of discharge of the patient.

(f) Attending medical staff members shall be notified prior to suspension for all incomplete records. After notification, attending medial staff members shall have their admitting and operative scheduling privileges suspended until all records are completed. Attending medical staff members shall receive electronic notification of delinquent records. If an attempt is made by the attending medical staff member, or the attending medical staff member's designee, who is appropriately credentialed by

the hospital, when applicable, to complete the record, and the record is not available electronically for completion, the record shall not be counted against the attending medical staff member. Medical staff members who are suspended for a period of longer than one hundred twenty consecutive days are required to appear before the practitioner evaluation committee.

(g) Records which are incomplete greater than twenty-one days after discharge or the patient's visit are defined as delinquent.

(4) Confidentiality.

Access to medical records is limited to use in the treatment of patients, research, and teaching. All medical staff members are required to maintain the confidentiality of medical records. Improper use or disclosure of patient information is subject to disciplinary action.

(5) Ownership.

Medical records of hospital sponsored care are the property of the hospital and shall not be removed from the hospital's jurisdiction and safekeeping except in accordance with a court order, subpoena, or statute.

(6) Records storage, security, and accessibility.

All patient's records, pathological examinations, slides, radiological films, photographic records, cardiographic records, laboratory reports, statistical evaluations, etc., are the property of the CHRI and shall not be taken from the CHRI except on court order, subpoena or statute duly filed with the medical record administrator or the hospital administration. The hospital administration may, under certain conditions, arrange for copies or reproductions of the above records to be made. Such copies may be removed from the hospital after the medical record administrator or the proper administrative authority has received a written receipt thereof. In the case of readmission of the patient, all previous records or copies thereof shall be available for the use of the attending medical staff member.

In general, medical records shall be maintained by the hospital. Records on microfilms, paper, electronic tape recordings, magnetic media, optical disks, and such other acceptable storage techniques shall be used to maintain patient records for twenty-one years for minors and ten years for adults. In the case of readmission of the patient, all records or copies thereof from the past ten/twenty-one years shall be available for the use of the attending medical staff member or other health care providers.

(7) Informed consent documentation.

(a) Where informed consent is required for a special procedure (such as surgical operation), documentation that such consent has been obtained must be made in the hospital record prior to the initiation of the procedure.

(b) In the case of limb amputation, a limb disposition form, in duplicate, must be signed prior to the operation.

(8) Sterilization consent.

Prior to the performance of an operative procedure for the expressed purpose of sterilization of a (male or female) patient, the attending medical staff member shall be responsible for the completion of the legal forms provided by the hospital and signed by the patient. Patients who are enrolled in the Medicaid program must have their forms signed at least thirty days

prior to the procedure. Informed consent must also be obtained from one of the parents or the guardian of an unmarried minor.

(9) Criteria changes.

The medical information management department shall make recommendations for changes in the criteria for record completion with approval of the medical staff.

(10) Entries and authentication.

(a) Entries in the medical record can only be made by staff recommended by the medical information management department subject to the approval of the medical staff.

(b) All entries must be legible and complete and must be authenticated, dated and timed promptly by the person, identified by name and credentials, who is responsible for ordering, providing, or evaluating the service furnished.

(c) The electronic signature of medical record documents requires a signing password. At the time the password is issued, the individual is required to sign a statement that she/he will be the only person using the password. This statement will be maintained in the department responsible for the electronic signature.

(d) Signature stamps may not be used in the medical record.

(11) Abbreviations.

Abbreviations, acronyms and symbols appearing on the non-approved abbreviations list may not be used in the medical record.

(Board approval dates: 9/18/2009, 4/8/2011, 8/31/2012, 4/6/2016, 9/2/2016, 4/6/2018, 5/31/2019, 2/8/2022)

11 Committees.

In addition to the medical staff committees, the medical staff shall participate in the following hospital and monitoring functions: infection control, clinical quality management, safety, and disaster planning and in other quality leadership council policy groups.

Operating Room Committee

(A) The operating room committee shall have representation from all clinical departments utilizing the operating room. Representation will include: medical director of the CHRI operating room, the section or division chief, or their designee, of: surgery, gynecologic oncology, urology, otolaryngology, radiation oncology, thoracic surgery, surgical oncology, neurological surgery, orthopedic surgery, anesthesia, and plastic surgery; epidemiology/infection control, the medical director of perioperative services for the Ohio state university, the CHRI medical director of quality, the director of perioperative services of the CHRI operating room, the manager of perioperative services, the director of admitting, the operating room coordinator, and the CHRI director of operations. The committee chair will be a CHRI surgeon selected by the nominating committee and shall serve a two-year term beginning on the first of July. The committee shall meet monthly and carry out the following duties:

(1) Develop written policies and procedures concerning the scope and provision of care in the surgical suite in cooperation with the departments and services concerned, including allocation of operating room resources. Allocation of operating room time will be done by the director of medical affairs and approved by the operating room committee.

(2) Monitor quality concerns and consider problems and improvements in operating room functions brought to its attention by any of its members.

(3) Monitor medical staff compliance with operating room policies established for patient safety, infection control, access and throughput, and smooth functioning of the operating rooms.

(4) Maintain written records of actions taken, and results of those actions, and make these available to each committee member, the vice president of health services, the director of medical affairs, and the executive director of the CHRI.

(B) Each member of the medical staff shall conform to the policies established by the operating room committee, including the following:

A member of the surgical attending staff and a member of the anesthesiology staff shall be present in person for crucial periods of surgical procedures and anesthetization, shall be familiar with the progress of the procedure, and be immediately available at all times during the procedure.

Pharmacy and Therapeutics Committee (P & T Committee)

The P & T committee shall be appointed in conformity with the medical staff bylaws and have representation from medical staff, nursing, pharmacy department, and the hospital administration. The majority of members shall be members of the medical staff. The committee shall meet at least quarterly and carry out the following duties:

(A) Review the appropriateness, safety, and effectiveness of the prophylactic empiric and therapeutic use of drugs, including antibiotics, through the analysis of individual or aggregate patterns of drug practice.

(B) Consider the welfare of patients as well as education, research and economic factors when analyzing the utilization of drugs and related products.

(C) Advise on the use and control of experimental drugs.

(D) Develop or approve policies and procedures relating to the selection, distribution, use, handling, and administration of drugs and diagnostic testing materials.

(E) Review all significant untoward drug reactions.

(F) Maintain the Formulary of Accepted Drugs with review of proposed additions and deletions and review of use of non-formulary drugs within the institution.

(G) Maintain written reports of conclusions, recommendations, actions taken, and the results of actions taken, and report these at least quarterly to the medical staff administrative committee.

(H) Create sub-committees with defined responsibilities and scope and appoint members with expertise in specified areas.

Transfusion and Isoimmunization Committee

(A) The transfusion and isoimmunization committee has representation from physicians of the clinical departments frequently using blood products, nursing, transfusion service, and hospital administration. The majority of members shall be members of the medical staff. The committee shall meet at least quarterly and carry out the following duties:

(1) Evaluate the appropriateness of all transfusions, including the use of whole blood and blood components.

(2) Evaluate all confirmed or suspected transfusion reactions.

(3) Develop and recommend to the medical staff administrative committee policies and procedures relating to the distribution, use, handling, and administration of blood and blood components.

(4) Review the adequacy of transfusion services to meet the needs of patients.

(5) Review ordering practices for blood and blood products.

(6) Provide a liaison between the clinical departments, nursing services, hospital administration, and the transfusion service.

(7) Use clinically valid criteria for screening and more intensive evaluation of known or suspected problems in blood usage.

(8) Keep written records of meetings, conclusions, recommendations, and actions taken, and the results of actions taken, and make these available to each committee member and to the medical staff administrative committee.

(B) Each member of the medical staff shall conform to the policies established by the transfusion committee, including the following:

(1) All pregnant patients admitted for delivery or abortion shall be tested for Rh antigen.

(2) No medication may be added to blood or blood products.

Infection Control Committee

(A) The committee members shall be appointed and shall also include representation from nursing, environmental services, and hospital administration. The chairperson will be a physician with experience and/or training in infectious diseases and carry out the following duties.

(1) Oversee surveillance and institute any recommendations necessary for investigation, prevention, and containment of nosocomial and clinical infectious diseases of both patients and staff at all facilities operated by CHRI and subject to TJC standards.

(2) The chairperson of the committee and the hospital epidemiologist, in consultation with the director of medical affairs of the CHRI, will take necessary actions to prevent and control emerging spread or outbreaks of infections; isolate communicable and infectious patients as indicated; and obtain all necessary cultures in emergent situations when the responsible medical staff member is unavailable.

Quality Leadership Council

The quality leadership council shall consist of members appointed pursuant to the university hospital's medical staff bylaws, and shall include the senior vice president for health sciences, the dean of the college of medicine and the chairperson of the professional affairs committee of the Wexner medical center board as ex officio members without a vote, and the director of medical affairs and chief of staff as voting members. The chief quality officer shall be the chairperson of the quality leadership council. The quality leadership council shall authorize policy groups to be formed to accomplish necessary hospital and medical staff functions on behalf of the CHRI and university hospitals.

MEDICAL STAFF RULES AND REGULATIONS
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
Updated August 15, 2023

CHRI representatives on the quality leadership council shall be appointed as provided in the CHRI bylaws.

(A) Duties include:

(1) To design and implement systems and initiatives to enhance clinical care and outcomes throughout the integrated health care delivery systems.

(2) To serve as the oversight council for the clinical quality management and patient safety plan.

(3) To establish goals and priorities for clinical quality, safety and service on an annual basis.

(B) James Quality, Safety and Experience Council (Q-SEC).

(1) Composition.

The members shall include physicians from various clinical areas and support services, the director of clinical quality management policy group, and representation from nursing and hospitals administration. The chairperson of the policy group will be a physician.

(2) Duties.

(a) Coordinate the quality management related activities of the clinical sections or departments, the medical information management department, utilization review, infection control, pharmacy and therapeutics and drug utilization committee, transfusion and immunization, and other medical staff and hospital committees.

(b) Implement clinical improvement programs to achieve the goals of the CHRI quality management plan, as well as assure optimal compliance with accreditation standards and governmental regulations concerning performance improvement.

(c) Review, analyze, and evaluate on a continuing basis the performance of the medical staff and other health care providers; and advise the clinical section or department clinical quality sub-committees in defining, monitoring, and evaluating quality indicators of patient care and services.

(d) Serve as liaison between the CHRI and the Ohio peer review organizations through the chairperson of the policy group and the director of clinical quality.

(e) Make recommendations to the medical staff administrative committee on the establishment of and the adherence to standards of care designed to improve the quality of patient care delivered in the CHRI.

(f) Hear and determine issues concerning the quality of patient care rendered by members of the medical staff and hospitals staff, make appropriate recommendations and evaluate action plans when appropriate to the director of medical affairs, the chief of a clinical section or department, or hospitals administration.

(g) Appoint ad-hoc interdisciplinary teams to address hospital-wide quality management plan.

(h) Annually review and revise as necessary the hospital-wide clinical quality management plan.

(i) Report and coordinate with the quality leadership council all quality improvement initiatives.

(C) Clinical resource utilization policy group.

(1) Composition.

The members shall include physicians from various areas and support services, the director of clinical resource utilization policy group, and representation from nursing and hospitals administration. The chairperson of the policy group will be a physician.

(2) Duties.

(a) Promote the most efficient and effective use of hospital facilities and services by participating in the review process and continued stay reviews on all hospitalized patients.

(b) Formulate and maintain a written resource management review plan for hospitals consistent with applicable governmental regulations and accreditation requirements.

(c) Conduct resource management studies by clinical service or by disease entity as requested or in response to variation from benchmark data would indicate.

(d) Report and recommend to the quality leadership council changes in clinical practice patterns in compliance with applicable governmental regulations and accreditation requirements when the opportunity exists to improve the resource management.

(D) Clinical Practice Guideline Committee.

(1) Composition.

The members shall include physicians from various areas and support services, the director of the practice guidelines policy group, and representation from nursing and hospitals administration. The chairperson of the policy group will be a physician.

(2) Duties.

(a) Oversee the planning, development, approval, implementation and periodic review of evidence-based medicine resources (i.e. clinical practice guidelines, quick reference guides, clinical pathways, and clinical algorithms) for use within the CHRI. Planning should be based on the prioritization criteria approved by the leadership council and review should focus on incorporating recent medical practice, literature or developments. Annual review should be done in cooperation with members of the medical staff with specialized knowledge in the field of medicine related to the guidelines.

(b) To report regularly to the quality leadership council for approval of all new and periodically reviewed evidence-based medicine resources for use within the CHRI.

(c) Oversee the development, approval and periodic review of the clinical elements of computerized ordersets and clinical rules to be used within the information system of the CHRI. Computerized ordersets and clinical rules related to specific practice guidelines should be forwarded to the quality leadership council for approval. All other computerized value enhancement for approval. All other computerized

ordersets and clinical rules should be forwarded to the quality leadership council for information.

(d) To initiate and support research projects when appropriate in support of the objectives of the quality leadership council.

(e) Oversee ongoing education of the medical staff (including specifically limited staff) and other appropriate hospital staff on the fundamental concepts and value of evidence-based practice and outcomes measurement and its relation to quality improvement.

(f) Regularly report a summary of all actions to the quality leadership council.

(Board approval dates: 11/4/2005, 7/7/2006, 2/6/2009, 9/18/2009, 5/14/2010, 2/11/2011, 4/8/2011, 4/6/2016, 5/18/2021, 8/15/2023)

12 Standards of practice.

(A) Surgical schedules shall be reviewed by the attending surgeon prior to the day of surgery. Attending surgeons must notify the operating room prior to the first scheduled case that they are physically present in the hospital and immediately available to participate in the case. Attending surgeons may accomplish this by being physically present in the operating room or by calling the operating room to notify the staff of such immediate availability. The operating room must be informed of the attending surgeon's availability prior to anesthetizing the patient. The only exception is an emergency situation, where waiting might compromise the patient's safety.

(B) All medical staff members must abide by the quality and safety protocols that may be defined by the medical staff administrative committee and the Wexner medical center board.

(C) Inpatients must be seen daily by an attending physician, with no exceptions, to provide the opportunity of answering patient and family questions.

(Board approval dates: 4/8/2011, 4/6/2016)

13 Mechanism for changing rules and regulations.

(A) These rules and regulations may be amended pursuant to rule 3335-111-12 of the Administrative Code.

(B) Amendments so accepted shall become effective when approved by the Ohio state university Wexner medical center board.

(C) These rules and regulations shall not conflict with the rules and regulations of the board of trustees of the Ohio state university.

(D) Each member of the medical staff and those having delineated clinical privileges shall have access to an electronic copy of the rules and regulations upon finalization of the approved amendment changes.

(Board approval dates: 11/4/2005, 9/18/2009, 2/11/2011, 4/8/2011, 4/6/2016)

14 Adoption of the rules and regulations.

MEDICAL STAFF RULES AND REGULATIONS
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
Updated August 15, 2023

These rules and regulations shall be adopted by the medical staff administrative committee and forwarded for approval in successive order to the following: the professional affairs committee of the Wexner medical center board if it meets prior to the next scheduled Wexner medical center board meeting, and the Wexner medical center board.

(Board approval dates: 7/7/2006, 9/18/2009, 2/11/2011, 4/8/2011, 4/6/2016)

15 Sanctions.

Each member of the medical staff shall abide by policies approved by the medical staff administrative committee of the CHRI. Failure to abide may result in suspension of some or all hospital privileges.

(Board approval dates: 9/18/2009, 2/11/2011, 4/8/2011, 4/6/2016)

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SUMMARY OF ACTIONS TAKEN

December 3, 2025 – Master Planning and Facilities Committee Meeting

Members Present:

Juan Jose Perez	Pierre Bigby	Robert H. Schottenstein
George A. Skestos	Bradley R. Kastan	Keith Myers
Elizabeth A. Harsh	Kendall C. Buchan	John. W. Zeiger (ex officio)

Members Present via Zoom:

Reginald A. Wilkinson

Members Absent: N/A

PUBLIC SESSION

The Master Planning and Facilities Committee of The Ohio State University Board of Trustees convened on Wednesday, December 3, 2025, virtually and in person at Longaberger Alumni House on Ohio State's Columbus campus. Committee Chair John Perez called the meeting to order at 12:00 p.m.

Item for Discussion:

1. Annual Report – Facilities Improvement Projects: Ms. Kristin Poldemann, associate vice president for facility design and construction, provided a summary of all projects completed during calendar year 2025. A total of 17 projects, with a combined value of $2.19 billion, were finished during this timeframe. An additional 35 projects, with a total value of $195.5 million, were brought before the Board of Trustees for approval (including those on the current meeting's agenda).

   (See Attachment XLI for background information, page 1150)

Items for Action:

2. Approval of Minutes: No changes were requested to the July 30, 2025, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

3. Resolution No. 2026-65: Approval to Enter Into/Increase Professional Services and Enter Into/Increase Construction Contracts:

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACTS
EAST HOSPITAL – TOWER – ELEVATOR RENOVATIONS

APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS
EAST HOSPITAL – FIRE SUPPRESSION
NEWTON HALL AHU REPLACEMENTS
VMA – LIBRARY REDESIGN

APPROVAL TO INCREASE CONSTRUCTION CONTRACTS
COLLEGE ROAD REBUILD
DENTAL SIMULATION SPACE MODERNIZATION

THE OHIO STATE UNIVERSITY

OHIO STADIUM, WHAC AUDIO AND VIDEO UPGRADES
WMC OUTPATIENT CARE POWELL

Synopsis: Authorization to enter into/increase professional services and construction contracts, as detailed in the attached materials, is proposed.

WHEREAS in accordance with the attached materials, the University desires to enter into professional services contracts for the following project; and

	Prof. Serv. Approval Requested	Total Requested	
East Hospital – Tower – Elevator Renovations	$1.7M	$1.7M	Auxiliary funds

WHEREAS in accordance with the attached materials, the University desires to enter into/increase professional services contracts and enter into/increase construction contracts for the following projects; and

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Requested	
East Hospital – Fire Suppression	$0.6M	$6.8M	$7.4M	Auxiliary funds
Newton Hall AHU Replacements	$3.4M	$8.6M	$12.0M	University funds
VMA – Library Redesign	$0.7M	$3.8M	$4.5M	University funds

WHEREAS in accordance with the attached materials, the University desires to enter into/increase construction contracts for the following projects; and

	Construction Approval Requested	Total Requested	
College Road Rebuild	$0.8M	$0.8M	University debt
Dental Simulation Space Modernization	$16.0M	$16.0M	University debt University funds State funds
Ohio Stadium, WHAC Audio and Video Upgrades	$6.5M	$6.5M	Auxiliary funds University debt
WMC Outpatient Care Powell	$4.7M	$4.7M	Auxiliary funds

WHEREAS the Master Planning and Facilities Committee has reviewed the projects listed above for alignment with all applicable campus plans and guidelines; and

WHEREAS the Finance Committee has reviewed the projects listed above for alignment with the Capital Investment Plan and other applicable financial plans.

NOW THEREFORE

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BE IT RESOLVED, that the Board of Trustees hereby approves that the fiscal year 2026 Capital Investment Plan be amended to include professional services and construction approval for the College of Veterinary Medicine Library Redesign project and additional construction funding for the Dental Simulation Space Modernization project; and

NOW THEREFORE

BE IT RESOLVED, that the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance be authorized to enter into/increase professional services and construction contracts for the projects listed above in accordance with established university and State of Ohio procedures, with all actions to be reported to the board at the appropriate time.

(See Appendix XLIX for background information, page 1557)

4. Resolution No. 2026-70: Approval for Acquisition of Real Property – 941 Chatham Lane:

2.646 +/- ACRES AT 941 CHATHAM LANE,
COLUMBUS, FRANKLIN COUNTY, OHIO

Synopsis: Authorization to acquire real property located at 941 Chatham Lane, Columbus, Ohio, is proposed.

WHEREAS The Ohio State University seeks to acquire 2.646 acres of improved real property located at 941 Chatham Lane, Columbus, Ohio, identified as Franklin County parcel number 010-003322 at a price of $3,550,000; and

WHEREAS the acquisition of this property supports the strategic investment of land assets in support of the university's current and future needs; and

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance shall be authorized to take any action required to effect the purchase of the aforementioned property upon terms and conditions deemed to be in the best interest of the university and at a purchase price at or below the appraised value.

(See Appendix LIV for background information, page 1711)

Action: Upon the motion of Mr. Perez, seconded by Mr. Skestos, the foregoing motions were adopted by roll-call vote with the following members present and voting: Mr. Perez, Mr. Skestos, Mrs. Harsh, Dr. Wilkinson, Mr. Bigby, Mr. Kastan, Dr. Buchan, Mr. Schottenstein, Mr. Myers and Mr. Zeiger.

Written Reports
In the public session materials, there were two written reports shared for the committee to review:

a. Physical Environment Scorecard
(See Attachment XLII for background information, page 1152)

b. Major Project Updates
(See Attachment XLIII for background information, page 1153)

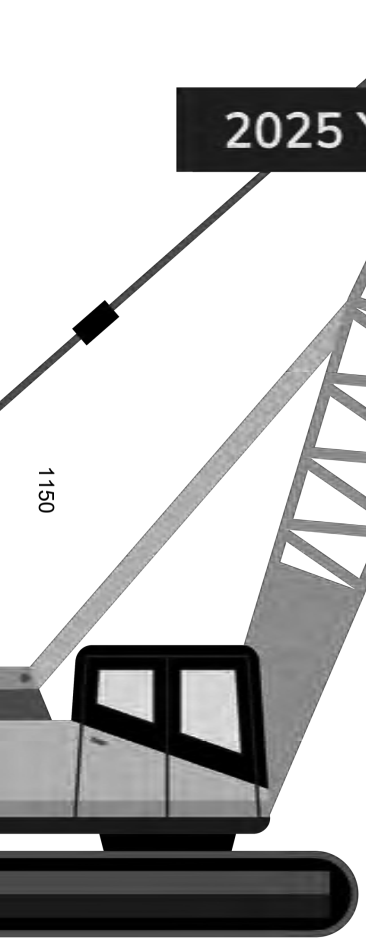
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EXECUTIVE SESSION

It was moved by Mr. Perez and seconded by Mr. Skestos that the committee recess into executive session to consider business-sensitive trade secrets and to consult with legal counsel regarding pending litigation. A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Mr. Perez, Mr. Skestos, Mrs. Harsh, Dr. Wilkinson, Mr. Bigby, Mr. Kastan, Dr. Buchan, Mr. Schottenstein, Mr. Myers and Mr. Zeiger.

The committee entered executive session at 12:12 p.m. and adjourned at 2:32 p.m.

2025 Year in Review: Facilities Design and Construction



By the Numbers

1300+
Projects managed
(most under $4M)

17
Projects over $4M completed

$2.19B
Total project value

2025 Board Action



2025 Year in Review: Facilities Design and Construction

Completed Projects Over $4M

Projects (17)	Completion Date	On Time	On Budget
James – Ethos Linear Accelerator	1/25	✓	✓
VMC PET-CT Space Renovation	3/25	✓	✓
Outpatient Upper Arlington – Community Center	4/25	✓	✓
Celeste Lab Renovation	6/25	✓	✓
James Outpatient – Ortho Sarcoma and Rehab Buildout	8/25	✓	✓
East Hospital Dock Expansion	8/25	✓	✓
Hilliard Community Center	9/25	✓	✓
Wexner Medical Center Inpatient Hospital	9/25	✓	✓
James Outpatient – Advanced Imaging Linac	10/25	✓	✓
Riffe – 2nd Floor Classrooms	11/25	✓	✓
Battery Cell Research & Demonstration Center	11/25	✓	✓
WMC Loading Dock Expansion and Renovation	12/25	✓	✓
Outpatient East – New West Parking Lot	12/25	✓	✓
Waterman Multispecies Animal Learning Center (MALC)	12/25	✓	✓
Bricker – Department of Economics Relocation	12/25	✓	✓
Roof Renewal FY23-24	12/25	✓	✓
Microelectronic Commons	12/25	✓	✓

PHYSICAL ENVIRONMENT	Actual Prior Year Same Period (FY24 YTD)	FY25 Year-To-Date: Actual	FY25 Year-To-Date: Target (Budget)	FY25 Year-To-Date: Target %Var	FY25 Year-To-Date: Actual vs Target	FY25 Annual Target (Budget)	Comments
A. FINANCIAL							
1. A&P Total Uses (General & Earnings Funds)	$192,310,446	$196,532,093	$198,510,646	-1.0%	—	**$198,500,836**	
B. OPERATIONAL							
1. % Projects Completed On Time >Bid Threshold	100.0%	100.0%	90.0%	11.1%	—	**90.0%**	60 of 60 Projects completed On-Time.
2. % Projects Completed On Budget >Bid Threshold	100.0%	100.0%	90.0%	11.1%	—	**90.0%**	60 of 60 Projects completed On-Budget.
3. Capital Investment Program Spend*	$904.7	$765.4	$871.1	-12.1%	△	**$871.1**	In Millions
4. Facility Condition Index**	0.12	0.11	0.08	37.5%	△	**0.08**	Completed building assessments as of June 30, 2025; 288 buildings assessed, 25.1 million GSF.
5. CABS Riders	3,168,098	3,534,370	3,168,000	11.6%	—	**3,168,000**	Year-over-year increase in total ridership, and year-to-date ridership exceeds projected numbers
6. WMC Parking Garage Peak Time Occupancy %***	75.0%	73.5%	80.0%	-8.1%	▭	**80.0%**	YTD (June) Occup%: Transient = 68%, Permit = 89%, Mixed = 61%. CampusParc uses loop counters to track counts. In high demand we see counts over 100%
7. Cost of Daily Temporary Parking Space Closures	$514,931	$173,157	$196,703	-12.0%	▲	**$196,703**	Key contributors YTD: Martha Morehouse SOAR MRI, ENGIE South Wateman Ductbank, Kinnear Window Replacement, Steam Vault Repair, Cannon Phase 2. Note, settlement with CampusParc of $515K assessed for PY24 (Aug 23 - Jul 24), $328K was actually paid
8. WOSU Broadcast Audience (Viewers, Listeners)	691,225	708,848	691,225	2.5%	—	**691,225**	
9. WOSU Digital Audience (Unique Visitors, Video Views, Digital Audio)	7,796,015	7,370,257	7,796,015	-5.5%	△	**7,796,015**	Unique users up 10% in FY, NPR News up 30%, and Classical 101 up 12%. YouTube up 23%
C. SAFETY							
1. EHS Recordable Incident Rate (CYTD):	1.61	1.15	1.40	-17.9%	▼	**1.60**	2025 Calendar YTD
2. Major On-Campus Crimes	174	176	174	1.1%	△	**174**	FY25 totals (176) nearly the same as prior year (174)
3. Average Response Time to In-Progress Calls for Service	4:29	4:18	5:00	-13.9%	—	**5:00**	Improved response time by an average of 11 seconds (13.9%) over prior year
4. Traffic Accidents Injury	36	33	36	-8.3%	▲	**36**	Down 8.3% under prior year
5. Traffic Accidents Non-Injury	110	147	110	33.6%	▼	**110**	Up 33.6% over prior year; no discernable pattern
6. Off-Campus Crime Statistics	890	1,525	917	66.3%	▲	**917**	While Off-Campus Crime increased in FY25 compared to FY24, over 58% of off-campus crime was due to incidents of Theft (446) & Theft from Motor Vehicles (440), representing 58% & 80% increases. Notably, there were decreases in Attempted Motor Vehicle Thefts (-19%), Homicide (-33%), Motor Vehicle Thefts (-9%), Robbery-Business (-100%), & Robbery-Individual (-19%) in FY25 compared to FY24

*** For B3. Capital Investment Program Spend, Green = "Target %Variance" of + or - 10%, with an additional Yellow range extending 10% above and 20% below the Green range.**

**** For B4. Facility Condition Index, Green: <= 0.08; Yellow: >= 0.09, <= 0.15; Red: > 0.15. Target %Variance = Actual - Target.**

***** For B6, Parking Garage Peak Time Occupancy %, the target is 80% + or – 5% pts., with an additional 5% pt. Yellow range in both directions. Peak time measured on weekdays between 12:30 and 1:30 p.m.**



Major Project Updates

Projects over $20M – December 2025

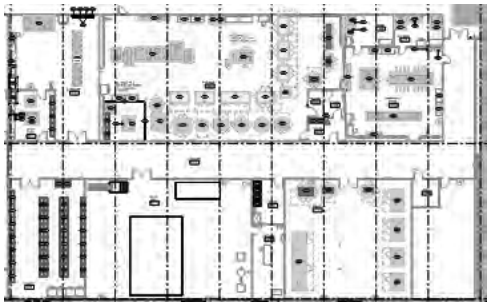
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Project Status Report - Current Projects Over $20M

PROJECT NAME	CONSTRUCTION COMPLETION DATE	APPROVALS		BUDGET	ON TIME	ON BUDGET
		DES	CON			
Battery Cell Research & Demonstration Center	Complete	✓	✓	$23.7 M		
Wexner Medical Center Inpatient Hospital	Complete	✓	✓	$1,943.0 M		
Waterman Multispecies Animal Learning Center (MALC)	Complete	✓	✓	$60.1 M		
Biomedical and Materials Engineering Complex Phase 2	2/26	✓	✓	$94.3 M		
Campbell Hall Renovation	4/26	✓	✓	$61.2 M		
Wexner Medical Center Outpatient Care Powell	4/26	✓	✓	$183.0M		
Ohio State East Hospital 4th Floor OR Renovation	12/26	✓	✓	$22.3 M		
Tunnel Rehabilitation Phase I	10/27	✓	✓	$47.5M		
TOTAL – PROJECTS				**$2,435.1 M**		

On Track Watching Closely Not on Track

Battery Cell Research & Demonstration Center





Battery Cell Research & Demonstration Center

This facility is a research and development (R&D) prototype pilot site designed for small scale, experimental testing of new materials, battery cell designs, and processes. It functions as a laboratory to validate concepts, refine designs, and test prototype cells, helping to identify potential issues before foundation partners commit to large-scale investments at their respective production facilities.

PROJECT FUNDING: Corporate Partners, NIST

PROJECT UPDATE: Construction and all final inspections are complete. Delivery and testing of on-site specialty production equipment and installation will be completed before the end of the calendar year.

CURRENT BUDGET	
Construction w/ Cont	$17.7 M
Total Project	$23.7 M

CONSULTANTS	
Architect of Record	Wellogy
CM at Risk	Whiting Turner

PROJECT SCHEDULE	
BoT Approval	08/23
Construction	07/24-09/25
Facility Opening	12/25

On Budget

On Time

Wexner Medical Center Inpatient Hospital





WEXNER MEDICAL CENTER INPATIENT HOSPITAL

New 1.9M square foot inpatient hospital tower with up to 820 beds in private room settings replacing and expanding on the 440 beds in Rhodes Hall and Doan Hall including an additional 84 James beds. Facilities include state-of-the-art diagnostic, treatment and inpatient service areas including emergency department, imaging, operating rooms, 51 neonatal intensive care unit bassinets, critical care and medical/surgical beds, and leading-edge digital technologies to advance patient care, teaching and research.

PROJECT FUNDING: University debt; fundraising; auxiliary funds
PROJECT UPDATE: Turnover has been completed for all floors. The forecourt is complete, and monument signs have been installed. FF&E and technology installation is ongoing. Dress rehearsals and activation is occurring through the end of the calendar year.

CURRENT BUDGET	
Construction w/ Cont	$1,774.2 M
Total Project	$1,943.0 M

CONSULTANTS	
Architect of Record	HDR
CM at Risk	Walsh-Turner (JV)

PROJECT SCHEDULE	
BoT Approval	2/18
Construction	9/20-10/25
Facility Opening	Q1/Q2 2026

On Budget
On Time

Waterman Multispecies Animal Learning Center (MALC)





MULTISPECIES LEARNING CENTER

Construction of a new 100,000 square foot animal facility and a new 24,000 square foot dairy to support the College of Food, Agricultural, and Environmental Sciences (CFAES) strategy for Waterman by providing access to animals, educational spaces, technology, equipment, and amenities. Program spaces include animal barns, a multi-purpose indoor arena, teaching, meeting and event spaces.

PROJECT FUNDING: University funds, state funds, fundraising
PROJECT UPDATE: Site work, interior paint, and finishes within the classroom and meeting spaces are being finalized. Equipment installation has begun and will extend through December.

CURRENT BUDGET	
Construction w/ Cont	$49.7 M
Total Project	$60.1 M

CONSULTANTS	
Architect of Record	Wellogy
CM at Risk	CK Construction

PROJECT SCHEDULE	
BoT Approval	08/23
Construction	02/24-12/25
Facility Opening	12/25

On Budget

On Time

Biomedical and Materials Engineering Complex Phase 2





BIOMEDICAL AND MATERIALS ENGINEERING COMPLEX PHASE 2

This project will demolish Watts Hall (35,500 square feet) and renovate MacQuigg Laboratory (76,300 square feet) and include an addition to MacQuigg. The project will provide facilities for first year engineering, biomedical engineering and materials engineering. It will provide improved building services and create a dynamic and energy efficient facility.

PROJECT FUNDING: State funds, fundraising, university debt, university funds
PROJECT UPDATE: Installation of mechanical, electrical and plumbing infrastructure is ongoing on all levels. Exterior glazing and metal panels are progressing well with completion expected by the end of the calendar year. Interior finishes, paint, and ceiling grid ongoing on all levels. The rooftop air handler is now operational and is providing conditioned air to the building.

CURRENT BUDGET	
Construction w/ Cont	$84.4 M
Total Project	$94.3 M

CONSULTANTS	
Architect/Engineer	DLR Group
CM at Risk	Walsh Construction

PROJECT SCHEDULE	
BoT Approval	05/23
Construction	08/23–02/26
Facility Opening	05/26

On Budget

On Time

Campbell Hall Renovation







CAMPBELL HALL RENOVATION

This project will renovate the 115,000 square feet of Campbell Hall. The interior renovation will enable the College of Education and Human Ecology's longtime goal of centralizing teaching, research, and administrative functions along Neil Avenue. The project will address all deferred maintenance including new MEP systems, roofing, building envelope, and windows.

PROJECT FUNDING: State Funding, Fund Raising & Local Funds
PROJECT UPDATE: Exterior window installation is complete. Interior finishes are progressing throughout. Mechanical, electrical, and plumbing rough-ins are complete on lower floors and progressing to upper floors with main mechanical units in place to provide heat this winter.

CURRENT BUDGET	
Construction w/ Cont	$48.0 M
Total Project	$61.2 M

CONSULTANTS	
Architect of Record	Schooley Caldwell
CM at Risk	CK Construction Group

PROJECT SCHEDULE	
BoT Approval	5/23
Construction	07/23 - 04/26
Facility Opening	05/26

On Budget
On Time

Wexner Medical Center Outpatient Care Powell





WEXNER MEDICAL CENTER OUTPATIENT CARE POWELL

Construct an approximately 200,000 square foot outpatient facility that will include a five-story medical office building and two-story ambulatory health center which includes imaging, outpatient rehab/PT, endoscopy, and support services.

PROJECT FUNDING: Auxiliary funds

PROJECT UPDATE: Site activities are complete. Exterior façade work is concluding as the building is now fully enclosed. Finishes on floors 1-4 are being finalized and rough installations on floor 5 will be complete by December. Demountable wall systems installation throughout is 50% complete.

CURRENT BUDGET	
Construction w/ Cont	$160.0M
Total Project	$183.0 M

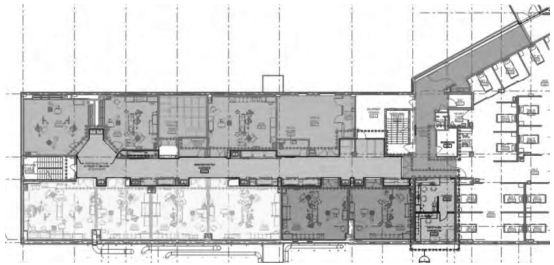
CONSULTANTS	
Architect of Record	DLR
CM at Risk	CK Construction

PROJECT SCHEDULE	
BoT Approval	02/24
Construction	04/24-04/26
Facility Opening	08/26

On Budget

On Time

Ohio State East Hospital 4th Floor OR Renovation







OHIO STATE EAST HOSPITAL 4TH FLOOR OR RENOVATION

This project will renovate the existing Operating Rooms (OR) on the 4th Floor of the North Main Hospital Building. This project will go from 10 ORs to 9, as part of a projected 6-phase construction project. The existing operating rooms will be enlarged to meet joint commission requirements, add more designated storage areas, and add additional workspace. Two new air handler units will also be installed.

PROJECT FUNDING: Auxiliary funds

PROJECT UPDATE: Phase 2 of the project is scheduled to complete February 2026 and will bring online (4) renovated operating rooms. Drywall and finish work continues. Casework and OR booms to be installed in January.

CURRENT BUDGET	
Construction w/ Cont	$18.2 M
Total Project	$22.3 M

CONSULTANTS	
Architect of Record	IKM Architects
CM at Risk	Messer

PROJECT SCHEDULE	
BoT Approval	05/23
Construction	12/24-12/26
Facility Opening	01/2027

On Budget

On Time

Tunnel Rehabilitation Phase I



TUNNEL REHABILITATION PHASE I

This project is a multiphase project to address deferred maintenance including structural repairs, removal of asbestos containing materials, drainage and water infiltration damage. The work will occur in the McCracken tunnel segment in the Academic core near McCracken Power Plant, Cockins Hall, Math Building, Math Tower and 209 W. 18th. Scope will also include waterline replacements and hardscape improvements at a north section of the Oval near Hughes, Hayes, Derby, Bricker and University Halls. This project will also include OSEP utility scope within the tunnels needed to preserve campus operations.

PROJECT FUNDING: University funds, University debt, State funds, Partner funds (OSEP/ENGIE)
PROJECT UPDATE: Midwest campus work is complete. The above ground temporary steam line along Herrick Drive, which ensures the Inpatient Hospital receives reliable steam service, will be complete late 2025. The south Neil tunnel package is in design with construction to begin Fall 2026.

CURRENT BUDGET	
Construction w/ Cont	$26.8M
Total Project	$47.5M

PROJECT SCHEDULE	
BoT Approval	08/24
Construction	03/25-10/27
Facility Opening	10/27

CONSULTANTS	
Architect of Record	RMF Engineering
MW Campus: General Contracting	McDaniel's Construction
N. McCracken: General Contracting	McDaniel's Construction

On Budget

On Time

THE OHIO STATE UNIVERSITY

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SUMMARY OF ACTIONS TAKEN

December 3, 2025 – Legal, Audit, Risk and Compliance Committee Meeting

Members Present:

Elizabeth P. Kessler	Juan Jose Perez	Amy Chronis
Bradley R. Kastan	Patrick C. Arp	John W. Zeiger (ex officio)

Members Present via Zoom: N/A

Members Absent: N/A

PUBLIC SESSION

The Legal, Audit, Risk and Compliance Committee of The Ohio State University Board of Trustees convened on Wednesday, December 3, 2025, virtually and in person at Longaberger Alumni House on Ohio State's Columbus campus. Committee Chair Elizabeth Kessler called the meeting to order at 2:58 p.m.

Items for Discussion:

1. Audit Update: Michael Papadakis, senior vice president and chief financial officer, and Kris Devine, vice president of operations and deputy chief financial officer, reviewed the consolidated balance sheet and shared performance highlights from FY 2025. For the first time, the university achieved$11 billion in operating revenue and $12 billion in total revenue, which includes investment income. Ms. Devine also briefed trustees on significant transactions either included or excluded in this year's report as well as changes to auditing standards for FY 2026.

   Mr. David Gagnon, lead engagement partner and national industry leader for higher education at KPMG, then reviewed the external audit of university finances, including areas of special focus. No concerns were identified.

   (See Attachment XLIV for background information, page 1165)

2. Annual Compliance Report: Vice President and Chief Compliance Officer Gates Garrity-Rokous provided an overview of key drivers of risk in the compliance space during the coming year and the focus areas of the FY26 Compliance Plan. He noted the substantial growth in the number of regulations and policies issued by the federal government as well as the continued work by the university to align controls and processes to obtain efficiencies and facilitate compliance.

   (See Attachment XLV for background information, page 1357)

Item for Action:

3. Approval of Minutes: No changes were requested to the June 4, 2025, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

THE OHIO STATE UNIVERSITY

EXECUTIVE SESSION

It was moved by Ms. Kessler and seconded by Mr. Perez that the committee recess into executive session to consult with legal counsel regarding pending or imminent litigation and to consider business-sensitive trade secrets.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Ms. Kessler, Mr. Kastan, Mr. Perez, Mr. Arp, Ms. Chronis and Mr. Zeiger.

The committee entered executive session at 3:20 p.m. The meeting adjourned at 5:09 p.m.

Annual University Audit Overview

Michael Papadakis, Senior Vice President and CFO
Kristine Devine, Vice President for Operations and Deputy CFO

Legal, Audit, Risk & Compliance Committee | December 3, 2025

Financial Performance Highlights

OPERATING REVENUES INCREASED $910M IN FY25 COMPARED TO FY24, DRIVEN PRIMARILY BY:



HEALTHCARE REVENUES

$717M increase in healthcare revenues, reflecting strong growth in outpatient and surgical volumes, as well as growth in chemotherapy, outpatient infusion, radiology and procedural care;



GRANTS AND CONTRACTS

$19M increase in grants and contracts, primarily due to increases in state non-exchange grants;



TUITION AND FEES

$71M increase in student tuition, due primarily to increases in enrollment and rate increases in instructional and non-resident surcharges;



SALES AND SERVICES

$65M increase in sales and services due to a $45M increase in Athletics revenues (2 additional football games and increased Big Ten media rights), $10M increase in OHTech sales, and $6M increase In academic clinical services.



INVESTMENT INCOME

Net investment income remained strong in FY25 with a $231M increase in net investment income over FY24 resulting from a strong performance for the LTIP (+11.81%) and strong returns for our short- and intermediate-term portfolios (6.04%).



NET POSITION

The FY25 increase in net position was $1.49B bringing the total net position to $12.6B.

Consolidated Balance Sheet (as of June 30)

Assets and Liabilities ($ in millions)	2025	2024	2023
Cash and cash equivalents	$ 779	$ 1,167	$ 1,240
Total investments	$ 11,542	$ 10,462	$ 9,551
Capital assets, net	$ 9,445	$ 9,008	$ 8,494
Pension and OPEB assets and deferred outflows	$ 1,138	$ 1,199	$ 1,838
Other assets	$ 2,186	$ 1,841	$ 1,690
Total Assets	$ 25,090	$ 23,677	$ 22,813
Accounts payable and other current liabilities	$ 1,576	$ 1,421	$ 1,325
Debt	$ 3,884	$ 3,909	$ 3,715
Pension and OPEB liabilities and deferred inflows	$ 4,401	$ 4,539	$ 4,998
Concessionaire and other liabilities	$ 2,720	$ 2,665	$ 2,505
Total Liabilities	$ 12,581	$ 12,534	$ 12,543

Net Position ($ in millions)	2025	2024	2023
Ending net position (eliminate pension and OPEB)	$ 15,359	$ 14,071	$ 13,003
Ending net position - pension and OPEB	$ (2,850)	$ (2,928)	$ (2,733)
Total Net Position	$ 12,509	$ 11,143	$ 10,270

Consolidated Income Statement (for the fiscal year ended June 30)

Total Revenue ($ in millions)	2025	2024	2023
Tuition and Fees	$ 1,165	$ 1,094	$ 1,060
Grants and Contracts	$ 1,282	$ 1,263	$ 1,181
Sales and Services	$ 654	$ 589	$ 596
Health System & OSUP Sales and Services	$ 6,708	$ 5,991	$ 5,451
State Subsidies and Capital Appropriations	$ 630	$ 590	$ 555
Gifts and Additions to Permanent Endowments	$ 385	$ 320	$ 341
Other Revenues	$ 211	$ 154	$ 154
Total Revenues (w/o investments)	$ 11,035	$ 10,001	$ 9,338
Investment income	$ 1,220	$ 989	$ 515
Total Revenues (w/ investments)	**$ 12,255**	**$ 10,990**	**$ 9,853**

Total Expenses ($ in millions)	2025	2024	2023
University Education and General Expenses	$ 3,373	$ 3,377	$ 3,043
Auxiliary Sales and Services	$ 502	$ 458	$ 410
Health System & OSUP	$ 6,159	$ 5,479	$ 4,984
Depreciation	$ 666	$ 617	$ 580
Interest Expense on Plant Debt	$ 189	$ 186	$ 172
Total Expenses	**$ 10,889**	**$ 10,117**	**$ 9,189**
Change in Net Position	**$ 1,366**	**$ 873**	**$ 664**

Fiscal Year 2025 Wrap Up

Significant Transactions Recorded after the Finance & Investment Committee meeting on August 13th

Through the normal course of the fiscal year-end close, we finalize the following activities in August and September:

- The consolidation of the final numbers for the Wexner Medical Center and the component units.
- The recording of fiscal 2025 impacts of lease considerations under GASB 87.
- The recording of fiscal 2025 impacts of subscription-based information technology arrangements under GASB 96.
- The true-up of accounts payable and accrued liabilities based on actual subsequent disbursement activities.
- The recording of the energy concessionaire payable.
- Reconciliation and reclassification of net position.

Fiscal Year 2025 Wrap Up

Significant Transactions Recorded

Through the normal course of financial statement review and data analysis prior year errors can be detected:

- During fiscal year 2025, university management identified an understatement of deferred outflows of resources and an overstatement of operating expense of $97M related to the accounting for STRS-Ohio pension contributions subsequent to the measurement date. Amounts that should have been recognized as deferrals of $97M in fiscal year 2024 were improperly recognized as expense. The result is an overstatement of expense in fiscal year 2024 and an understatement for expense in fiscal year 2025. University management has corrected the amortization schedule for fiscal year 2025 reporting and is expanding its review procedures of pension balances to prevent a recurrence of this error.

Significant Transactions Not Recorded

Through the normal course of the fiscal year-end close, we make determinations, primarily based on materiality and significance to the financial statements and its users, whether to record certain entries in the general ledger.

We determined that the following entries were not significant to the financial statements and did not record them:

- 4th quarter adjustment of $117.5M for the recording of unrealized investment income. Not recording this adjustment is common practice and allows us to ensure our accounting, gift, and investment records are aligned.

Future Financial Reporting Impacts

Stmt #	Title	Description	Effective
103	*Financial Reporting Model Improvements*	The objective of this Statement is to improve key components of the financial reporting model to enhance its effectiveness in providing information that is essential to decision making and assessing a government's accountability. The Statement includes provisions related to the presentation of Management's Discussion and Analysis, the presentation of the statement of revenues, expenses and changes in net position and the presentation of major component unit information.	FY26
104	*Disclosure of Certain Capital Assets*	This Statement requires certain types of capital assets, including leases, subscription-based information technology arrangements and right-of-use assets associated with public-private partnerships, to be disclosed separately in the capital assets note disclosures required by Statement No. 34. It also requires additional disclosures for capital assets held for sale.	FY26

The Ohio State University

(A Component Unit of the State of Ohio)

Consolidated Financial Statements
As of and for the Years Ended June 30, 2025 and 2024
And Reports of Independent Auditors

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Acknowledgements

Board of Trustees

KPMG LLP
Suite 500
191 West Nationwide Blvd.
Columbus, OH 43215-2568

Independent Auditors' Report

The Board of Trustees
The Ohio State University:

Report on the Audit of the Financial Statements

Opinions

We have audited the financial statements of the business-type activities and the aggregate discretely presented component units of The Ohio State University (the University), a component unit of the State of Ohio, as of and for the years ended June 30, 2025 and 2024, and the related notes to the financial statements, which collectively comprise the University's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and the aggregate discretely presented component units of the University, as of June 30, 2025 and 2024, and the respective changes in financial position and cash flows thereof for the years then ended in accordance with U.S. generally accepted accounting principles.

Basis for Opinions

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the University, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the University's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions,

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misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the University's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the University's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Required Supplementary Information

U.S. generally accepted accounting principles require that the accompanying management's discussion and analysis, schedule of the University's proportionate shares of STRS-Ohio and OPERS net pension liabilities, schedule of the University contributions to STRS-Ohio and OPERS, and schedule of the University' proportionate shares of STRS-Ohio and OPERS net OPEB liabilities be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with GAAS, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Information

Our audits were conducted for the purpose of forming opinions on the financial statements that collectively comprise the University's basic financial statements. The supplementary information on the long-term investment pool for the year ended June 30, 2025 is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has not been subjected to auditing procedures applied in the audit of the basic financial statements, and, accordingly, we do not express an opinion or any form of assurance thereon.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated October 31, 2025, on our consideration of the University's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the University's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the University's internal control over financial reporting and compliance.

KPMG LLP

Columbus, Ohio
October 31, 2025

Management's Discussion and Analysis (Unaudited)

The following Management's Discussion and Analysis, or MD&A, provides an overview of the financial position and activities of The Ohio State University (the "university") as of and for the year ended June 30, 2025, with comparative information as of and for the years ended June 30, 2024 and June 30, 2023. We encourage you to read this MD&A section in conjunction with the audited financial statements and footnotes appearing in this report.

About The Ohio State University

The Ohio State University is the State of Ohio's flagship research institution and one of the largest universities in the United States of America, with over 66,000 students, 8,600 faculty members and 29,000 staff members. Founded in 1870 under the Morrill Land Grant Act, the university – which was originally known as the Ohio Agricultural and Mechanical College -- has grown over the years into a comprehensive public institution of higher learning, with over 250 undergraduate majors, 174 master's degree programs, 105 doctoral programs and nine professional degree programs.

The university is governed by a board of trustees who are responsible for oversight of academic programs, budgets, general administration, and employment of faculty and staff. The university's 15 colleges, four regional campuses, the Wexner Medical Center and various academic support units operate largely on a decentralized basis. The Board approves annual budgets for university operations, but these budgets are managed at the college and department level.

The Ohio State University Wexner Medical Center ("the Medical Center") is one of the largest and most diverse academic medical centers in the country and the only academic medical center in central Ohio. As a part of the Wexner Medical Center, the Health System operates under the governance of The Ohio State University Board of Trustees and is comprised of seven hospitals and a network of ambulatory care locations. The Health System provides a full spectrum of services from primary to quaternary specialized care. Key clinical care locations and facilities of the Health System include:

- ***University Hospital*:** the Health System's flagship hospital is a leader in multiple specialties including organ and tissue transplantation, women and infants, digestive diseases, bariatric surgery and minimally invasive surgery. In addition to having a Level I Trauma Center as designated by the American College of Surgeons, University Hospital is also home to a Level III Neonatal Intensive Care Unit, central Ohio's only adult burn center and the only adult solid organ transplant program in central Ohio.
- ***Arthur G. James Cancer Hospital and Solove Research Institute ("The James"):***the only free-standing cancer hospital in central Ohio and the first in the Midwest, the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute is an international leader in cancer prevention, detection and treatment. The James is one of only 57 comprehensive cancer centers designated by the National Cancer Institute (NCI) and one of only a few institutions nationally funded by the NCI to conduct both phase I and phase II clinical trials on novel anticancer agents sponsored by the NCI.
- ***Richard M. Ross Heart Hospital ("The Ross"):*** is dedicated to advancing the field of cardiovascular medicine and surgery. The Ross offers comprehensive heart and vascular care spanning every specialty from open heart surgery to electrophysiology, vascular surgery, advanced heart failure care and emergency cardiac care. The Ross is one of the nation's few free-standing facilities devoted entirely to the research of diseases affecting the heart, lungs and blood vessels.

Management's Discussion & Analysis (Unaudited) - continued

- ***Harding Hospital:*** offers counseling services along with the most comprehensive inpatient and outpatient mental health and behavioral health services in central Ohio. Programs are available for adolescents, adults and older adults with complex psychiatric disorders. Harding Hospital's team includes psychiatrists, psychologists, social workers, registered nurses, occupational therapists, recreational therapists, chaplains and licensed counselors.
- ***East Hospital:*** blends academic medicine with a community-based setting. East Hospital provides a full range of medical and surgical services to patients throughout central Ohio, including orthopedics, general surgery, vascular surgery, plastic surgery, ENT, cardiovascular and pulmonary care, family medicine, general internal medicine, and emergency medicine. Additionally, patients have access to central Ohio's leading alcohol and drug addiction recovery services, a comprehensive wound-healing center with limb preservation program, digestive disease treatment, a full-range of diagnostic services, a sleep disorders center and outpatient oncology services.
- ***Dodd Hall:*** home to the Health System's nationally recognized and accredited rehabilitation inpatient program, specializing in amputee, cancer, stroke, brain and spinal cord rehabilitation. The program was the first in Ohio and is dedicated to physical medicine and rehabilitation research, training and treatment.
- ***Brain and Spine Hospital:*** a leader in brain and spine treatment and research with dedicated units for stroke care, neurotrauma and traumatic brain injuries, spinal cord injuries and spine surgery, epilepsy, chronic pain, acute rehabilitation, neurosurgery and sleep medicine.
- ***Ambulatory Services:*** offering many specialized health services in numerous convenient locations throughout Ohio. Primary care, sports medicine, orthopedics, mammography, imaging, wound care and other specialties are provided with the compassionate and nationally ranked expert care that is synonymous with The Ohio State University Wexner Medical Center.

The Health System provided services to approximately 61,200 inpatients and 1,803,000 outpatients during fiscal year 2025, and 60,600 inpatients and 1,670,000 outpatients during fiscal year 2024.

The following financial statements reflect all assets, liabilities, deferred inflows/outflows and net position (equity) of the university, the Ohio State University Wexner Medical Center, the Ohio Agricultural Research and Development Center (OARDC) and the Ohio Technology Consortium (OH-TECH), which is an umbrella organization that includes the Ohio Academic Resources Network (OARnet), the Ohio Supercomputer Center and the Ohio Library and Information Network (OhioLINK). These entities constitute the "primary government" for financial reporting purposes. In addition, the financial statements include consolidated financial position and results for a number of "component units", which are legally separate entities that meet the financial accountability criteria set forth in Governmental Accounting Standards Board (GASB) Statement No. 14, *The Financial Reporting Entity*, *as amended by GASB Statement No. 61*, *The Financial Reporting Entity: Omnibus,* and Statement No. 80, *Blending Requirements for Certain Component Units—an amendment of GASB Statement No. 14*.

The following component units are considered to "exclusively benefit" the university and are shown in a blended presentation with the primary government:

- The OSU Foundation (a fundraising foundation operating exclusively for the benefit of the university)

Management's Discussion & Analysis (Unaudited) - continued

- OSU Health Plan (a non-profit organization that administers university health care benefits)
- Oval Limited (captive insurer that provides medical malpractice coverage to university hospitals and physicians)
- Pelotonia (a fundraising organization operating exclusively for the benefit of the university)
- Great River Insurance (captive insurer that provides coverage for risks that are difficult to insure in the traditional market)

The GASB has indicated that, under the amended blending standards, the "exclusive benefit" criterion for blending is not met when a component unit provides services to parties external to the primary government. As a result, the university presents the following component units in a discrete presentation:

- OSU Physicians, Inc. (the practice group for physician faculty members of the Colleges of Medicine and Public Health)
- Campus Partners for Community Urban Redevelopment (a non-profit organization participating in the redevelopment of neighborhoods adjacent to the main Columbus campus)
- Transportation Research Center, Inc. (an automotive research and testing facility in East Liberty, Ohio)
- Dental Faculty Practice Association (the practice group for faculty members of the College of Dentistry)
- Science and Technology Campus Corporation (a non-profit organization established to further development of the university's Science and Technology Campus)

Condensed financial information for both blended and discretely presented component units is provided in the Notes to the Financial Statements. The university is considered a component unit of the State of Ohio and is included in the State of Ohio's Annual Comprehensive Financial Report.

About the Financial Statements

The university presents its financial statements in a "business-type activity" format, in accordance with GASB Statement No. 34, *Basic Financial Statements – and Management's Discussion and Analysis – for State and Local Governments* and GASB Statement No. 35, *Basic Financial Statements – and Management's Discussion and Analysis – for Public Colleges and Universities – an amendment of GASB Statement No. 34.* In addition to this MD&A section, the financial statements include a Statement of Net Position, a Statement of Revenues, Expenses and Changes in Net Position, a Statement of Cash Flows and Notes to the Financial Statements. Separate columns are presented for the primary institution (which includes the primary government and the blended component units), discretely presented component units and the total university. Unless otherwise specified, the amounts presented in this MD&A are for the primary institution.

The **Statement of Net Position** is the university's balance sheet. It reflects the total assets, deferred outflows, liabilities, deferred inflows and net position (equity) of the university as of June 30, 2025, with comparative information as of June 30, 2024. Liabilities due within one year, and assets available to pay those liabilities, are classified as current. Other assets and liabilities are classified as non-current. Investment assets are carried at fair value or at Net Asset Value (NAV), as applicable.

Capital assets, which include the university's land, buildings, improvements, and equipment, are shown net of accumulated depreciation. Net position is grouped in the following categories:

Management's Discussion & Analysis (Unaudited) - continued

- Net investment in capital assets
- Restricted – nonexpendable
- Restricted – expendable
- Unrestricted

In addition to assets, liabilities and net position, the university's balance sheet includes deferred outflows of resources and deferred inflows of resources. Deferred outflows are similar to assets and will be recognized as expense in future periods. Deferred inflows are similar to liabilities and will be recognized as revenue (or reductions of expense) in future periods.

The **Statement of Revenues, Expenses and Changes in Net Position** is the university's income statement. It details how net position has increased (or decreased) during the year ended June 30, 2025, with comparative information for the year ended June 30, 2024. Tuition revenue is shown net of scholarship allowances, patient care revenue is shown net of contractual allowances, charity care and bad debt expense, depreciation is provided for capital assets, and there are required subtotals for net operating income (loss) and net income (loss) before capital contributions and additions to permanent endowments.

It should be noted that the required subtotal for net operating income or loss generally will reflect a "loss" for state-supported colleges and universities. This is primarily due to the way operating and non-operating items are defined under GASB Statement No. 9, *Reporting Cash Flows of Proprietary and Nonexpendable Trust Funds and Governmental Entities That Use Proprietary Fund Accounting*. Operating expenses include virtually all university expenses, except for interest on long-term debt and certain investment management expenses. Operating revenues, however, *exclude* certain significant revenue streams that the university and other public institutions have traditionally relied upon to fund current operations, including state instructional support, current-use gifts and investment income.

The **Statement of Cash Flows** details how cash has increased (or decreased) during the year ended June 30, 2025, with comparative information for the year ended June 30, 2024. It breaks out the sources and uses of university cash into the following categories:

- Operating activities
- Noncapital financing activities
- Capital financing activities
- Investing activities

Cash flows associated with the university's expendable net position appear in the operating and noncapital financing categories. Capital financing activities include payments for capital assets, proceeds from long-term debt and debt repayments. Purchases and sales of investments are reflected as investing activities.

The **Notes to the Financial Statements,** which follow the financial statements, provide additional details on the numbers in the financial statements. Behind the notes is a section that provides required supplementary information related to pensions and other post-employment benefits and other information on the university's Long-Term Investment Pool.

Management's Discussion & Analysis (Unaudited) - continued

Financial Highlights and Key Trends

The university's overall financial position is strong, driven by a variety of factors, including its diversity of operations and continued focus on operating and capital efficiencies, along with a strategic focus on growing new revenue streams. Total net position increased $1.35 billion, to $12.23 billion at June 30, 2025. Operating revenues increased $805 million, to $8.52 billion, driven primarily by strong growth in healthcare revenues, sales and services and tuition and fee increases. Operating expenses increased $658 million, to $9.39 billion, primarily reflecting continued growth and strong patient volumes across the Health System. While the healthcare industry faced rising labor and supply costs, the Health System responded by enhancing staffing models and improving patient throughput to support efficient care delivery. Net investment income was strong in 2025 with a $235 million increase in net investment income over the prior year resulting from a strong performance for the LTIP (+11.81%) and strong returns for our short- and intermediate-term portfolios (+6.04%).

Demand for an Ohio State education and outcomes for students also remain strong. Total enrollment for Autumn 2024 was 66,901, up 1,496 students compared to Autumn 2023. Overall university autumn enrollments increased 2.3%. New freshmen enrollment (all campuses) increased 15%. Over 94% of the freshmen enrolled in Autumn 2023 returned to OSU in Autumn 2024. 73% of students graduated within four years, and 88% graduated within six years.

The following sections provide additional details on the university's 2025 financial results and a look ahead at significant economic conditions that are expected to affect the university in the future.

Management's Discussion & Analysis (Unaudited) - continued

Statement of Net Position

Summary Statement of Net Position *(in thousands)*

	2025	2024	2023
Cash and temporary investments	$ 3,130,192	$ 3,075,362	$ 2,720,003
Receivables, inventories, prepaids and other current assets	1,369,602	1,221,060	1,009,105
Total current assets	4,499,794	4,296,422	3,729,108
Unexpended bond proceeds	54,375	109,975	210,358
Noncurrent notes and pledges receivable, net	197,417	198,987	165,640
Net other post-employment benefit asset	357,668	194,698	128,942
Long-term investment pool	8,619,921	7,931,714	7,383,676
Other long-term investments	264,581	204,539	231,885
Other noncurrent assets	300,115	236,646	193,759
Capital assets, net of accumulated depreciation	8,940,761	8,519,316	7,981,204
Total noncurrent assets	18,734,838	17,395,875	16,295,464
Total assets	23,234,632	21,692,297	20,024,572
Deferred outflows	754,384	1,004,220	1,709,175
Total assets and deferred outflows	$ 23,989,016	$ 22,696,517	$ 21,733,747
Accounts payable and accrued expenses	$ 932,162	$ 801,352	$ 697,512
Medicare advance payment program	-	-	-
Deposits and advance payments for goods and services	409,480	409,639	442,713
Current portion of bonds, notes and lease obligations	722,247	726,732	720,885
Other current liabilities	4,619	42,569	(48,823)
Total current liabilities	2,068,508	1,980,292	1,812,287
Noncurrent portion of bonds, notes and lease obligations	3,114,135	3,136,918	2,946,617
Net pension liability	3,688,568	3,869,225	4,214,821
Net other post-employment benefit liability	22,317	22,970	92,020
Advance from concessionaire	920,533	943,319	958,816
Other noncurrent liabilities	992,828	928,495	795,866
Total noncurrent liabilities	8,738,381	8,900,927	9,008,140
Total liabilities	10,806,889	10,881,219	10,820,427
Deferred inflows	953,397	932,162	902,049
Net investment in capital assets	4,555,052	4,193,281	3,997,995
Restricted:			
Nonexpendable	2,178,273	2,051,766	1,942,078
Expendable	1,999,998	1,798,160	1,667,347
Unrestricted	3,495,407	2,839,929	2,403,851
Total net position	12,228,730	10,883,136	10,011,271
Total liabilities, deferred inflows and net position	$ 23,989,016	$ 22,696,517	$ 21,733,747

During the year ended June 30, 2025, **cash and temporary investment** balances increased $55 million, to $3.13 billion, primarily reflecting a combination of increased cashflows from noncapital financing activities and a reduction in capital expenditures, which were partially offset by reductions in cash flows from operating and investing activities. **Unexpended bond proceeds** decreased $56 million, to $54 million at June 30, 2025, reflecting expenditures of the bond proceeds for construction of the new inpatient hospital. The Statement of Cash Flows, which is discussed in more detail below, provides additional information on sources and uses of university cash.

Accounts receivable, inventories, prepaids and other current assets increased $149 million, to $1.37 billion at June 30, 2025. Accounts receivable increased $166 million, primarily reflecting

Management's Discussion & Analysis (Unaudited) - continued

increases in Health System receivables (up $94 million) and grant and contract receivables (up $49 million).

The fair value of the university's **long-term investment pool** (LTIP) increased $688 million, to $8.62 billion at June 30, 2025. The increase is primarily due to an $807 million increase in the fair value of LTIP assets, $152 million of principal additions and $201 million of interest and dividend income, which were partially offset by $318 million of distributions and $154 million of expenses. The long-term investment pool operates like a mutual fund, in that each named fund is assigned a number of shares in the pool. It includes the gifted endowment funds of the university, gifted endowment funds of the OSU Foundation, and unrestricted funds that have been internally designated to function as endowments. The pool is invested in a diversified portfolio of equity and fixed-income securities, partnerships and hedge funds that is intended to provide the long-term growth necessary to preserve the value of these funds, adjusted for inflation, while making distributions to support the university's mission.

Other long-term investments are non-unitized investments that relate primarily to gift arrangements between donors and the OSU Foundation and long-term investments of operating funds. These investments increased $60 million, to $265 million, at June 30, 2025, primarily due to unrealized gains in private equity funds.

Capital assets, which include the university's land, buildings, improvements, equipment and library books, net of depreciation, grew $421 million, to $8.94 billion at June 30, 2025. The university depreciates its capital assets on a straight-line basis, using estimated useful lives ranging from 5 years (for computer equipment and software) to 100 years (for certain building components such as foundations).

Additions to university capital assets totaled $1.06 billion in 2025. The Health System accounted for $647 million of the total and includes expenditures for facilities, infrastructure improvement, land, and equipment purchases. The remaining $411 million of university capital additions include $83 million of equipment and library books, $45 million related to Comprehensive Energy Management Plan (CEMP) facility improvements and $282 million related to improvements and renovations of various academic buildings, athletic facilities, student life facilities and other infrastructure.

Major academic facility projects completed during 2025 include:

- Cannon Drive Phase II – Cannon Drive Phase II was completed in early 2025. This project rebuilt the roadway between John Herrick Drive and Woody Hayes Drive at its current elevation and constructed a certified ODNR flood protection levee. Work also included a new signalized intersection at Woody Hayes Drive and expansion of the river park.

Major Health System projects underway during 2025 include:

- Inpatient Tower – Opening in 2026, the new Inpatient Tower has been designed to deliver unrivaled care in a state-of-the-art hospital that matches the nationally ranked expertise, high-quality patient care and innovative breakthroughs. Reaching 26 stories into the sky, the tower will reflect The Ohio State University's (the "University") land-grant mission of serving the community by providing the very best care for every person, every time. The Inpatient Tower is 1.9 million square feet and includes 820 private rooms, 234 intensive care beds, and 50 elevators. The $1.79 billion hospital is the largest single facilities project ever undertaken at the

Management's Discussion & Analysis (Unaudited) - continued

University. In 2022, the University issued general receipts bonds, and the Health System borrowed $715.4 million from the University to fund the construction of the Inpatient Tower. In 2024, the Health System borrowed an additional $300.0 million to fund the construction. As of June 30, 2025, construction on the Inpatient Hospital Tower was approximately 92% complete.

In May 2025, the University announced a $10 million commitment from Stan and Jodi Ross to support the Inpatient Hospital Tower project. In recognition, the neurology program's 14th floor of the Inpatient Tower will be named in the family's honor.

In February 2024, the Health System announced a transformative gift to support the Inpatient Hospital Tower project. To honor the memory of John F. Wolfe, the Robert F. Wolfe and Edgar T. Wolfe Foundation pledged a $50.0 million leadership philanthropic commitment to the Medical Center. In recognition, the new tower will have two named spaces — the John F. Wolfe Lobby and the Wolfe Foundation Crossroads.

- Outpatient Care Powell – The new location will join Outpatient Care New Albany and Outpatient Care Dublin as the third facility of a new suburban outpatient care program to provide convenient access to comprehensive healthcare services – including primary and specialty care along with diagnostic and treatment services where people work and live. The $183 million project includes a five-story medical office building and a two-story ambulatory health center which includes imaging, outpatient rehab/physical therapy, endoscopy and support services. As of June 30, 2025, construction on the Outpatient Care Powell facility was approximately 56% complete and is set to open in August 2026.

Major academic facility projects underway during 2024 include:

- Biomedical and Materials Engineering Complex Phase 2– The Biomedical and Materials Engineering Complex (BMEC) Phase 2 is a $94 million project that maximizes collaborative learning and research. It will be the home of first-year engineering courses, makerspace, biomedical and advanced materials R&D, and engaging K-12 STEM programs. This facility is scheduled to open May 2026.

- Campbell Hall– The Campbell Hall Renovation is a $61 million project scheduled to open May 2026 and provides updated space that will promote collaborative work and hands-on learning environments. Campbell Hall Renovation will renovate 115,000 square feet of existing offices, research and computer labs, teaching kitchen, department and pool classrooms and collaborative areas.

- Waterman - Multispecies Animal Learning Center (MALC)– The Waterman - Multispecies Animal Learning Center (MALC) facility will expand interdisciplinary collaborations for the College of Food, Agricultural, and Environmental Sciences (CFAES). The project will construct a 100,000 square-foot facility located at the CFAES Waterman Agricultural and Natural Resources Laboratory, a unique 261-acre site that provides opportunities in teaching, research, and community engagement. The $58 million project will consist of an interconnected series of barns housing different species which include swine, equine, poultry and others. This facility is scheduled to open December 2025.

Management's Discussion & Analysis (Unaudited) - continued

The university's estimated future capital commitments, based on contracts and purchase orders, total approximately $498 million at June 30, 2025.

Total current liabilities increased $88 million, to $2.07 billion at June 30, 2025. Accounts payable and accrued expenses increased $131 million, primarily reflecting increases in payables to vendors for supplies and services (up $149 million) and accrued compensation and benefits (up $18 million), which were partially offset by a decrease in retirement contributions payable (down $36 million). Other current liabilities decreased $38 million, primarily due to a $52 million increase in amounts due from discretely presented component units. These amounts are shown as negative liabilities in the primary institution column of the Statement of Net Position.

On April 10, 2017, the university entered into a 50-year agreement to lease the university's utility system to Ohio State Energy Partners (OSEP) and grant it the exclusive right to operate the utility system and provide utility services to the Columbus campus. On July 6, 2017, the university received an upfront payment of $1.09 billion. The upfront payment is reported as an **advance from concessionaire** and is being amortized as a reduction to operating expense (Operation and Maintenance of Plant) on a straight-line basis over the term of the agreement.

Under the agreement, OSEP operates, maintains and makes capital investments in the utility system and charges the university a Utility Fee, which includes fixed, variable and operating and maintenance (O&M) components. OSEP capital investments in the utility system are recognized as capital assets and a related **long-term payable to the concessionaire**. The fixed and O&M components of the Utility Fee are recognized as operating expense. The variable component of the Utility Fee is recognized as a reduction in the long-term payable to the concessionaire and interest expense. The university paid $66 million and $69 million in total fixed and O&M utility fees for the years ended June 30, 2025 and 2024, respectively. The total amounts payable to the concessionaire increased $18 million, to $511 million at June 30, 2025. The $28 million current portion of this liability is included in other current liabilities on the Statement of Net Position.

University debt, in the form of **bonds, notes and lease obligations**, decreased $27 million, to $3.84 billion at June 30, 2025, primarily reflecting principal payments on bonds, which were partially offset by increases in liabilities for leases and subscription IT arrangements. On September 4, 2024, the university issued $64 million of tax-exempt fixed-rate General Receipts Refunding Bonds, Series 2024A. The Series 2024A Bonds are structured with serial maturities due in 2025 through 2039. The interest rate coupons on the Series 2024A Bonds are 5.00%. The proceeds of the 2024A Bonds were used to refund certain maturities of the outstanding General Receipt Bonds, Series 2014A and to pay the cost of issuance of the 2024A Bonds. Total university debt decreased $112 million, to $4,263 million at June 30, 2025, primarily reflecting principal payments.

In 2020, the university entered into forward-starting interest-rate swap agreements to advance refund its Series 2013A bonds. In April 2023, the university issued $329 million in Series 2023A-1 and 2023A-2 variable rate bonds to complete the refunding of the Series 2013A bonds, recognizing a net accounting gain of $22 million. The net accounting gain is recorded as a deferred inflow of resources and will be amortized over the remaining term of the debt. The swap agreements, which were effective June 2023, are considered effective hedges. The fair value of the swap agreements – which are reported as a noncurrent asset and offsetting deferred inflow of resources – was $55 million and $44 million at June 30, 2025 and 2024, respectively.

Management's Discussion & Analysis (Unaudited) - continued

The university's plant debt includes variable rate demand bonds that mature at various dates through 2044. GASB Interpretation 1*, Demand Bonds Issued by State and Local Governmental Entities*, provides guidance on the statement of net position classification of these bonds. Under GASB Interpretation 1, outstanding principal balances on variable rate demand bonds may be classified as noncurrent liabilities if the issuer has entered into a "take-out agreement" to convert bonds "put" but not resold into some other form of long-term obligation. In the absence of such an agreement, the total outstanding principal balances for these bonds are required to be classified as current liabilities.

Although it is the university's intent to repay its variable rate demand bonds in accordance with the maturities set forth in the bond offering circulars, the university does not have "take-out agreements" in place per the GASB Interpretation 1 requirements. Accordingly, the university has classified the total outstanding principal balances on its variable rate demand bonds as current liabilities. These obligations totaled $604 million at both June 30, 2025 and June 30, 2024.

GASB Statement No. 68 requires governmental employers participating in defined benefit pension plans to recognize liabilities for plans whose actuarial liabilities exceed the plan's net assets. These liabilities are referred to as net pension liabilities. A related accounting standard, GASB Statement No. 75, requires employers participating in other post-employment benefit (OPEB) plans to recognize liabilities for plans whose actuarial liabilities exceed the plan's net assets. OPEB benefits consist primarily of post-retirement healthcare. The university participates in two multi-employer cost-sharing retirement systems, OPERS and STRS-Ohio, and is required to record a liability for its proportionate share of the net pension and OPEB liabilities of the retirement systems.

In 2025, the university's share of OPERS and STRS-Ohio **net pension liabilities** decreased $181 million, to $3.69 billion at June 30, 2025. OPERS and STRS-Ohio net pension liabilities decreased $108 million and $73 million, respectively, reflecting positive investment returns for both retirement systems. OPERS realized an 8.82% return on defined benefit plan investments for calendar year 2024. STRS-Ohio realized a 10.53% return for the fiscal year ended June 30, 2024.

Deferred outflows related to pensions decreased $170 million, to $719 million at June 30, 2025, and deferred inflows related to pensions increased $43 million, to $124 million at June 30, 2025. The changes in pension deferrals relate primarily to OPERS and STRS-Ohio projected vs actual investment returns. These deferrals will be recognized as pension expense in future periods.

In 2025, the university's proportionate share of OPERS and STRS-Ohio **net OPEB assets** increased $163 million to $358 million at June 30, 2025, reflecting positive investment returns for both retirement systems. OPERS realized a 10.00% return on its health care investments for calendar year 2024. STRS-Ohio realized a 10.53% return for the fiscal year ended June 30, 2024.

Deferred outflows related to OPEB decreased $78 million, to $18 million at June 30, 2025, and deferred inflows related to OPEB decreased $26 million, to $108 million at June 30, 2025. The changes in OPEB deferrals relate primarily to OPERS projected vs actual investment returns. These deferrals will be recognized as OPEB expense in future periods.

Total pension and OPEB expense includes employer contributions and (non-cash) expense accruals associated with the recognition of net pension and OPEB liabilities and deferrals. Total employer contributions were up $36 million, to $505 million in 2025. Pension and OPEB expense accruals swung from a positive $196 million to a negative $79 million in 2025.

Management's Discussion & Analysis (Unaudited) - continued

It should be noted that, in Ohio, employer contributions to the state's cost-sharing multi-employer retirement systems are established by statute. These contributions, which are payable to the retirement systems one month in arrears, constitute the full legal claim on the university for pension and OPEB funding. Although the liabilities recognized under GASB 68 and GASB 75 meet the GASB's definition of a liability in its conceptual framework for accounting standards, they do not represent legal claims on the university's resources, and there are no cash flows associated with the recognition of net pension and OPEB liabilities, deferrals and related expense.

Deferred inflows primarily consist of changes to OPEB assets and pension liabilities as explained in the previous paragraphs, the unamortized proceeds of the parking service concession arrangement and deferred inflows related to leases. Total deferred inflows increased $20 million, primarily due to increases in pension and OPEB deferred inflows, which totaled $17 million. The parking deferred inflows, which totaled $427 million and $438 million at June 30, 2025 and June 30, 2024, respectively, are being amortized to operating revenue on a straight-line basis over the 50-year life of the agreement. Deferred inflows for leases totaled $167 million at both June 30, 2025 and 2024 and are being amortized to lease revenue on a straight-line basis over the terms of the leases. The remaining balance of deferred inflows relates to deferred gains on debt-related transactions and deferrals for irrevocable split-interest agreements.

Prior-Year Highlights: ***In 2024*****,** the university's share of OPERS and STRS-Ohio net pension liabilities decreased $346 million, to $3.87 billion at June 30, 2024. OPERS and STRS-Ohio net pension liabilities decreased $275 million and $70 million, respectively, reflecting positive investment returns for both retirement systems. The fair value of the university's long-term investment pool (LTIP) increased $548 million, to $7.93 billion at June 30, 2024. The increase is primarily due to a $668 million increase in the fair value of LTIP assets, $143 million of principal additions and $194 million of interest and dividend income, which were partially offset by $305 million of distributions and $106 million of expenses. ***In 2023***, the university's share of OPERS and STRS-Ohio net pension liabilities increased $2.72 billion, to $4.22 billion at June 30, 2023. OPERS and STRS-Ohio net pension liabilities increased $2.25 billion and $468 million, respectively, reflecting negative investment returns for both retirement systems. The fair value of the university's long-term investment pool (LTIP) increased $423 million, to $7.38 billion at June 30, 2023. The increase is primarily due to a $370 million increase in the fair value of LTIP assets, $257 million of principal additions and $183 million of interest and dividend income, which were partially offset by $289 million of distributions and $98 million of expenses.

Management's Discussion & Analysis (Unaudited) - continued

Statement of Revenues, Expenses and Changes in Net Position

Summary of Revenues, Expenses and Changes in Net Position *(in thousands)*

	2025	2024	2023
Operating Revenues:			
Tuition and fees, net	$ 1,165,316	$ 1,094,229	$ 1,060,454
Grants and contracts	1,062,173	1,064,205	917,371
Auxiliary enterprises sales and services, net	436,040	391,487	394,835
OSU Health System sales and services, net	5,513,570	4,888,549	4,444,419
Departmental sales and other operating revenues	342,316	276,090	320,856
Total operating revenues	8,519,415	7,714,560	7,137,935
Operating Expenses:			
Educational and general	3,283,675	3,290,272	2,960,543
Auxiliary enterprises	502,067	458,464	410,383
OSU Health System	4,968,546	4,400,375	3,964,394
Depreciation	634,086	581,020	545,971
Total operating expenses	9,388,374	8,730,131	7,881,291
Net operating loss	(868,959)	(1,015,571)	(743,356)
Non-operating revenues (expenses):			
State share of instruction and line-item appropriations	540,728	528,536	508,704
Gifts - current use	233,052	189,492	211,735
Net investment income	1,207,419	972,532	505,970
Federal COVID-19 assistance programs	36	5,352	70,792
Grants, interest expense and other revenue (expense)	17,229	(898)	(46,973)
Net non-operating revenue	1,998,464	1,695,014	1,250,228
Income before other changes in net position	1,129,505	679,443	506,872
State capital appropriations	88,756	61,016	46,714
Private capital gifts	30,986	57,232	58,407
Additions to permanent endowments	96,347	74,174	70,589
Total changes in net position	216,089	192,422	175,710
Increase in net position	1,345,594	871,865	682,582
Net position - beginning of year	10,883,136	10,011,271	9,328,689
Net position - end of year	$ 12,228,730	$ 10,883,136	$ 10,011,271

Net **tuition and fees** increased $71 million, to $1.17 billion in 2025, due primarily to an increase in gross tuition and other student fees of $101 million, offset by an increase in scholarship allowances of $30 million. The increase in gross tuition revenue is primarily driven by both increases in enrollment and rate increases in instructional and non-resident surcharges. Overall university autumn enrollments increased 2.3%. New freshmen enrollment (all campuses) increased 15%. Instructional and general fees increased 3% for undergraduates in the AU24 Tuition Guarantee Group and 3% for graduate students. Non-resident fees increased 5% for undergraduates and 4% for graduate students.

Operating **grant and contract revenues** decreased $2 million, to $1.06 billion, primarily reflecting a $22 million increase in federal grants and contracts. Partially offsetting the decrease were increases in state grants (up $9 million) and private grants (up $10 million). The increase in state grants relates primarily to increases from the Ohio Dept of Mental Health & Addiction Services ($10 million), Ohio Dept of Children & Youth ($4 million), Ohio Bureau of Worker's Comp ($3 million), partially offset by decreases from Ohio Dept of Medicaid ($5 million). The increase in private grants is due primarily to grants for the Honda Battery Laboratory (up $12 million).

Management's Discussion & Analysis (Unaudited) - continued

Total **auxiliary revenues** increased $45 million over the prior year due primarily to a $51 million increase in Athletics revenues. The increase in Athletics revenues is mainly attributable to eight home football games in fiscal year 2025 compared to six home games in fiscal year 2024 and increases in distributions of media rights revenues from the Big Ten. These increases were partially offset by a $13 million decrease in concert revenues due to fewer stadium shows in fiscal year 2025. **Auxiliary expenses** increased $44 million to $502 million in fiscal year 2025. Athletics expenses increased $28 million, primarily reflecting game-day expenses associated with eight home football games and the CFP game and NIL payments to student-athletes. Housing and Dining expenses increased $14 million. The Auxiliary portion of pension and OPEB expenses decreased $8 million.

Educational and General Expenses *(in thousands)*

	2025	2024	2023
Instruction and departmental research	$ 1,343,675	$ 1,353,677	$ 1,254,266
Separately budgeted research	688,539	678,793	601,981
Public service	195,931	196,786	145,356
Academic support	366,965	354,520	313,148
Student services	136,943	136,168	119,404
Institutional support	281,842	297,805	228,262
Operation and maintenance of plant	149,905	165,849	174,562
Scholarships and fellowships	119,875	106,674	123,564
Total	$ 3,283,675	$ 3,290,272	$ 2,960,543

Educational and general expenses decreased $7 million to $3.28 billion in 2025. Excluding pension and OPEB accruals, E&G expenses increased $210 million, primarily reflecting increases in salaries and related benefit expenses. Salaries increased $124 million, or 7%, primarily due to a 3.5% increase in faculty and staff salary guidelines and additional investments in human capital related to strategic investments in academic excellence and research and to address market wage pressures. Benefits excluding pension and OPEB increased $65 million, reflecting increases in medical costs and higher retirement contributions due to an increasing salary base. The university portion of the pension and OPEB expenses decreased $217 million.

Health System operating revenues increased $625 million, to $5.51 billion in 2025, driven by growth in outpatient volumes. Operating expenses (excluding depreciation, interest and transfers) increased $568 million to $4.97 billion. Excluding pension and OPEB accruals, which decreased $51 million, Health System operating expenses increased $619 million. An in-depth look at the Health System, as presented in their stand-alone financial statements, is provided below.

In total, the Health System operates nearly 1,500 open inpatient beds and serves as a major tertiary and quaternary referral center for Ohio and the Midwest. The Medical Center delivers superior patient care, quality outcomes, and patient safety and is proud to be celebrating its 33rd consecutive year ranked on the U.S. News & World Report's Best Hospitals list. The Medical Center has nine nationally ranked specialties out of 15 and four selected as high performing. U.S. News consistently ranks the Ohio State Wexner Medical Center as the top hospital in Columbus. The Medical Center is also rated as high performing in 17 out of 22 common procedures and conditions. Hospitals that earned the high performing rating were significantly better than the national average at successfully treating these common problems.

Management's Discussion & Analysis (Unaudited) - continued

In 2025, Forbes ranked The Ohio State University Wexner Medical Center as one of America's Best Employers. This is an exciting recognition, and it means Americans who were surveyed see the Medical Center as a top employer.

The Health System is also proud to be the first in central Ohio to have a hospital achieve Magnet Recognition, one of the highest honors awarded for nursing excellence. The Ross Heart Hospital, University Hospital and The James are all designated Magnet hospitals.

The Medical Center has more "Top Doctors" than any other central Ohio hospital. Wexner Medical Center physicians were selected by Castle Connolly because they are among the very best in their specialties.

In fiscal year 2025, patient admissions increased by 1.0% compared to the prior year, reflecting sustained demand for inpatient services. Average length of stay improved by 2.9%, indicating greater efficiency in care delivery. Total surgeries increased by 3.2%, driven by growth in outpatient surgical activity. Total outpatient volumes rose by 8.0%, primarily due to significant increases in infusion and procedural services. The elevated activity levels in 2025 contributed positively to the Health System's overall operational performance.

In July 2023, the Health System opened The James Outpatient Care. The James Outpatient Care is home to several services and clinics. It is home to the first outpatient cancer surgery facility for the James. Through this unique, state-of-the-art center the James offers comprehensive care in one location to create better outcomes and more hope for the patient, from diagnosis through treatment to survivorship. In partnership with Nationwide Children's Hospital, the facility also includes central Ohio's first Proton Therapy Center that provides children and adults with the latest radiotherapy available. The 385,000-square-foot center is equipped with eight operating rooms, multiple cancer-specific clinics and the Proton Therapy Center. The James Outpatient Care performed 3,375 surgical cases, approximately 1,450 proton treatments, and over 54,000 outpatient visits in its first year of operations.

Approximately 84.5% of total operating revenues are from patient care activities, which approximated the prior year of 84.8% in 2024. Other Operating Revenues include revenue from reference labs, cafeteria operations, rental and lease agreements, and other non-patient services.

In response to the increasing complexity and significantly growing number of specialty oral and self-administered pharmaceuticals available for cancer and non-cancer patients, the Health System operates a specialty outpatient pharmacy dedicated to improving patient care by easing the challenges of managing medications. Specialty outpatient pharmacy activity contributed $577.4 million to Health System operating revenues in 2025 and $460.9 million in 2024.

Other Operating Revenues also includes a portion of the revenue shared with Nationwide Children's Hospital for the management of the Neonatal Intensive Care Unit located at the Health System. The goal of this managed unit is to standardize the care and quality outcomes of all the neonatal patients in Central Ohio. The NICU contributed $19.4 million of operating revenues in 2025 and $17.5 million in 2024.

The Health System participates in the Care Innovation and Community Improvement Program (CICIP). CICIP was developed to increase alignment of quality improvement strategies and goals between the State, Managed Care Organizations (MCO), and both public and nonprofit hospital

Management's Discussion & Analysis (Unaudited) - continued

agencies. The Health System recognized $59.4 million in Other Operating Revenues related to CICIP in 2025 compared to $70.7 million in 2024.

Operating expenses increased by $577.1 million, or 12.8%, from 2024 to 2025, reflecting continued growth and strong patient volumes across the Health System. While the healthcare industry faced rising labor and supply costs, the Health System responded by enhancing staffing models and improving patient throughput to support efficient care delivery.

Salaries and benefits rose by $140.7 million, or 7.5%, driven by growth in nursing and clinical care positions. Supplies and drugs increased by $299.6 million, or 19.9%, primarily due to higher surgical and outpatient procedural volumes. Drug costs were further impacted by expanded chemotherapy services at The James and increased activity at ambulatory infusion sites. Additionally, specialty outpatient pharmacy costs rose in response to higher prescription volumes in 2025. Purchased services grew by $119.6 million, or 18.6%, reflecting increased utility expenses, franchise fee, operational program support, and maintenance costs related to information technology and clinical care systems.

Consolidated revenues for **OSU Physicians, Inc.** (OSUP), the University's central practice group for physician faculty members of the College of Medicine, increased $93 million, to $1.19 billion in 2025, due to continued investment in primary care and community outreach services, growth of specialty services, expansion in regional outpatient clinics, and increased surgical capacity with expansion of operating hours and investment in community anesthesia providers. Consolidated OSUP operating expenses increased $112 million, to $1.19 billion, primarily reflecting higher provider expenses associated with investment in patient care services growth and access improvement. OSUP balances are included in the Discretely Presented Component Units columns of the university's financial statements.

Total state operating support increased $12 million, to $541 million in 2025. Total **state share of instruction** (SSI) for 2025 was $437 million, an increase of $9 million or 2% over final 2024 distributions. **State line-item appropriations** increased $3 million, to $103 million, primarily reflecting increases in line-items for the Ohio Agricultural Research Development Center and Cooperative Extension Service. **State capital appropriations** increased $28 million, to $89 million.

Total **gifts** to the university increased $39 million, to $360 million in 2025. Several colleges and support units received gifts in excess of $1 million in 2025, including the Office of the President, the Office of Academic Affairs, the College of Arts and Sciences, the College of Dentistry, the College of Education and Human Ecology, the College of Engineering, the College of Food, Agricultural and Environmental Sciences, the College of Medicine, the College of Nursing, the College of Pharmacy, the College of Public Health, the College of Social Work, the College of Veterinary Medicine, University Hospitals, the James Cancer Hospital and Research Institute, Health Sciences, Fisher College of Business, Moritz College of Law, Wexner Center for the Arts, WOSU, the Department of Athletics, Newark regional campus, the Enterprise for Research, Innovation and Knowledge, and General University Scholarships. Support came from more than 226,000 alumni and friends.

University investments yielded $1.21 billion in **net investment income** in 2025, compared with $973 million in 2024. For 2025, the LTIP returned +11.81% compared to +10.78% in 2024.

The strong absolute return for the LTIP of +11.81%, exceeded its preliminary policy benchmark of +9.54% for 2025. During that period, Public Equity returned +17.32% (compared to the

Management's Discussion & Analysis (Unaudited) - continued

benchmark of +16.17%), Hedge Funds and Opportunistic Credit returned +10.45% (compared to the preliminary benchmark of +7.25%), Private Equity returned +10.22% (compared to the benchmark of +7.15%), Cash and High-Grade Bonds returned +8.43% (compared to the benchmark of +6.08%), Real Assets returned +8.08% (compared to the preliminary benchmark of +2.90%), and Legacy Investments returned -13.79% (benchmark is return of actual underlying funds).

Prior-Year Highlights: ***In 2024,*** total net position increased $872 million, to $10.88 billion at June 30, 2024. Operating revenues increased $577 million, to $7.71 billion, driven primarily strong growth in healthcare revenues, grant and contract revenue, and tuition and fee increases. Operating expenses increased $849 million, to $8.73 billion, primarily due to a combination of increases in salary and benefit costs, increases in non-cash pension and other post-employment benefit (OPEB) expenses and, for the Health System, strong growth in patient volumes and rising costs related to labor shortages, inflationary pressure, and throughput challenges. ***In 2023,*** total net position increased $683 million, to $10.01 billion at June 30, 2023. Operating revenues increased $543 million, to $7.14 billion, driven primarily by strong outpatient surgical activity and service mix at the Health System, increases in university grant and contract and tuition revenues, and increases in all major auxiliary enterprises. Operating expenses increased $1.26 billion, to $7.88 billion, primarily due to a combination of increases in non-cash pension and other post-employment benefit (OPEB) expenses and, for the Health System, rising costs related to labor shortages, inflationary pressure, and throughput challenges.

Statement of Cash Flows

University Cash Flows Summary *(in thousands)*	**2025**	**2024**	**2023**
Net cash flows used in operating activities	$ (373,565)	$ (201,812)	$ (345,391)
Net cash flows from noncapital financing activities	1,007,113	911,746	943,984
Receipts for capital projects	42,837	29,857	31,420
Proceeds from capital debt	-	301,736	-
Payments for purchase or construction of capital assets	(808,034)	(951,614)	(1,072,766)
Principal and interest payments on capital debt and leases, net of federal Build America Bond interest subsidies	(325,592)	(282,952)	(311,098)
Net cash flows provided (used) in investing activities	3,740	143,888	1,590,813
Net increase (decrease) in cash and cash equivalents	$ (453,501)	$ (49,151)	$ 836,962

University cash and cash equivalents decreased $454 million in 2025. Net cash used in operating activities was $374 million, compared to $202 million in 2024, primarily reflecting increases in payments for salaries, benefits, supplies and services and student aid and decreases in other operating receipts, which were partially offset by increases in receipts for sales and services and tuition. In addition, the 2024 operating cash flows reflect the one-time receipt of a $70 million upfront payment from the parking concessionaire. Net cash flows from noncapital financing activities increased $95 million, to $1.01 billion, primarily reflecting increases in gift and non-exchange grant receipts. Payments for purchase or construction of capital assets decreased $144 million, to $808

Management's Discussion & Analysis (Unaudited) - continued

million, reflecting completion of several Health System and other university projects. Cash provided by investing activities was $4 million, primarily reflecting investment income, offset by net purchases of investments.

Fiscal Year 2026 Financial Plan

The Fiscal Year 2026 Financial Plan builds on the university's strengths and provides an operating margin to be reinvested in strategic initiatives and capital projects at the university. The Operating Plan has been presented alongside the Capital Investment Plan to provide more clarity about funding sources – which funding sources are fungible and can be spent for unrestricted purposes, and which funding sources must be spent on legally mandated or designated programs and projects.

Highlights of the Consolidated Financial Plan

- **Sources:** We anticipate consolidated sources will increase $518.4 million or 4.7% to $11.5 billion in FY 2026 compared to the FY 2025 Forecast. The university is projecting $4.7 billion of total sources, excluding net transfers from the Health System, which is a decrease of $28.9 million to the FY 2025 Forecast. The Health System and OSU Physicians, Inc. (OSUP) together account for a total increase in sources of $556.8 million due to a combination of an estimated increase in adjusted admissions, outpatient growth, and some rate increases.

- **Uses:** We anticipate consolidated uses will increase $781.2 million or 7.7% to $10.9 billion in FY 2026 compared to the FY 2025 Forecast. The university is projecting $4.9 billion of total uses, which is an increase of $214.9 million or 4.6%. The most significant driver of this increase is salaries, which are increasing $118.4 million or 5.9% over the FY 2025 Forecast and related benefit cost increases of $45.1 million. Increased salaries reflect a 3.5% merit increase pool ($58.0 million) and related benefits expense. Increases more than the merit pool are driven by investments in strategic faculty and staff hiring initiatives including staff equity adjustments. The Health System and OSUP's increases in uses are due to expenses to support their continued revenue growth and 5.5% salary increases, inclusive of the annual merit pool and incremental market increases to support employee retention and recruitment.

- **Sources Less Uses:** We anticipate a consolidated surplus, excluding capital, of $564.9 million. After including capital sources and uses, this surplus decreases to a loss of $212.4 million, representing the investment of cash and bond proceeds in the university's capital plan. The university is projecting an operating surplus of $152.9 million, excluding capital. This surplus becomes a loss of $97.1 million after including capital sources and uses. University surpluses are not completely fungible as some funds are for restricted purposes. The Health System FY 2026 Operating Plan projects an operating surplus of $430.5 million, excluding capital. This surplus becomes a loss of $96.9 million, including capital, based on net capital uses of $527.4 million, primarily driven by the completion of the hospital tower project that is scheduled to open in the spring of 2026. The OSU Physicians, Inc. FY 2026 Operating Plan projects an operating surplus of $4.6 million.

Cautionary Note Regarding Forward-Looking Statements

Certain information provided by the university, including written as outlined above or oral statements made by its representatives, may contain forward-looking statements as defined in the Private Securities Litigation Reform Act of 1995.

Management's Discussion & Analysis (Unaudited) - continued

All statements, other than statements of historical facts, which address activities, events or developments that the university expects or anticipates will or may occur in the future contain forward-looking information.

In reviewing such information, it should be kept in mind that actual results may differ materially from those projected or suggested in such forward-looking information. This forward-looking information is based upon various factors and was derived using various assumptions. The university does not undertake to update forward-looking information contained in this report or elsewhere to reflect actual results, changes in assumptions or changes in other factors affecting such forward-looking information.

THE OHIO STATE UNIVERSITY
STATEMENTS OF NET POSITION
June 30, 2025 and June 30, 2024
(in thousands)

	Primary Institution		Discretely Presented Component Units		Total University	
	2025	2024	2025	2024	2025	2024
ASSETS AND DEFERRED OUTFLOWS:						
Current Assets:						
Cash and cash equivalents	$ 583,055	$ 980,956	$ 141,692	$ 75,701	$ 724,747	$ 1,056,657
Temporary investments	2,547,137	2,094,406	109,724	121,425	2,656,861	2,215,831
Accounts receivable, net	1,116,751	950,393	134,020	137,679	1,250,771	1,088,072
Notes receivable - current portion, net	6,456	6,456	-	-	6,456	6,456
Pledges receivable - current portion, net	60,106	62,107	-	-	60,106	62,107
Accrued interest receivable	24,781	22,637	-	-	24,781	22,637
Inventories and prepaid expenses	211,103	214,427	8,618	8,189	219,721	222,616
Investments held under securities lending program	925	-	-	-	925	-
Amounts due from (to) primary institution	(50,520)	(34,960)	50,520	34,960	-	-
Total Current Assets	4,499,794	4,296,422	444,574	377,954	4,944,368	4,674,376
Noncurrent Assets:						
Unexpended bond proceeds	54,375	109,975	-	-	54,375	109,975
Notes receivable, net	22,941	26,610	800	800	23,741	27,410
Pledges receivable, net	174,476	172,377	-	-	174,476	172,377
Net other post-employment benefit asset	357,668	194,698	-	-	357,668	194,698
Long-term investment pool	8,619,921	7,931,714	-	-	8,619,921	7,931,714
Other long-term investments	264,581	204,539	-	-	264,581	204,539
Leases receivable, net	29,483	19,315	36,518	23,788	66,001	43,103
Amounts due from (to) primary institution - leases	(89,126)	(86,814)	89,126	86,814	-	-
Other noncurrent assets	359,758	304,145	197	1,556	359,955	305,701
Capital assets, net	8,940,761	8,519,316	503,857	489,100	9,444,618	9,008,416
Total Noncurrent Assets	18,734,838	17,395,875	630,498	602,058	19,365,336	17,997,933
Total Assets	23,234,632	21,692,297	1,075,072	980,012	24,309,704	22,672,309
Deferred Outflows:						
Pension	718,996	888,530	-	-	718,996	888,530
Other post-employment benefits	17,543	95,656	-	-	17,543	95,656
Other deferred outflows	17,845	20,034	25,453	-	43,298	20,034
Total Deferred Outflows	754,384	1,004,220	25,453	-	779,837	1,004,220
Total Assets and Deferred Outflows	$ 23,989,016	$ 22,696,517	$ 1,100,525	$ 980,012	$ 25,089,541	$ 23,676,529
LIABILITIES, DEFERRED INFLOWS AND NET POSITION:						
Current Liabilities:						
Accounts payable and accrued expenses	$ 932,162	$ 801,352	$ 103,442	$ 92,276	$ 1,035,604	$ 893,628
Deposits and advance payments for goods and services	409,480	409,639	3,025	2,763	412,505	412,402
Current portion of bonds, notes and leases payable	118,427	122,912	7,987	5,485	126,414	128,397
Long-term bonds payable, subject to remarketing	603,820	603,820	-	-	603,820	603,820
Liability under securities lending program	925	-	-	-	925	-
Other current liabilities	116,189	101,591	10,620	17,705	126,809	119,296
Amounts due to (from) primary institution	(102,089)	(50,367)	102,089	50,367	-	-
Amounts due to (from) primary institution - leases	(10,406)	(8,655)	10,406	8,655	-	-
Total Current Liabilities	2,068,508	1,980,292	237,569	177,251	2,306,077	2,157,543
Noncurrent Liabilities:						
Bonds, notes and leases payable	3,114,135	3,136,918	38,473	38,996	3,152,608	3,175,914
Concessionaire payable	482,717	466,671	-	-	482,717	466,671
Net pension liability	3,688,568	3,869,225	-	-	3,688,568	3,869,225
Net other post-employment benefit liability	22,317	22,970	-	-	22,317	22,970
Compensated absences	253,423	234,804	-	-	253,423	234,804
Self-insurance accruals	107,571	87,290	-	-	107,571	87,290
Amounts due to third-party payors - Health System	63,857	79,153	-	-	63,857	79,153
Irrevocable split-interest agreements	36,269	33,123	-	-	36,269	33,123
Refundable advances for Federal Perkins loans	15,362	18,141	-	-	15,362	18,141
Advance from concessionaire	920,533	943,319	-	-	920,533	943,319
Other noncurrent liabilities	411,962	360,250	1,525	87	413,487	360,337
Amounts due to (from) primary institution	(237,533)	(201,066)	237,533	201,066	-	-
Amounts due to (from) primary institution - leases	(140,800)	(149,871)	140,800	149,871	-	-
Total Noncurrent Liabilities	8,738,381	8,900,927	418,331	390,020	9,156,712	9,290,947
Total Liabilities	10,806,889	10,881,219	655,900	567,271	11,462,789	11,448,490
Deferred Inflows:						
Parking service concession arrangement	426,917	438,390	-	-	426,917	438,390
Pension	124,296	81,069	-	-	124,296	81,069
Other post-employment benefits	107,893	133,721	-	-	107,893	133,721
Other deferred inflows	294,291	278,982	163,788	152,671	458,079	431,653
Total Deferred Inflows	953,397	932,162	163,788	152,671	1,117,185	1,084,833
Net Position:						
Net investment in capital assets	4,555,052	4,193,281	83,365	79,415	4,638,417	4,272,696
Restricted:						
Nonexpendable	2,178,273	2,051,766	-	-	2,178,273	2,051,766
Expendable	1,999,998	1,798,160	-	-	1,999,998	1,798,160
Unrestricted	3,495,407	2,839,929	197,472	180,655	3,692,879	3,020,584
Total Net Position	12,228,730	10,883,136	280,837	260,070	12,509,567	11,143,206
Total Liabilities, Deferred Inflows and Net Position	$ 23,989,016	$ 22,696,517	$ 1,100,525	$ 980,012	$ 25,089,541	$ 23,676,529

The accompanying notes are an integral part of these financial statements.

THE OHIO STATE UNIVERSITY
STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
Years ended June 30, 2025 and June 30, 2024
(in thousands)

	Primary Institution		Discretely Presented Component Units		Total University	
	2025	2024	2025	2024	2025	2024
Operating Revenues:						
Student tuition and fees (net of scholarship allowances of $309,732 and $280,161, respectively)	$ 1,165,316	$ 1,094,229	$ -	$ -	$ 1,165,316	$ 1,094,229
Federal grants and contracts	513,327	535,318	23,864	21,224	537,191	556,542
State grants and contracts	136,060	126,623	-	-	136,060	126,623
Local grants and contracts	33,956	33,042	-	-	33,956	33,042
Private grants and contracts	378,830	369,222	47,941	59,044	426,771	428,266
Sales and services of educational departments	206,998	187,125	10,673	10,084	217,671	197,209
Sales and services of auxiliary enterprises (net of scholarship allowances of $70,260 and $58,865, respectively)	436,040	391,487	-	-	436,040	391,487
Sales and services of the OSU Health System, net	5,513,570	4,888,549	-	-	5,513,570	4,888,549
Sales and services of OSU Physicians, Inc., net	-	-	1,194,793	1,102,050	1,194,793	1,102,050
Other operating revenues	135,318	88,965	35,120	14,279	170,438	103,244
Total Operating Revenues	8,519,415	7,714,560	1,312,391	1,206,681	9,831,806	8,921,241
Operating Expenses:						
Educational and General:						
Instruction and departmental research	1,343,675	1,353,677	12,916	10,683	1,356,591	1,364,360
Separately budgeted research	688,539	678,793	30,764	29,871	719,303	708,664
Public service	195,931	196,786	10,873	14,497	206,804	211,283
Academic support	366,965	354,520	-	-	366,965	354,520
Student services	136,943	136,168	-	-	136,943	136,168
Institutional support	281,842	297,805	34,613	30,687	316,455	328,492
Operation and maintenance of plant	149,905	165,849	706	1,427	150,611	167,276
Scholarships and fellowships	119,875	106,674	-	-	119,875	106,674
Auxiliary enterprises	502,067	458,464	-	-	502,067	458,464
OSU Health System	4,968,546	4,400,375	-	-	4,968,546	4,400,375
OSU Physicians, Inc.	-	-	1,189,808	1,078,267	1,189,808	1,078,267
Depreciation and amortization	634,086	581,020	31,475	35,728	665,561	616,748
Total Operating Expenses	9,388,374	8,730,131	1,311,155	1,201,160	10,699,529	9,931,291
Net Operating Income (loss)	(868,959)	(1,015,571)	1,236	5,521	(867,723)	(1,010,050)
Non-operating Revenues (Expenses):						
State share of instruction and line-item appropriations	540,728	528,536	-	-	540,728	528,536
Federal subsidies for Build America Bonds interest	11,321	11,321	-	-	11,321	11,321
Federal non-exchange grants	88,218	70,982	-	-	88,218	70,982
Federal COVID-19 assistance programs	36	5,352	-	-	36	5,352
State non-exchange grants	48,841	30,851	-	-	48,841	30,851
Gifts	233,052	189,492	14	-	233,066	189,492
Net investment income	1,207,419	972,532	12,091	16,419	1,219,510	988,951
Interest expense on plant debt	(173,059)	(170,887)	(16,279)	(14,725)	(189,338)	(185,612)
Other non-operating revenues (expenses), net	41,908	56,835	(1,295)	(5,731)	40,613	51,104
Net Non-operating Revenue (Expenses)	1,998,464	1,695,014	(5,469)	(4,037)	1,992,995	1,690,977
Income (loss) before Other Changes in Net Position	1,129,505	679,443	(4,233)	1,484	1,125,272	680,927
Other Changes in Net Position:						
State capital appropriations	88,756	61,016	-	-	88,756	61,016
Private capital gifts	30,986	57,232	-	-	30,986	57,232
Additions to permanent endowments	96,347	74,174	-	-	96,347	74,174
Capital contributions and changes in net position	-	-	25,000	-	25,000	-
Total Changes in Net Position	216,089	192,422	25,000	-	241,089	192,422
Increase in Net Position	1,345,594	871,865	20,767	1,484	1,366,361	873,349
Net Position - Beginning of Year	10,883,136	10,011,271	260,070	258,586	11,143,206	10,269,857
Net Position - End of Year	$ 12,228,730	$ 10,883,136	$ 280,837	$ 260,070	$ 12,509,567	$ 11,143,206

The accompanying notes are an integral part of these financial statements.

THE OHIO STATE UNIVERSITY
STATEMENTS OF CASH FLOWS
Years Ended June 30, 2025 and June 30, 2024
(in thousands)

	Primary Institution		Discretely Presented Component Units		Total University	
	2025	2024	2025	2024	2025	2024
Cash Flows from Operating Activities:						
Tuition and fee receipts	$ 1,066,890	$ 939,323	$ -	$ -	$ 1,066,890	$ 939,323
Grant and contract receipts	1,000,209	1,017,351	78,492	75,539	1,078,701	1,092,890
Receipts for sales and services	6,034,921	5,317,951	1,181,679	1,131,854	7,216,600	6,449,805
Receipt from parking concessionaire	-	70,000	-	-	-	70,000
Receipt from energy concessionaire	-	8,069	-	-	-	8,069
Payments to or on behalf of employees	(3,921,024)	(3,642,810)	(743,573)	(785,166)	(4,664,597)	(4,427,976)
University employee benefit payments	(1,151,845)	(945,282)	(185,763)	(193,881)	(1,337,608)	(1,139,163)
Payments to vendors for supplies and services	(3,345,516)	(3,050,670)	(271,836)	(244,840)	(3,617,352)	(3,295,510)
Payments to students and fellows	(142,044)	(92,141)	-	-	(142,044)	(92,141)
Student loans issued	(3,984)	(3,324)	-	-	(3,984)	(3,324)
Student loans collected	6,288	6,456	-	-	6,288	6,456
Student loan interest and fees collected	2,434	5,500	-	-	2,434	5,500
Other receipts (payments)	80,106	167,765	10,001	1,862	90,107	169,627
Net cash provided (used) by operating activities	(373,565)	(201,812)	69,000	(14,632)	(304,565)	(216,444)
Cash Flows from Noncapital Financing Activities:						
State share of instruction and line-item appropriations	538,157	528,536	-	-	538,157	528,536
Non-exchange grant receipts	137,059	101,833	2	2,000	137,061	103,833
Federal COVID-19 assistance programs	36	5,352	-	-	36	5,352
Gift receipts for current use	226,328	199,962	-	-	226,328	199,962
Additions to permanent endowments	96,347	74,174	-	-	96,347	74,174
Drawdowns of federal direct loan proceeds	315,450	312,753	-	-	315,450	312,753
Disbursements of federal direct loans to students	(317,085)	(312,605)	-	-	(317,085)	(312,605)
Disbursement of loan proceeds to related organization	(49,429)	-	-	-	(49,429)	-
Repayment of loans from related organization	12,962	-	-	-	12,962	-
Amounts received from irrevocable split-interest agreements	4,845	727	-	-	4,845	727
Amounts paid to annuitants and life beneficiaries	(1,599)	(1,725)	-	-	(1,599)	(1,725)
Agency funds receipts	5,459	5,737	-	-	5,459	5,737
Agency funds disbursements	(5,720)	(5,279)	-	-	(5,720)	(5,279)
Other receipts (payments)	44,303	2,281	1,361	(165)	45,664	2,116
Net cash provided (used) by noncapital financing activities	1,007,113	911,746	1,363	1,835	1,008,476	913,581
Cash Flows from Capital Financing Activities:						
Proceeds from capital debt	-	301,736	49,929	284	49,929	302,020
Gift receipts for capital projects	42,837	29,857	-	-	42,837	29,857
Payments for purchase or construction of capital assets	(808,034)	(951,614)	(28,580)	(13,629)	(836,614)	(965,243)
Principal payments on capital debt and leases	(142,146)	(110,298)	(22,128)	-	(164,274)	(110,298)
Interest payments on capital debt and leases	(188,947)	(183,388)	(16,168)	(21,528)	(205,115)	(204,916)
Federal subsidies for Build America Bonds interest	5,501	10,734	-	(13,386)	5,501	(2,652)
Cash paid for acquisition	-	-	(40,252)	-	(40,252)	
Other capital financing receipts (payments)	-	-	41,415	13,271	41,415	13,271
Net cash (used) by capital financing activities	(1,090,789)	(902,973)	(15,784)	(34,988)	(1,106,573)	(937,961)
Cash Flows from Investing Activities:						
Purchases of investments	(11,088,324)	(5,940,751)	(16,466)	(38,533)	(11,104,790)	(5,979,284)
Proceeds from sales and maturities of investments	10,836,875	5,832,362	19,609	52,116	10,856,484	5,884,478
Investment income (loss), net of related expenses	255,189	252,277	8,269	10,425	263,458	262,702
Net cash provided by investing activities	3,740	143,888	11,412	24,008	15,152	167,896
Net Increase (Decrease) in Cash	(453,501)	(49,151)	65,991	(23,777)	(387,510)	(72,928)
Cash and Cash Equivalents - Beginning of Year	1,090,931	1,140,082	75,701	99,478	1,166,632	1,239,560
Cash and Cash Equivalents - End of Year	$ 637,430	$ 1,090,931	$ 141,692	$ 75,701	$ 779,122	$ 1,166,632

THE OHIO STATE UNIVERSITY
STATEMENTS OF CASH FLOWS, Cont'd
Years Ended June 30, 2025 and June 30, 2024
(in thousands)

	Primary Institution		Discretely Presented Component Units		Total University	
	2025	2024	2025	2024	2025	2024
Reconciliation of Net Operating Income (Loss) to Net Cash Provided (Used) by Operating Activities:						
Operating income (loss)	$ (868,959)	$ (1,015,571)	$ 1,236	$ 5,521	$ (867,723)	$ (1,010,050)
Adjustments to reconcile net operating income (loss) to net cash provided (used) by operating activities:						
Depreciation and amortization expense	634,086	581,020	31,475	35,728	665,561	616,748
Changes in assets and liabilities:						
Accounts receivable, net	(157,716)	(157,413)	2,554	(23,512)	(155,162)	(180,925)
Leases receivable, net	(10,168)	734	(5,512)	-	(15,680)	734
Amounts due from (to) primary institution - leases	-	(5,611)	-	-	-	(5,611)
Notes receivable, net	2,305	570	-	-	2,305	570
Accrued interest receivable	554	3,251	-	-	554	3,251
Inventories and prepaid expenses	3,324	(28,164)	(594)	(1,094)	2,730	(29,258)
Amounts due to/from primary institution	(36,162)	37,467	42,692	(24,700)	6,530	12,767
Amounts due to (from) primary institution - leases	7,320	6,782	-	-	7,320	6,782
Net other post-employment benefit asset	(162,970)	(65,756)	-	-	(162,970)	(65,756)
Deferred outflows	247,647	703,718	1,558	-	249,205	703,718
Other noncurrent assets	-	(49,622)	1,524	(451)	1,524	(50,073)
Accounts payable and accrued liabilities	132,365	152,145	1,877	3,812	134,242	155,957
Self-insurance accruals	20,281	2,310	-	-	20,281	2,310
Amounts due to third-party payors - Health System	(15,296)	4,456	-	-	(15,296)	4,456
Deposits and advanced payments	(4,469)	(29,876)	262	844	(4,207)	(29,032)
Compensated absences	18,619	21,115	-	-	18,619	21,115
Refundable advances for Federal Perkins loans	(2,779)	(2,680)	-	-	(2,779)	(2,680)
Advance from concessionaire	(22,786)	(15,497)	-	-	(22,786)	(15,497)
Net pension liability	(180,657)	(345,596)	-	-	(180,657)	(345,596)
Net other post-employment benefit liability	(653)	(69,050)	-	-	(653)	(69,050)
Deferred inflows	5,975	19,216	(4,592)	(12,772)	1,383	6,444
Other liabilities	16,574	50,240	(3,480)	1,992	13,094	52,232
Net cash provided (used) by operating activities	$ (373,565)	$ (201,812)	$ 69,000	$ (14,632)	$ (304,565)	$ (216,444)
Non-Cash Transactions:						
Construction in process in accounts payable	$ (1,042)	$ 8,528	$ 1,703	$ 1,294	$ 661	$ 9,822
Construction in process in concessionaire payable	44,641	61,212	-	-	44,641	61,212
Stock gifts	27,460	22,328	-	-	27,460	22,328
Net increase in fair value of investments	949,532	716,430	973	131	950,505	716,561
State capital appropriations	88,756	64,819	-	-	88,756	64,819
Refunding of debt	78,499	413,433	-	-	78,499	413,433

The accompanying notes are an integral part of these financial statements.

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

NOTE 1 — SUMMARY OF SIGNIFICANT ACCOUNTING AND REPORTING POLICIES

Organization

The Ohio State University (the "university") is a land grant institution created in 1870 by the Ohio General Assembly under provisions of the Morrill Act. The university is one of several state-supported universities in Ohio. It is declared by statute to be a body politic and corporate and an instrumentality of the State.

The university is governed by a Board of Trustees, which is granted authority under Ohio law to do all things necessary for the proper maintenance and continual successful operation of the university. Trustees are appointed by the governor, with the advice and consent of the state Senate. In 2005, the Ohio General Assembly voted to expand the Board from 11 to 17 members. The standard term for voting members of the Board is nine years. The Board also includes two non-voting student trustees who are appointed to two-year terms.

In 2009, the Board appointed its first charter trustee, which expanded the Board to 18 members. A maximum of three charter trustees may be appointed and removed by a vote of the Board. Charter trustees, who must be non-Ohio residents, are appointed to three-year terms and do not have voting privileges.

The Board of Trustees has responsibility for all the university's financial affairs and assets. The university operates largely on a decentralized basis by delegating this authority to its academic and support departments. The Board must approve the annual budgets for unrestricted academic and support functions, departmental earnings operations and restricted funds operations, but these budgets are managed at the department level.

Basis of Presentation

The accompanying financial statements present the accounts of the following, which constitute the primary government for financial reporting purposes:

- The Ohio State University and its hospitals and clinics
- Ohio Agricultural Research and Development Center
- The Ohio Technology Consortium (OH-TECH)

In addition, these financial statements include component units, i.e., legally separate organizations for which the university is financially accountable. Governmental Accounting Standards Board (GASB) Statement No. 14, *The Financial Reporting Entity,* as amended by Statement No. 61, *The Financial Reporting Entity: Omnibus* and Statement No. 80, *Blending Requirements for Certain Component Units – an amendment of GASB Statement No. 14*, defines financial accountability.

The criteria for determining financial accountability include the following circumstances:

- Appointment of a voting majority of an organization's governing authority and the ability of the primary government (i.e., the university) to either impose its will on that organization or the potential for the organization to provide specific financial benefits to, or impose specific financial burdens on, the primary government, or;
- An organization is fiscally dependent on the primary government and provides specific financial benefits to, or imposes specific financial burdens on, the primary government.
- The primary government is financially accountable for an organization if its holding of a majority equity interest in that organization does not meet the definition of an investment.

The university's blended component units and the reasons for their inclusion in the university's financial statements are described below:

- **The Ohio State University Foundation** – The fiscal dependency criteria apply to this not-for-profit fundraising organization, which operates exclusively for the benefit of The Ohio State University.
- **OSU Health Plan, Inc.** – The university appoints a voting majority of the board for this organization, which provides medical benefit plan administration services to the university and its faculty and staff.
- **Oval Limited** – The university holds all of the voting stock of this captive insurance entity, which was established by the university to provide medical malpractice coverage to physicians in the university's medical center.
- **Pelotonia** – The fiscal dependency criteria apply to this not-for-profit fundraising organization, which operates exclusively for the benefit of The Ohio State University.
- **Great River Insurance** – The university is the sole member of this captive insurance entity, which was established in fiscal year 2025 to provide coverage for risks that are difficult to insure in the traditional insurance market.

The component units listed above provide services entirely, or almost entirely, to the university or otherwise exclusively, or almost exclusively, benefit the university. Therefore, the transactions and balances for these organizations have been blended with those of the primary government, collectively referred to as the primary institution.

In addition to the blended component units described above, the university's financial statements include the following discretely presented component units:

- **The Ohio State University Physicians, Inc.** – The university appoints a voting majority of the board of the medical practice group for physician faculty members in the Colleges of Medicine and Public Health.
- **Campus Partners for Community Urban Redevelopment, Inc**. – This non-profit organization, which participates in the redevelopment of neighborhoods adjacent to the Columbus campus, is fiscally dependent on the university.
- **Transportation Research Center of Ohio, Inc. (TRC Inc.)** – The university appoints a voting majority of the board for this automotive research and testing facility in East Liberty, Ohio.

- **Dental Faculty Practice Association, Inc.** – The university appoints a voting majority of the board for the dental practice group for faculty in the College of Dentistry.
- **Science and Technology Campus Corporation** (SciTech) – This non-profit organization, which was established for further development of the university's Science and Technology Campus, is fiscally dependent on the university.

Summary financial statement information for the university's blended and discretely presented component units is provided in Notes 20 and 21. Audited financial statements for the discretely presented component units considered to be material to the university may be obtained from the Office of the Controller. A total university column in the financial statements is provided as memorandum only for purposes of additional analysis by users.

The university, as a component unit of the State of Ohio, is included as a discretely presented entity in the State of Ohio's Annual Comprehensive Financial Report.

Basis of Accounting

The financial statements of the university have been prepared in accordance with U.S. generally accepted accounting principles, as prescribed by the GASB. The university is reported as a special-purpose government engaged in business-type activities (BTA) on the accrual basis. Business-type activities are those that are financed in whole or in part by fees charged to external parties for goods and services. In accordance with BTA reporting, the university presents Statements of Net Position; Statements of Revenues, Expenses and Changes in Net Position; Statements of Cash Flows; and Notes to the Financial Statements. In the financial statements, separate columns are presented for the *primary institution* (which includes the primary government and the blended component units), *discretely presented component units,* and the *total university*. The Notes to the Financial Statements include separate disclosures for the primary institution and the discretely presented component units, where relevant and material.

The university's financial resources are classified for accounting and reporting purposes into the following four net position categories:

- **Net investment in capital assets:** Capital assets, net of accumulated depreciation, and related debt attributable to the acquisition, construction or improvement of those assets.
- **Restricted - nonexpendable:** Amounts subject to externally-imposed stipulations that they be maintained in perpetuity and invested for the purpose of generating present and future income, which may either be expended or added to principal by the university. These assets primarily consist of the original gift corpus of the university's permanent endowments.
- **Restricted - expendable:** Amounts whose use is subject to externally-imposed stipulations that can be fulfilled by actions of the university pursuant to those stipulations or that expire by the passage of time.
- **Unrestricted:** Amounts not subject to externally-imposed stipulations. Substantially all unrestricted balances are internally designated for use by university departments to support working capital needs, to fund related academic or research programs, and to provide for unanticipated shortfalls in revenues and deviations in enrollment.

The university first applies resources in restricted net position when an expense or outlay is incurred for purposes for which resources in both restricted and unrestricted net position are available. For internal financial management purposes, the university classifies financial resources into funds that reflect the specific activities, objectives or restrictions of the resources.

Cash and Investments

Cash and cash equivalents consist primarily of petty cash, demand deposit accounts, money market accounts, savings accounts, and investments with original maturities of ninety days or less. Such investments consist primarily of U.S. Government obligations, U.S. Agency obligations, repurchase agreements and money market funds.

Investments are reported at fair value. The average cost method is used for purposes of determining gains and losses on the sale of investments. The specific identification method is used for purposes of determining gains and losses on the sale of gifted securities.

The university holds investments in limited partnerships, private equity and other investments, which are generally reported at net asset value (NAV) of the university's interest used as a practical expedient to estimate fair value. NAVs are generally provided by the management of these limited partnerships. The purpose of this alternative investment class is to increase portfolio diversification and reduce risk due to the low correlation with other asset classes. Because these investments are not readily marketable, the estimated value is subject to uncertainty and, therefore, may differ from the value that would have been used had a ready market for the investments existed, and such differences could be material. As of June 30, 2025, the university has made commitments to limited partnerships totaling $1,505,012 that have not yet been funded. These commitments typically extend up to twelve years.

Investment income is recognized on an accrual basis. Interest and dividend income is recorded when earned.

Endowment Policy

All endowments are invested in the university's Long-Term Investment Pool, which consists of 6,607 Board authorized funds and 221 pending funds. Each named fund is assigned a number of shares in the Long-Term Investment Pool based on the value of the gifts, income-to-principal transfers, or transfers of operating funds to that named fund. For donor restricted endowments, the Uniform Prudent Management of Institutional Funds Act (UPMIFA), as adopted in Ohio, permits the university's Board of Trustees to appropriate an amount of realized and unrealized endowment appreciation as the Board deems prudent. The UPMIFA, as adopted in Ohio, establishes a 5% safe harbor of prudence for funds appropriated for expenditure. Net realized and unrealized appreciation, after the spending rule distributions, is retained in the Long-Term Investment Pool, and the associated net position is generally classified as restricted-expendable.

Annual distributions to named funds in the Long-Term Investment Pool are computed using the share method of accounting for pooled investments. The annual distribution per share is 4.5% of the average fair value per share of the Long-Term Investment Pool over the most recent five year period.

At June 30, 2025, the fair value of the university and Foundation gifted endowments is $3,330,135, which is $1,076,234 above the historical dollar value of $2,253,901. Although the fair value of the gifted endowments in total exceeds the historical cost at June 30, 2025, there are 82 named funds that remain underwater (excluding income-to-principal transfers, or transfers of operating funds to that named fund). The fair value of these underwater funds at June 30, 2025 is $23,661, which is $1,974 below the historical dollar value of $25,635.

At June 30, 2024, the fair value of the university and Foundation gifted endowments is $3,007,098, which is $870,330 above the historical dollar value of $2,136,768. Although the fair value of the gifted endowments in total exceeds the historical cost at June 30, 2024, there are 161 named funds that remain underwater (excluding income-to-principal transfers, or transfers of operating funds to that named fund). The fair value of these underwater funds at June 30, 2024 is $47,597, which is $4,025 below the historical dollar value of $51,622.

The depreciation on non-expendable endowment funds is recorded as a reduction to restricted non-expendable net position. Recovery of depreciation on these funds is recorded as an increase in restricted non-expendable up to the historical value of each fund. Per UPMIFA (§ 1715.53(D)(C), the reporting of such deficiencies does not create an obligation on the part of the endowment fund to restore the fair value of those funds.

Gift Pledges Receivable

The university receives pledges and bequests of financial support from corporations, foundations and individuals. Revenue is recognized when a pledge representing an unconditional promise to pay is received and all eligibility requirements have been met. In the absence of such promise, revenue is recognized when the gift is received. In accordance with GASB Statement No. 33, *Accounting and Financial Reporting for Non-exchange Transactions*, endowment pledges are not recorded as assets until the related gifts are received.

An allowance for uncollectible pledges receivable is provided based on management's judgment of potential uncollectible amounts and includes such factors as prior collection history, type of gift and nature of fundraising.

Inventories

The university's inventories, which consist principally of publications, general stores and other goods for resale by earnings operations, are valued at the lower of moving average cost or market. The inventories of the Health System, which consist principally of pharmaceuticals and operating supplies, are valued at cost on a first-in, first-out basis.

Capital Assets and Collections

Capital assets are long-lived assets in the service of the university and include land, buildings, improvements, equipment, software and library books. The university applies capitalization thresholds of $5,000 for moveable equipment, $100,000 for capital projects, and $500,000 for software (actual dollar amounts shown). Capital assets are stated at cost or acquisition value at date of gift. Depreciation of capital assets (excluding land and construction in progress) is provided on a straight-line basis over the following estimated useful lives:

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Type of Asset	Estimated Useful Life
Improvements other than buildings	20 years
Buildings	10 to 100 years
Moveable equipment, software and furniture	5 to 15 years
Library books	10 years

The university does not capitalize works of art or historical treasures that are held for exhibition, education, research and public service. These collections are neither disposed of for financial gain nor encumbered in any way. Accordingly, such collections are not recognized or capitalized for financial statement purposes.

Advance Payments for Goods and Services

Advance payments for goods and services primarily consist of receipts relating to tuition, room, board, grants, contracts and athletic events received in advance of the services to be provided. Tuition and fees relating to the summer academic term are recorded as revenue in the year to which they pertain. The university will recognize revenue to the extent these services are provided over the coming fiscal year.

Derivative Instruments

Derivative instruments are reported at fair value in the Statements of Net Position. The university has entered into interest-rate swap agreements, which are considered effective hedging derivatives. Changes in the fair value of these instruments are reported as deferred outflows or deferred inflows in the Statements of Net Position. Additional information on derivative instruments is provided in Note 10.

Operating and Non-Operating Revenues and Expenses

The university defines operating activities, for purposes of reporting on the Statements of Revenues, Expenses, and Changes in Net Position, as those activities that generally result from exchange transactions, such as payments received for providing services and payments made for goods or services received. With the exception of interest expense on long-term indebtedness and certain expenses related to investments, substantially all university expenses are considered to be operating expenses. Certain significant revenue streams relied upon for operations are recorded as non-operating revenues, including state appropriations, current-use gifts and net investment income. In addition, amounts provided to the university under Federal COVID-19 assistance grant programs are recognized as non-operating revenues as eligibility requirements are met.

Tuition, Room and Board

Student tuition and residence hall fees are presented net of scholarships applied to student accounts. Stipends and other payments made directly to students are presented as scholarship and fellowship expense. Fee authorizations provided to graduate teaching, research and administrative associates as part of an employment arrangement are presented in instruction, research and other functional categories of operating expense.

State Support

The university is a state-assisted institution of higher education which receives a student enrollment-based instructional subsidy from the State of Ohio. This subsidy, which is based upon a formula devised by the Ohio Board of Regents, is determined annually and is adjusted to state resources available.

The state also provides line-item appropriations which partially support the current operations of various activities, including clinical teaching expenditures incurred at The Ohio State University Health System and other health sciences teaching facilities, The Ohio State University Extension, the Ohio Agricultural Research and Development Center, and the Center for Labor Research.

In addition to current operating support, the State of Ohio provides funding for construction and renovation of major plant facilities on the university's campuses. This funding is reported as state capital appropriations, and the related facilities are reported as capital assets.

Government Grants and Contracts

Government grants and contracts normally provide for the recovery of direct and indirect costs and are subject to audit by the appropriate government agency. Federal funds are subject to an annual OMB Uniform Guidance audit. Recovery of related indirect costs is generally recorded at fixed rates negotiated for a period of one to three years.

The university generally considers grants and contracts to be operating revenues. Under these arrangements, the university provides a bargained-for benefit, typically in the form of instruction, research or public service programs, either directly to the funding entity or to its constituents. The overall scope and nature of these program activities is determined by the level of funding and the requirements set forth by these resource providers.

OSU Health System Revenue

Net patient service revenue represents amounts received and the estimated realizable amounts due from patients and third-party payors for services rendered net of contractual allowances, charity care and bad debt expenses. Revenue received under third-party cost reimbursement agreements (primarily the federal Medicare and Medicaid programs) are subject to examination and retroactive adjustments by the agencies administering the programs. In the normal course of business, the Health System contests certain issues resulting from examination of prior years' reimbursement reports. The accompanying financial statements include provisions for estimated retroactive adjustments arising from such examinations and contested issues. The Health System recognizes settlements of protested adjustments or appeals upon resolution of the matters.

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Health System patient service revenue amounts recognized from major payor sources (based on primary payor) for the years ended June 30, 2025 and 2024, respectively, are as follows:

	Primary Institution	
Payor	**2025**	**2024**
Medicare	$ 1,430,080	$ 1,220,204
Medicaid	665,711	660,386
Managed Care:		
Anthem	928,625	857,472
United Healthcare	669,727	538,047
MMO	279,718	233,762
Aetna	245,627	209,709
Other	542,383	465,170
Self Pay	8,392	7,490
Total net patient service revenue	4,770,263	4,192,240
Add: Other Health System sales and services revenue	743,307	696,309
Total Health System sales and services, net	$ 5,513,570	$ 4,888,549

OSU Physicians Revenue

Net patient service revenue represents amounts received and the estimated realizable amounts due from patients and third-party payors for services rendered net of contractual allowances, charity care, self-pay discounts and bad debt expenses.

OSU Physicians (OSUP), a discretely presented component unit of the university, provides care to patients under various reimbursable agreements, including governmental and commercial payors (third party payors). These arrangements provide for payment for covered services at agreed-upon rates and under certain fee schedules and various discounts from charges. Provisions have been made in the financial statements for estimated contractual adjustments, representing the difference between the customary charges for services rendered and related reimbursements, and for administrative adjustments.

Charity Care and Community Benefit

Care is provided to patients regardless of their ability to pay. A patient is classified as charity care in accordance with policies established by the OSU Health System and OSUP. Because collection of amounts determined to qualify as charity care are not pursued, such amounts are written off and not reported as gross patient service revenue. OSU Health System and OSUP maintain records to identify and monitor the level of charity care provided, including the amount of charges foregone for services rendered. Net charity care costs for the OSU Health System for the years ended June 30, 2025 and 2024 are $52,443 and $59,303, respectively, after applying a decrease of $19,597 and $24,556, respectively, for support received under the Health Care Assurance Program (HCAP). HCAP is administered by the State of Ohio to help hospitals cover a portion of the cost of providing charity care. Charity care costs for OSUP for the years ended June 30, 2025 and 2024 are $37,293 and $36,126, respectively.

Management Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues and expenses during the reporting periods. Disclosure of contingent assets and liabilities at the dates of the financial statements may also be affected. Actual results could differ from those estimates.

Newly Issued Accounting Pronouncements

In June 2024, the GASB issued Statement No. 103, *Financial Reporting Model Improvements*. The objective of this Statement is to improve key components of the financial reporting model to enhance its effectiveness in providing information that is essential to decision making and assessing a government's accountability. The Statement includes provisions related to the presentation of Management's Discussion and Analysis, the presentation of proprietary fund statements of revenues, expenses and changes in net position and the presentation of major component unit information and is effective for fiscal years beginning after June 15, 2025 (FY2026).

In September 2024, the GASB issued Statement No. 104, *Disclosure of Certain Capital Assets*. This Statement requires certain types of capital assets, including leases, subscription-based information technology arrangements and right-of-use assets associated with public-private partnerships, to be disclosed separately in the capital assets note disclosures required by Statement No. 34. It also requires additional disclosures for capital assets held for sale. The Statement is effective for fiscal years beginning after June 15, 2025 (FY2026).

University management is currently assessing the impact that implementation of GASB Statements Nos. 103 and 104 will have on the university's financial statements.

Implementation of GASB Statement No. 101

In fiscal year 2025, the university implemented GASB issued Statement No. 101, *Compensated Absences*. GASB 101, which supersedes GASB Statement No. 16, *Accounting for Compensated Absences*, requires recognition of liabilities for leave that has not been used if the leave is attributable to services already rendered, the leave accumulates, and the leave is more likely than not to be used for time off or otherwise paid in cash or settled through noncash means. The adoption of Statement No. 101 resulted in no change in net position as of July 1, 2023 for the primary institution or the discretely presented component units.

Income Tax Status

As an integral part of the State of Ohio, the university is generally exempt from Federal and state income tax. The university is subject to the unrelated business income tax for activities that are not related to its tax-exempt purposes.

Related Parties

Members of the Board of Trustees, officers, and employees are subject to the university's conflict of interest policies, under which business and financial relationships must be disclosed and are subject

to review and approval. Disclosures about the university's related parties, including its blended and discretely presented component units, are included in notes 1, 20, and 21 to the financial statements.

Government Combination

In October 2024, TRC Inc., a discretely presented component unit of the university, completed the acquisition of Automotive Enviro Testing, LLC, a 470-acre winter proving ground based near Baudette, Minnesota. The cold-weather facilities expand the portfolio of testing opportunities for TRC Inc's clients. The total cash consideration for the acquisition was $40,252. The total net position acquired was $13,240. Cash consideration provided in excess of net position acquired is reported as a deferred outflow of resources and will be attributed to future periods based on the estimated remaining useful life of the acquired capital assets.

NOTE 2 — CASH AND CASH EQUIVALENTS

At June 30, 2025, the carrying amount of the primary institution's cash and cash equivalents is $583,055 as compared to bank balances of $657,189. The differences in carrying amount and bank balances are caused by outstanding checks and deposits in transit. Of the bank balances, $3,060 is covered by federal deposit insurance and $654,129 is uninsured but collateralized by pools of securities pledged by the depository banks and held in the name of the respective banks.

At June 30, 2024, the carrying amount of the primary institution's cash and cash equivalents is $980,956 as compared to bank balances of $1,131,639. The differences in carrying amount and bank balances are caused by outstanding checks and deposits in transit. Of the bank balances, $3,575 is covered by federal deposit insurance and $1,128,064 is uninsured but collateralized by pools of securities pledged by the depository banks and held in the name of the respective banks.

At June 30, 2025, the carrying amount of the discretely presented component units' cash, cash equivalents and restricted cash is $141,692 as compared to bank balances of $143,055. The differences in carrying amount and bank balances are caused by outstanding checks and deposits in transit. Of the bank balances, $1,746 is covered by federal deposit insurance and $141,309 is uninsured but collateralized by pools of securities pledged by the depository banks and held in the name of the respective banks.

At June 30, 2024, the carrying amount of the discretely presented component units' cash, cash equivalents and restricted cash is $75,701 as compared to bank balances of $77,762. The differences in carrying amount and bank balances are caused by outstanding checks and deposits in transit. Of the bank balances, $1,780 is covered by federal deposit insurance and $75,982 is uninsured but collateralized by pools of securities pledged by the depository banks and held in the name of the respective banks.

NOTE 3 — INVESTMENTS

University investments are grouped into three major categories for financial reporting purposes: Temporary Investments, the Long-Term Investment Pool and Other Long-Term Investments.

Temporary Investments are amounts available for current operations. The target is to maximize value while protecting the liquidity of the assets. Temporary Investments include the following

instruments with varying maturities: obligations of the U. S. Treasury and other federal agencies and instrumentalities, municipal and state bonds, corporate bonds, certificates of deposit, commercial paper, repurchase agreements, money market funds and equity and bond funds.

The Long-Term Investment Pool is a unitized investment pool consisting of gifted endowment funds of the university, gifted endowment funds of the OSU Foundation, and quasi-endowment funds which are internally designated funds that are to function as endowments.

The Long-Term Investment Pool operates with a long-term investment goal of preserving and maintaining the real purchasing power of the principal while allowing for the generation of a predictable stream of annual distribution.

The university's Board of Trustees approved the following thematic asset classes, allocation ranges and benchmarks for the Long-Term Investment Pool:

Asset Class	Range	Benchmark
Public Equity	30-55%	MSCI All Country World Index (ACWI) – Net Dividend (ND)
Private Equity (Includes Buyouts, Growth & Venture Capital)	15-40%	MSCI ACWI ND - 1-Qtr. Lag
Real Estate & Infrastructure	5-15%	Cambridge Associates Real Estate (50%) & Infrastructure (50%) – 1 Qtr. Lag
Legacy Investments	N/A	Return of Actual Underlying Funds
Hedge Funds (Includes Opportunistic Credit)	0-25%	HFRI Fund of Funds Composite (Final)
Cash & High-Grade Bonds	0-25%	Bloomberg Barclays U.S. Aggregate Bond

Other Long-Term Investments are non-unitized investments that relate primarily to gift arrangements between donors and the OSU Foundation. Included in this category are charitable remainder trust assets invested in equity and bond funds, OSU Foundation interests in unitrust, gift annuities, annuity trust and pooled income agreements, life insurance policies for which the OSU Foundation has been named owner and beneficiary, and certain real estate investments. Also included in this category are other private equity investments and investments in certain organizations that are affiliated with the OSU Health System.

U. S. Government and Agency securities are invested through trust agreements with banks who keep the securities in their safekeeping accounts at the Federal Reserve Bank in "book entry" form. The banks internally designate the securities as owned by or pledged to the university. Common stocks, corporate bonds and money market instruments are invested through trust agreements with banks who keep the investments in their safekeeping accounts at Northern Trust and BNY Mellon in "book entry" form. The banks internally designate the securities as owned by or pledged to the university.

The cash and cash equivalents amount represent cash held in the Long-Term Investment Pool by various investment managers. Such amounts were generated by gifts received throughout the fiscal year and sales of investments in the Long-Term Investment Pool. Subsequently, the cash and cash equivalents will be used to purchase long-term investments.

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Total university investments by major category for the primary institution at June 30, 2025 and 2024 are as follows:

	Primary Institution	
	2025	2024
Temporary Investments	$ 2,547,137	$ 2,094,406
Long-Term Investment Pool:		
Gifted Endowment - University	1,495,153	1,387,225
Gifted Endowment - OSU Foundation	1,834,983	1,620,309
Quasi Endowment - Operating	1,876,963	1,803,038
Quasi Endowment - Designated	3,412,822	3,121,142
Total Long-Term Investment Pool	8,619,921	7,931,714
Securities Lending Collateral Investments	925	-
Other Long-Term Investments	264,581	204,539
Total Investments	$ 11,432,564	$ 10,230,659

Certain gifted endowment funds include departmental contributions of unrestricted funds. These unrestricted funds totaled $121,070 and $115,617 at June 30, 2025 and June 30, 2024, respectively.

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Total university investments by investment type for the primary institution at June 30, 2025 are as follows:

	Primary Institution				
	Temporary Investments	Long-Term Investment Pool	Other Long-Term Investments	Securities Lending Collateral Investments	Total
U.S. equity	$ 148	$ 1,094,987	$ 6,224	$ -	$ 1,101,359
International equity	-	2,229	-	-	2,229
Equity funds	95,440	2,312,318	25,210	-	2,432,968
U.S. government obligations	635,729	1,604	359	-	637,692
U.S. government agency obligations	355,560	-	-	-	355,560
Corporate bonds and notes	1,283,447	53,657	-	-	1,337,104
Bond funds	64,283	467,588	17,541	-	549,412
Foreign government bonds	6,153	-	-	-	6,153
Real assets	3,555	666,841	29,466	-	699,862
Hedge funds	-	1,073,147	-	-	1,073,147
Private equity	-	2,817,254	167,529	-	2,984,783
Commercial paper	92,135	-	-	-	92,135
Cash and cash equivalents	-	130,296	-	-	130,296
Certificates of deposit	1,826	-	-	-	1,826
Other	8,861	-	18,252	-	27,113
Securities Lending Collateral Assets:					
Cash and other adjustments	-	-	-	925	925
	$ 2,547,137	$ 8,619,921	$ 264,581	$ 925	$ 11,432,564

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Total university investments by investment type for the primary institution at June 30, 2024 are as follows:

	Primary Institution			
	Temporary Investments	Long-Term Investment Pool	Other Long-Term Investments	Total
U.S. equity	$ -	$ 1,234,965	$ -	$ 1,234,965
Equity funds	102,356	1,852,108	21,551	1,976,015
U.S. government obligations	417,721	1,888	514	420,123
U.S. government agency obligations	130,950	-	-	130,950
Repurchase agreements	4,900	-	-	4,900
Corporate bonds and notes	1,246,812	86,816	-	1,333,628
Bond funds	66,708	360,097	15,831	442,636
Foreign government bonds	3,636	-	-	3,636
Real assets	3,555	756,281	29,992	789,828
Hedge funds	-	948,867	-	948,867
Private equity	-	2,546,078	118,805	2,664,883
Commercial paper	100,962	-	-	100,962
Cash and cash equivalents	-	144,614	-	144,614
Other	16,806	-	17,846	34,652
	$ 2,094,406	$ 7,931,714	$ 204,539	$ 10,230,659

The components of net investment income for the primary institution are as follows:

	Primary Institution	
	2025	2024
Interest and dividends	$ 343,981	$ 336,802
Net increase in fair value of investments	949,532	716,430
Investment expenses	(86,094)	(80,700)
Total	$ 1,207,419	$ 972,532

Information on Fair Value of Investments

Fair value is defined in the accounting standards as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Assets and liabilities reported at fair value are organized into a hierarchy based on the levels of inputs observable in the marketplace that are used to measure fair value.

Inputs are used in applying the various valuation techniques and take into account the assumptions that market participants use to make valuation decisions. Inputs may include price information, credit data, liquidity statistics, and other factors specific to the financial instrument. Observable inputs

reflect market data obtained from independent sources. In contrast, unobservable inputs reflect the entity's assumptions about how market participants would value the financial instrument.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used for financial instruments measured at fair value on a recurring basis:

Level 1 – Prices based on unadjusted quoted prices in active markets that are accessible for identical assets or liabilities are classified as Level 1. Directly held equity securities, registered bond and equity funds, and other miscellaneous investments classified in Level 1 are valued using prices quoted in active markets that the custodian and university have the ability to access.

Level 2 – Quoted prices in the markets that are not considered to be active, dealer quotations or alternative pricing sources for similar assets or liabilities for which all significant inputs are observable, either directly or indirectly, are classified as Level 2. Level 2 investments include U.S. government agencies and obligations, corporate bonds, municipal bonds, foreign government bonds, repurchase agreements, commercial paper, and other debt related investments. The evaluated prices may be determined by factors which include, but are not limited to, market quotations, yields, maturities, call features, ratings, institutional size trading in similar groups of securities and developments related to specific securities.

Level 3 – Investments classified as Level 3 have significant unobservable inputs, as they trade infrequently or not at all. The inputs into the determination of fair value of these investments are based upon the best information in the circumstance and may require significant management judgment. Investments included in Level 3 consist primarily of the university's ownership in real estate, certain limited partnerships and equity positions in private companies.

Net Asset Value (NAV) – Investments whose fair value is measured at NAV are excluded from the fair value hierarchy. Investments in non-governmental entities that do not have a readily determinable fair value may be valued at NAV if the NAV is determined in accordance with the fair value measurement principles relevant to investment companies. Interests in investment funds with a NAV reported under an alternative basis or which meet the intent to sell criteria are reflected as Level 3 investments. As of June 30, 2025, the Long-Term Investment Pool contains assets held for secondary sale in the amount of $59,664.

Investments measured at NAV consist mainly of non-publicly traded equity and bond funds, hedge funds, private equity, and other alternative funds. These assets are valued by the associated external investment manager/general partner and reviewed by the university using the most recent audited and unaudited financial statements available.

Not Leveled – Cash used for investing purposes is not measured at fair value and thus is not subject to the fair value disclosure requirements. Such cash amounted to $45,885 and $20,753 at June 30, 2025 and 2024, respectively.

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Investments by fair value category for the primary institution at June 30, 2025 are as follows:

	Primary Institution				
	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	NAV as Practical Expedient (NAV)	Total Fair Value
U.S. equity	$ 1,101,359	$ -	$ -	$ -	$ 1,101,359
International equity	2,229	-	-	-	2,229
Equity funds	120,650	-	-	2,312,318	2,432,968
U.S. government obligations	1,604	636,088	-	-	637,692
U.S. government agency obligations	-	355,560	-	-	355,560
Corporate bonds and notes	-	1,337,104	-	-	1,337,104
Bond funds	372,346	-	-	177,066	549,412
Foreign government bonds	-	6,153	-	-	6,153
Real assets	157,186	-	90,521	452,155	699,862
Hedge funds	-	-	-	1,073,147	1,073,147
Private equity	-	-	103,005	2,881,778	2,984,783
Commercial paper	-	92,135	-	-	92,135
Cash equivalents	84,411	-	-	-	84,411
Certificates of deposit	1,826	-	-	-	1,826
Other	-	8,296	18,817	-	27,113
Securities Lending Collateral Assets:					
Cash and other adjustments	-	925	-	-	925
	$ 1,841,611	$ 2,436,261	$ 212,343	$ 6,896,464	$ 11,386,679

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Investments by fair value category for the primary institution at June 30, 2024 are as follows:

	Primary Institution				
	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	NAV as Practical Expedient (NAV)	Total Fair Value
U.S. equity	$ 1,234,965	$ -	$ -	$ -	$ 1,234,965
Equity funds	212,093	-	-	1,763,922	1,976,015
U.S. government obligations	1,888	418,235	-	-	420,123
U.S. government agency obligations	-	130,950	-	-	130,950
Repurchase agreements	-	4,900	-	-	4,900
Corporate bonds and notes	-	1,333,628	-	-	1,333,628
Bond funds	239,876	-	-	202,760	442,636
Foreign government bonds	-	3,636	-	-	3,636
Real assets	155,167	-	33,375	601,286	789,828
Hedge funds	-	-	-	948,867	948,867
Private equity	-	-	63,208	2,601,675	2,664,883
Commercial paper	-	100,962	-	-	100,962
Cash equivalents	123,861	-	-	-	123,861
Other	-	16,213	18,439	-	34,652
	$ 1,967,850	$ 2,008,524	$ 115,022	$ 6,118,510	$ 10,209,906

Additional Information on Investments Measured at the NAV

Additional information on fair values, unfunded commitments, remaining life and redemption for investments measured at the NAV for the primary institution at June 30, 2025 is as follows:

	Fair Value	Unfunded Commitments	Remaining Life	Redemption Notice Period	Redemption Restrictions
Equity and bond - public	$ 2,489,384	$ 33,750	No limit	1 to 90 days	Lock-up periods range from 0-2 years. Investor-level gates may limit redemptions. Redemption requests typically require 30–90 days' notice. Certain illiquid assets may be held in side pockets, restricting redemptions until realization.
Hedge funds - absolute return, credit, long/short equities	1,073,147	-	No limit	30 to 180 days	Lock-up periods range from 0-2 years. Investor-level gates may limit redemptions. Redemption requests typically require 30–90 days' notice. Certain illiquid assets may be held in side pockets, restricting redemptions until realization.
Private equity - private credit, buyouts, venture, secondary	2,881,778	1,072,621	1-12 years	Limited Partnerships are not eligibile for redemption	Not redeemable
Real assets - natural resources, real estate, infrastructure	452,155	81,818	1-12 years	Limited Partnerships are not eligibile for redemption	Not redeemable
	$ 6,896,464	$ 1,188,189			

Additional Risk Disclosures for Investments

GASB Statements No. 3 and 40 require certain additional disclosures related to the liquidity, interest-rate, custodial, credit and foreign currency risks associated with deposits and investments.

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Liquidity risk – The university's private equity and real asset investments in the Long-Term Investment Pool are illiquid and subject to redemption restrictions in accordance with their respective governing documents. The university's Investment Policy defines Operating Funds available for liquidity to exclude funds invested in the LTIP, bond proceeds and certain other funds designated by leadership and requires a minimum of 90 days liquidity be maintained at all times (based on the most recent Board of Trustees' approved budget for total expenditures).

Interest-rate risk – Interest-rate risk is the risk that changes in interest rates will adversely affect the fair value of an investment. Investments with interest rates that are fixed for longer periods are likely to be subject to more variability in their fair values as a result of future changes in interest rates. University Operating Funds are used to maintain adequate liquidity within an appropriate risk profile. Under the university's Investment Policy, the short-term working capital pool's weighted average duration may not exceed one (1) year. The intermediate-term investment pool's weighted average duration may not exceed five (5) years.

The maturities of the university's interest-bearing investments for the primary institution at June 30, 2025 are as follows:

	Primary Institution				
		Investment Maturities (in years)			
	Fair Value	Less than 1	1 to 5	6 to 10	More than 10
U.S. government obligations	$ 637,692	$ 43,778	$ 508,887	$ 85,027	$ -
U.S. government agency obligations (a)	344,114	2,305	47,172	70,779	223,858
Corporate bonds	1,337,104	158,301	851,930	188,395	138,478
Bond funds	549,412	31,959	213,734	73,259	230,460
Foreign governmental bonds	6,153	5,567	586	-	-
Commercial paper	92,135	92,135	-	-	-
Certificates of deposit	1,826	1,826	-	-	-
Other governmental bonds (b)	8,296	1,325	3,016	875	3,080
Total	$ 2,976,732	$ 337,196	$ 1,625,325	$ 418,335	$ 595,876

(a) To Be Announced (TBA) investments of $11,446 are excluded from this caption as there are no maturities.
(b) Life insurance policies and hospital in investment subsidiaries of $18,817 are excluded from this caption as there are no maturities.

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

The maturities of the university's interest-bearing investments for the primary institution at June 30, 2024 are as follows:

	Primary Institution				
		Investment Maturities (in years)			
	Fair Value	Less than 1	1 to 5	6 to 10	More than 10
U.S. government obligations	$ 420,123	$ 30,227	$ 306,720	$ 81,440	$ 1,736
U.S. government agency obligations (a)	114,982	1,720	22,533	22,780	67,949
Repurchase agreements	4,900	4,900	-	-	-
Corporate bonds	1,333,628	150,009	833,462	183,694	166,463
Bond funds	442,636	16,400	86,048	104,478	235,711
Foreign governmental bonds	3,636	1	563	266	2,806
Commercial paper	100,962	100,962	-	-	-
Other governmental bonds (b)	16,213	1,071	14,219	923	-
Total	$ 2,437,080	$ 305,290	$ 1,263,545	$ 393,581	$ 474,665

(a) TBA investments of $15,968 are excluded from this caption as there are no maturities.
(b) Life insurance policies and hospital in investment subsidiaries of $18,439 are excluded from this caption as there are no maturities.

Custodial credit risk – Custodial credit risk is the risk that, in the event of the failure of the custodian, university investments may not be recovered. It is the policy of the university to hold investments in custodial accounts, and the securities are registered solely in the name of the university. All investments are transacted with nationally reputable brokerage firms offering protection by the Securities Investor Protection Corporation.

Credit risk – Credit risk is the risk that an issuer or other counterparty to an investment will not fulfill its obligations to the holder of the investment. Credit quality information – as commonly expressed in terms of the credit ratings issued by nationally recognized statistical rating organizations such as Moody's Investors Service, Standard & Poor's, or Fitch Ratings – provides a current depiction of potential variable cash flows and credit risk. The university's Investment Policy requires Operating Funds to be invested in securities that, in aggregate, represent a credit quality of "A" or better (on a weighted average basis). Not more than five percent (5%) of operating funds will be invested in below investment grade securities.

Per GASB Statement No. 40, *Deposit and Investment Risk Disclosures, an amendment to GASB Statement No. 3,* securities with split ratings, or a different rating assignment, are disclosed using the rating indicative of the greatest degree of risk.

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

The credit ratings of the university's interest-bearing investments for the primary institution at June 30, 2025 are as follows:

	Primary Institution											
	Total	AAA	AA	A	BBB	BB	B	CCC	CC	C	D	Not Rated
U.S. government obligations	$ 637,692	$ -	$ 637,692	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
U.S. government agency obligations	355,560	11,795	314,280	23,711	3,813	-	-	-	-	-	-	1,961
Corporate bonds	1,337,104	122,274	84,251	431,863	361,453	38,828	319	-	-	-	-	298,116
Bond funds	549,412	25,879	87,788	24,807	48,605	32,097	21,328	4,780	6,146	-	515	297,467
Foreign government bonds	6,153	270	-	316	-	-	-	-	-	-	-	5,567
Commercial paper	92,135	-	-	5,780	695	-	-	-	-	-	-	85,660
Certificates of deposit	1,826	-	-	-	-	-	-	-	-	-	-	1,826
Other governmental bonds (a)	8,296	-	4,529	3,767	-	-	-	-	-	-	-	-
Total	$ 2,988,178	$ 160,218	$ 1,128,540	$ 490,244	$ 414,566	$ 70,925	$ 21,647	$ 4,780	$ 6,146	$ -	$ 515	$ 690,597

(a) Life insurance policies and hospital in investment subsidiaries of $18,817 are excluded from this caption as they do not have a credit rating.

The credit ratings of the university's interest-bearing investments for the primary institution at June 30, 2024 are as follows:

	Primary Institution											
	Total	AAA	AA	A	BBB	BB	B	CCC	CC	C	D	Not Rated
U.S. government obligations	$ 420,123	$ -	$ 420,123	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
U.S. government agency obligations	130,950	7,258	118,893	3,402	1,397	-	-	-	-	-	-	-
Repurchase agreements	4,900	-	4,900	-	-	-	-	-	-	-	-	-
Corporate bonds	1,333,628	133,958	95,112	385,000	360,351	50,086	1,066	7	-	-	-	308,048
Bond funds	442,636	23,010	89,017	33,936	54,665	20,194	11,809	6,759	13,587	-	157	189,502
Foreign government bonds	3,636	259	-	570	2,332	474	-	-	-	-	-	1
Commercial paper	100,962	-	-	100,962	-	-	-	-	-	-	-	-
Other governmental bonds (a)	16,213	-	3,033	12,724	-	-	-	-	-	-	-	456
Total	$ 2,453,048	$ 164,485	$ 731,078	$ 536,594	$ 418,745	$ 70,754	$ 12,875	$ 6,766	$ 13,587	$ -	$ 157	$ 498,007

(a) Life insurance policies and hospital in investment subsidiaries are excluded from this caption as they do not have a credit rating.

Concentration of credit risk – Concentration of credit risk is the risk associated with a lack of diversification, such as having substantial investments in a few individual issuers, thereby exposing the university to greater risks resulting from adverse economic, political, regulatory, geographic or credit developments.

There is no investment in issuers other than U. S. government guaranteed securities that represents five percent or more of investments held at June 30, 2025 and June 30, 2024.

Foreign currency risk – Foreign currency risk is the risk that changes in exchange rates will adversely affect the fair value of an investment or deposit. A portion of the university's investments in limited partnerships are held in Sterling, Euro, and Francs. The university is indirectly invested in additional foreign currencies through commingled funds. Commingled funds may hold a variety of international assets that align with the university's investment strategy. Currency risk can be managed by hedging the foreign currency, but many managers choose to go unhedged and accept the currency risk, which also presents an opportunity if the foreign currency becomes more valuable than the U.S. Dollar on a relative basis.

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

At June 30, 2025, exposure to foreign currency risk for the primary institution is as follows:

	Primary Institution				
	Equity Funds	Bond Funds	Corporate Bonds and Notes	Foreign Government Bonds	Partnerships and Hedge Funds
Argentine Peso	$ -	$ 5	$ -	$ -	$ -
Australian Dollar	2,638	694	11,486	-	1,345
Brazilian Real	8,806	753	-	5,567	-
Canadian Dollar	18,386	199	243	-	-
Cayman Islands Dollar	763	-	-	-	-
Chilean Peso	(515)	1	-	-	-
Chinese Yuan/Yuan Renminbi	27,920	313	-	-	-
Colombian Peso	2,197	1,798	-	-	-
Czech Koruna	(1,111)	1,098	-	-	-
Danish Krone	68,106	1	-	-	-
Dominican Peso	-	153	-	-	-
Egyptian Pound	(955)	64	-	-	-
Euro	346,888	73,890	5,215	-	322,130
Great Britain Pound Sterling	60,399	15,364	2,855	-	282,236
Hong Kong Dollar	56,266	154	-	-	-
Hungarian Forint	473	101	-	-	-
Iceland Krona	10	-	-	-	-
Indian Rupee	153,029	392	-	-	-
Indonesian Rupiah	12,379	1,956	-	-	-
Israeli Shekel	1,353	(10)	-	-	-
Japanese Yen	313,385	22,556	-	-	-
Kuwaiti Dinar	(783)	(11)	-	-	-
Kazakhstani Tenge	28	74	-	-	-
Malaysian Ringgit	494	1,858	-	-	-
Mexican Peso	652	1,631	-	-	-
Nigerian Naira	-	13	-	-	-
New Taiwan Dollar	38,172	(67)	-	-	-
New Turkish Lira	(498)	242	-	-	-
New Zealand Dollar	(456)	(3)	-	-	-
Norwegian Krone	4,462	4	-	-	-
Omani Rial	(275)	-	-	-	-
Pakistan Rupee	55	-	-	-	-
Peruvian Nuevo Sol	58	145	-	-	-
Philippine Peso	(189)	1,340	-	-	-
Polish Zloty	5,038	1,603	-	-	-
Qatar Rial	334	-	-	-	-
Romanian New Leu	949	22	-	-	-
Russian Ruble	1,400	-	-	-	-
Saudi Riyal	(984)	-	-	-	-
Singapore Dollar	28,458	248	-	-	-
South African Rand	8,331	2,751	-	-	-
South Korean Won	43,563	408	-	-	-
Swedish Krona	5,298	(1)	-	-	-
Swiss Franc	33,447	173	-	-	34,140
Thai Baht	(858)	792	-	-	-
UAE Dirham	7,451	-	-	-	-
Uruguay Peso	-	31	-	-	-
Total	$ 1,244,564	$ 130,735	$ 19,799	$ 5,567	$ 639,851

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

At June 30, 2024, exposure to foreign currency risk for the primary institution is as follows:

	Primary Institution			
	Equity Funds	Bond Funds	Corporate Bonds and Notes	Partnerships and Hedge Funds
Australian Dollar	$ 28,748	$ 48	$ 19,738	$ -
Bahrain Dinar	(45)	-	-	-
Brazilian Real	5,808	871	-	-
Canadian Dollar	7,072	(19)	3,082	-
Cayman Islands Dollar	852	-	-	-
Chilean Peso	198	-	-	-
Chinese Yuan/Yuan Renminbi	69,027	(115)	-	-
Colombian Peso	104	802	-	-
Czech Koruna	(1,501)	472	-	-
Danish Krone	36,792	-	2,363	-
Egyptian Pound	(799)	189	-	-
Euro	320,788	27,759	8,340	265,612
Great Britain Pound Sterling	81,691	6,065	5,375	272,955
Hong Kong Dollar	13,484	79	-	-
Hungarian Forint	(433)	79	-	-
Indian Rupee	163,060	1,696	-	-
Indonesian Rupiah	8,246	325	-	-
Israeli Shekel	382	-	-	-
Japanese Yen	246,766	1,352	-	-
Kuwaiti Dinar	(137)	(4)	-	-
Kazakhstani Tenge	4	-	-	-
Morrocan Dirham	15	-	-	-
Malaysian Ringgit	390	157	-	-
Mexican Peso	4,748	1,063	-	-
New Taiwan Dollar	43,694	(49)	-	-
New Turkish Lira	259	165	-	-
New Zealand Dollar	(5,728)	18	-	-
Norwegian Krone	1,454	13	-	-
Omani Rial	(372)	-	-	-
Pakistan Rupee	37	-	-	-
Peruvian Nuevo Sol	21	299	-	-
Philippine Peso	1,488	94	-	-
Polish Zloty	958	380	-	-
Qatar Rial	655	-	-	-
Romanian New Leu	(280)	-	-	-
Russian Ruble	9	-	-	-
Saudi Riyal	(1,045)	-	-	-
Singapore Dollar	29,237	115	-	-
South African Rand	1,885	694	-	-
South Korean Won	24,376	129	-	-
Swedish Krona	13,370	16	-	-
Swiss Franc	31,031	(19)	-	22,897
Thai Baht	318	629	-	-
UAE Dirham	1,769	-	-	-
Uruguay Peso	-	16	-	-
Vietnamese Dong	244	-	-	-
Total	$ 1,128,640	$ 43,319	$ 38,898	$ 561,464

Securities Lending

The university has engaged in a securities lending program through its custodian bank of the Long-Term Investment Pool. Securities loaned at June 30, 2022 were comprised completely of equities, and these loans were secured by collateral in the form of repurchase agreements, certificates of deposit, and cash and other adjustments. All loans must be secured by collateral amounting to no less than 102% of the current fair value of domestic securities loaned and no less than 105% of the current fair value of foreign securities loaned.

There is no credit risk on securities loaned due to the fair value of the collateral held being greater than the fair value of securities on loan to each individual broker. The university, the custodian, and the borrower each maintain the right to terminate a loan. Upon maturity or termination of a loan agreement, the custodian is contractually obligated to indemnify the university if the borrowers fail to return loaned securities and if liquidation of the collateral is insufficient to replace the value of the securities loaned. Noncash collateral cannot be pledged or sold by the university without a borrower's default. While earning fees received by the university during the loan period, cash collateral is simultaneously invested in short term, highly liquid securities in order to further increase interest earned while also matching a weighted average maturity of loans which is not to exceed 60 days.

As of June 30, 2025, securities loaned by the university amounted to a fair value of $30,526 and were secured by collateral in the amount of $33,514. The portion of this collateral that was received in cash amounted to $925 and is reflected within the university's Statement of Net Position as a current asset and a corresponding current liability. As of June 30, 2024, there were no securities loaned by the university. None of this collateral was received in cash.

NOTE 4 — ACCOUNTS, NOTES AND PLEDGES RECEIVABLE

Accounts receivable for the primary institution at June 30, 2025 and 2024 consist of the following:

	Primary Institution	
	2025	2024
Patient and other receivables - OSU Health System	$ 858,285	$ 754,848
Grant and contract receivables	271,842	222,343
Tuition and fees receivable	24,484	31,138
Receivables for departmental and auxiliary sales and services	39,134	47,650
State and federal receivables	17,235	2,680
Other receivables	17,078	2,425
Total receivables	1,228,058	1,061,084
Less: Allowances for doubtful accounts	111,307	110,691
Total receivables, net	$ 1,116,751	$ 950,393

Notes receivable consist primarily of Perkins and health professions loans and are net of an allowance for doubtful accounts of $5,600 and $5,673 at June 30, 2025 and 2024, respectively.

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Federal capital contributions to the Perkins loan programs represent advances which are ultimately refundable to the federal government.

The university has recorded $242,825 in non-endowment pledges receivable and a related allowance for doubtful accounts of $8,243 at June 30, 2025. The university recorded $240,140 in non-endowment pledges receivable and a related allowance for doubtful accounts of $5,656 at June 30, 2024.

Accounts receivable for the discretely presented component units at June 30, 2025 and 2024 consist of the following:

	Discretely Presented Component Units	
	2025	2024
Patient and other receivables - OSU Physicians	$ 130,357	$ 139,982
Other receivables	16,022	14,273
Total receivables	146,379	154,255
Less: Allowances for doubtful accounts	12,359	16,576
Total receivables, net	$ 134,020	$ 137,679

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

NOTE 5 — CAPITAL ASSETS

Capital assets activity for the primary institution for the year ended June 30, 2025 is summarized as follows:

	Primary Institution			
	Beginning Balance	Additions	Retirements and Transfers	Ending Balance
Capital assets not being depreciated:				
Land	$ 158,711	$ 2,594	$ -	$ 161,305
Intangibles	18,465	-	-	18,465
Construction in progress	2,179,053	868,418	355,403	2,692,068
Total non depreciable assets	2,356,229	871,012	355,403	2,871,838
Capital assets being depreciated:				
Improvements other than buildings	1,134,355	45,486	-	1,179,841
Buildings and fixed equipment	8,957,735	233,157	895	9,189,997
Movable equipment, furniture and software	2,175,139	152,968	110,881	2,217,226
Library books	211,100	3,496	373	214,223
Total depreciable assets	12,478,329	435,107	112,149	12,801,287
Less: Accumulated depreciation for				
Improvements other than buildings	568,553	49,924	-	618,477
Buildings and fixed equipment	4,273,608	316,642	843	4,589,407
Movable equipment, furniture and software	1,597,769	168,258	107,406	1,658,621
Library books	189,707	4,518	373	193,852
Total accumulated depreciation	6,629,637	539,342	108,622	7,060,357
Total depreciable assets, net	5,848,692	(104,235)	3,527	5,740,930
Capital assets, net excluding lease assets	$ 8,204,921	$ 766,777	$ 358,930	$ 8,612,768
Lease and subscription IT assets, net (Note 11)				327,993
Total capital assets, net as reported in statement of net position				$ 8,940,761

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Capital assets activity for the primary institution for the year ended June 30, 2024 is summarized as follows:

	Primary Institution			
	Beginning Balance	Additions	Retirements and Transfers	Ending Balance
Capital assets not being depreciated:				
Land	$ 150,463	$ 8,248	$ -	$ 158,711
Intangibles	18,465	-	-	18,465
Construction in progress	2,188,106	997,159	1,006,212	2,179,053
Total non depreciable assets	2,357,034	1,005,407	1,006,212	2,356,229
Capital assets being depreciated:				
Improvements other than buildings	1,027,571	106,784	-	1,134,355
Buildings and fixed equipment	8,238,921	723,959	5,145	8,957,735
Movable equipment, furniture and software	1,951,592	256,065	32,518	2,175,139
Library books	206,697	4,792	389	211,100
Total depreciable assets	11,424,781	1,091,600	38,052	12,478,329
Less: Accumulated depreciation for				
Improvements other than buildings	520,844	47,709	-	568,553
Buildings and fixed equipment	3,981,597	295,230	3,219	4,273,608
Movable equipment, furniture and software	1,482,516	143,403	28,150	1,597,769
Library books	185,473	4,624	390	189,707
Total accumulated depreciation	6,170,430	490,966	31,759	6,629,637
Total depreciable assets, net	5,254,351	600,634	6,293	5,848,692
Capital assets, net excluding lease assets	$ 7,611,385	$ 1,606,041	$ 1,012,505	$ 8,204,921
Lease and subscription IT assets, net (Note 11)				314,395
Total capital assets, net as reported in statement of net position				$ 8,519,316

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Capital assets activity for the discretely presented component units for the year ended June 30, 2025 is summarized as follows:

	Discretely Presented Component Units			
	Beginning Balance	Additions	Retirements and Transfers	Ending Balance
Capital assets not being depreciated:				
Land	$ 33,602	941	-	$ 34,543
Intangibles	-	-	-	-
Construction in progress	7,476	23,303	17,598	13,181
Total non depreciable assets	41,078	24,244	17,598	47,724
Capital assets being depreciated:				
Improvements other than buildings	62,449	987	403	63,033
Buildings and fixed equipment	309,512	28,915	1,737	336,690
Movable equipment, furniture and software	48,291	171	10,288	38,174
Total depreciable assets	420,252	30,073	12,428	437,897
Less: Accumulated depreciation for				
Improvements other than buildings	28,476	6,197	340	34,333
Buildings and fixed equipment	78,647	7,559	1,708	84,498
Movable equipment, furniture and software	33,236	534	11,885	21,885
Total accumulated depreciation and amortization	140,359	14,290	13,933	140,716
Total depreciable assets, net	279,893	15,783	(1,505)	297,181
Capital assets, net	$ 320,971	$ 40,027	$ 16,093	$ 344,905
Lease and subscription IT assets, net (Note 11)				158,952
Total capital assets, net as reported in statement of net position				$ 503,857

Capital assets activity for the discretely presented component units for the year ended June 30, 2024 is summarized as follows:

	Discretely Presented Component Units			
	Beginning Balance	Additions	Retirements and Transfers	Ending Balance
Capital assets not being depreciated:				
Land	$ 29,437	4,165	-	$ 33,602
Intangibles	-	-	-	-
Construction in progress	7,980	7,021	7,525	7,476
Total non depreciable assets	37,417	11,186	7,525	41,078
Capital assets being depreciated:				
Improvements other than buildings	61,948	759	258	62,449
Buildings and fixed equipment	302,746	6,766	-	309,512
Movable equipment, furniture and software	47,857	3,148	2,714	48,291
Total depreciable assets	412,551	10,673	2,972	420,252
Less: Accumulated depreciation for				
Improvements other than buildings	20,772	7,952	248	28,476
Buildings and fixed equipment	72,150	6,497	-	78,647
Movable equipment, furniture and software	30,442	4,836	2,042	33,236
Total accumulated depreciation and amortization	123,364	19,285	2,290	140,359
Total depreciable assets, net	289,187	(8,612)	682	279,893
Capital assets, net	$ 326,604	$ 2,574	$ 8,207	$ 320,971
Lease and subscription IT assets, net (Note 11)				168,129
Total capital assets, net as reported in statement of net position				$ 489,100

The university recognized asset retirement obligations (AROs) of $18,347 at both June 30, 2025 and 2024. Assets with AROs include university facilities in which radioactive materials are used, facilities handling hazardous chemicals or waste and fuel storage tanks, all of which are subject to regulation by the State of Ohio. Liability estimates are based on decommissioning funding plans (for facilities handling radioactive materials) and historical experience (for hazardous waste facilities and fuel storage tanks). The estimated remaining useful lives of these assets range from 0 to 26 years.

NOTE 6 — ACCOUNTS PAYABLE AND ACCRUED EXPENSES

Accounts payable and accrued expenses for the primary institution at June 30, 2025 and 2024 consist of the following:

	Primary Institution	
	2025	2024
Payables to vendors for supplies and services	$ 640,763	$ 486,039
Accrued compensation and benefits	192,107	179,028
Retirement system contributions payable	84,036	122,345
Other accrued expenses	15,256	13,940
Total payables and accrued expenses	$ 932,162	$ 801,352

NOTE 7 — DEPOSITS AND ADVANCE PAYMENTS FOR GOODS AND SERVICES

Deposits and advance payments for goods and services for the primary institution at June 30, 2025 and 2024 consist of the following:

	Primary Institution	
	2025	2024
Current deposits and advance payments:		
Tuition and fees	$ 44,853	$ 41,143
Departmental and auxiliary sales and services	98,441	98,291
Affinity agreements	2,000	2,023
Advance from concessionaire	24,648	24,648
Grant and contract advances	133,805	148,204
Health system advances	67,426	64,683
Other deposits and advance payments	38,307	30,647
Total current deposits and advance payments	$ 409,480	$ 409,639
Noncurrent deposits and advance payments:		
Advance from concessionaire	$ 920,533	$ 943,319

Deposits and advance payments for goods and services for the discretely presented component units at June 30, 2025 and 2024 consist of the following:

	Discretely Presented Component Units	
	2025	2024
Current deposits and advance payments:		
Unearned rental income and deposits - Campus Partners	$ 783	$ 656
Unearned revenues - Transportation Research Center	1,889	2,088
Unearned rental income - SciTech	353	19
Total current deposits and advance payments	$ 3,025	$ 2,763
Non-current deposits and advance payments:		
Unearned rental income and deposits - SciTech	$ 1,525	$ 87
Total (shown as other non-current liabilities)	$ 1,525	$ 87

NOTE 8 — SELF-INSURANCE ACCRUALS

The university maintains self-insurance programs for professional medical malpractice, employee health insurance and workers' compensation. Information on each of these programs is provided below.

Medical Malpractice

The university has established trusteed self-insurance funds for professional medical malpractice liability claims with a $4,000 limit per occurrence and $18,000 annual aggregate. The university self-insurance funds have insurance in excess of $4,000 per occurrence through Oval Limited, a blended component unit of the university. Effective July 1, 2024, Oval Limited provides coverage with limits of $120,000 per occurrence and in the aggregate.

Previous coverage levels for Oval Limited are as follows:

Accident Period for Oval	Gross Oval Limit (Occurrence and Annual Aggregate)
7/1/24 – 6/30/25	$120,000
7/1/22 – 6/30/24	$100,000
7/1/21 – 6/30/22	$85,000
7/1/20 – 6/30/21	$80,000
7/1/16 – 6/30/20	$85,000
7/1/15 – 6/30/16	$75,000
7/1/08 – 6/30/15	$55,000
7/1/06 – 6/30/08	$40,000
7/1/05 – 6/30/06	$35,000
7/1/02 – 6/30/05	$25,000
7/1/97 – 6/30/02	$15,000
9/30/94 – 6/30/97	$10,000

The limits are in excess of underlying policies with limits of $4,000 per occurrence and $18,000 in the aggregate. For the year ended June 30, 2025, Oval reinsured, in excess of the self-insured retention, 100% of the first $15,000 of risk to Berkshire Hathaway Specialty Insurance. The next $20,000 was fully ceded to The Medical Protective Insurance Company, then $10,000 ceded to Arch Specialty Insurance Company, $10,000 ceded to ACE American Insurance Company, and $10,000 ceded to Midvale Indemnity Company, with the next $10,000 of the risk to Evanston Insurance Company. Above that the Company ceded $15,000 to Liberty Specialty Markets Agency Limited, then $10,000 ceded to Ascot Underwriting Bermuda, $10,000 ceded to Allied World Assurance Company, Ltd., and the last $10,000 ceded to Vantage Risk Specialty Insurance Company.

The estimated liability and the related contributions to the trustee fund are based upon an independent actuarial determination as of June 30, 2025. OSUP participates in the university self-insurance fund for professional medical malpractice liability claims.

The university's estimate of professional malpractice liability includes provisions for known claims and actuarially determined estimates of incurred but not reported claims and incidents. This liability at June 30, 2025 of the anticipated future payments on gross claims is estimated at its present value of $68,106 discounted at an estimated rate of 3% (university funds) and an additional $25,126 discounted at an estimated rate of 3% (Oval Limited).

Although actual experience upon the ultimate disposition of the claims may vary from this estimate, the self-insurance fund assets of $188,078 (which primarily consist of bond and equity funds, money market funds and U.S. treasury notes) are more than the recorded liability at June 30, 2025, and the surplus of $94,846 is included in unrestricted net position.

At June 30, 2024, the anticipated future payments on gross claims were estimated at its present value of $54,486 discounted at an estimated rate of 3% (university funds) and an additional $20,402 discounted at an estimated rate of 3% (Oval Limited). The self-insurance fund assets of $184,939 (which primarily consist of bond and equity funds, money market funds and U.S. treasury notes) were more than the recorded liability at June 30, 2024, and the surplus of $110,052 was included in unrestricted net position.

Employee Health Insurance

The university is also self-insured for employee health insurance. As of June 30, 2025 and 2024, $69,446 and $54,800, respectively is recorded as a liability relating to both claims received but not paid and estimates of claims incurred but not yet reported.

Workers' Compensation

Effective January 1, 2013, the university became self-insured for workers' compensation. As of June 30, 2025 and 2024, respectively, $19,766 and $17,602, are recorded as a liability relating to both claims received but not paid and estimates of claims incurred but not yet reported.

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Self-insurance liability activity for the primary institution for the years ended June 30, 2025 and 2024 is as follows:

	Malpractice		Health		Workers' Compensation	
	2025	2024	2025	2024	2025	2024
Liability at beginning of fiscal year	$ 74,888	$ 73,216	$ 54,800	$ 39,000	$ 17,602	$ 17,033
Current year (recovery) provision for losses	30,142	5,008	628,315	532,390	7,004	5,796
Claim payments	(11,798)	(3,336)	(613,669)	(516,590)	(4,841)	(5,227)
Balance at fiscal year end	$ 93,232	$ 74,888	$ 69,446	$ 54,800	$ 19,766	$ 17,602

NOTE 9 — DEBT

The university may finance the construction, renovation and acquisition of certain facilities through the issuance of debt obligations, which include general receipts bonds, special purpose receipts bonds, capital lease obligations, and other borrowings.

Debt activity for the primary institution for the year ended June 30, 2025 is as follows:

	Primary Institution				
	Beginning Balance	Additions	Reductions	Ending Balance	Current Portion
Direct Borrowings and Direct Placements - Notes:					
WOSU	$ 1,031	$ -	$ 158	$ 873	$ 159
OH Air Quality Note Series B	2,340	-	-	2,340	-
St. Stephens Church Note	2,109	-	110	1,999	113
Direct Borrowings and Direct Placements - Other:					
Ohio State Energy Partners	492,820	44,641	26,430	511,031	28,313
General Receipts Bonds - Fixed Rate:					
2010C, due 2040	654,785	-	-	654,785	-
2010D, due serially through 2032	53,690	-	5,230	48,460	5,505
2011, due 2111	500,000	-	-	500,000	-
2012A, due 2030	16,015	-	9,175	6,840	1,285
2012B, due serially through 2033	5,310	-	510	4,800	530
2014A, due serially through 2044	112,640	-	75,475	37,165	-
2016A, due in 2046 and 2056	461,567	-	-	461,567	-
2016B, due serially through 2030	11,495	-	1,705	9,790	1,785
2017, due serially through 2028	31,715	-	7,435	24,280	7,750
2020A, due serially through 2030	132,070	-	23,055	109,015	16,535
2021A, due serially through 2052	580,690	-	10,405	570,285	10,935
2023B, due serially through 2035	265,570	-	2,940	262,630	3,090
2023C, due in 2046 and 2056	111,885	-	-	111,885	-
2024A, due serially through 2040	-	63,755	-	63,755	2,925
General Receipts Bonds - Variable Rate:					
2023A1, due serially through 2043	164,410	-	-	164,410	164,410
2023A2, due serially through 2043	164,410	-	-	164,410	164,410
2023D1, due serially through 2035	125,000	-	-	125,000	125,000
2023D2, due serially through 2044	150,000	-	-	150,000	150,000
Unamortized Bond Premiums	197,723	9,751	21,917	185,557	-
Total outstanding debt, excluding lease liabilities	$ 4,237,275	$ 118,147	$ 184,545	$ 4,170,877	$ 682,745
Lease and subscription IT liabilities with external parties (Note 11)				148,222	39,502
Total outstanding debt as reported in the statement of net position				$ 4,319,099	$ 722,247

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Debt activity for the primary institution for the year ended June 30, 2024 is as follows:

	Primary Institution				
	Beginning Balance	Additions	Reductions	Ending Balance	Current Portion
Direct Borrowings and Direct Placements - Notes:					
WOSU	$ 1,190	$ -	$ 159	$ 1,031	$ 159
OH Air Quality Note Series A	453	-	453	-	-
OH Air Quality Note Series B	2,340	-	-	2,340	-
St. Stephens Church Note	2,211	-	102	2,109	107
Direct Borrowings and Direct Placements - Other:					
Ohio State Energy Partners	454,781	61,212	23,173	492,820	26,149
General Receipts Bonds - Fixed Rate:					
2010C, due 2040	654,785	-	-	654,785	-
2010D, due serially through 2032	58,675	-	4,985	53,690	5,230
2011, due 2111	500,000	-	-	500,000	-
2012A, due 2030	24,825	-	8,810	16,015	9,175
2012B, due serially through 2033	5,800	-	490	5,310	510
2014A, due serially through 2044	115,765	-	3,125	112,640	3,285
2016A, due in 2046 and 2056	600,000	-	138,433	461,567	-
2016B, due serially through 2030	13,115	-	1,620	11,495	1,705
2017, due serially through 2028	40,000	-	8,285	31,715	7,435
2020A, due serially through 2030	154,825	-	22,755	132,070	23,055
2021A, due serially through 2052	590,585	-	9,895	580,690	10,405
2023B, due serially through 2035	-	265,570	-	265,570	2,940
2023C, due in 2046 and 2056	-	111,885	-	111,885	-
General Receipts Bonds - Variable Rate:					
2010E, due serially through 2035	125,000	-	125,000	-	-
2014B, due serially through 2044	150,000	-	150,000	-	-
2023A1, due serially through 2043	164,410	-	-	164,410	164,410
2023A2, due serially through 2043	164,410	-	-	164,410	164,410
2023D1, due serially through 2035	-	125,000	-	125,000	125,000
2023D2, due serially through 2044	-	150,000	-	150,000	150,000
Unamortized Bond Premiums	170,780	41,470	14,527	197,723	-
Total outstanding debt, excluding lease liabilities	$ 3,993,950	$ 755,137	$ 511,812	$ 4,237,275	$ 693,975
Lease and subscription IT liabilities with external parties (Note 11)				93,046	32,757
Total outstanding debt as reported in the statement of net position				$ 4,330,321	$ 726,732

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Debt activity for the discretely presented component units for the year ended June 30, 2025 is as follows:

	Discretely Presented Component Units				
	Beginning Balance	Additions	Reductions	Ending Balance	Current Portion
Direct Borrowings and Direct Placements:					
OSU Physicians - Series 2013 Health Care Facilities Revenue Bond, due through 2035	$ 8,370	$ -	$ 663	$ 7,707	$ 680
TRC Ohio Development Service Agency Note Payable	3,253	-	328	2,925	331
SciTech JobsOhio Note Payable	-	500	-	500	500
Total outstanding debt, excluding lease liabilities	$ 11,623	$ 500	$ 991	$ 11,132	$ 1,511
Lease and subscription IT liabilities with external parties (Note 11)				35,328	6,476
Total outstanding debt as reported in the statement of net position				$ 46,460	$ 7,987

Debt activity for the discretely presented component units for the year ended June 30, 2024 is as follows:

	Discretely Presented Component Units				
	Beginning Balance	Additions	Reductions	Ending Balance	Current Portion
Direct Borrowings and Direct Placements:					
OSU Physicians - Series 2013 Health Care Facilities Revenue Bond, due through 2035	$ 8,960	$ -	$ 590	$ 8,370	$ 662
TRC Ohio Development Service Agency Note Payable	3,576	-	323	3,253	328
Financed Equipment Purchases	27	-	27	-	-
Total outstanding debt, excluding lease liabilities	$ 12,563	$ -	$ 940	$ 11,623	$ 990
Lease and subscription IT liabilities with external parties (Note 11)				32,858	4,495
Total outstanding debt as reported in the statement of net position				$ 44,481	$ 5,485

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Debt obligations are generally callable by the university, bear interest at fixed and variable rates ranging from 0% to 5.25% and mature at various dates through 2111. Maturities and interest on debt obligations for the next five years and in five-year periods for the primary institution are as follows:

	Primary Institution				
	Bonds		Direct Borrowings and Direct Placements		
	Principal	Interest	Principal	Interest	Total
2026	$ 654,160	$ 139,928	$ 28,585	$ 38,381	$ 861,054
2027	53,355	126,562	28,591	36,261	244,769
2028	56,515	123,845	30,937	34,097	245,394
2029	42,690	121,433	28,395	31,933	224,451
2030	66,310	118,734	27,558	29,826	242,428
2031-2035	342,015	553,251	130,670	119,230	1,145,166
2036-2040	810,450	478,891	126,114	71,249	1,486,704
2041-2045	158,320	288,101	94,175	27,451	568,047
2046-2050	477,998	211,013	21,218	2,797	713,026
2051-2055	65,385	170,956	-	-	236,341
2056-2060	241,879	134,793	-	-	376,672
2061-2065	-	120,000	-	-	120,000
2066-2070	-	120,000	-	-	120,000
2071-2075	-	120,000	-	-	120,000
2076-2080	-	120,000	-	-	120,000
2081-2085	-	120,000	-	-	120,000
2086-2090	-	120,000	-	-	120,000
2091-2095	-	120,000	-	-	120,000
2096-2100	-	120,000	-	-	120,000
2101-2105	-	120,000	-	-	120,000
2106-2110	-	120,000	-	-	120,000
2111-2115	500,000	24,000	-	-	524,000
	$ 3,469,077	$ 3,691,507	$ 516,243	$ 391,225	$ 8,068,052

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Maturities and interest on debt obligations for the next five years and in five-year periods for the discretely presented component units are as follows:

	Discretely Presented Component Units		
	Direct Borrowings and Direct Placements		
	Principal	Interest	Total
2026	$ 1,511	$ 192	$ 1,703
2027	1,059	168	1,227
2028	1,078	150	1,228
2029	1,097	131	1,228
2030	1,117	111	1,228
2031-2035	5,197	283	5,480
2036-2040	73	-	73
	$ 11,132	$ 1,035	$ 12,167

General receipts bonds are backed by the unrestricted receipts of the university, excluding certain items as described in the bond indentures.

University bond indentures include provisions for Events of Default and Remedies. In general, if the university fails to pay any interest or principal when it is due and payable, the Trustee may, upon the request of the holders of at least 25% of the outstanding principal on the bonds, declare the principal and any accrued interest as immediately due and payable.

The university's private and direct placement debt consists primarily of long-term payables to Ohio State Energy Partners (OSEP) for capital improvements. The university's Utility System Lease and Concession Agreement with OSEP includes Events of Default, including the failure to pay the Utility Fee. If the university fails to remedy the default as specified in the agreement, OSEP may terminate the agreement and require the university to pay OSEP the Utility System Concession Value as of the date of such termination. The Utility System Concession Value is defined as the fair market value of the Concessionaire Interest in the lease and concession agreement and would include principal and interest on any outstanding long-term payables to OSEP.

The outstanding bond indentures do not require mandatory reserves for future payment of principal and interest. However, the university has set aside $679,566 for future debt service, which is included in unrestricted net position.

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

The university has defeased various bonds by placing the proceeds of new bonds into an irrevocable trust to provide for all future debt service payments on the old bonds. The defeased bonds for the primary institution are as follows:

	Amount Defeased	Amount Outstanding at June 30, 2025
General Receipts Bonds:		
Series 2010D	3,710	2,125
	$ 3,710	$ 2,125

Neither the outstanding indebtedness nor the related trust account assets for the above bonds are included in the university's financial statements.

Variable Rate Demand Bonds

Series 2023A and 2023D variable rate demand bonds bear interest at rates based upon yield evaluations at par of comparable securities. The maximum interest rate allowable and the effective average interest rate from issue date to June 30, 2025 are as follows:

Series:	Interest Rate Not to Exceed	Effective Average Interest Rate
2023 A1	8%	3.193%
2023 A2	8%	3.235%
2023 D1	8%	3.245%
2023 D2	8%	3.202%

At the discretion of the university, the interest rate on the bonds can be converted to a fixed rate. The bonds may be redeemed by the university or sold by the bondholders to a remarketing agent appointed by the university at any time prior to conversion to a fixed rate at a price equal to the principal amount plus accrued interest.

The university's variable rate demand bonds mature at various dates through 2044. GASB Interpretation No. 1, *Demand Bonds Issued by State and Local Governmental Entities*, provides guidance on the statement of net position classification of these bonds. Under GASB Interpretation No. 1, outstanding principal balances on variable rate demand bonds may be classified as non-current liabilities if the issuer has entered into a "take-out agreement" to convert bonds "put" but not resold into some other form of long-term obligation. In the absence of such an agreement, the total outstanding principal balances for these bonds are required to be classified as current liabilities.

Although it is the university's intent to repay its variable rate demand bonds in accordance with the maturities set forth in the bond offering circulars, the university does not have "take-out agreements" in place per the GASB Interpretation No. 1 requirements. Accordingly, the university has classified the total outstanding principal balances on its variable rate demand bonds as current liabilities. The obligations totaled $603,820 at both June 30, 2025 and 2024.

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

NOTE 10 – DERIVATIVE INSTRUMENTS

In connection with the June 2023 refunding of the university's Series 2013A Special Purpose General Receipts Bonds, the university issued the Series 2023A-1 and Series 2023A-2 variable rate refunding bonds (together, the Series 2023A Bonds) and entered into two pay fixed/receive floating interest rate swap agreements to convert the variable rates paid on the Series 2023A Bonds to synthetic fixed rates.

The terms of the two agreements are summarized below ($ in 1,000s):

	Notional Amount	University Pays	University Receives	Effective Date	Termination Date	Par Cancellation Option	Counterparty Credit Rating
Swap Agreement 1	$ 164,410	1.188% Fixed Rate	Variable Rate based on Securities Industry and Financial Markets (SIFMA) Municipal Swap Index	June 1, 2023	June 1, 2043	6/1/2035 at University's option	A1/A+
Swap Agreement 2	$ 164,410	1.264% Fixed Rate	Variable Rate based on SIFMA Municipal Swap Index	June 1, 2023	June 1, 2043	6/1/2035 at University's option	Aa2/A+

The forward-starting pay fixed/receive floating interest rate swap agreements are considered effective hedging derivatives as of June 30, 2025. The fair value of these swaps generally represents the estimated amount that the university would pay to terminate the swap agreements at the statement of net position date taking into account market interest rates as of June 30, 2025. The valuation inputs used to determine the fair value of these instruments are considered Level 2, as they rely on observable inputs other than quoted market prices. The notional amount represents the underlying reference of the instrument and does not represent the amount of the university's settlement obligations.

Fair values, changes in fair value and financial classification of the swap agreements are summarized below:

Effective hedging derivatives: floating-to-fixed interest rate swaps	Amount	Financial Statement Classification
Fair Value as of June 30, 2025	$ 55,375	Other non-current assets
Change in Fair Value for Year Ended June 30, 2025	$ 11,205	Deferred inflows - other

Effective Hedging derivatives: floating-to fixed interest rate swaps	Amount	Financial Statement Classification
Fair Value as of June 30, 2024	$ 44,170	Other non-current assets
Change in Fair Value for Year Ended June 30, 2024	$ (11,612)	Deferred inflows - other

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Using rates in effect as of June 30, 2025, the projected cash flows for the pay fixed/receive floating interest rate swaps deemed effective cash flow hedges, along with the debt service requirements of the associated variable rate debt, are summarized as follows:

	Primary Institution			
	Variable Rate Bonds*		Swap	Total
Fiscal Years	Principal	Interest	Payments, Net	Payments
2026	$ -	$ 6,313	$ (2,282)	$ 4,031
2027	-	6,313	(2,282)	4,031
2028	-	6,313	(2,282)	4,031
2029	11,895	6,313	(2,282)	15,926
2030	20,740	6,085	(2,200)	24,625
2031-2035	107,920	24,345	(8,802)	123,463
2036-2040	115,310	13,704	(4,954)	124,060
2041-2045	72,955	2,814	(1,017)	74,752
	$ 328,820	$ 72,201	$ (26,102)	$ 374,919

** Variable rate bond interest based on 06/30/2025 SIFMA rate of 1.92%*

Hedging Derivative Instrument Risk Factors

By using derivative financial instruments to hedge exposure to changes in interest rates, the university is exposed to certain risk factors. A discussion of the risk factors applicable to the university's swaps and the steps that have been taken to mitigate each risk factor is presented below.

Termination Risk

There is termination risk with pay fixed/receive floating interest rate swaps as the university or swap counterparty may terminate a swap if the other party fails to perform under the terms of the contract. The swaps also contain ratings-based termination provisions where a swap agreement may be terminated if the counterparty's or the university's General Receipts credit ratings fall below Baa2 or BBB. The university's swaps specify Market Quotation, Second Method as the method for determining the termination value. Additionally, the university holds a par cancellation option which enables the university to cancel the swap at no cost starting June 1, 2035. This option also acts to limit the calculation of negative fair value to just the years remaining between the termination date and the date of the par termination option, which in turn negates any potential termination payment which may be owed by the university.

Credit Risk

Contracts with positive fair values to the university expose the university to credit risk to the extent the counterparty is unable to pay the termination value upon a Termination Event or an Event of Default. As a mitigant to this risk, the university's swaps include non-parallel collateral posting thresholds under which the counterparties must post collateral if the counterparties' ratings fall to the A+/A1 ratings category for fair values in excess of $75 million, with that threshold declining at each lower ratings category until reaching a threshold of $5 million at BBB/Baa2. No collateral had been posted at June 30, 2025.

NOTE 11 — LEASES AND SUBSCRIPTION-BASED IT ARRANGEMENTS

University as Lessee and Subscription-Based IT Arrangements

The university is a lessee for various noncancellable leases of real estate and equipment. The university also has noncancellable subscription IT arrangements (similar to a lease) for the right-to-use information technology hardware and software (subscription IT arrangements). Lease and subscription IT assets are reported with capital assets. Lease and subscription IT liabilities are reported with long-term debt in the Statement of Net Position.

For leases between the primary institution and the university's discretely presented component units, the related lease receivables and payables are shown separately as amounts due to/from the primary institution in the Statement of Net Position. Transportation Research Center Inc., a discretely presented component unit of the university, entered into a Master Lease agreement and related subleases with Honda of America Manufacturing (HAM) and its affiliates which are considered lease-leaseback transactions under GASB Statement No. 87. In a lease-leaseback transaction, each party is both a lessor and lessee. Because each portion of the transaction is with the same counterparty, a right of offset exists. Lease receivables and deferred inflows associated with the HAM lease and subleases are netted against lease liabilities and lease assets for presentation in the Statement of Net Position.

Intangible right-of-use asset activity for the primary institution for the year ended June 30, 2025 is summarized as follows:

	Primary Institution				
	Beginning Balance	Additions	Remeasurements	Retirements	Ending Balance
Lease assets:					
Real estate	$ 207,396	$ 26,303	$ (1,157)	$ 5,334	$ 227,208
Equipment	64,614	3,782	-	-	68,396
Total lease assets	272,010	30,085	(1,157)	5,334	295,604
Less accumulated amortization - lease assets:					
Real estate	39,073	16,816	-	6,107	49,782
Equipment	39,822	6,187	-	-	46,009
Total accumulated amortization	78,895	23,003	-	6,107	95,791
Total lease assets, net	193,115	7,082	(1,157)	(773)	199,813
Subscription IT assets	309,989	83,580	(4,939)	29,023	359,607
Less accumulated amortization	188,709	71,741	-	29,023	231,427
Subscription IT assets, net	121,280	11,839	(4,939)	-	128,180
Total lease and subscription IT assets, net	$ 314,395	$ 18,921	$ (6,096)	$ (773)	$ 327,993

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Intangible right-of-use asset activity for the primary institution for the year ended June 30, 2024 is summarized as follows:

	Primary Institution				
	Beginning Balance	Additions	Remeasurements	Retirements	Ending Balance
Lease assets:					
Real estate	$ 220,201	$ 7,303	$ (9,453)	$ 10,655	$ 207,396
Equipment	57,890	6,724	-	-	64,614
Total lease assets	278,091	14,027	(9,453)	10,655	272,010
Less accumulated amortization - lease assets:					
Real estate	32,911	8,323	-	2,161	39,073
Equipment	30,901	8,921	-	-	39,822
Total accumulated amortization	63,812	17,244	-	2,161	78,895
Total lease assets, net	214,279	(3,217)	(9,453)	8,494	193,115
Subscription IT assets	273,351	38,550	-	1,912	309,989
Less accumulated amortization	117,811	72,810	-	1,912	188,709
Subscription IT assets, net	155,540	(34,260)	-	-	121,280
Total lease and subscription IT assets, net	$ 369,819	$ (37,477)	$ (9,453)	$ 8,494	$ 314,395

Intangible right-of-use asset activity for the discretely presented component units for the year ended June 30, 2025 is summarized as follows:

	Discretely Presented Component Units				
	Beginning Balance	Additions	Remeasurements	Retirements	Ending Balance
Lease assets:					
Real estate	$ 225,596	$ 25,724	$ (26,802)	$ 321	$ 224,197
Equipment	1,405	19	-	-	1,424
Total lease assets	227,001	25,743	(26,802)	321	225,621
Less accumulated amortization:					
Real estate	47,034	15,964	-	7,181	55,817
Equipment	653	133	-	-	786
Total accumulated amortization	47,687	16,097	-	7,181	56,603
Total lease assets, net	179,314	9,646	(26,802)	(6,860)	169,018
Subscription IT assets	4,140	2,296	769	-	7,205
Less accumulated amortization	2,679	1,088	-	-	3,767
Subscription IT assets, net	1,461	1,208	769	-	3,438
Total lease and subscription IT assets, net	$ 180,775	$ 10,854	$ (26,033)	$ (6,860)	$ 172,456
Less: Lease assets netted against deferred inflows for lease-leaseback					$ 13,504
Total lease assets, net, as presented on Statement of Net Position					$ 158,952

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Intangible right-of-use asset activity for the discretely presented component units for the year ended June 30, 2024 is summarized as follows:

	Discretely Presented Component Units				
	Beginning Balance	Additions	Remeasurements	Retirements	Ending Balance
Lease assets:					
Real estate	$ 225,028	$ 722	$ (132)	$ 22	$ 225,596
Equipment	1,041	364	-	-	1,405
Total lease assets	226,069	1,086	(132)	22	227,001
Less accumulated amortization:					
Real estate	31,507	15,527	-	-	47,034
Equipment	564	89	-	-	653
Total accumulated amortization	32,071	15,616	-	-	47,687
Total lease assets, net	193,998	(14,530)	(132)	22	179,314
Subscription IT assets	3,583	-	557	-	4,140
Less accumulated amortization	1,852	827	-	-	2,679
Subscription IT assets, net	1,731	(827)	557	-	1,461
Total lease and subscription IT assets, net	$ 195,729	$ (15,357)	$ 425	$ 22	$ 180,775
Less: Lease assets netted against deferred inflows for lease-leaseback					$ 12,646
Total lease assets, net, as presented on Statement of Net Position					$ 168,129

Lease liability activity for the primary institution includes both leases with external parties and leases with discretely presented component units. Lease liability activity for the primary institution for the year ended June 30, 2025 is summarized as follows:

	Primary Institution					
	Beginning Balance	Additions	Remeasurements	Reductions	Ending Balance	Current Portion
Lease liabilities	$ 132,887	$ 22,471	$ 1,456	$ 11,607	$ 145,207	$ 8,860
Subscription IT liabilities	46,973	85,271	-	40,103	92,141	33,596
Subotal - gross lease and subscription IT liabilities	179,860	107,742	1,456	51,710	237,348	42,456
Less: Amounts due to discretely presented component units					(89,126)	
Lease and subscription IT liabilities with external parties (Note 9)					$ 148,222	$ 39,502

Lease liability activity for the primary institution for the year ended June 30, 2024 is summarized as follows:

	Primary Institution					
	Beginning Balance	Additions	Remeasurements	Reductions	Ending Balance	Current Portion
Lease liabilities	$ 150,459	$ 3,991	$ (7,715)	$ 13,848	$ 132,887	$ 10,063
Subscription IT liabilities	47,127	27,749	6,969	34,872	46,973	25,046
Subotal - gross lease and subscription IT liabilities	197,586	31,740	(746)	48,720	179,860	35,109
Less: Amounts due to discretely presented component units					(86,814)	
Lease and subscription IT liabilities with external parties (Note 9)					$ 93,046	$ 32,757

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Lease liability activity for the discretely presented component units includes both leases with external parties and leases with the primary institution. Total lease liability activity for the discretely presented component units for the year ended June 30, 2025 is summarized as follows:

	Discretely Presented Component Units					
	Beginning Balance	Additions	Remeasurements	Reductions	Ending Balance	Current Portion
Lease liabilities	$ 199,688	$ 33,455	$ (26,460)	$ 14,506	$ 192,177	$ 15,705
Subscription IT liabilities	1,466	2,331	-	587	3,210	1,044
Subotal - gross lease and subscription IT liabilities	201,154	35,786	(26,460)	15,093	195,387	16,749
Less: Lease liabilities netted against receivables for lease-leaseback					(8,853)	
Less: Amounts due to primary institution					(151,206)	
Lease and subscription IT liabilities with external parties, net (Note 9)					$ 35,328	$ 6,476

Lease liability activity for the discretely presented component units for the year ended June 30, 2024 is summarized as follows:

	Discretely Presented Component Units					
	Beginning Balance	Additions	Remeasurements	Reductions	Ending Balance	Current Portion
Lease liabilities	$ 208,596	$ 2,921	$ (22)	$ 11,807	$ 199,688	$ 11,964
Subscription IT liabilities	1,864	600	-	998	1,466	1,078
Subotal - gross lease and subscription IT liabilities	210,460	3,521	(22)	12,805	201,154	13,042
Less: Lease liabilities netted against receivables for lease-leaseback					(9,770)	
Less: Amounts due to primary institution					(158,526)	
Lease and subscription IT liabilities with external parties, net (Note 9)					$ 32,858	$ 4,495

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Future annual lease payments for the primary institution are as follows:

	Primary Institution		
	Principal	Interest	Total
Year Ending June 30,			
2026	$ 8,860	$ 6,481	$ 15,341
2027	8,193	6,133	14,326
2028	6,686	5,825	12,511
2029	5,492	5,565	11,057
2030	4,335	5,345	9,680
2031-2035	18,315	24,131	42,446
2036-2040	18,238	19,946	38,184
2041-2045	21,488	15,357	36,845
2046-2050	31,821	9,053	40,874
2051-2055	19,169	2,054	21,223
2056-2060	1,187	449	1,636
2061-2065	1,166	202	1,368
2066-2070	257	5	262
	$ 145,207	$ 100,546	$ 245,753

Future annual subscription IT payments for the primary institution are as follows:

	Primary Institution		
	Principal	Interest	Total
Year Ending June 30,			
2026	$ 33,596	$ 2,868	$ 36,464
2027	31,273	1,586	32,859
2028	14,709	633	15,342
2029	11,610	61	11,671
2030	953	-	953
	$ 92,141	$ 5,148	$ 97,289

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Future annual lease payments for the discretely presented component units are as follows:

	Discretely Presented Component Units		
	Principal	Interest	Total
Year Ending June 30,			
2026	$ 15,705	$ 8,167	$ 23,872
2027	16,542	7,487	24,029
2028	17,626	6,748	24,374
2029	17,130	5,993	23,123
2030	13,130	5,330	18,460
2031-2035	50,994	19,087	70,081
2036-2040	38,491	9,427	47,918
2041-2045	9,297	3,414	12,711
2046-2050	(638)	3,231	2,593
2051-2055	(515)	3,368	2,853
2056-2060	(331)	3,469	3,138
2061-2065	(66)	3,518	3,452
2066-2070	307	3,490	3,797
2071-2075	817	3,359	4,176
2076-2080	1,508	3,087	4,595
2081-2085	2,430	2,624	5,054
2086-2090	3,650	1,909	5,559
2091-2095	5,254	861	6,115
2096-2100	846	15	861
	$ 192,177	$ 94,584	$ 286,761

Future annual subscription IT payments for the discretely presented component units are as follows:

	Discretely Presented Component Units		
	Principal	Interest	Total
Year Ending June 30,			
2026	$ 1,044	$ 110	$ 1,154
2027	691	76	767
2028	461	52	513
2029	491	31	522
2030	523	7	530
	$ 3,210	$ 276	$ 3,486

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

University as Lessor

The university is lessor for various noncancellable leases of real estate. Lease-related revenues recognized by the primary institution and the discretely presented component units for the years ended June 30, 2025 and 2024 are as follows:

	Primary Institution		Discretely Presented Component Units	
	2025	2024	2025	2024
Lease revenue	$ 15,707	$ 14,408	$ 17,755	$ 16,416
Interest revenue	8,019	8,008	5,939	5,479
	$ 23,726	$ 22,416	$ 23,694	$ 21,895

NOTE 12 — COMPENSATED ABSENCES

University employees earn vacation and sick leave on a monthly basis.

Classified civil service employees may accrue vacation benefits up to a maximum of three years credit. Administrative and professional staff and faculty may accrue vacation benefits up to a maximum of 240 hours. For all classes of employees, any earned but unused vacation benefit is payable upon termination. The university accrues compensated absence liability for unused vacation time, up to the benefit maximums outlined above.

Sick leave may be accrued without limit. Additions (accruals) and deductions (use) of sick hours are reflected in employees' total sick leave balances. There is no policy or statutory requirement for employees to use their "oldest" hours first. Unused sick leave hours are payable only upon retirement from the university with ten or more years of service with the state. The amount of sick leave benefit payable at retirement is one fourth of the value of the accrued but unused sick leave up to a maximum of 240 hours.

The university reviews historical patterns of accruals, usage, pay outs and forfeitures of sick leave hours to determine whether sick leave balances are more likely than not (MLTN) to be used as paid leave or paid out upon retirement. Based on historical trends related to accrual and usage of sick leave hours, management has determined that employees are not more likely than not to use sick leave hours already earned and accrued. As a result, the university does not recognize a compensated absence liability for MLTN usage of accrued sick time.

The university accrues compensated absence liability for sick leave balances that are considered more likely than not to be paid out on retirement using a termination payment method. Under this method, the university calculates a ratio, Sick Leave Termination Cost per Year Worked, that is based on the university's actual historical experience of sick leave payouts to terminated employees. This ratio is then applied to the total years-of-service for current employees.

Certain employees of the university (mostly classified civil service employees) receive compensation time in lieu of overtime pay, which must be paid to the employee at termination or retirement. The university accrues compensated absence liability for all unused compensatory time.

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

NOTE 13 — OTHER LIABILITIES

Other liability activity for the primary institution for the year ended June 30, 2025 is as follows:

	Primary Institution				
	Beginning Balance	Additions	Reductions	Ending Balance	Current Portion
Compensated absences	$ 255,355	$ 45,036	$ 23,484	$ 276,907	$ 23,484
Self-insurance accruals	147,290	665,462	630,308	182,444	74,873
Amounts due to third party payors	97,928	-	18,681	79,247	15,390
Irrevocable split-interest agreements	35,294	9,375	6,129	38,540	2,271
Refundable advances for Federal Perkins loans	18,141	-	2,779	15,362	-
Other noncurrent liabilities	360,250	54,788	3,076	411,962	-
Other current liabilities	94	77	-	171	171
	$ 914,352	$ 774,738	$ 684,457	$ 1,004,633	$ 116,189

Other liability activity for the primary institution for the year ended June 30, 2024 is as follows:

	Primary Institution				
	Beginning Balance	Additions	Reductions	Ending Balance	Current Portion
Compensated absences	$ 240,460	$ 35,446	$ 20,551	$ 255,355	$ 20,551
Self-insurance accruals	129,249	543,194	525,153	147,290	60,000
Amounts due to third party payors	78,041	21,517	1,630	97,928	18,775
Irrevocable split-interest agreements	35,738	6,825	7,269	35,294	2,171
Refundable advances for Federal Perkins loans	20,821	-	2,680	18,141	-
Other noncurrent liabilities	305,529	57,799	3,078	360,250	-
Other current liabilities	101	-	7	94	94
	$ 809,939	$ 664,781	$ 560,368	$ 914,352	$ 101,591

NOTE 14 — OPERATING EXPENSES BY OBJECT

In accordance with requirements set forth by the Ohio Board of Regents, the university reports operating expenses by functional classification on the Statement of Revenues, Expenses and Changes in Net Position.

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Operating expenses by object for the primary institution for the years ended June 30, 2025 and 2024 are summarized as follows:

Year Ended June 30, 2025

	Primary Institution				
	Compensation and Benefits	Supplies and Services	Scholarships and Fellowships	Depreciation	Total
Instruction and departmental research	$ 1,142,136	$ 201,539	$ -	$ -	$ 1,343,675
Separately budgeted research	415,220	273,319	-	-	688,539
Public service	110,663	85,268	-	-	195,931
Academic support	243,093	123,872	-	-	366,965
Student services	108,507	28,436	-	-	136,943
Institutional support	201,623	80,219	-	-	281,842
Operation and maintenance of plant	49,594	100,311	-	-	149,905
Scholarships and fellowships	12,313	2,331	105,231	-	119,875
Auxiliary enterprises	231,937	270,130	-	-	502,067
OSU Health System	2,646,684	2,321,862	-	-	4,968,546
Depreciation	-	-	-	634,086	634,086
Total operating expenses	$ 5,161,770	$ 3,487,287	$ 105,231	$ 634,086	$ 9,388,374

Year Ended June 30, 2024

	Primary Institution				
	Compensation and Benefits	Supplies and Services	Scholarships and Fellowships	Depreciation	Total
Instruction and departmental research	$ 1,185,884	$ 167,793	$ -	$ -	$ 1,353,677
Separately budgeted research	410,179	268,614	-	-	678,793
Public service	105,993	90,793	-	-	196,786
Academic support	247,704	106,816	-	-	354,520
Student services	105,066	31,102	-	-	136,168
Institutional support	285,309	12,496	-	-	297,805
Operation and maintenance of plant	60,986	104,863	-	-	165,849
Scholarships and fellowships	12,237	2,296	92,141	-	106,674
Auxiliary enterprises	232,507	225,957	-	-	458,464
OSU Health System	2,390,147	2,010,228	-	-	4,400,375
Depreciation	-	-	-	581,020	581,020
Total operating expenses	$ 5,036,012	$ 3,020,958	$ 92,141	$ 581,020	$ 8,730,131

NOTE 15 — RETIREMENT PLANS

University employees are covered by one of three retirement systems. The university faculty is covered by the State Teachers Retirement System of Ohio (STRS Ohio). Substantially all other employees are covered by the Public Employees Retirement System of Ohio (OPERS). Employees may opt out of STRS Ohio and OPERS and participate in the Alternative Retirement Plan (ARP) if they meet certain eligibility requirements.

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

STRS Ohio and OPERS offer statewide cost-sharing multiple-employer defined benefit pension plans. STRS Ohio and OPERS provide retirement and disability benefits, annual cost-of-living adjustments, and death benefits to plan members and beneficiaries. In addition, the retirement systems provide other post-employment benefits (OPEB), consisting primarily of healthcare. Benefits are established by state statute and are calculated using formulas that include years of service and final average salary as factors.

In accordance with GASB Statements Nos. 68 and 75, employers participating in cost-sharing multiple-employer plans are required to recognize a proportionate share of the collective net pension and OPEB liabilities of the plans. Although changes in the net pension and OPEB liabilities generally are recognized as expense in the current period, certain items are deferred and recognized as expense in future periods. Deferrals for differences between projected and actual investment returns are amortized to pension expense over five years. Deferrals for employer contributions subsequent to the measurement date are amortized in the following period (one year). Other deferrals are amortized over the estimated remaining service lives of both active and inactive employees (amortization periods range from 2 to 11 years).

Defined Benefit Pension and OPEB Plans – Year Ended June 30, 2025

The collective net pension liabilities of the retirement systems and the university's proportionate share of these liabilities as of June 30, 2025 are as follows:

	STRS-Ohio	OPERS	Total
Net pension liability - all employers	$ 19,241,616	$ 24,500,325	
Proportion of the net pension liability - university	5.0%	11.1%	
Proportionate share of net pension liability	$ 963,961	$ 2,724,607	$ 3,688,568

The collective net OPEB liabilities (assets) of the retirement systems and the university's proportionate share of these liabilities (assets) as of June 30, 2025 are as follows:

	STRS-Ohio	OPERS	Total
Net OPEB (asset) liability - all employers	$ (1,896,809)	$ (2,344,234)	
Proportion of the net OPEB (asset) liability - university	5.0%	11.2%	
Proportionate share of net OPEB (asset) liability	$ (95,026)	$ (262,642)	$ (357,668)

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Deferred outflows of resources and deferred inflows of resources for pensions were related to the following sources as of June 30, 2025:

	STRS-Ohio	OPERS	Total
Deferred Outflows of Resources:			
Differences between expected and actual experience	$ 60,704	$ 57,097	$ 117,801
Changes in assumptions	44,425	1,043	45,468
Net difference between projected and actual earnings on pension plan investments	-	299,661	299,661
Changes in proportion of university contributions	1,340	2	1,342
University contributions subsequent to the measurement date	103,719	151,005	254,724
Total	**$ 210,188**	**$ 508,808**	**$ 718,996**
Deferred Inflows of Resources:			
Differences between expected and actual experience	$ 528	$ 2,977	$ 3,505
Changes of assumptions	33,439	-	33,439
Net difference between projected and actual earnings on pension plan investments	82,881	-	82,881
Changes in proportion of university contributions	1,492	2,979	4,471
Total	**$ 118,340**	**$ 5,956**	**$ 124,296**

Deferred outflows of resources and deferred inflows of resources for OPEB were related to the following sources as of June 30, 2025:

	STRS-Ohio	OPERS	Total
Deferred Outflows of Resources:			
Differences between expected and actual experience	$ 4,131	$ -	$ 4,131
Changes in assumptions	11,696	-	11,696
Net difference between projected and actual earnings on OPEB plan investments	-	1,600	1,600
Changes in proportion of university contributions	8	108	116
Total	**$ 15,835**	**$ 1,708**	**$ 17,543**
Deferred Inflows of Resources:			
Differences between expected and actual experience	$ 10,240	$ 12,782	$ 23,022
Changes in assumptions	42,855	37,888	80,743
Net difference between projected and actual earnings on pension plan investments	4,080	-	4,080
Changes in proportion of university contributions	48	-	48
Total	**$ 57,223**	**$ 50,670**	**$ 107,893**

Amounts reported as deferred outflows of resources related to pensions resulting from university contributions subsequent to the measurement date will be recognized as a reduction of the net pension liability in the year ended June 30, 2026. Other amounts reported as deferred outflows of

resources and deferred inflows of resources related to pensions will be recognized in pension expense during the years ending June 30 as follows:

	STRS-Ohio	OPERS	Total
2026	$ (54,572)	$ 178,871	$ 124,299
2027	87,273	335,053	422,326
2028	(25,326)	(123,814)	(149,140)
2029	(19,246)	(39,913)	(59,159)
2030	-	517	517
2031 and Thereafter	-	1,133	1,133
Total	**$ (11,871)**	**$ 351,847**	**$ 339,976**

Net deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expense during the years ending June 30 as follows:

	STRS-Ohio	OPERS	Total
2026	$ (14,889)	$ (28,309)	$ (43,198)
2027	(6,638)	22,142	15,504
2028	(8,184)	(31,644)	(39,828)
2029	(7,318)	(11,151)	(18,469)
2030	(5,867)	-	(5,867)
2031 and Thereafter	1,506	-	1,506
Total	**$ (41,390)**	**$ (48,962)**	**$ (90,352)**

The following table provides additional details on the benefit formulas, contribution requirements and significant assumptions used in the measurement of total pension and OPEB liabilities for the retirement systems for the year ended June 30, 2025 (information below applies to both pensions and OPEB unless otherwise indicated).

	STRS-Ohio	OPERS
Statutory Authority	Ohio Revised Code Chapter 3307	Ohio Revised Code Chapter 145

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Benefit Formula	**Pensions** – The Define Benefit (DB) Plan offers an annual retirement allowance based on final average salary multiplied by a percentage that varies based on years of service. The calculation is 2.2% of final average salary for the five highest years of earnings multiplied by all years of credited service. Effective Aug. 1, 2023, any member can retire with unreduced benefits with 34 years of services credit at any age; or five years of service credit and age 65. Effective June 1, 2025 - July 1, 2027, any member can retire with unreduced benefits with 33 years of service credit at any age; or five years of service credit and age 65. Effective on or after Aug. 1, 2027, any member can retire with unreduced benefits with 34 years of service credit at any age; or five years of service credit and age 65. Eligibility changes for DB Plan members who retire with actuarially reduced benefits effective Aug. 1, 2023, can retire with 29 years of service credit at any age; or five years of service credit and age 60. Effective June 1, 2025 - July 1, 2027, retirement eligibility for reduced benefits is 28 years of service credit at any age; or five years of service credit and age 60. Effective on or after Aug. 1, 2027, retirement eligibility for reduced benefits is 29 years of service credit at any age; or five years of service credit and age 60. **OPEB** – Ohio law authorizes the State Teachers Retirement Board to offer a cost-sharing, multiple-employer health care plan. STRS Ohio provides access to health care coverage to eligible retirees who participated in the Defined Benefit or Combined Plans and their eligible dependents. Coverage under the current program includes hospitalization, physicians' fees and prescription drugs and partial reimbursement of the monthly Medicare Part B premiums. Pursuant to the Ohio Revised Code, the Retirement Board has discretionary authority over how much, if any, of the associated health care costs will be absorbed by the plan. All benefit recipients pay a portion of the health care	**Pensions** – Benefits are calculated on the basis of age, final average salary (FAS), and service credit. State and Local members in transition Groups A and B are eligible for retirement benefits at age 60 with five years of service credit or at age 55 with 25 or more years of service credit. Group C for State and Local is eligible for retirement at age 57 with 25 years of service or at age 62 with five years of service. For Groups A and B, the annual benefit is based on 2.2% of FAS multiplied by the actual years of service for the first 30 years of service credit and 2.5% for years of service in excess of 30 years. For Group C, the annual benefit applies a factor of 2.2% for the first 35 years and a factor of 2.5% for the years of service in excess of 35. FAS represents the average of the three highest years of earnings over a member's career for Groups A and B. Group C is based on the average of the five highest years of earnings over a member's career. The base amount of a member's pension benefit is locked in upon receipt of the initial benefit payment for calculation of annual cost-of-living adjustment. **OPEB** – The Ohio Revised Code permits, but does not require, OPERS to offer post-employment health care coverage. The ORC allows a portion of the employers' contributions to be used to fund health care coverage. Eligibility requirements for access to the OPERS health care options have changed over the history of the program for Traditional Pension Plan members. Beginning January 1, 2015, the service eligibility criteria for health care coverage increased to 20 years with a minimum age of 60, or, generally, 30 years of qualifying service at any age. Effective January 1, 2022, retirees must generally be at least age 65 with a minimum of 20 years of qualifying service credit, or a minimum of 30 years of qualifying service credit at any age, to qualify for health care benefits. Beginning 2016 for Medicare retirees enrolled in Medicare A and B, and beginning 2022 for non-Medicare retirees, eligible retirees were able to participate in the OPERS Connector (Connector) in lieu of comprehensive health

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	STRS-Ohio	OPERS
	costs in the form of a monthly premium. Benefit recipients contributed $150.6 million or 45% of the total health care costs in fiscal 2024 (excluding deductibles, coinsurance and copayments). Medicare Part D is a federal program to help cover the costs of prescription drugs for Medicare beneficiaries. This program allows STRS Ohio to recover part of the cost for providing prescription coverage since all eligible STRS Ohio health care plans include creditable prescription drug coverage. For the year ended June 30, 2024, STRS Ohio received $91.9 million in Medicare Part D government reimbursements.	care coverage. The Connector, a vendor selected by OPERS, assists eligible retirees in the evaluation, selection and purchase of a health care plan on the open market. Eligible retirees may receive a monthly allowance in their health reimbursement arrangement (HRA) account that can be used to reimburse eligible health care expenses.
Cost-of-Living Adjustments (COLAs)	Effective July 1, 2017, the COLA was reduced to 0%.	Once a benefit recipient retired under the Traditional Pension Plan has received benefits for 12 months, the member is eligible for an annual cost-of-living adjustment. This cost-of-living adjustment is calculated on the ember's original base retirement benefit at the date of retirement and is not compounded. Members retiring under the Combined Plan division receive a cost-of-living adjustment on the defined benefit portion of their retirement benefit. For those who retired prior to January 7, 2013, the cost-of-living adjustment is 3%. For those retiring on or after January 7, 2013, beginning in 2019, the adjustment is based on the average percentage increase in the Consumer Price Index, capped at 3%.
Contribution Rates	Employer and member contribution rates are established by the Retirement Board and limited by Chapter 3307 of the Ohio Revised Code. The employer and member contribution rates are 14% of covered payroll. Under Ohio law, funds to pay health care costs may be deducted from employer contributions. For the year ended June 30, 2024, no employer allocation was made to the health care fund.	Employee and member contribution rates are established by the OPERS Board and limited by Chapter 145 of the Ohio Revised Code. For 2024, employer rates for the State and Local Divisions were 14% of covered payroll (and 18.1% for the Law Enforcement and Public Safety Divisions). Member rates for the State and Local Divisions were 10% of covered payroll (13% for Law Enforcement and 12% for Public Safety).
Measurement Date	June 30, 2024	December 31, 2024 (OPEB is rolled forward from December 31, 2023 actuarial valuation date)

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
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	STRS-Ohio	OPERS
Actuarial Assumptions	**Valuation Date:** June 30, 2024 for pensions and OPEB **Actuarial Cost Method:** Individual entry age **Investment Rate of Return:** 7.00% **Inflation:** 2.50% **Projected Salary Increases:** Varies by service from 2.5% to 8.5% **Cost-of-Living Adjustments:** 0% effective July 1, 2017 **Payroll Increases:** 3.00% **Health Care Cost Trends:** -112.22% to 8.00% initial; 3.94% ultimate in 2044	**Valuation Date:** December 31, 2024 for pensions; December 31, 2023 for OPEB **Actuarial Cost Method:** Individual entry age **Investment Rate of Return:** 6.9% for pensions; 6.0% for OPEB **Inflation:** 2.75% **Projected Salary Increases:** 2.75% - 10.75% **Cost-of-Living Adjustments:** Pre-1/7/2013 Retirees: 3.00% Simple Post-1/7/2013 Retirees: 2.90% Simple for calendar year 2025, then 2.05% Simple **Health Care Cost Trends:** 5.50% initial; 3.50% ultimate in 2039
Mortality Rates	For healthy retirees the post-retirement mortality rates are based on the Pub-2010 Teachers Healthy Annuitant Mortality Table, adjusted 110% for males, projected forward generationally using mortality improvement scale MP-2020; pre-retirement mortality rates are based on Pub-2010 Teachers Employee Table adjusted 95% for females, projected forward generationally using mortality improvement scale MP-2020. For disabled retirees, mortality rates are based on the Pub-2010 Teachers Disabled Annuitant Table projected forward generationally using mortality improvement scale MP-2020.	Pre-retirement mortality rates are based on 130% of the Pub-2010 General Employee Mortality tables (males and females) for State and Local Government divisions and 170% of the Pub-2010 Safety Employee Mortality tables (males and females) for the Public Safety and Law Enforcement divisions. Post-retirement mortality rates are based on 115% of the PubG-2010 Retiree Mortality Tables (males and females) for all divisions. Post-retirement mortality rates for disabled retirees are based on the PubNS-2010 Disabled Retiree Mortality Tables (males and females) for all divisions. For all of the previously described tables, the base year is 2010 and mortality rates for a particular calendar year are determined by applying the MP-2020 mortality improvement scales (males and females) to all of these tables.
Date of Last Experience Study	June 30, 2021	December 31, 2020

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

<table>
<tr><th></th><th>STRS-Ohio</th><th>OPERS</th></tr>
<tr><td>Investment Return Assumptions</td><td>The 10 year expected real rate of return on defined benefit pension and health care plan investments was determined by STRS Ohio's investment consultant by developing best estimates of expected future real rates of return for each major asset class. The target allocation and long-term expected real rate of return for each major asset class are summarized as follows:

<table>
<tr><th>Asset Class</th><th>Target Allocation</th><th>Long Term Expected Return*</th></tr>
<tr><td>Domestic Equity</td><td>26.0%</td><td>6.90%</td></tr>
<tr><td>International Equity</td><td>22.0%</td><td>7.70%</td></tr>
<tr><td>Alternatives</td><td>19.0%</td><td>9.10%</td></tr>
<tr><td>Fixed Income</td><td>22.0%</td><td>4.50%</td></tr>
<tr><td>Real Estate</td><td>10.0%</td><td>5.10%</td></tr>
<tr><td>Liquidity Reserves</td><td>1.0%</td><td>2.40%</td></tr>
<tr><td>Total</td><td>100%</td><td></td></tr>
</table>
* Returns presented as geometric means</td><td>The long term expected rates of return on defined benefit pension and health care investment assets were determined using a building-block method in which best-estimate ranges of expected future real rates of return are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage, adjusted for inflation.

The following table displays the Board-approved asset allocation policy for defined benefit pension assets for 2024 and the long-term expected real rates of return:

<table>
<tr><th>Asset Class</th><th>Target Allocation</th><th>Long Term Expected Return*</th></tr>
<tr><td>Fixed Income</td><td>24.0%</td><td>2.42%</td></tr>
<tr><td>Domestic Equities</td><td>21.0%</td><td>5.70%</td></tr>
<tr><td>Real Estate</td><td>13.0%</td><td>4.17%</td></tr>
<tr><td>Private Equity</td><td>15.0%</td><td>8.40%</td></tr>
<tr><td>International Equities</td><td>20.0%</td><td>6.10%</td></tr>
<tr><td>Risk Parity</td><td>2.0%</td><td>4.40%</td></tr>
<tr><td>Other Investments</td><td>5.0%</td><td>2.54%</td></tr>
<tr><td>Total</td><td>100.0%</td><td></td></tr>
</table>
* Returns presented as geometric means

The following table displays the Board-approved asset allocation policy for health care assets for 2024 and the long-term expected real rates of return:

<table>
<tr><th>Asset Class</th><th>Target Allocation</th><th>Long Term Expected Return*</th></tr>
<tr><td>Fixed Income</td><td>37.0%</td><td>2.37%</td></tr>
<tr><td>Domestic Equities</td><td>26.0%</td><td>5.70%</td></tr>
<tr><td>Real Estate</td><td>5.0%</td><td>5.00%</td></tr>
<tr><td>International Equities</td><td>26.0%</td><td>6.10%</td></tr>
<tr><td>Risk Parity</td><td>3.0%</td><td>4.40%</td></tr>
<tr><td>Other Investments</td><td>3.0%</td><td>2.50%</td></tr>
<tr><td>Total</td><td>100.0%</td><td></td></tr>
</table>
* Returns presented as geometric means</td></tr>
</table>

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
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Discount Rate	**Pensions** – The discount rate used to measure the total pension liability was 7.00% as of June 30, 2024. The projection of cash flows used to determine the discount rate assumes that member and employer contributions will be made at the statutory contribution rates in accordance with the rate increases described above. For this purpose, only employer contributions that are intended to fund benefits of current plan members and their beneficiaries are included. Based on those assumptions, STRS Ohio's fiduciary net position was projected to be available to make all projected future benefit payments to current plan members as of June 30, 2024. Therefore, the long-term expected rate of return on pension plan investments of 7.00% was applied to all periods of projected benefit payments to determine the total pension liability as of June 30, 2024. **OPEB** – The discount rate used to measure the total OPEB liability was 7.00% as of June 30, 2024. The projection of cash flows used to determine the discount rate assumes STRS Ohio continues to allocate no employer contributions to the health care fund. Based on these assumptions, the OPEB plan's fiduciary net position was projected to be sufficient to make all projected future benefit payments of current plan members as of June 30, 2024. Therefore, the long-term expected rate of return on health care plan investments of 7.00% was applied to all periods of projected health care costs to determine the total OPEB liability as of June 30, 2024.	**Pensions** – The discount rate used to measure the total pension liability was 6.9% for the Traditional Pension Plan and Member-Directed Plan. The projection of cash flows used to determine the discount rate assumed that contributions from plan members and those of the contributing employers are made at the contractually required rates, as actuarially determined. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability. **OPEB** –A single discount rate of 6.00% was used to measure the total OPEB liability on the measurement date of December 31, 2024; however, the single discount rate used at the beginning of the year was 5.70%. Projected benefit payments are required to be discounted to their actuarial present value using a single discount rate that reflects (1) a long-term expected rate of return on OPEB plan investments (to the extent that the health care fiduciary net position is projected to be sufficient to pay benefits), and (2) a tax-exempt municipal bond rate based on an index of 20-year general obligation bonds with an average AA credit rating as of the measurement date (to the extent that the contributions for use with the long-term expected rate are not met). The single discount rate was based on the actuarial assumed rate of return of 6.00%. The projection of cash flows used to determine this single discount rate assumed that employer contributions will be made at rates equal to the actuarially determined contribution rate. Based on these assumptions, the health care fiduciary net position and future contributions were sufficient to finance health care costs through the year 2124. As a result, the single discount rate was set as the actuarial assumed long-term expected rate of return on health care investments and was applied to projected costs through the year 2124, the duration of the projection period through which projected health care payments are fully funded. The

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
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	STRS-Ohio	OPERS
		tax-exempt municipal bond rate was not needed in the determination of the single discount rate.
Changes in Assumptions Since the Prior Measurement Date	**Pensions** – Demographic assumptions were changed based on the actuarial experience study for the period July 1, 2015 through June 30, 2021. **OPEB** – Healthcare trends were updated to reflect emerging claims and recoveries experience as well as benefit changes effective January 1, 2025. The larger Medicare trends for Years 2027 and 2028 reflect the assumed impact of the expiration of current Medicare Advantage contract on December 31, 2028.	**Pensions** – There were no changes in assumptions since the prior measurement date of December 31, 2023. **OPEB** – Amounts reported in 2025 reflect an adjustment of the discount rate from 5.70% to 6.00%.
Benefit Term Changes Since the Prior Measurement Date	**Pensions** – Retirement rates were extended to younger ages intended to ensure that the ranges in retirement eligibility impacted participants at such ages. **OPEB** – There were no changes in benefit terms since the prior measurement date of June 30, 2023.	**Pensions** – Effective January 1, 2024, the Combined Plan was consolidated into the Traditional Pension Plan, as approved by the legislature in HB 33. **OPEB** – There were no changes in benefit terms since the prior measurement date of December 31, 2023.
Sensitivity of Net Pension Liability to Changes in Discount Rate	1% Decrease (6.00%): $ 1,555,038 Current Rate (7.00%): $ 963,961 1% Increase (8.00%): $ 464,011	1% Decrease (5.90%): $ 4,457,397 Current Rate (6.90%): $ 2,724,607 1% Increase (7.90%): $ 1,284,783
Sensitivity of Net OPEB Liability (Asset) to Changes in Discount Rate	1% Decrease (6.00%): $ (77,262) Current Rate (7.00%): $ (95,026) 1% Increase (8.00%): $ (110,484)	1% Decrease (5.00%): $ (130,424) Current Rate (6.00%): $ (262,642) 1% Increase (7.00%): $ (373,010)
Sensitivity of Net OPEB Liability (Asset) to Changes in Medical Trend Rate	1% Decrease in Trend Rate: $ (111,528) Current Trend Rate: $ (95,026) 1% Increase in Trend Rate: $ (75,180)	1% Decrease in Trend Rate: $ (266,676) Current Trend Rate: $ (262,642) 1% Increase in Trend Rate: $ (258,160)

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Defined Benefit Pension and OPEB Plans – Year Ended June 30, 2024

The collective net pension liabilities of the retirement systems and the university's proportionate share of these liabilities as of June 30, 2024 are as follows:

	STRS-Ohio	OPERS	Total
Net pension liability - all employers	$ 21,534,938	$ 25,861,873	
Proportion of the net pension liability - university	4.8%	11.0%	
Proportionate share of net pension liability	$ 1,036,827	$ 2,832,397	$ 3,869,225

The collective net OPEB liabilities (assets) of the retirement systems and the university's proportionate share of these liabilities (assets) as of June 30, 2024 are as follows:

	STRS-Ohio	OPERS	Total
Net OPEB (asset) liability - all employers	$ (1,944,862)	$ (902,524)	
Proportion of the net OPEB (asset) liability - university	4.8%	11.2%	
Proportionate share of net OPEB (asset) liability	$ (93,638)	$ (101,060)	$ (194,698)

Deferred outflows of resources and deferred inflows of resources for pensions were related to the following sources as of June 30, 2024:

	STRS-Ohio	OPERS	Total
Deferred Outflows of Resources:			
Differences between expected and actual experience	$ 37,801	$ 50,788	$ 88,589
Changes in assumptions	87,644	1,642	89,286
Net difference between projected and actual earnings on pension plan investments	-	563,122	563,122
Changes in proportion of university contributions	2,303	-	2,303
University contributions subsequent to the measurement date	-	145,230	145,230
Total	**$ 127,748**	**$ 760,782**	**$ 888,530**
Deferred Inflows of Resources:			
Differences between expected and actual experience	$ 2,301	$ 4,243	$ 6,544
Changes of assumptions	66,529		66,529
Net difference between projected and actual earnings on pension plan investments	3,107	-	3,107
Changes in proportion of university contributions	-	4,889	4,889
Total	**$ 71,937**	**$ 9,132**	**$ 81,069**

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Deferred outflows of resources and deferred inflows of resources for OPEB were related to the following sources as of June 30, 2024:

	STRS-Ohio	OPERS	Total
Deferred Outflows of Resources:			
Differences between expected and actual experience	$ 145	$ -	$ 145
Changes in assumptions	13,794	25,096	38,890
Net difference between projected and actual earnings on OPEB plan investments	167	56,143	56,310
Changes in proportion of university contributions	37	274	311
Total	**$ 14,143**	**$ 81,513**	**$ 95,656**
Deferred Inflows of Resources:			
Differences between expected and actual experience	$ 14,281	$ 14,173	$ 28,454
Changes in assumptions	61,781	43,443	105,224
Changes in proportion of university contributions	41	2	43
Total	**$ 76,103**	**$ 57,618**	**$ 133,721**

Amounts reported as deferred outflows of resources related to pensions resulting from university contributions subsequent to the measurement date will be recognized as a reduction of the net pension liability in the year ended June 30, 2025. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions will be recognized in pension expense during the years ending June 30 as follows:

	STRS-Ohio	OPERS	Total
2025	(9,303)	139,337	130,034
2026	(35,325)	188,611	153,286
2027	106,519	360,459	466,978
2028	(6,080)	(83,475)	(89,555)
2029	-	426	426
2030 and Thereafter	-	1,061	1,061
Total	**$ 55,811**	**$ 606,419**	**$ 662,230**

Net deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expense during the years ending June 30 as follows:

	STRS-Ohio	OPERS	Total
2025	$ (27,502)	$ (3,872)	$ (31,374)
2026	(13,277)	3,416	(9,861)
2027	(5,026)	44,844	39,818
2028	(6,572)	(20,493)	(27,065)
2029	(5,706)	-	(5,706)
2030 and Thereafter	(3,877)	-	(3,877)
Total	**$ (61,960)**	**$ 23,895**	**$ (38,065)**

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
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The following table provides additional details on the benefit formulas, contribution requirements and significant assumptions used in the measurement of total pension and OPEB liabilities for the retirement systems for the year ended June 30, 2024 (information below applies to both pensions and OPEB unless otherwise indicated).

	STRS-Ohio	OPERS
Statutory Authority	Ohio Revised Code Chapter 3307	Ohio Revised Code Chapter 145

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Benefit Formula	**Pensions** – The Define Benefit (DB) Plan offers an annual retirement allowance based on final average salary multiplied by a percentage that varies based on years of service. Effective Aug. 1, 2015, the calculation is 2.2% of final average salary for the five highest years of earnings multiplied by all years of service. Eligibility changes will be phased in until Aug. 1, 2023, when retirement eligibility for unreduced benefits will be five years of service credit and age 65, or 34 years of service credit at any age. Eligibility changes for DB Plan members who retire with actuarially reduced benefits will be phased in until Aug. 1, 2023 when retirement eligibility will be five years of qualifying service credit and age 60, or 30 years of service credit regardless of age. **OPEB** – Ohio law authorizes the State Teachers Retirement Board to offer a cost-sharing, multiple-employer health care plan. STRS Ohio provides access to health care coverage to eligible retirees who participated in the Defined Benefit or Combined Plans and their eligible dependents. Coverage under the current program includes hospitalization, physicians' fees and prescription drugs and partial reimbursement of the monthly Medicare Part B premiums. Pursuant to the Ohio Revised Code, the Retirement Board has discretionary authority over how much, if any, of the associated health care costs will be absorbed by the plan. All benefit recipients pay a portion of the health care costs in the form of a monthly premium. Benefit recipients contributed $ 110.8 million or 29% of the total health care costs in fiscal 2023 (excluding deductibles, coinsurance and copayments). Medicare Part D is a federal program to help cover the costs of prescription drugs for Medicare beneficiaries. This program allows STRS Ohio to recover part of the cost for providing prescription coverage since all eligible STRS Ohio health care plans include creditable prescription drug coverage. For the year ended June 30, 2023, STRS Ohio received $ 100.5 million	**Pensions** – Benefits are calculated on the basis of age, final average salary (FAS), and service credit. State and Local members in transition Groups A and B are eligible for retirement benefits at age 60 with five years of service credit or at age 55 with 25 or more years of service credit. Group C for State and Local is eligible for retirement at age 57 with 25 years of service or at age 62 with five years of service. For Groups A and B, the annual benefit is based on 2.2% of FAS multiplied by the actual years of service for the first 30 years of service credit and 2.5% for years of service in excess of 30 years. For Group C, the annual benefit applies a factor of 2.2% for the first 35 years and a factor of 2.5% for the years of service in excess of 35. FAS represents the average of the three highest years of earnings over a member's career for Groups A and B. Group C is based on the average of the five highest years of earnings over a member's career. The base amount of a member's pension benefit is locked in upon receipt of the initial benefit payment for calculation of annual cost-of-living adjustment. **OPEB** – The Ohio Revised Code permits, but does not require, OPERS to offer post-employment health care coverage. The ORC allows a portion of the employers' contributions to be used to fund health care coverage. The health care portion of the employer contribution rate for the Traditional Pension Plan and Combined Plan is comparable, as the same coverage options are provided to participants in both plans. Beginning January 1, 2015, the service eligibility criteria for health care coverage increased from 10 years to 20 years with a minimum age of 60, or 30 years of qualifying service at any age. Beginning with January 2016 premiums, Medicare-eligible retirees could select supplemental coverage through the Connector, and may be eligible for monthly allowances deposited to an HRA to be used for reimbursement of eligible health care expenses. Effective January 1, 2022, eligible non-Medicare retirees are part of a Connector program and may be eligible for monthly allowances deposited to an HRA, similar to Medicare-enrolled retirees.

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
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	STRS-Ohio	OPERS
	in Medicare Part D government reimbursements.	
Cost-of-Living Adjustments (COLAs)	Effective July 1, 2017, the COLA was reduced to 0%.	Once a benefit recipient retiring under the Traditional Pension Plan has received benefits for 12 months, current law provides for an annual COLA. The COLA is calculated on the member's base pension benefit at the date of retirement and is not compounded. Members retiring under the Combined Plan receive a COLA on the defined benefit portion of their pension benefit. For those who retired prior to January 7, 2013, current law provides for a 3% COLA. For those retiring subsequent to January 7, 2013, beginning in calendar year 2019, current law provides that the adjustment will be based on the average percentage increase in the Consumer Price Index, capped at 3%.
Contribution Rates	Employer and member contribution rates are established by the Retirement Board and limited by Chapter 3307 of the Ohio Revised Code. The employer and member contribution rates are 14% of covered payroll. Under Ohio law, funds to pay health care costs may be deducted from employer contributions. For the year ended June 30, 2023, no employer allocation was made to the health care fund.	Employee and member contribution rates are established by the OPERS Board and limited by Chapter 145 of the Ohio Revised Code. For 2022, employer rates for the State and Local Divisions were 14% of covered payroll (and 18.1% for the Law Enforcement and Public Safety Divisions). Member rates for the State and Local Divisions were 10% of covered payroll (13% for Law Enforcement and 12% for Public Safety).
Measurement Date	June 30, 2023	December 31, 2023 (OPEB is rolled forward from December 31, 2022 actuarial valuation date)
Actuarial Assumptions	**Valuation Date:** June 30, 2023 for pensions and OPEB **Actuarial Cost Method:** Individual entry age **Investment Rate of Return:** 7.00% **Inflation:** 2.50% **Projected Salary Increases:** Varies by service from 2.5% to 8.5% **Cost-of-Living Adjustments:** 0% effective July 1, 2017 **Payroll Increases:** 3.00% **Health Care Cost Trends:** -11.95% to 7.50% initial; 4.14% ultimate in 2043	**Valuation Date:** December 31, 2023 for pensions; December 31, 2022 for OPEB **Actuarial Cost Method:** Individual entry age **Investment Rate of Return:** 6.9% for pensions; 6.0% for OPEB **Inflation:** 2.75% **Projected Salary Increases:** 2.75% - 10.75% **Cost-of-Living Adjustments:** Pre-1/7/2013 Retirees: 3.00% Simple Post-1/7/2013 Retirees: 2.30% Simple through 2024, then 2.05% Simple **Health Care Cost Trends:** 5.50% initial; 3.50% ultimate in 2038

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(dollars in thousands)

	STRS-Ohio	OPERS
Mortality Rates	For healthy retirees the post-retirement mortality rates are based on the Pub-2010 Teachers Healthy Annuitant Mortality Table, adjusted 110% for males, projected forward generationally using mortality improvement scale MP-2020; pre-retirement mortality rates are based on Pub-2010 Teachers Employee Table adjusted 95% for females, projected forward generationally using mortality improvement scale MP-2020. For disabled retirees, mortality rates are based on the Pub-2010 Teachers Disabled Annuitant Table projected forward generationally using mortality improvement scale MP-2020.	Pre-retirement mortality rates are based on 130% of the Pub-2010 General Employee Mortality tables (males and females) for State and Local Government divisions and 170% of the Pub-2010 Safety Employee Mortality tables (males and females) for the Public Safety and Law Enforcement divisions. Post-retirement mortality rates are based on 115% of the PubG-2010 Retiree Mortality Tables (males and females) for all divisions. Post-retirement mortality rates for disabled retirees are based on the PubNS-2010 Disabled Retiree Mortality Tables (males and females) for all divisions. For all of the previously described tables, the base year is 2010 and mortality rates for a particular calendar year are determined by applying the MP-2020 mortality improvement scales (males and females) to all of these tables.
Date of Last Experience Study	June 30, 2021	December 31, 2020

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
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<table>
<tr><th></th><th>STRS-Ohio</th><th>OPERS</th></tr>
<tr><td>Investment Return Assumptions</td><td>The 10 year expected real rate of return on defined benefit pension and health care plan investments was determined by STRS Ohio's investment consultant by developing best estimates of expected future real rates of return for each major asset class. The target allocation and long-term expected real rate of return for each major asset class are summarized as follows:

<table>
<tr><th>Asset Class</th><th>Target Allocation</th><th>Long Term Expected Return*</th></tr>
<tr><td>Domestic Equity</td><td>26.0%</td><td>6.60%</td></tr>
<tr><td>International Equity</td><td>22.0%</td><td>6.80%</td></tr>
<tr><td>Alternatives</td><td>19.0%</td><td>7.38%</td></tr>
<tr><td>Fixed Income</td><td>22.0%</td><td>1.75%</td></tr>
<tr><td>Real Estate</td><td>10.0%</td><td>5.75%</td></tr>
<tr><td>Liquidity Reserves</td><td>1.0%</td><td>1.00%</td></tr>
<tr><td>Total</td><td>100%</td><td></td></tr>
</table>
* Returns presented as geometric means</td><td>The long term expected rates of return on defined benefit pension and health care investment assets were determined using a building-block method in which best-estimate ranges of expected future real rates of return are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage, adjusted for inflation.

The following table displays the Board-approved asset allocation policy for defined benefit pension assets for 2023 and the long-term expected real rates of return:

<table>
<tr><th>Asset Class</th><th>Target Allocation</th><th>Long Term Expected Return*</th></tr>
<tr><td>Fixed Income</td><td>24.0%</td><td>2.85%</td></tr>
<tr><td>Domestic Equities</td><td>21.0%</td><td>4.27%</td></tr>
<tr><td>Real Estate</td><td>13.0%</td><td>4.46%</td></tr>
<tr><td>Private Equity</td><td>15.0%</td><td>7.52%</td></tr>
<tr><td>International Equities</td><td>20.0%</td><td>5.16%</td></tr>
<tr><td>Risk Parity</td><td>2.0%</td><td>4.38%</td></tr>
<tr><td>Other Investments</td><td>5.0%</td><td>3.46%</td></tr>
<tr><td>Total</td><td>100.0%</td><td></td></tr>
</table>
* Returns presented as geometric means

The following table displays the Board-approved asset allocation policy for health care assets for 2023 and the long-term expected real rates of return:

<table>
<tr><th>Asset Class</th><th>Target Allocation</th><th>Long Term Expected Return*</th></tr>
<tr><td>Fixed Income</td><td>37.0%</td><td>2.82%</td></tr>
<tr><td>Domestic Equities</td><td>25.0%</td><td>4.27%</td></tr>
<tr><td>Real Estate</td><td>5.0%</td><td>4.68%</td></tr>
<tr><td>International Equities</td><td>25.0%</td><td>5.16%</td></tr>
<tr><td>Risk Parity</td><td>3.0%</td><td>4.38%</td></tr>
<tr><td>Other Investments</td><td>5.0%</td><td>2.43%</td></tr>
<tr><td>Total</td><td>100.0%</td><td></td></tr>
</table>
* Returns presented as geometric means</td></tr>
</table>

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Discount Rate	**Pensions** – The discount rate used to measure the total pension liability was 7.00% as of June 30, 2023. The projection of cash flows used to determine the discount rate assumes that member and employer contributions will be made at the statutory contribution rates in accordance with the rate increases described above. For this purpose, only employer contributions that are intended to fund benefits of current plan members and their beneficiaries are included. Based on those assumptions, STRS Ohio's fiduciary net position was projected to be available to make all projected future benefit payments to current plan members as of June 30, 2023. Therefore, the long-term expected rate of return on pension plan investments of 7.00% was applied to all periods of projected benefit payments to determine the total pension liability as of June 30, 2023. **OPEB** – The discount rate used to measure the total OPEB liability was 7.00% as of June 30, 2023. The projection of cash flows used to determine the discount rate assumes STRS Ohio continues to allocate no employer contributions to the health care fund. Based on these assumptions, the OPEB plan's fiduciary net position was projected to be sufficient to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on health care plan investments of 7.00% was applied to all periods of projected health care costs to determine the total OPEB liability as of June 30, 2023.	**Pensions** – The discount rate used to measure the total pension liability was 6.9% for the Traditional Pension Plan, the Combined Plan and the Member-Directed Plan. The projection of cash flows used to determine the discount rate assumed that contributions from plan members and those of the contributing employers are made at the contractually required rates, as actuarially determined. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability. **OPEB** – A single discount rate of 5.70% was used to measure the OPEB liability on the measurement date of December 31, 2023; however, the single discount rate used at the beginning of the year was 5.22%. Projected benefit payments are required to be discounted to their actuarial present value using a single discount rate that reflects (1) a long-term expected rate of return on OPEB plan investments (to the extent that the health care fiduciary net position is projected to be sufficient to pay benefits), and (2) tax-exempt municipal bond rate based on an index of 20-year general obligation bonds with an average AA credit rating as of the measurement date (to the extent that the contributions for use with the long-term expected rate are not met). This single discount rate was based on an expected rate of return on the health care investment portfolio of 6.00% and a municipal bond rate of 3.77%. The projection of cash flows used to determine this single discount rate assumed that employer contributions will be made at rates equal to the actuarially determined contribution rate. Based on these assumptions, the health care fiduciary net position and future contributions were sufficient to finance health care costs through the year 2070. As a result, the long-term expected rate of return on health care investments was applied to projected costs through the year 2070, and the municipal

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

<table>
<tr><th></th><th>STRS-Ohio</th><th>OPERS</th></tr>
<tr><td></td><td></td><td>bond rate was applied to all health care costs after that date.</td></tr>
<tr><td>Changes in Assumptions Since the Prior Measurement Date</td><td>Pensions – There were no assumption changes since the prior measurement date of June 30, 2022.

OPEB – Healthcare trends were updated to reflect emerging claims and recovery experience as well as benefit changes effective January 1, 2024.</td><td>Pensions – There were no changes in assumptions since the prior measurement date of December 31, 2022.

OPEB – Amounts reported in 2024 reflect an adjustment of the discount rate from 5.22% to 5.70% and changes in healthcare trend rates.</td></tr>
<tr><td>Benefit Term Changes Since the Prior Measurement Date</td><td>Pensions – The plan was amended in May 2023 to establish one-time 1% COLA increase effective on the anniversary of a benefit recipient's retirement date during Fiscal Year 2024 for participants who retired prior to July 1, 2019; and to add unreduced retirement benefits to those with 34 Years of Service, which extends through Fiscal Year 2028.

OPEB – The plan was amended as of June 30, 2023 to increase the subsidy percentage for non-Medicare retirees from 2.2% to 2.5% effective January 1, 2023; to remove the freeze on the non-Medicare subsidy base premium effective January 1, 2024; and to remove the 6% cap on the year over year increase in Medicare subsidy effective January 1, 2024.</td><td>Pensions – During 2023 Ohio General Assembly passed bill HB 33 allowing OPERS to consolidate Combined and Traditional Defined Benefit Plans at the discretion of OPERS. OPERS Board voted to consolidate the plans effective January 1, 2024.

OPEB – There were no changes in benefit terms since the prior measurement date of December 31, 2021.</td></tr>
<tr><td>Sensitivity of Net Pension Liability to Changes in Discount Rate</td><td><table><tr><th>1% Decrease (6.00%)</th><th>Current Rate (7.00%)</th><th>1% Increase (8.00%)</th></tr><tr><td>$ 1,594,411</td><td>$ 1,036,827</td><td>$ 565,264</td></tr></table></td><td><table><tr><th>1% Decrease (5.90%)</th><th>Current Rate (6.90%)</th><th>1% Increase (7.90%)</th></tr><tr><td>$ 4,459,024</td><td>$ 2,832,397</td><td>$ 1,479,598</td></tr></table></td></tr>
<tr><td>Sensitivity of Net OPEB Liability (Asset) to Changes in Discount Rate</td><td><table><tr><th>1% Decrease (6.00%)</th><th>Current Rate (7.00%)</th><th>1% Increase (8.00%)</th></tr><tr><td>$ (79,252)</td><td>$ (93,638)</td><td>$ (106,166)</td></tr></table></td><td><table><tr><th>1% Decrease (4.70%)</th><th>Current Rate (5.70%)</th><th>1% Increase (6.70%)</th></tr><tr><td>$ 55,510</td><td>$ (101,060)</td><td>$ (230,658)</td></tr></table></td></tr>
<tr><td>Sensitivity of Net OPEB Liability (Asset) to Changes in Medical Trend Rate</td><td><table><tr><th>1% Decrease in Trend Rate</th><th>Current Trend Rate</th><th>1% Increase in Trend Rate</th></tr><tr><td>$ (106,748)</td><td>$ (93,638)</td><td>$ (77,847)</td></tr></table></td><td><table><tr><th>1% Decrease in Trend Rate</th><th>Current Trend Rate</th><th>1% Increase in Trend Rate</th></tr><tr><td>$ (105,201)</td><td>$ (101,060)</td><td>$ (96,248)</td></tr></table></td></tr>
</table>

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Defined Contribution Plans

ARP is a defined contribution pension plan. Full-time administrative and professional staff and faculty may choose enrollment in ARP in lieu of OPERS or STRS Ohio. Classified civil service employees hired on or after August 1, 2005 are also eligible to participate in ARP. ARP does not provide disability benefits, annual cost-of-living adjustments, post-retirement health care benefits or death benefits to plan members and beneficiaries. Benefits are entirely dependent on the sum of contributions and investment returns earned by each participant's choice of investment options.

OPERS also offers a defined contribution plan, the Member-Directed Plan (MD). The MD plan does not provide disability benefits, annual cost-of-living adjustments, post-retirement health care benefits or death benefits to plan members and beneficiaries. Benefits are entirely dependent on the sum of contributions and investment returns earned by each participant's choice of investment options.

STRS Ohio also offers a defined contribution plan in addition to its long-established defined benefit plan. All employee contributions and employer contributions at a rate of 11.09% are placed in an investment account directed by the employee. Disability benefits are limited to the employee's account balance. Employees electing the defined contribution plan receive no post-retirement health care benefits.

Combined Plans

STRS Ohio offers a combined plan with features of both a defined contribution plan and a defined benefit plan. In the combined plan, employee contributions are invested in self- directed investments, and the employer contribution is used to fund a reduced defined benefit. Employees electing the combined plan receive post-retirement health care benefits.

OPERS also offers a combined plan. This is a cost-sharing multiple-employer defined benefit plan that has elements of both a defined benefit and defined contribution plan. In the combined plan, employee contributions are invested in self-directed investments, and the employer contribution is used to fund a reduced defined benefit. Employees electing the combined plan receive post-retirement health care benefits. OPERS provides retirement, disability, survivor and post-retirement health benefits to qualifying members of the combined plan.

Summary of Employer Pension and OPEB Expense

Total employer contributions for pensions for the years ended June 30, 2025 and 2024 were $509,099 and $468,867, respectively. There were no contributions associated with OPEB. For the years ended June 30, 2025 and 2024, the university recognized pension and OPEB expense (benefit) of $426,518 and $665,297, respectively. Pension and OPEB expenses are allocated to institutional functions on the Statement of Revenues, Expenses and Other Changes in Net Position.

Both STRS Ohio and OPERS issue separate, publicly available financial reports that include financial statements and required supplemental information. These reports may be obtained by contacting the two organizations.

STRS Ohio
275 East Broad Street
Columbus, OH 43215-3371
https://www.strsoh.org/about/reports.html

OPERS
277 East Town Street
Columbus, OH 43215-4642
https://www.opers.org/financial/reports.shtml

OSU Physicians Retirement Plan

Retirement benefits are provided for the employees of OSUP through a tax-sheltered 403(b) and 401(a) defined contribution plan administered by an insurance company. OSUP is required to make nondiscretionary contributions of no less than 7.5% under the Interim Retirement Plan; however, some subsidiaries make an additional discretionary contribution of up to 17.5%, for a range of total employer contributions of 7.5% to 25%. Employees are allowed, but not required, to make contributions to the 403(b) plan. OSUP's share of the cost of these benefits was $12,900 and $10,900 for the years ended June 30, 2025 and 2024, respectively. Employee contributions were $6,600 and $5,700 for the years ended June 30, 2025 and 2024, respectively.

415(m) Plans

The university maintains two supplemental 415(m) retirement plans. These plans are unfunded and constitute an unsecured promise by the university to make benefit payments in the future from its general assets. The university sets aside assets for the 415(m) plans, which are invested primarily in mutual funds. These assets totaled $304,383 and $259,975 at June 30, 2025 and 2024, respectively, and are reported as Other Noncurrent Assets and Other Noncurrent Liabilities in the Statement of Net Position.

NOTE 16 — CAPITAL PROJECT COMMITMENTS

At June 30, 2025, the university is committed to future contractual obligations for capital expenditures of approximately $497,660 for the primary institution and zero for discretely presented component units. These projects are funded by the following sources:

	Primary Institution	Discretely Presented Component Units
State appropriations	$ 45,096	$ -
Internal and other sources	452,564	-
Total	$ 497,660	$ -

The above Primary Institution total at June 30, 2025 includes approximately $310,600 for the Health System.

NOTE 17 — CONTINGENCIES AND RISK MANAGEMENT

The university is a party in a number of legal actions. While the final outcome cannot be determined at this time, management is of the opinion that the liability, if any, for these legal actions will not have a material adverse effect on the university's financial position.

The university is self-insured for the Health System's professional malpractice liability, employee health benefits, workers' compensation and employee life, accidental death and dismemberment benefits. Additional details regarding these self-insurance arrangements are provided in Note 8. The university also carries commercial insurance policies for various property, casualty and excess liability risks. Over the past three years, settlement amounts related to these insured risks have not exceeded the university's coverage amounts.

Under the terms of federal grants, periodic audits are required and certain costs may be questioned as not being appropriate expenditures under the terms of the grants. Such audits could lead to reimbursements to the grantor agencies. While questioned costs may occur, ultimate repayments required of the university have been infrequent in prior years.

NOTE 18 — PARKING LEASE AND CONCESSION AGREEMENT

On September 21, 2012, the university entered into a 50-year lease and concession agreement with QIC Global Infrastructure (QIC GI). CampusParc LP, a QIC GI affiliate, owns and operates the university's parking concession on QIC GI's behalf. Under the agreement, CampusParc operates, maintains and retains parking revenues from the university's parking lots and garages. This agreement also regulates the parking rates that may be charged and future increases in these rates. The university received lump-sum payments totaling $483,000 from QIC GI and used the proceeds to establish endowment funds, with income distributions internally designated to support student scholarships, faculty initiatives and research, transportation and sustainability and the university arts district.

Subsequent to the original agreement, the OSU Wexner Medical Center funded the construction of several new parking facilities to facilitate its growth. The university and CampusParc entered into Memorandums of Understanding pertaining to the interim operation of these facilities, which are collectively referred to as the MOU Garages.

On June 7, 2024, QIC GI and other Equity Participants transferred 100% of their equity interests in the lease and concession agreement to Ardian Infrastructure. Upon closing of this transaction, the university and CampusParc LP entered into a sixth amendment of the lease and concession agreement, under which the MOU Garages will be "included in the Parking System subject to the terms of the Concession Agreement". In consideration for the inclusion of the MOU Garages in the Parking System, CampusParc made an upfront payment to the university of $70 million.

The unamortized lump-sum payments under this service concession arrangement are reported as a deferred inflow of resources and are being amortized to operating revenue over the life of the agreement. Deferred inflows related to the parking agreement were $426,917 and $438,390 at June 30, 2025 and 2024, respectively. The university reports the parking lots and garages as capital assets with a carrying amount of $242,369 and $248,190 at June 30, 2025 and 2024, respectively.

NOTE 19 — UTILITY SYSTEM LEASE AND CONCESSION AGREEMENT

On April 10, 2017, the university entered into a 50-year agreement to lease the university's utility system to Ohio State Energy Partners (OSEP) and grant it the exclusive right to operate the utility system and provide utility services to the Columbus campus. On July 6, 2017, the university received an upfront payment of $1,089,914. The upfront payment is reported as an Advance from Concessionaire and is being amortized as a reduction to operating expense (Operation and Maintenance of Plant) on a straight-line basis over the term of the agreement.

Under the agreement, OSEP operates, maintains and makes capital investments in the utility system and charges the university a Utility Fee, which includes fixed, variable and operating and maintenance (O&M) components. OSEP capital investments in the utility system are recognized as capital assets and a related long-term payable to the concessionaire. The fixed and O&M components of the Utility Fee are recognized as operating expense. The variable component of the Utility Fee will be recognized as a reduction in the long-term payable to the concessionaire and interest expense.

The university recognized fixed and O&M utility fees totaling $69,171 and $68,650, respectively for the years ended June 30, 2025 and 2024. The carrying amounts of OSEP capital investments and related payable to the concessionaire at June 30, 2025 and 2024 were $511,031 and $492,820, respectively.

NOTE 20 — COMBINING INFORMATION FOR BLENDED COMPONENT UNITS

As indicated in the Basis of Presentation in Note 1, the university consolidates certain component units in a blended presentation. Condensed combining financial information for the years ended June 30, 2025 and 2024 is presented below.

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Condensed Combining Information – Year Ended June 30, 2025

	OSU Foundation	Other Blended Component Units	Eliminations
Condensed statements of net position:			
Current assets	$ 65,131	$ 81,872	$ (12,704)
Capital assets, net	-	3,477	-
Other assets	2,089,524	1,525	(25,615)
Amounts receivable from the university	-	64	-
Total assets	$ 2,154,655	$ 86,938	$ (38,319)
Current liabilities	$ 2,271	$ 4,441	$ -
Noncurrent liabilities	60,258	67,002	(38,319)
Amounts payable to the university	(5)	64	-
Deferred inflows	9,740	-	-
Total liabilities and deferred inflows	72,264	71,507	(38,319)
Net investment in capital assets	-	58	-
Restricted:			
Nonexpendable	1,418,436	-	-
Expendable	643,936	1	(38,319)
Unrestricted	20,019	15,372	38,319
Total net position	2,082,391	15,431	-
Total liabilities, deferred inflows and net position	$ 2,154,655	$ 86,938	$ (38,319)

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

	OSU Foundation	Other Blended Component Units	Eliminations
Condensed statements of revenues, expenses and changes in net position:			
Operating revenues:			
Other sales, services and rental income	$ 69	$ (515)	$ -
Total operating revenues	69	(515)	-
Operating expenses, excluding depreciation	14,828	32,661	-
Depreciation expense	-	1,306	-
Total operating expenses	14,828	33,967	-
Net operating loss	(14,759)	(34,482)	-
Non-operating revenues and expenses:			
Gifts for current use	203,494	17,869	-
Net investment income	193,016	6,031	-
Other non-operating revenue	6,029	-	-
Net non-operating revenue	402,539	23,900	-
Capital contributions and additions to permanent endowments	127,332	-	-
Transfers from (to) the university	(322,143)	16,009	-
Change in net position	192,969	5,427	-
Beginning net position, as reported	1,889,422	10,004	-
Ending net position	$ 2,082,391	$ 15,431	$ -
Condensed statements of cash flows:			
Net cash provided (used) by:			
Operating activities	$ (14,912)	$ (29,626)	$ -
Noncapital financing activities	6,016	17,665	-
Capital and related financing activities	30,986	-	-
Investing activities	(22,277)	4,651	-
Net decrease in cash	(187)	(7,310)	-
Beginning cash and cash equivalents	257	27,858	-
Ending cash and cash equivalents	$ 70	$ 20,548	$ -

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Condensed Combining Information – Year Ended June 30, 2024

	OSU Foundation	Other Blended Component Units	Eliminations
Condensed statements of net position:			
Current assets	$ 70,809	$ 85,981	$ (12,643)
Capital assets, net	-	1,476	-
Other assets	1,881,581	871	(38,390)
Amounts receivable from the university	-	58	-
Total assets	$ 1,952,390	$ 88,386	$ (51,033)
Current liabilities	$ 2,372	$ 2,855	$ -
Noncurrent liabilities	51,886	75,469	(51,033)
Amounts payable to the university	(4)	58	-
Deferred inflows	8,714	-	-
Total liabilities and deferred inflows	62,968	78,382	(51,033)
Net investment in capital assets	-	4,033	-
Restricted:			
Nonexpendable	1,313,306	-	-
Expendable	555,223	26,772	(51,033)
Unrestricted	20,893	(20,801)	51,033
Total net position	1,889,422	10,004	-
Total liabilities, deferred inflows and net position	$ 1,952,390	$ 88,386	$ (51,033)

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

	OSU Foundation	Other Blended Component Units	Eliminations
Condensed statements of revenues, expenses and changes in net position:			
Operating revenues:			
Other sales, services and rental income	$ 125	$ 261	$ -
Total operating revenues	125	261	-
Operating expenses, excluding depreciation	6,204	7,462	-
Depreciation expense	-	1,318	-
Total operating expenses	6,204	8,780	-
Net operating loss	(6,079)	(8,519)	-
Non-operating revenues and expenses:			
Gifts for current use	172,484	3,941	-
Net investment income	156,374	4,727	-
Other non-operating revenue	5,664	-	-
Net non-operating revenue	334,522	8,668	-
Capital contributions and additions to permanent endowments	131,405	-	-
Transfers from (to) the university	(272,589)	12,740	-
Change in net position	187,259	12,889	-
Beginning net position, as reported	1,702,163	(2,885)	-
Ending net position	$ 1,889,422	$ 10,004	$ -
Condensed statements of cash flows:			
Net cash provided (used) by:			
Operating activities	$ (5,866)	$ (6,970)	$ -
Noncapital financing activities	(32,619)	9,371	-
Capital and related financing activities	57,232	-	-
Investing activities	(18,833)	(552)	-
Net increase (decrease) in cash	(86)	1,849	-
Beginning cash and cash equivalents	343	26,009	-
Ending cash and cash equivalents	$ 257	$ 27,858	$ -

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

NOTE 21 — COMBINING INFORMATION FOR DISCRETELY PRESENTED COMPONENT UNITS

As indicated in the Basis of Presentation in Note 1, the university consolidates certain component units in a discrete presentation. Condensed combining financial information for the years ended June 30, 2025 and 2024 is presented below.

Condensed Combining Information – Year Ended June 30, 2025

	OSU Physicians	Campus Partners	Transportation Research Center	Dental Faculty Practice Plan	Science and Technology Campus Corporation	Total Discretely Presented Component Units
Condensed statements of net position:						
Current assets	$ 333,619	$ 5,685	$ 41,165	$ 3,527	$ 10,058	$ 394,054
Capital assets, net	175,898	208,308	75,488	3,384	40,779	503,857
Other assets	154	13,978	13,264	-	10,119	37,515
Amounts receivable from the university	49,137	77,732	5,330	-	7,447	139,646
Deferred outflows	-	-	25,453	-	-	25,453
Total assets and deferred outflows	$ 558,808	$ 305,703	$ 160,700	$ 6,911	$ 68,403	$ 1,100,525
Current liabilities	$ 106,876	$ 4,638	$ 10,316	$ -	$ 3,244	$ 125,074
Noncurrent liabilities	25,775	-	12,698	-	1,525	39,998
Amounts payable to the university	230,354	180,072	58,291	3,358	18,753	490,828
Deferred inflows	3,774	126,840	16,563	-	16,611	163,788
Total liabilities and deferred inflows	366,779	311,550	97,868	3,358	40,133	819,688
Net investment in capital assets	6,090	28,236	25,639	61	23,339	83,365
Unrestricted	185,939	(34,083)	37,193	3,492	4,931	197,472
Total net position (deficit)	192,029	(5,847)	62,832	3,553	28,270	280,837
Total liabilities, deferred inflows and net position	$ 558,808	$ 305,703	$ 160,700	$ 6,911	$ 68,403	$ 1,100,525

Notes to Financial Statements – Years Ended June 30, 2025 and 2024

(dollars in thousands)

	OSU Physicians	Campus Partners	Transportation Research Center	Dental Faculty Practice Plan	Science and Technology Campus Corporation	Total Discretely Presented Component Units
Condensed statements of revenues, expenses and changes in net position:						
Operating revenues:						
Grants and contracts	$ -	$ -	$ 71,805	$ -	$ -	$ 71,805
Sales and services of OSU Physicians	1,194,793	-	-	-	-	1,194,793
Other sales, services and rental income	-	21,206	6,241	10,971	7,375	45,793
Total operating revenues	1,194,793	21,206	78,046	10,971	7,375	1,312,391
Operating expenses, excluding depreciation	1,189,808	7,338	66,083	12,785	3,666	1,279,680
Depreciation expense	12,025	8,055	9,905	59	1,431	31,475
Total operating expenses	1,201,833	15,393	75,988	12,844	5,097	1,311,155
Net operating income (loss)	(7,040)	5,813	2,058	(1,873)	2,278	1,236
Non-operating revenues and expenses:						
Net investment income	10,053	453	1,313	217	55	12,091
Interest expense	(7,290)	(4,640)	(3,474)	(166)	(709)	(16,279)
Other non-operating revenue (expense)	(4,910)	(123)	2,266	(14)	1,500	(1,281)
Net non-operating revenue (expense)	(2,147)	(4,310)	105	37	846	(5,469)
Capital contributions and additions to permanent endowments	-	-	25,000	-	-	25,000
Change in net position	(9,187)	1,503	27,163	(1,836)	3,124	20,767
Beginning net position, as restated	201,216	(7,350)	35,669	5,389	25,146	260,070
Ending net position (deficit)	$ 192,029	$ (5,847)	$ 62,832	$ 3,553	$ 28,270	$ 280,837
Condensed statements of cash flows:						
Net cash provided (used) by:						
Operating activities	$ 58,657	$ 463	$ 3,759	$ (1,767)	$ 7,888	$ 69,000
Noncapital financing activities	-	(123)	-	(14)	1,500	1,363
Capital and related financing activities	(26,364)	(1,071)	19,557	(151)	(7,755)	(15,784)
Investing activities	11,357	-	-	-	55	11,412
Net increase (decrease) in cash	43,650	(731)	23,316	(1,932)	1,688	65,991
Beginning cash and cash equivalents	54,810	4,034	6,558	3,521	6,778	75,701
Ending cash and cash equivalents	$ 98,460	$ 3,303	$ 29,874	$ 1,589	$ 8,466	$ 141,692

Notes to Financial Statements – Years Ended June 30, 2025 and 2024
(dollars in thousands)

Condensed Combining Information – Year Ended June 30, 2024

	OSU Physicians	Campus Partners	Transportation Research Center	Dental Faculty Practice Plan	Science and Technology Campus Corporation	Total Discretely Presented Component Units
Condensed statements of net position:						
Current assets	$ 306,814	$ 6,709	$ 16,870	$ 5,289	$ 7,312	$ 342,994
Capital assets, net	186,661	215,580	53,151	100	33,608	489,100
Other assets	39	12,958	7,036	-	6,111	26,144
Amounts receivable from the university	34,926	78,130	4,995	-	3,723	121,774
Total assets and deferred outflows	$ 528,440	$ 313,377	$ 82,052	$ 5,389	$ 50,754	$ 980,012
Current liabilities	$ 101,680	$ 4,755	$ 9,811	$ -	$ 1,983	$ 118,229
Noncurrent liabilities	24,757	-	14,238	-	88	39,083
Amounts payable to the university	196,083	185,111	14,791	-	13,974	409,959
Deferred inflows	4,704	130,861	7,543	-	9,563	152,671
Total liabilities and deferred inflows	327,224	320,727	46,383	-	25,608	719,942
Net investment in capital assets	6,082	30,468	21,788	100	20,977	79,415
Unrestricted	195,134	(37,818)	13,881	5,289	4,169	180,655
Total net position	201,216	(7,350)	35,669	5,389	25,146	260,070
Total liabilities, deferred inflows and net position	$ 528,440	$ 313,377	$ 82,052	$ 5,389	$ 50,754	$ 980,012

	OSU Physicians	Campus Partners	Transportation Research Center	Dental Faculty Practice Plan	Science and Technology Campus Corporation	Total Discretely Presented Component Units
Condensed statements of revenues, expenses and changes in net position:						
Operating revenues:						
Grants and contracts	$ -	$ 8,684	$ 63,869	$ -	$ 7,715	$ 80,268
Sales and services of OSU Physicians	1,102,050	-	-	-	-	1,102,050
Other sales, services and rental income	-	8,969	4,486	10,385	523	24,363
Total operating revenues	1,102,050	17,653	68,355	10,385	8,238	1,206,681
Operating expenses, excluding depreciation	1,078,268	11,199	61,985	10,683	3,297	1,165,432
Depreciation expense	19,178	7,971	7,011	59	1,509	35,728
Total operating expenses	1,097,446	19,170	68,996	10,742	4,806	1,201,160
Net operating income (loss)	4,604	(1,517)	(641)	(357)	3,432	5,521
Non-operating revenues and expenses:						
Net investment income (loss)	10,154	4,721	1,243	245	56	16,419
Interest expense	(7,950)	(4,702)	(1,714)	-	(359)	(14,725)
Other non-operating revenue (expense)	(7,913)	1,835	96	-	251	(5,731)
Net non-operating revenue (expense)	(5,709)	1,854	(375)	245	(52)	(4,037)
Change in net position	(1,105)	337	(1,016)	(112)	3,380	1,484
Beginning net position, as restated	202,321	(7,687)	36,685	5,501	21,766	258,586
Ending net position	$ 201,216	$ (7,350)	$ 35,669	$ 5,389	$ 25,146	$ 260,070
Condensed statements of cash flows:						
Net cash provided (used) by:						
Operating activities	$ (17,415)	$ (2,485)	$ 2,696	$ (292)	$ 2,864	$ (14,632)
Noncapital financing activities	-	1,835	-	-	-	1,835
Capital and related financing activities	(21,427)	(6,825)	(3,671)	3	(3,068)	(34,988)
Investing activities	24,153	-	299	-	(444)	24,008
Net increase (decrease) in cash	(14,689)	(7,475)	(676)	(289)	(648)	(23,777)
Beginning cash and cash equivalents	69,499	11,509	7,234	3,810	7,426	99,478
Ending cash and cash equivalents	$ 54,810	$ 4,034	$ 6,558	$ 3,521	$ 6,778	$ 75,701

The Ohio State University
Required Supplementary Information on GASB 68 Pension Liabilities (Unaudited)
Year Ended June 30, 2025

The schedule of the university's proportionate shares of STRS-Ohio and OPERS net pension liabilities are presented below:

(dollars in thousands)	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
STRS-Ohio:										
University's proportion of the net pension liability	4.5%	4.5%	4.6%	4.6%	4.7%	4.9%	5.0%	5.0%	4.8%	5.0%
University's proportionate share of the net pension liability	$ 1,238,470	$ 1,510,814	$ 1,081,053	$ 1,019,690	$ 1,040,149	$ 1,175,835	$ 638,605	$ 1,107,005	$ 1,036,827	$ 963,961
University's covered payroll	$ 388,309	$ 392,797	$ 412,149	$ 434,106	$ 452,084	$ 476,374	$ 492,780	$ 494,613	$ 535,500	$ 559,924
University's proportionate share of the net pension liability as a percentage of its covered payroll	319%	385%	262%	235%	230%	247%	130%	224%	194%	172%
Plan fiduciary net position as a percentage of the total pension liability	72.1%	66.8%	75.3%	77.3%	77.4%	75.5%	87.8%	78.9%	80.0%	82.5%
OPERS:										
University's proportion of the net pension liability	9.0%	9.1%	9.4%	9.9%	10.2%	10.4%	10.4%	10.6%	11.0%	11.1%
University's proportionate share of the net pension liability	$ 1,556,156	$ 2,054,548	$ 1,466,955	$ 2,695,368	$ 1,984,881	$ 1,503,497	$ 859,188	$ 3,107,816	$ 2,832,398	$ 2,724,607
University's covered payroll	$ 1,236,914	$ 1,289,346	$ 1,381,054	$ 1,521,447	$ 1,574,490	$ 1,704,763	$ 1,669,918	$ 1,793,823	$ 1,930,711	$ 2,096,700
University's proportionate share of the net pension liability as a percentage of its covered payroll	126%	159%	106%	177%	126%	88%	51%	173%	147%	130%
Plan fiduciary net position as a percentage of the total pension liability	81.2%	77.4%	84.9%	74.9%	82.4%	87.2%	93.0%	76.1%	79.4%	81.0%

The schedule of the university's contributions to STRS-Ohio and OPERS are presented below:

(dollars in thousands)	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
STRS-Ohio:										
Contractually required contribution	$ 66,975	$ 70,373	$ 74,356	$ 77,781	$ 82,576	$ 86,909	$ 88,264	$ 95,318	$ 93,140	$ 99,343
	$ 66,975	$ 70,373	$ 74,356	$ 77,781	$ 82,576	$ 86,909	$ 88,264	$ 95,318	$ 93,140	$ 99,343
Contribution deficiency (excess)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
University's covered payroll	$ 392,797	$ 412,149	$ 434,106	$ 452,084	$ 476,374	$ 498,344	$ 494,613	$ 535,500	$ 559,924	$ 595,472
Contributions as a percentage of covered payroll	17.1%	17.1%	17.1%	17.2%	17.3%	17.4%	17.8%	17.8%	16.6%	16.7%
OPERS:										
Contractually required contribution	$ 178,293	$ 188,762	$ 201,072	$ 220,062	$ 231,977	$ 240,142	$ 247,351	$ 268,821	$ 289,735	$ 312,723
Contributions in relation to the contractually required contribution	$ 178,293	$ 188,762	$ 201,072	$ 220,062	$ 231,977	$ 240,142	$ 247,351	$ 268,821	$ 289,735	$ 312,723
Contribution deficiency (excess)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
University's covered payroll	$ 1,260,366	$ 1,334,350	$ 1,421,367	$ 1,525,502	$ 1,607,469	$ 1,664,980	$ 1,714,708	$ 1,864,293	$ 2,014,529	$ 2,174,418
Contributions as a percentage of covered payroll	14.1%	14.1%	14.1%	14.4%	14.4%	14.4%	14.4%	14.4%	14.4%	14.4%

The Ohio State University
Required Supplementary Information on GASB 75 Net OPEB Liabilities (Unaudited)
Year Ended June 30, 2025

The schedule of the university's proportionate shares of STRS-Ohio and OPERS net OPEB liabilities (assets) are presented below:

(dollars in thousands)	2018	2019	2020	2021	2022	2023	2024	2025
STRS-Ohio:								
University's proportion of the net OPEB (asset) liability	4.6%	4.6%	4.7%	4.9%	5.0%	5.0%	4.8%	5.0%
University's proportionate share of the net OPEB (asset) liability	$ 177,556	$ (74,520)	$ (77,901)	$ (85,406)	$ (105,307)	$ (128,942)	$ (93,638)	$ (95,026)
University's covered payroll	$ 412,149	$ 434,106	$ 452,084	$ 452,084	$ 492,780	$ 494,613	$ 535,500	$ 559,924
University's proportionate share of the net OPEB (asset) liability as a percentage of its covered payroll	43%	-17%	-17%	-19%	-21%	-26%	-17%	-17%
Plan fiduciary net position as a percentage of the total OPEB (asset) liability	47.1%	176.0%	174.7%	182.1%	174.7%	230.7%	168.5%	158.0%
OPERS:								
University's proportion of the net OPEB (asset) liability	9.7%	10.1%	10.4%	10.7%	10.7%	10.8%	11.2%	11.2%
University's proportionate share of the net OPEB (asset) liability	$ 1,055,239	$ 1,321,019	$ 1,436,889	$ (189,776)	$ (335,820)	$ 68,101	$ (101,060)	$ (262,642)
University's covered payroll	$ 1,381,054	$ 1,521,447	$ 1,574,490	$ 1,704,763	$ 1,669,918	$ 1,793,823	$ 1,930,711	$ 2,096,700
University's proportionate share of the net OPEB (asset) liability as a percentage of its covered payroll	76%	87%	91%	-11%	-20%	4%	-5%	-13%
Plan fiduciary net position as a percentage of the total OPEB (asset) liability	54.1%	46.3%	47.8%	115.6%	128.2%	94.8%	107.8%	121.5%

The Ohio State University
Notes to Required Supplementary Information (Unaudited)
Year Ended June 30, 2025

STRS-Ohio - Pensions:

Changes of benefit terms. The plan was amended in May 2023 to establish one-time 1% COLA increase effective on the anniversary of a benefit recipient's retirement date during Fiscal Year 2024 for participants who retired prior to July 1, 2019; and to add unreduced retirement benefits to those with 34 Years of Service, which extends through Fiscal Year 2028. Amounts reported in 2023 reflect plan amendments to provide a one-time 3% COLA for fiscal year 2023 and to eliminate age 60 requirement for unreduced retirement effective August 1, 2026. Amounts reported in 2019 reflect a reduction in the COLA rate to 0%, effective July 1, 2017.

Changes of assumptions. Amounts reported in 2023 reflect updates to demographic assumptions related to mortality, retirement, turnover, pension payment form election and salary increases, based on the actuarial experience study for the period from July 1, 2015 through June 30, 2021. Amounts reported in 2022 reflect an adjustment of the discount rate from 7.45% to 7.00%. Amounts reported in 2018 also reflect an adjustment of mortality assumptions based on the use of the RF-2014 Annuitant Mortality Table rather than the RP-2000 Combined Mortality Table. Amounts reported in 2017 reflect an adjustment of the discount rate from 7.75% to 7.45%.

OPERS – Pensions:

Changes of assumptions. Effective January 1, 2024, the Combined Plan was consolidated into the Traditional Pension Plan. During 2023, the Ohio General Assembly passed bill HB 33 allowing OPERS to consolidate Combined and Traditional Defined Benefit Plans at the discretion of OPERS. OPERS Board voted to consolidate the plans effective January 1, 2024. Amounts reported in 2022 reflect an adjustment of the discount rate from 7.20% to 6.90%. Amounts reported in 2019 reflect an adjustment of the discount rate from 7.50% to 7.20%. Amounts reported in 2017 reflect an adjustment of the discount rate from 8.00% to 7.50%. Amounts reported in 2017 also reflect an updated healthy and disabled mortality assumptions, based on the RP-2014 mortality tables with generational improvement scale MP-2016. Rates of retirement, termination and disability were modified to better reflect anticipated future experience.

STRS-Ohio – OPEB:

Changes of benefit terms. The plan was amended as of June 30, 2023 to increase the subsidy percentage for non-Medicare retirees from 2.2% to 2.5% effective January 1, 2023; to remove the freeze on the non-Medicare subsidy base premium effective January 1, 2024; and to remove the 6% cap on the year over year increase in Medicare subsidy effective January 1, 2024. Amounts reported in 2023 reflect health care program changes for the 2023 plan year to increase subsidy level for health care premiums, modify Medicare Part B reimbursements and adjust certain co-pays and out-of-pocket limits. Amounts reported in 2020 reflect postponement of the Medicare Part B monthly reimbursement elimination date to January 1, 2021. Amounts reported in 2019 reflect adoption of a new premium subsidy plan for 2019 and future years that is intended to extent the fund's solvency to 2047. Amounts reported in 2019 also reflect postponement of the Medicare Part B monthly reimbursement elimination date to January 1, 2020. Amounts reported in 2018 reflect discontinuation of Medicare Part B premium reimbursements for certain survivors and beneficiaries and all remaining Medicare Part B premium reimbursements, beginning January 2019.

Changes of assumptions. Amounts reported in 2024 reflect updated healthcare trends related to emerging claims and recovery experience as well as benefit changes effective January 1, 2024. Amounts reported in 2023 reflect updates to demographic assumptions related to mortality, retirement, turnover, pension payment form election, OPEB participation and salary increases, based on the actuarial experience study for the period from July 1, 2015 through June 30, 2021. Amounts reported in 2022 reflect an adjustment of the discount rate from 7.45% to 7.00%. Amounts reported in 2019 reflect an adjustment of the discount rate from 4.13% to 7.45%. Amounts reported in 2018 reflect an adjustment of the discount rate from 3.26% to 4.13%. Amounts reported in 2018 also reflect an adjustment of mortality assumptions based on the use of the RF-2014 Annuitant Mortality Table rather than the RP-2000 Combined Mortality Table.

OPERS – OPEB:

Changes of benefit terms. Amounts reported in 2021 reflect several changes to the health care plan offered to Medicare and non-Medicare retirees in efforts to decrease costs and increase the solvency of the health care plan. These changes, which were approved by the OPERS Board on January 15, 2020, are effective January 1, 2022 and include changes to base allowances and eligibility for Medicare retirees, as well as replacing OPERS-sponsored medical plans for non-Medicare retirees with monthly allowances.

Changes of assumptions. Amounts reported in 2025 reflect an adjustment of the discount rate from 5.70% to 6.00%. Amounts reported in 2024 reflect an adjustment of the discount rate from 5.22% to 5.70% and changes in healthcare trend rates. Amounts reported in 2023 reflect an adjustment of the discount rate from 6.00% to 5.22%. Amounts reported in 2021 reflect an adjustment of the discount rate from 3.16% to 6.00%. Amounts reported in 2020 reflect an adjustment of the discount rate from 3.96% to 3.16%. Amounts reported in 2019 reflect an adjustment of the discount rate from 3.85% to 3.96%.

The Ohio State University
Supplementary Information on the Long-Term Investment Pool (Unaudited)
Year Ended June 30, 2025

The following section of the financial report provides additional information on the university's Long-Term Investment Pool, including a summary of changes in market value, investment returns and related expenses. Additional details on university investments, including asset allocations, endowment distribution policies, investment by type and risk disclosures, are provided in Notes 1 and 3 to the Financial Statements.

In 2025, the market value of the university's Long-Term Investment Pool – which includes gifted endowments, long-term investments of university operating funds and other funds internally designated to function as endowments – increased $688 million, to $8.62 billion at June 30, 2025. The Long-Term Investment Pool activity for 2025 is summarized below:

Long-Term Investment Pool Activity (in thousands)

	Gifted Endowments		Quasi-Endowments		
	University	**Foundation**	**Operating**	**Designated**	**Total**
Balance at June 30, 2024	**$ 1,387,227**	**$ 1,620,309**	**$ 1,803,039**	**$ 3,121,139**	**$ 7,931,714**
Net Principal Additions (Withdrawals)	14,591	102,165	(44,748)	72,239	144,247
Change in Fair Value	140,707	169,025	179,339	317,590	806,661
Income Earned	35,117	42,024	44,883	79,457	201,481
Distributions	(55,447)	(66,179)	(70,989)	(125,368)	(317,983)
Expenses	(27,041)	(32,360)	(34,562)	(52,236)	(146,199)
Balance at June 30, 2025	**$ 1,495,154**	**$ 1,834,984**	**$ 1,876,962**	**$ 3,412,821**	**$ 8,619,921**

Net principal additions (withdrawals) for gifted endowments include new endowment gifts and reinvestment of unused endowment distributions. **Change in fair value** includes realized gains and losses for assets sold during the year and unrealized gains and losses for assets held in the pool at June 30, 2025. **Income earned** includes interest and dividends and is used primarily to fund **distributions**. **Expenses** include investment management expenses ($86.2 million), University Development related expenses ($59.2 million) and other investment related expenses ($0.7 million).

Investment Returns and Expenses:

The investment return for the Long-Term Investment Pool was 11.81% for fiscal year 2025. The annualized investment returns for the three-year and five-year periods were 9.8% and 11.5%, respectively. These returns -- which are net of investment management expenses as defined by Cambridge Associates in its annual survey -- are used for comparison purposes with other endowments and various benchmarks. In addition to the $86.2 million of investment management expenses, which reduced the pool by 1.1% in fiscal year 2025, the $59.2 million of University Development expenses and $0.7 million of other investment related expenses further reduced the pool by 0.7%.

Additional Information:

For more information on how the Long-Term Investment Pool is invested, please visit the Office of Investments website at: **investments.osu.edu**.

Additional details on university and foundation endowments, including balances for individual funds, are available on the Office of the Controller's website at: **go.osu.edu/EndowAdmin** (click on the "Endowment Descriptions and Balances" link).

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Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards*

The Board of Trustees
The Ohio State University:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the business-type activities and the aggregate discretely presented component units of The Ohio State University (the University) as of and for the year ended June 30, 2025, and the related notes to the financial statements, which collectively comprise the University's basic financial statements, and have issued our report thereon dated October 31, 2025.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the University's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the University's internal control. Accordingly, we do not express an opinion on the effectiveness of the University's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the University's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

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Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

KPMG LLP

Columbus, Ohio
October 31, 2025

Acknowledgements

The 2025 Financial Report and the included financial statements are prepared by the staff of the Office of the Controller.

Robert D. Booker
Natalie H. Darner
Allison M. Dodson
Thomas F. Ewing
Rachel R. Ford
Ken C. Gast
Kirsten Gerhard
Mitch P. Gill
April L. Horne
Christopher A. Kropp
Sherri K. Laisure
Ruth E. McCollum
Lisa A. Plaga
Kathryn M. Seay
Brady T. Siddall
Elizabeth Simon
Herman Singh
Jan E. Soboslai
Timothy A. Thibodeau

Board of Trustees

The expiration date of each trustee’s term is given in parentheses.

John W. Zeiger, Chair, Grandview Heights (2026)

Alan A. Stockmeister, Vice Chair, Jackson (2025)

Gary R. Heminger, Findlay (2027)

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Kendall C. Buchan, Graduate Student Trustee, Battle Creek, MI (2026)

Amy Werner Chronis, Charter Trustee, Houston, TX (2027)

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The Ohio State University

Discussion with those charged with governance

Audit results and required communications for the year ended June 30, 2025

December 3, 2025

Audit Results

Date: December 3, 2025
To: The Legal, Audit, Risk, and Compliance Committee of the Board of Trustees
From: David Gagnon, Lead Engagement Partner
Subject: External Audit – Fiscal 2025 Results

Purpose

To communicate to the Committee, in accordance with our professional standards, the results of KPMG's external audits of the University's financial statements and certain of its component units, which are prepared in accordance with U.S.generally accepted accounting principles (GAAP) as of and for the fiscal year ended June 30, 2025. We have completed our audits as of the date of this presentation

Committee Action

No action needed.

Executive Summary

- Our opinions on the financial statements of the University and its significant component units in the scope of our engagement are unmodified. Our report on internal control and compliance and other matters required by *Government Auditing Standards* is also unmodified.
- No significant unusual transactions were identified during our audit.
- Key areas of focus in our audit of the University included:
  - Evaluation of and response to significant risks, including:
    - Risk of management override of controls (a presumed risk in all audits)
  - Significant management estimates in the following areas were assessed:
    - Marketable securities
    - Alternative investments
    - Pension and other post-employment benefit plans
    - Valuation of net patient care receivables
- The University's summary of significant accounting and reporting policies has been updated consistent with prior year, except as to the adoption of GASB 101, which did not have a material effect on the financial statements.
- Certain uncorrected misstatements were noted (see page 13).
- Although we are not required under professional standards to test or report on the University's internal control over financial reporting, no reportable control findings were noted.
- Other required communications are included on pages 4 and 5 of these materials.

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Required communications to those charged with governance

Audit results required communications and other matters

Matters to communicate		Response
Significant unusual transactions	X	
Uncorrected audit misstatements	✓	Page 13
Corrected audit misstatements	X	
Financial statement presentation and disclosure omissions	X	
Non-GAAP policies and practices	X	
Auditors' report	X	
Changes to our risk assessment and planned audit strategy	X	
Significant accounting policies and practices	✓	Page 7
Significant accounting estimates	✓	Pages 8 to 11
Significant financial statement disclosures	✓	Page 12
Group audit engagement considerations	X	

Matters to communicate		Response
Related parties	X	
Going concern	X	
Other information	X	
Subsequent events	X	
Noncompliance with laws and regulations	X	
Significant difficulties encountered during the audit	X	
Significant findings or issues discussed, or the subject of correspondence with management	X	
Management's consultation with other accountants	X	
Disagreements with management	X	
Other significant matters	X	

✓ = Matters to report X = No matters to report

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Audit results required communications and other matters

Matters to communicate	
Consultations	Consistent with professional standards and firm policy, we were required to consult with our Department of Professional Practice regarding a civil investigative demand related to certain federal research grants. We concur with management's determination that the matter is not material to the financial statements as of and for the year ended June 30, 2025.
Illegal acts or fraud	No actual or suspected fraud involving management, employees with significant roles in system of internal control, or where fraud results in a material misstatement in the financial statements were identified during the audit.
Written communications	Our engagement letter was previously provided under separate cover. Management's representation letter is included on pages 18 – 23.
Independence	In accordance with our audits, KPMG and relevant KPMG professionals have complied with ethical requirements regarding independence, as the term is defined by the professional standards, and we are independent under applicable professional standards.
Inquiries	See page 16

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Significant risk

Risk of management override of internal controls	Susceptibility to:	
	Error	Fraud
Management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Although the level of risk of management override of controls will vary from entity to entity, the risk nonetheless is present at all entities.		Yes

Professional standards require us to perform procedures sufficiently responsive to address the risk of override. Such procedures include:

- Inquiries of management and governance
- Assessing the effectiveness of entity-level controls
- Considering potential fraud risks affecting financial reporting
- Understanding and evaluating the journal entry process and the completeness of journal entry activity
- Identifying and testing high-risk journal entries
- Considering the results of other audit procedures performed.

Findings
No reportable matters were noted.



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Significant accounting policies and practices

Description of significant accounting policies and practices	Audit findings
The significant accounting policies used by the University are described in Note 1 to the financial statements. In fiscal 2025, the University implemented GASB issued Statement No. 101, *Compensated Absences*, which requires recognition of liabilities for leave that has not been used if the leave is attributable to services already rendered, the leave accumulates, and the leave is more likely than not to be used for time off or otherwise paid in cash or settled through noncash means. The adoption of this new standard was not material to the financial statements.	Disclosed accounting policies conform to GAAP, in all material respects.

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Significant accounting estimates

Valuation of marketable securities
• Valuation of marketable securities: Included in the University's financial statements are certain marketable securities presented at fair value based on quoted market prices. Such securities are reported within temporary investments, unexpended bond proceeds, the long-term investment pool, other long-term investments, and other noncurrent assets on the statement of net position.
Audit findings
Management's process used to develop the estimates
• Management's estimate of the fair value of marketable investment securities held directly by the University, e.g., equity and fixed income securities, is determined based on quoted market prices in active markets or significant other observable inputs.
Significant assumptions used
• Pricing sources and methodologies used
Indicators of possible management bias
• No indicators of possible management bias
Conclusions
• Based on the procedures performed, KPMG did not identify any indicators of possible management bias. Further, methodologies used for this estimate were consistently applied for the items tested. Management's estimate of the fair value of such assets is fairly stated in relation to the basic financial statements as a whole.

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Significant accounting estimates (continued)

Valuation of alternative investments
• Valuation of alternative investments: Included in the University's financial statements are certain alternative investments, such as private equity, real assets, and absolute return funds, for which quoted market prices may not be available. Such investments are reported within the long-term investment pool and other long-term investments on the statement of net position, generally using the funds' net asset values (NAVs) as a practical expedient to estimate fair value.
Audit findings
Management's process used to develop the estimates
• Management's estimate of the fair value of investments in commingled funds, which may include private equity, real asset, absolute return, and other strategies, is generally determined based on NAVs provided by the funds' managers. Such NAVs represent the University's proportionate interests in these funds' holdings. NAV may be used as a practical expedient to estimate the fair value of an investment if certain eligibility criteria under GAAP are met. Additionally, the University's NAV measurement date (June 30) is generally different than the calendar year-end date used by a majority of the funds for their financial statement audits.
Significant assumptions used
• Ability to meet eligibility criteria to use NAV as a practical expedient for specific investments
• Accuracy and reliability of the NAVs used as of the University's measurement date, which is different than the funds' audit date
Indicators of possible management bias
• No indicators of possible management bias
Conclusions
• Based on the procedures performed, KPMG did not identify any indicators of possible management bias. Further, methodologies used for this estimate were consistently applied for the items tested. Management's estimate of the fair value of such assets is fairly stated in relation to the basic financial statements as a whole.

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Significant accounting estimates (continued)

Pension and other post-employment benefit plans
• Management's estimates of amounts recorded for its pension and other post-employment benefit plans are based on a variety of actuarial assumptions related to participant mortality, as well as interest rates, historical experience, and provisions of the related benefit programs. While these determinations are made by the State of Ohio in conjunction with its specialists, the University must reflect the information in its financial statements in accordance with GAAP.

Audit findings

Management's process used to develop the estimates

- Management's estimates of amounts recorded for its pension plan and other post-employment health benefit plans are based on schedules prepared by the State of Ohio pension systems (STRS and OPERS), which allocate the net pension and OPEB liabilities/assets to the various plan employers. These allocation schedules are derived from each plan's actuarial valuation. The actuarial valuations for each plan include a variety of assumptions, which are determined and reviewed on a regular basis by the State's pension systems and their external actuaries.

Significant assumptions used that have a high degree of subjectivity

- Discount rate
- Mortality
- Retirement rates
- Expected long-term rate of return on plan assets
- Health care cost trend rate
- Per capita claims cost
- Participation rate

Indicators of possible management bias

- No indicators of possible management bias (estimates recorded are from the State)

Conclusions

- Based on the procedures performed, KPMG did not identify any indicators of possible management bias. Further, methodologies used for this estimate were consistently applied for the items tested. Management's estimates are fairly stated in relation to the basic financial statements as a whole.

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Significant accounting estimates

Valuation of net patient care receivables (healthcare entities)

- Management's estimate of the valuation of net patient care receivables involves significant judgment and a number of significant assumptions.

Audit findings

Management's process used to develop the estimates

- Management's estimate of allowances used to value patient care receivables is based on analysis of open accounts receivable, average historical collection experience, and other relevant factors to arrive at an overall assessment of collectible net accounts receivable. We note that management at OSU Health System uses a third-party analytics tool to facilitate its analysis.
- Net patient care receivables recorded in the University's statement of financial position aggregated to $789 million and were comprised of $679 million at OSU Health System and $110 million at OSU Physicians as of June 30, 2025.

Significant assumptions used that have a high degree of subjectivity

- Contractual allowances for billed and unbilled services
- Charity care allowance estimation based on historical experience
- Evaluation of historical collections experience and related data

Indicators of possible management bias

- No indicators of possible management bias

Conclusions

- Based on the procedures performed, KPMG did not identify any indicators of possible management bias. Further, methodologies used for this estimate were consistently applied for the items tested. Management's estimates are fairly stated in relation to the basic financial statements as a whole.

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Significant financial statement disclosures

Description of significant financial statement disclosures	Audit findings
• Investments (note 3) • Capital assets (note 5) • Debt (note 9) • Retirement plans (note 15)	• Disclosures appear reasonable and in accordance with GAAP, in all material respects.

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Uncorrected audit misstatements

We identified the following uncorrected misstatements relative to the University, which are not material to the financial statements but above our reporting threshold.

($ in thousands)		
Description of misstatement	**Debit**	**Credit**
To record increase in net asset value (NAV) as of June 30, 2025 for alternative investments initially recorded using March 31, 2025 NAVs on a lagged basis (including reversal of comparable prior year entry):		
LTIP – Alternative investments	$117,227	
Net investment income		$72,547
Opening net position		44,680
To correct out-of-period adjustment recorded during the year ended June 30, 2025 related to prior-year deferred outflows related to pension:		
Total operating expenses	$97,100	
Opening net position		$97,100

Uncorrected misstatements or matters underlying those uncorrected misstatements could potentially cause future-period financial statements to be materially misstated, even if we have concluded that the uncorrected misstatements are immaterial to the financial statements under audit.

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Status of audit deliverables

University and related audits	Components	Status (as of December 3, 2025)	Deliverables
Primary Institution – financial statements	The Ohio State University (OSU)	Completed	Auditors' reports on the financial statements Reports on internal control and compliance and other matters in accordance with *Government Auditing Standards*
	OSU Wexner Medical Center Health System (OSU Health System)	Completed	
	OSU Foundation	Completed	
Discretely Presented Component Units – financial statements	OSU Physicians	Completed	
	Campus Partners for Community Urban Redevelopment and Subsidiaries (Campus Partners)	Completed	
	Transportation Research Center, Inc.	Completed	
Single Audit	OSU and certain related entities	In process – see status on page 15	Title 2 US Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance)*

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Single Audit Status

The Single Audit in accordance with the Uniform Guidance (UG) is required annually by federal regulation and is focused on compliance and internal control over compliance for programs that are federally funded. Major programs are selected for audit are based on quantitative and qualitative risk considerations prescribed by federal regulations. While certain major program testing has commenced, risk assessments are still in progress. Below is a summary of recently audited major programs and planned 2025 major programs:

FY23 Major programs – audited	FY24 Major programs – audited	FY25 Major programs
• R&D • SFA • PRF* • Head Start • Smith Lever * *Identified as higher risk in 2023 OMB Compliance Supplement*	• R&D • SFA • Supplemental Nutrition Assistance Program (SNAP) • Disaster Grants – Public Assistance (Presidentially Declared Disasters) • Airport Improvement Program, COVID-19 Airports Programs, and Infrastructure Investment and Jobs Act Programs	• R&D • SFA • Medicaid Cluster • Fish and Wildlife Cluster

Compliance test work over direct and material compliance requirements is planned based upon reliance on internal control over compliance. While we may test and report on internal control over compliance, we do not express an opinion on the effectiveness of internal control over compliance.

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Required inquiries

- What are your views about fraud risks, including management override of controls, at the entity and whether you have taken any actions to respond to these risks?
- Are you aware of, or have you identified, any instances of actual, suspected or alleged fraud, including misconduct or unethical behavior related to financial reporting or misappropriation of assets? If so, have the instances been appropriately addressed and how have they been addressed?
- Are you aware of or have you received tips or complaints regarding the entity's financial reporting (including those received through the internal whistleblower program, if such program exists) and, if so, what was your response to such tips and complaints?
- How do you exercise oversight over management's assessment of fraud risk and the establishment of controls to address/mitigate fraud risks?
- Has the entity entered into any significant unusual transactions?
- Are you aware of any matters relevant to the audit, including, but not limited to, any instances of actual or possible violations of laws and regulations, including illegal acts (irrespective of materiality threshold)?
- Has the entity complied with all covenants during the financial statement period and before the date of the auditor's report? Have there been any events of default during the financial statement period and before the dates of the auditor's report?
- What is the committee's understanding of the entity's relationships and transactions with related parties that are significant to the entity?
- Does any member of the committee have concerns regarding relationships or transactions with related parties and, if so, what is the substance of those concerns?
- Have any subsequent events occurred that might affect the financial statements?
- Has there been any correspondence with regulators or licensing authorities?

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Appendix

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Beyond the First 100 Days: federal policy impacts on higher education	Pages 27-33

Appendix I – Rep Letter

October 31, 2025

KPMG LLP
191 West Nationwide Boulevard
Columbus, Ohio 43215

To whom it may concern:

We are providing this letter in connection with your audits of the financial statements of the business-type activities, the aggregate discretely presented component units, and the related notes to the financial statements of The Ohio State University (the University) as of and for the years ended June 30, 2025 and 2024, for the purpose of expressing opinions as to whether these financial statements present fairly, in all material respects, the respective financial position, changes in financial position, and, where applicable, cash flows thereof in conformity with U.S. generally accepted accounting principles (US GAAP). We are also providing this letter to confirm our understanding that the purpose of your testing of transactions and records relating to the University's federal programs, in accordance with Title 2 US Code of Federal Regulations Part 200 (2 CFR 200), *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), was to obtain reasonable assurance that the University had complied, in all material respects, with the requirements of federal statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2025.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in the light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement.

We confirm, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves, as of October 31, 2025:

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated April 23, 2025, for the preparation and fair presentation of the financial statements in accordance with US GAAP.
2. We have made available to you:
   a. All records, documentation, and information that is relevant to the preparation and fair presentation of the financial statements;
   b. Additional information that you have requested from us for the purpose of the audit;
   c. All minutes of the meetings of the University's Board of Trustees and its committees, or summaries of actions of recent meetings for which minutes have not yet been prepared. All significant board and committee actions are included in the summaries; and
   d. Unrestricted access and the full cooperation of personnel within the entity from whom you determined it necessary to obtain audit evidence.
3. Except as disclosed to you in writing, there have been no communications from regulatory agencies, governmental representatives, employees or others concerning investigations or allegations of noncompliance with laws and regulations in any jurisdiction, deficiencies in financial reporting practices, or other matters that could have a material adverse effect on the financial statements.
4. We have disclosed to you, in writing, all known instances of noncompliance or suspected noncompliance with laws and regulations, contracts and grant agreements, whose effects should be considered when preparing financial statements.
5. All material transactions have been recorded in the accounting records and are reflected in the financial statements.
6. Except as disclosed in the financial statements, there are no side agreements or other arrangements (either written or oral).
7. All events subsequent to the date of the statement of net position and through the date of this letter for which US GAAP requires adjustment or disclosure have been adjusted or disclosed.
8. The effects of all known actual or possible litigation and claims have been accounted for and disclosed in accordance with paragraphs 96 – 113 of Governmental Accounting Standards Board (GASB) Statement No. 62, *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements.*

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Appendix I – Rep Letter (continued)

9. We have disclosed to you all known actual or possible litigation, claims, and assessments whose effects should be considered when preparing the financial statements.
10. We have disclosed to you all known concentrations and constraints, as defined in GASB Statement No. 102, *Certain Risk Disclosures*, that should be considered when preparing the financial statements.
11. The effects of the uncorrected financial statement misstatements summarized in the accompanying schedules are immaterial, both individually and in the aggregate, to the financial statements for each respective opinion unit.
12. We acknowledge our responsibility for the design, implementation, and maintenance of programs and controls to prevent, deter, and detect fraud; for adopting sound accounting policies; and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the financial statements and to provide reasonable assurance against the possibility of misstatements that are material to the financial statements, whether due to error or fraud. We understand that the term 'fraud' is defined as an intentional act by one or more individuals among management, those charged with governance, employees, or third parties, involving the use of deception that results in a misstatement in financial statements that are the subject of an audit.
13. We have disclosed to you all deficiencies in the design or operation of internal control over financial reporting of which we are aware, which could adversely affect the University's ability to initiate, authorize, record, process, or report financial data. We have separately disclosed to you all such deficiencies that we believe to be significant deficiencies or material weaknesses in internal control over financial reporting, as those terms are defined in AU-C Section 265.07, *Communicating Internal Control Related Matters Identified in an Audit.*
14. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
15. We have no knowledge of any fraud or suspected fraud affecting the entity involving:
    a. Management,
    b. Employees who have significant roles in internal control, or
    c. Others where the fraud could have a material effect on the financial statements.
16. We have no knowledge of any allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, analysts, regulators, or others.
17. We have no knowledge of any officer or Trustee of the University, or any other person acting under the direction thereof, having taken any action to fraudulently influence, coerce, manipulate, or mislead you during your audit.
18. The methods, data, and significant assumptions used by us in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement, or disclosure that is reasonable in accordance with US GAAP and appropriately reflect our intent and ability to carry out specific courses of action on behalf of the entity, where relevant to the fair value measurement and/or disclosure.
19. We have disclosed to you the identity of all our related parties and all the related party relationships and transactions of which we are aware.
20. The following have been properly recorded or disclosed in the financial statements:
    a. Related party relationships and transactions, of which we are aware, in accordance with US GAAP, including sales, purchases, loans, transfers, leasing arrangements, guarantees, ongoing contractual commitments and amounts receivable from or payable to related parties.

       The term 'related party' refers to government's related organizations, joint ventures, and jointly governed organizations, as defined in GASB Statement No. 14, The Financial Reporting Entity, as amended; elected and appointed officials of the government; its management; members of the immediate families of elected or appointed officials of the government and its management; and other parties with which the government may deal if one party can significantly influence the management or operating policies of the other to an extent that one of the transacting parties might be prevented from fully pursuing its own separate interests. Another party also is a related party if it can significantly influence the management or operating policies of the transacting parties or if it has an ownership interest in one of the transacting parties and can significantly influence the other to an extent that one or more of the transacting parties might be prevented from fully pursuing its own separate interests.

       We have provided to you support for any assertion that a transaction with a related party was conducted on terms equivalent to those prevailing in an arm's-length transaction.

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Appendix I – Rep Letter (continued)

b. Guarantees, whether written or oral, under which the University is contingently liable.

c. The existence of and transactions with joint ventures and other related organizations.

21. Except as disclosed in the financial statements, the University has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets, nor has any asset been pledged as collateral.

22. The University has complied with all aspects of contractual agreements that would have a material effect on the financial statements in the event of noncompliance.

23. The University's reporting entity includes all entities that are component units of the University.

24. We have disclosed to you all accounting policies and practices we have adopted that, if applied to significant items or transactions, would not be in accordance with US GAAP. We have evaluated the impact of the application of each such policy and practice, both individually and in the aggregate, on the University's current period financial statements, and the expected impact of each such policy and practice on future periods' financial reporting. We believe the effect of these policies and practices on the financial statements is not material. Furthermore, we do not believe the impact of the application of these policies and practices will be material to the financial statements in future periods.

25. To the best of our knowledge and belief, we have provided you with a complete and accurate listing of our affiliates as defined by the AICPA Code of Professional Conduct interpretation ET 1.224.020, State and Local Government Client Affiliates. We have also provided you with information about events, which may result in changes to the University's affiliates. We have also provided you with a list of officers, Trustees, directors, individuals with significant influence over the University, and individuals in key positions with respect to the preparation or oversight of the financial statements. The term 'key position' means position in which an individual has primary responsibility for significant accounting functions that support material components of the financial statements; primary responsibility for the preparation of the financial statements; or the ability to exercise influence over the contents of the financial statements, including when the individual is a member of the board of directors or similar governing body, chief executive officer, president, chief financial officer, chief operating officer, general counsel, chief accounting officer, controller, director of internal audit, director of financial reporting, treasurer, or any equivalent position. To the best of our knowledge and belief, we are not aware of any former KPMG partners in a key position with respect to the preparation or oversight of the University's financial statements and who have a prohibited financial or business relationship with KPMG (as defined under Section ET 1.279.020 of the AICPA Code of Professional Conduct) during the period covered by this letter.

26. We acknowledge our responsibility for the presentation of the required supplementary information (RSI) which includes, management's discussion and analysis, RSI on GASB 68 Pension Liabilities and GASB 75 Net OPEB Liabilities and related Notes to such RSI, in accordance with the applicable criteria and prescribed guidelines established by the Governmental Accounting Standards Board and:

a. Believe the RSI, including its form and content, is fairly presented in accordance with the applicable criteria and prescribed guidelines.

b. The methods of measurement or presentation of the RSI have not changed from those used in the prior period.

c. The significant assumptions or interpretations underlying the measurement or presentation of the RSI are reasonable and appropriate.

27. We acknowledge our responsibility for the presentation of the supplementary information (SI) on the Long-Term Investment Pool in accordance with the applicable criteria and:

a. Believe the SI, including its form and content, is fairly presented in accordance with the applicable criteria.

b. The methods of measurement or presentation of the SI have not changed from those used in the prior period.

c. The significant assumptions or interpretations underlying the measurement or presentation of the SI are reasonable and appropriate in the circumstances.

28. We agree with the findings of specialists in evaluating self-insurance reserves and have adequately considered the qualifications of the specialists and the entity that employs the specialists in determining the amounts and disclosures used in the basic financial statements and underlying accounting records. We did not give or cause any instructions to be given to specialists with respect to the values or amounts derived in an attempt to bias their work, and we are not otherwise aware of any matters that have had an impact on the independence or objectivity of the specialists.

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Appendix I – Rep Letter (continued)

29. The basis for our proportion of the collective pension and other postemployment benefit plan amounts is appropriate and consistent with the manner in which future contributions to the plan are expected to be made.
30. We have received opinions of counsel upon each issuance of tax-exempt bonds that the interest on such bonds is exempt from federal income taxes under section 103 of the Internal Revenue Code of 1986, as amended. There have been no changes in the use of property financed with the proceeds of tax-exempt bonds, or any other occurrences, subsequent to the issuance of such opinions, that would jeopardize the tax-exempt status of the bonds. Provision has been made, where material, for the amount of any required arbitrage rebate.
31. There have been no circumstances that have resulted in communications from the University's external legal counsel to the University reporting evidence of a material violation of securities law or breach of fiduciary duty, or similar violation by the University or any agent thereof.
32. There have been no triggering events, as described in 34 CFR 668.171, that have occurred during or subsequent to the period covered by the auditors' report.
33. We confirm that the University is a public institution that meets the requirements of financial responsibility defined in 34 CFR 668.171.
34. The University has no plans or intentions that may materially affect the carrying value or classification of assets, deferred outflows of resources, liabilities, and deferred inflows of resources.
35. The University has classified net position resulting from donor-restricted contributions as nonexpendable or expendable based on our assessment of the donor's intention, as specified in original donor correspondence where available. Where not available, we used other corroborating evidential matter including minutes of the Board, accounting records, and financial statements. To the extent that we were unable to review original donor correspondence to determine the amount of the original gift and donor additions, our determination of such amount was based on our best estimate considering the relevant facts and circumstances. In addition, we have classified appreciation and income related to such contributions in accordance with relevant donor or statutory restrictions.
36. We are planning to issue other information in an Annual Report that includes the audited financial statements. The information is currently not available but the final version will be provided to you when available, and prior to its issuance.
37. In accordance with *Government Auditing Standards*, we have identified to you and provided copies of all previous audits, attestation engagements, and other studies that relate to the objectives of this audit, including whether findings have been addressed and related recommendations have been implemented.

We confirm having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves, as of October 31, 2025, the following representations made to you during your single audit:

38. We are responsible for the design, implementation, and maintenance of effective internal control over compliance for federal programs that provides reasonable assurance that the University is managing federal awards in compliance with federal statutes, regulations, and the terms and conditions of the federal award.
39. We are responsible for understanding and complying with the requirements of federal statutes, regulations, and the terms and conditions of federal awards related to each of the University's federal programs.
40. We are responsible for taking corrective action on audit findings of the compliance audit and have developed a corrective action plan that meets the requirements of the Uniform Guidance.
41. We are responsible for the design, implementation, and maintenance of internal controls to prevent and detect fraud in the administration of federal programs. We have no knowledge of any fraud or suspected fraud affecting the University's federal programs involving:
    a. Management, including management involved in the administration of federal programs.
    b. Employees who have significant roles in internal control over the administration of federal programs.
    c. Others where the fraud could have a material effect on compliance with federal statutes, regulations, and the terms and conditions of federal awards related to its federal programs.

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Appendix I – Rep Letter (continued)

42. We are responsible for the presentation of the schedule of expenditures of federal awards (SEFA) in accordance with the Uniform Guidance and:
    a. The SEFA, including its form and content, is fairly presented in accordance with the requirements of the Uniform Guidance.
    b. The SEFA includes all expenditures made during the year ended June 30, 2025 for all awards provided by federal agencies in the form of grants, federal cost-reimbursement contracts, loans, loan guarantees, cooperative agreements, interest subsidies, insurance, noncash assistance (such as free rent, food commodities, donated property or donated surplus property), direct appropriations, and other assistance.
    c. The methods of measurement or presentation of the SEFA have not changed from those used in the prior period.
    d. The significant assumptions or interpretations underlying the measurement or presentation of the SEFA are reasonable and appropriate in the circumstances.
    e. We will make the audited financial statements readily available to the intended users of the SEFA no later than the date of issuance by the entity of the SEFA and the auditors' report thereon.

Additionally, we confirm, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves, as of October 31, 2025, the following representations made to you during your single audit:

43. The University is responsible for complying, and has complied, with the requirements of the Uniform Guidance.
44. We have identified and disclosed all of our government programs and related activities subject to the Uniform Guidance compliance audit.
45. The University has designed, implemented, and maintained effective internal control over compliance for federal programs that provides reasonable assurance that the University is managing federal awards in compliance with federal statutes, regulations, and the terms and conditions of the federal award that could have a material effect on its federal programs.
46. We have communicated to you all significant deficiencies and material weaknesses in the design or operation of internal control over compliance that we have identified, which could adversely affect the University's ability to administer a major federal program in accordance with the applicable requirements of federal statutes, regulations, and the terms and conditions of federal awards. Under standards established by the American Institute of Certified Public Accountants, a deficiency in internal control over compliance exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct on a timely basis, noncompliance with a type of compliance requirement of a federal program. A 'material weakness' is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a compliance requirement will not be prevented, or detected and corrected on a timely basis. A 'significant deficiency' is a deficiency, or a combination of deficiencies, in internal control over compliance with a compliance requirement that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.
47. The University has complied with requirements of federal statutes, regulations, and the terms and conditions of federal awards related to each of its major federal programs.
48. The University has charged costs to federal awards in accordance with the applicable cost principles.
49. Federal program financial reports and claims for advances and reimbursements are supported by the accounting records from which the financial statements have been prepared.
50. The copies of federal program financial reports provided to you are true copies of the reports submitted, or electronically transmitted, to the federal agency or pass-through entity, as applicable.
51. We have monitored subrecipients, as necessary, to determine that they have expended subawards in compliance with federal statutes, regulations, and the terms and conditions of the subaward and have met the other pass-through entity requirements of the Uniform Guidance.
52. We have issued management decisions on a timely basis (within six months of acceptance of the audit report by the FAC) for audit findings that relate to federal awards made to subrecipients. Additionally, we have followed up ensuring that the subrecipient takes timely and appropriate action on all deficiencies detected through audits, on-site reviews, and other means that pertain to the federal award provided to the subrecipient by the University.
53. We have considered the results of subrecipient audits and have made any necessary adjustments to the University's accounting records.

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Appendix I – Rep Letter (continued)

54. We have identified and disclosed to you the requirements of federal statutes, regulations, and the terms and conditions of federal awards that are considered to have a direct and material effect on each major federal program.
55. We have provided to you our interpretations of any compliance requirements that are subject to varying interpretations.
56. We have made available all documentation related to the compliance requirements, including information related to federal program financial reports and claims for advances and reimbursements, for major federal programs.
57. We have made available all federal awards (including amendments, if any) and any other correspondence relevant to federal programs and related activities that have taken place with federal agencies or pass-through entities related to major federal programs.
58. We have identified and disclosed to you all questioned costs and any known noncompliance with the requirements of federal awards.
59. We have disclosed to you any communications from federal awarding agencies and pass-through entities concerning possible noncompliance with the compliance requirements over federal programs, including communications received from the end of the period covered by the compliance audit to the date of the auditors' report.
60. We have disclosed to you the findings received and related corrective actions taken for previous audits, attestation engagements, and internal or external monitoring that directly relate to the objectives of the compliance audit, including findings received and corrective actions taken from the end of the period covered by the compliance audit to the date of the auditors' report.
61. We have provided you with all information on the status of the follow-up on prior audit findings by federal awarding agencies and pass-through entities, including all management decisions.
62. We are responsible for, and have accurately prepared, the summary schedule of prior audit findings to include all findings required to be included by the Uniform Guidance.
63. We have advised you of all contracts or other agreements with service organizations.
64. We have disclosed to you all communications from the University's service organizations relating to noncompliance at the service organizations.
65. We have disclosed to you whether any changes in internal control over compliance or other factors that might significantly affect internal control over major federal programs, including any corrective action taken by management with regard to significant deficiencies and material weaknesses in internal control over compliance, have occurred subsequent to the period covered by the auditors' report.
66. We have disclosed to you all known noncompliance relating to major federal programs occurring subsequent to the period covered by the auditors' report.
67. We have disclosed to you the nature of any subsequent events that provide additional evidence with respect to conditions that existed at the end of the reporting period that affect noncompliance over major federal programs during the reporting period.

Very truly yours,

The Ohio State University

_____

Walter "Ted" Carter Jr.
President

_____

Michael Papadakis
Senior Vice President and Chief Financial Officer

_____

Kristine Devine
Vice President of Operations and Deputy Chief Financial Officer

_____

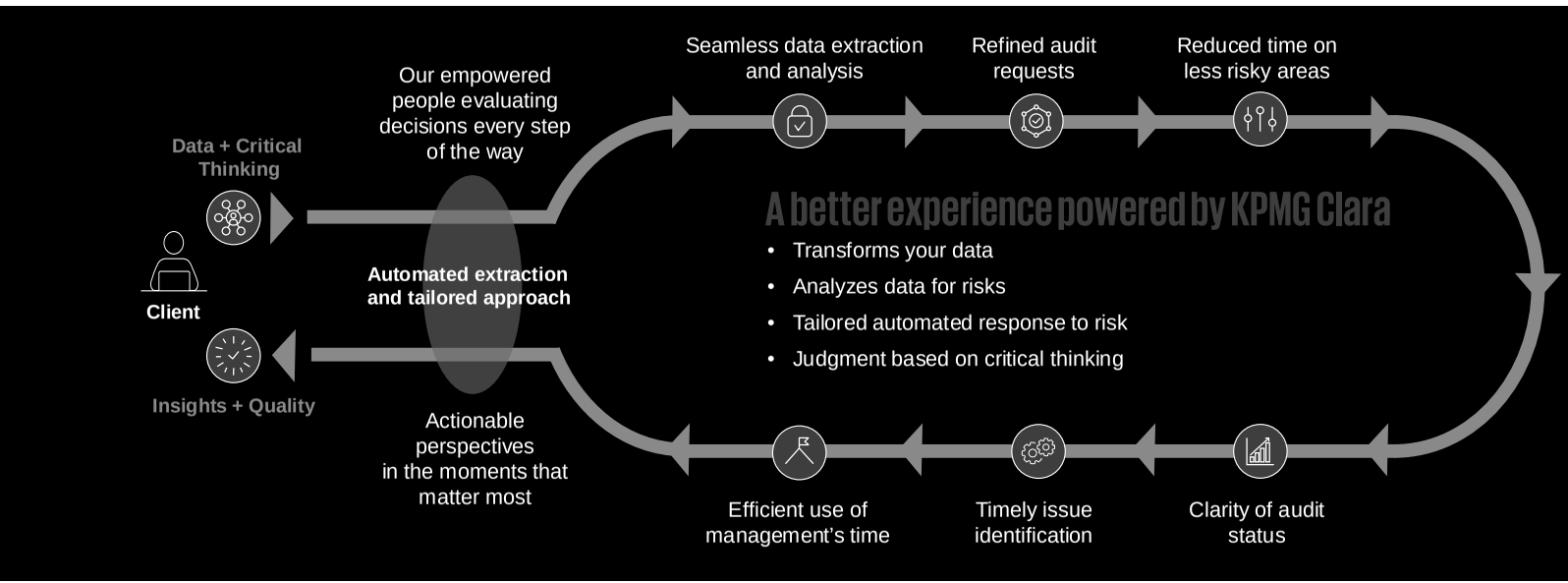
Lisa Plaga
Associate Vice President, Shared Services and Controller

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How we work: Creating value for you

Accelerating the future of audit with our technology-driven platform, empowered by strategic partnerships (e.g., Microsoft and MindBridge)



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AI-driven financial reporting and auditing revolution

Insights from KPMG's Survey

97% of financial reporting leaders intend to use or pilot GenAI over the next three years.

83% of financial reporting leaders say it is important that external auditors use AI in their analysis.

Key AI benefits focus on real-time insights, ability to predict trends and impacts, increased data accuracy and reliability, and better data-enabled decisions.

Desire for auditors to use AI for risk and anomaly identification, data analysis and quality management, and risk mitigation and internal controls.

Expected AI and GenAI benefits come with risks. Leaders focus on ethical use of GenAI, setting up policies and governance and early board involvement.

Effective practices include regular monitoring, training, ethical frameworks and human oversight.

KPMG has developed a trusted AI approach centered around using AI responsibly and ethically.

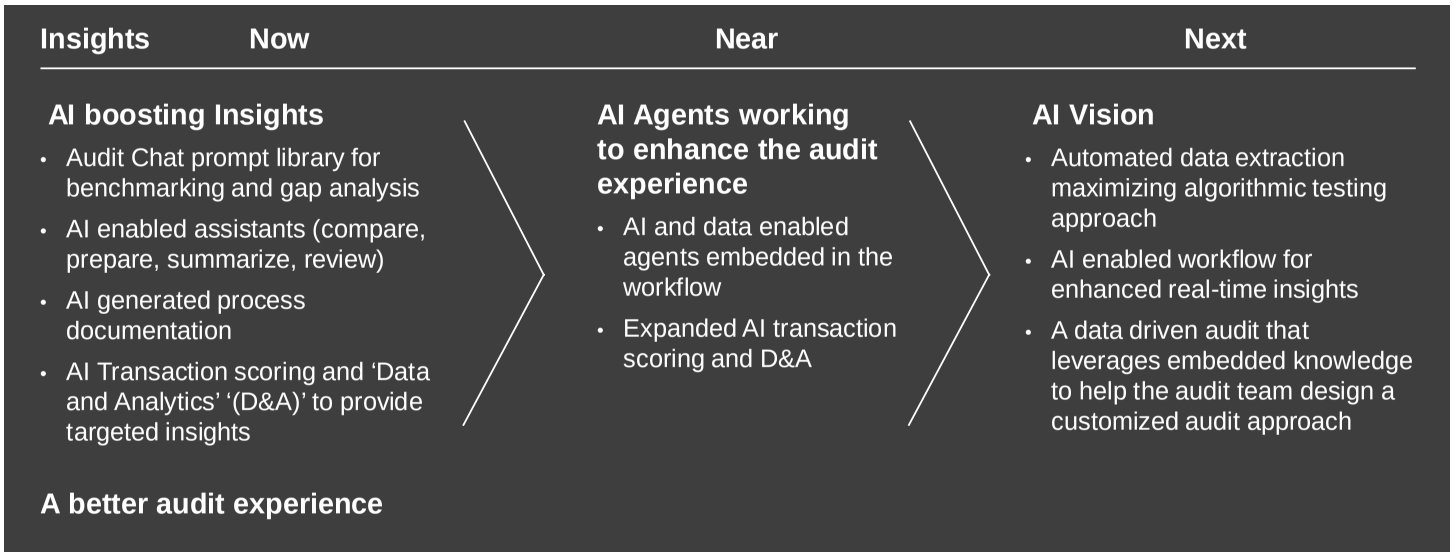
Values-driven | **Human-centric** | **Trustworthy**

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Next-generation technology

KPMG Transforming the Audit with AI.

AI empowerment leading to focused insights



We maximize insights through a data-enabled, AI-powered platform.

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Beyond the First 100 Days: federal policy impacts on higher education

Beyond the First 100 Days: federal policy impacts on higher education

Several executive and legislative priorities of the new federal administration and Congress have begun to impact U.S. colleges and universities and could have significant long-term consequences for the industry. The velocity and volume of executive orders (EOs) and legislative changes – including those in the "One Big Beautiful Bill Act (OB3)" passed on July 4, 2025 – have created funding gaps, complicated financial planning and compliance with regulations, and prompted policy and operational changes. As a result, Moody's revised its industry outlook in March 2025 from stable to negative. Among issues being monitored are:

- Reductions in and realignment of federally funded research grants and contracts based on new agency priorities, and reductions in indirect cost recoveries (ICR) (e.g., National Institutes of Health). **Institutions in both blue and red states face significant cuts in grant funding moving forward.** A new EO issued August 7 changes oversight protocols for grantmaking and suggests a preference for institutions with lower ICR.
- Elimination of the Department of Education (ED), curtailment or elimination of certain grant and loan programs, and redistribution of certain of ED's functions to other federal agencies, states, or the private sector. **OB3 included several changes to federal student aid programs** (see page 6).
- Implementation of tariffs across global trading partners. Economists note that **inconsistency of implementation** has created economic uncertainty and increases risks of stagflation and recession. In addition to higher costs for goods and services across the industry, such actions may exacerbate existing enrollment and tuition pricing pressures at some institutions.
- A pushback on diversity, equity, and inclusion (DEI) programs. The Office of Civil Rights (OCR) has initiated targeted investigations of dozens of institutions, alleging racial preferences and antisemitism, and grants and contracts with DEI elements have been eliminated. In addition, the administration has cancelled federal funding at certain high-profile institutions amid **demands for changes in institutional practices**.
- OB3 increased rates related on the so-called "endowment tax." Private institutions subject to the tax – which is indicative of institutional wealth – may also be **vulnerable to new regulations and state taxes**.
- A pivot away from clean energy and climate change initiatives, including **grant funding, as well as tax incentives revised in OB3**, and elimination of certain longstanding environmental regulations.
- More aggressive **immigration and deportation policies** may affect international students and faculty, as well as overseas programs.
- Geopolitical developments in the Middle East, Eastern Europe, and other regions amid new U.S. foreign policy directives, which could affect the nature and extent of **campus-based protests or other activities attracting federal scrutiny**.

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The responses we are seeing in the industry

Executive orders and other policy changes in 2025 thus far have disrupted and destabilized several aspects of the higher education sector, with individual institutions affected to varying degrees. Following are some of the actions and activities we have observed senior administrators taking in response to the rapidly evolving environment.

- Establishment of working groups around key risk areas
- Communications to and oversight by trustees
- Increased legal analysis and activity
- Evaluation of tariff impacts on costs and supply chains
- Evaluation of research enterprise and other grant impacts
- Assessment of changes at the Department of Education
- Assessment of immigration, deportation, and travel policy changes
- Reevaluation of DEI/ESG initiatives
- Enhanced modeling, sensitivity analysis, and scenario planning
- Operational and financial changes
- Enhanced financial reporting and disclosures
- Reconsideration of fundraising goals
- Reassessment of investment and endowment strategies
- Evaluation of tax implications
- Changes in internal audit focus

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Changes to federal student loan programs

Federal student loan limits: previous law vs. OB3

Borrower category	Loan limits under previous law	Loan limits under OB3
Undergraduate students	$5,500 to $12,500 annually; $31,000 to $57,500 in aggregate	$5,500 to $12,500 annually; $31,000 to $57,500 in aggregate
Nonprofessional graduate students	Cost of attendance, as determined by the institution	$20,500 annually; $100,000 in aggregate
Professional graduate students	Cost of attendance, as determined by the institution	$50,000 annually; $200,000 in aggregate
Parents of undergraduate students	Cost of attendance, as determined by the institution	$20,000 annually; $65,000 in aggregate per child

Source: US Department of Education, Federal Student Aid, https://studentaid.gov/help-center/answers/article/how-much-money-can-i-borrow-federal-student-loans; and One Big Beautiful Bill Act, H.R. 1, 119th Cong. (2025).

- Of $1 trillion in loans expected to be originated in the next decade, about half will go to graduate students, which account for less than 20% of total postsecondary enrollments. While undergraduate student loan limits are unchanged under OB3, historically, graduate students and parents of undergraduates could borrow up to an institution's cost of attendance.
- Moving forward, most graduate programs will face annual caps of $20,500, whereas professional programs including law, medicine, dentistry and other stipulated programs will be capped at $50,000. Overall, about 20% of master's students borrow above the new limits, a figure which climbs to 25% at private not-for-profit universities, and about 40% of medical students borrow above the $50,000 cap.

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Repayment reforms

- Historically, income-driven repayment plans (IDRs) have allowed borrowers to align repayments of loans to their incomes.
- Previous IDRs included, for example, SAVE and PAYE, which because of payment caps often resulted in low monthly payments and potentially significant levels of loan forgiveness.
- Effective July 1, 2026, OB3 eliminates all current IDRs for new borrowers and replaces them with 1) a standard plan and 2) the Repayment Assistance Plan (RAP).
- The standard plan amortizes on mortgage-type basis over 10 to 25 years, depending on the borrower's initial balance, whereas RAP varies payments with income but will require significantly higher payments than were required under prior IDRs. This is expected to result in faster repayment and less loan forgiveness.

Institutional accountability

- OB3 introduces a new "do no harm" test that revokes a degree-granting program's eligibility for federal student loans if graduate (i.e., associate, bachelor's, master's, doctoral, professional) earnings are too low.
- Under the test, median annual earnings of graduates are measured four years after program completion and compared to a benchmark chosen by program indicating what the graduate may have earned had they not pursued the degree in the first place. The idea is that if the earnings are below the benchmark, the program is likely not creating economic value and may be doing "harm" to students as a result.
- If a program fails the earnings benchmark test for two out of any three consecutive years, the program would no longer be eligible for federal loan disbursements.
- While only a small number of undergraduate programs are likely to be impacted, certain professional degree programs (particularly at for-profit institutions) could eventually lose eligibility under the new rules.

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Ramifications of changes to federal student aid programs

The aforementioned changes to federal student financial aid regulations introduced by OB3 are transformative and will present challenges to the sector. Key provisions and strategic recommendations for adapting to the new landscape are presented below.

1. Loan Caps and Potential Revenue Disruption:

- While loan limits for undergraduate students will be unchanged, graduate students and parents of undergraduate students will be subject to new annual and aggregate loan caps. Previously, loan limits for graduate students and parents of undergraduate students were limited to cost of attendance, which provided more borrower flexibility. Accordingly, undergraduate and graduate programs may be impacted by these new limits.

Recommendation: Engage academic affairs, institutional research, and career services in financial planning. Inform stakeholders (faculty, students, trustees) about financial changes and institutional responses. Planning should be revised to incorporate best- and worst-case financial aid scenarios, reflecting new borrowing limits and simulated impacts of loan caps.

2. Income-driven student loan repayment:

- The bill will prevent borrower balances from rising over time and require more rapid repayment by borrowers.

Recommendation: Factoring in how these changes may affect borrowing activity in financial aid scenarios and providing information to students and parents about the implications of these new rules will be critical.

3. Greater accountability for institutions:

- With some exceptions, the law makes institutions accountable for poor student outcomes and institutes a “do no harm” test that could result in the revocation of a degree program’s eligibility for federal loans if graduates’ earnings do not exceed certain levels. This could result in the loss of funding for some programs.

Recommendation: Funding will shift from enrollment-based to outcome-based models. Align academic offerings with labor market demands. Invest in predictive analytics to track student outcomes and financial exposures. Enhance alumni tracking systems to support earnings-based metrics.

4. Regulatory and Compliance Changes:

- Given these and other changes, managing compliance with financial aid programs will require new policies, procedures, and internal controls.

Recommendation: Institutions should expect greater scrutiny of program outcomes and have robust systems to monitor compliance.

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Thank you

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Lead Engagement Partner

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Questions?

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The Ohio State University

Discussion with those charged with governance

Audit results and required communications for the year ended June 30, 2025

October 20, 2025

Audit Results

Date: October 20, 2025
To: The Legal, Audit, Risk, and Compliance Committee of the Board of Trustees
From: David Gagnon, Lead Engagement Partner
Subject: External Audit – Fiscal 2025 Results

Purpose

To communicate to the Committee, in accordance with our professional standards, the results of KPMG's external audits of the University's financial statements and certain of its component units, which are prepared in accordance with U.S.generally accepted accounting principles (GAAP) as of and for the fiscal year ended June 30, 2025. We have substantially completed our audits as of the date of this presentation

Committee Action

No action needed.

Executive Summary

- We expect to issue unmodified opinions on the financial statements of the University and its significant component units in the scope of our engagement. Our report on internal control and compliance and other matters required by *Government Auditing Standard*s is also unmodified.
- No significant unusual transactions were identified during our audit.
- Key areas of focus in our audit of the University included:
  - Evaluation of and response to significant risks, including:
    - Risk of management override of controls (a presumed risk in all audits)
  - Significant management estimates in the following areas were assessed:
    - Marketable securities
    - Alternative investments
    - Pension and other post-employment benefit plans
    - Valuation of net patient care receivables
- The University's summary of significant accounting and reporting policies has been updated consistent with prior year, except as to the adoption of GASB 101, which did not have a material effect on the financial statements.
- Certain uncorrected misstatements were noted (see page 13).
- Although we are not required under professional standards to test or report on the University's internal control over financial reporting, no reportable control findings were noted.
- Other required communications are included on pages 4 and 5 of these materials.

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Required communications to those charged with governance

Prepared on October 15, 2025

Presented on October 20, 2025

Audit results required communications and other matters

Matters to communicate		Response
Significant unusual transactions	X	
Uncorrected audit misstatements	✓	Page 13
Corrected audit misstatements	X	
Financial statement presentation and disclosure omissions	X	
Non-GAAP policies and practices	X	
Auditors' report	X	
Changes to our risk assessment and planned audit strategy	X	
Significant accounting policies and practices	✓	Page 7
Significant accounting estimates	✓	Pages 8 to 11
Significant financial statement disclosures	✓	Page 12
Group audit engagement considerations	X	

Matters to communicate		Response
Related parties	X	
Going concern	X	
Other information	X	
Subsequent events	X	
Noncompliance with laws and regulations	X	
Significant difficulties encountered during the audit	X	
Significant findings or issues discussed, or the subject of correspondence with management	X	
Management's consultation with other accountants	X	
Disagreements with management	X	
Other significant matters	X	

✓ = Matters to report X = No matters to report

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Audit results required communications and other matters

Matters to communicate	
Consultations	Consistent with professional standards and firm policy, we were required to consult with our Department of Professional Practice regarding a civil investigative demand related to certain federal research grants. We concur with management's determination that the matter is not material to the financial statements as of and for the year ended June 30, 2025.
Illegal acts or fraud	No actual or suspected fraud involving management, employees with significant roles in system of internal control, or where fraud results in a material misstatement in the financial statements were identified during the audit.
Written communications	Our engagement letter was previously provided under separate cover. Management's representation letter is included on pages 18 – 23.
Independence	In accordance with our audits, KPMG and relevant KPMG professionals have complied with ethical requirements regarding independence, as the term is defined by the professional standards, and we are independent under applicable professional standards.
Inquiries	See page 16

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Significant risk

Risk of management override of internal controls	Susceptibility to:	
	Error	Fraud
Management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Although the level of risk of management override of controls will vary from entity to entity, the risk nonetheless is present at all entities.		Yes

Professional standards require us to perform procedures sufficiently responsive to address the risk of override. Such procedures include:

- Inquiries of management and governance
- Assessing the effectiveness of entity-level controls
- Considering potential fraud risks affecting financial reporting
- Understanding and evaluating the journal entry process and the completeness of journal entry activity
- Identifying and testing high-risk journal entries
- Considering the results of other audit procedures performed.

Findings
No reportable matters were noted.



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Significant accounting policies and practices

Description of significant accounting policies and practices	Audit findings
The significant accounting policies used by the University are described in Note 1 to the financial statements. In fiscal 2025, the University implemented GASB issued Statement No. 101, *Compensated Absences*, which requires recognition of liabilities for leave that has not been used if the leave is attributable to services already rendered, the leave accumulates, and the leave is more likely than not to be used for time off or otherwise paid in cash or settled through noncash means. The adoption of this new standard was not material to the financial statements.	Disclosed accounting policies conform to GAAP, in all material respects.

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Significant accounting estimates

Valuation of marketable securities
• Valuation of marketable securities: Included in the University's financial statements are certain marketable securities presented at fair value based on quoted market prices. Such securities are reported within temporary investments, unexpended bond proceeds, the long-term investment pool, other long-term investments, and other noncurrent assets on the statement of net position.
Audit findings
Management's process used to develop the estimates
• Management's estimate of the fair value of marketable investment securities held directly by the University, e.g., equity and fixed income securities, is determined based on quoted market prices in active markets or significant other observable inputs.
Significant assumptions used
• Pricing sources and methodologies used
Indicators of possible management bias
• No indicators of possible management bias
Conclusions
• Based on the procedures performed, KPMG did not identify any indicators of possible management bias. Further, methodologies used for this estimate were consistently applied for the items tested. Management's estimate of the fair value of such assets is fairly stated in relation to the basic financial statements as a whole.

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Significant accounting estimates (continued)

Valuation of alternative investments
• Valuation of alternative investments: Included in the University's financial statements are certain alternative investments, such as private equity, real assets, and absolute return funds, for which quoted market prices may not be available. Such investments are reported within the long-term investment pool and other long-term investments on the statement of net position, generally using the funds' net asset values (NAVs) as a practical expedient to estimate fair value.
Audit findings
Management's process used to develop the estimates
• Management's estimate of the fair value of investments in commingled funds, which may include private equity, real asset, absolute return, and other strategies, is generally determined based on NAVs provided by the funds' managers. Such NAVs represent the University's proportionate interests in these funds' holdings. NAV may be used as a practical expedient to estimate the fair value of an investment if certain eligibility criteria under GAAP are met. Additionally, the University's NAV measurement date (June 30) is generally different than the calendar year-end date used by a majority of the funds for their financial statement audits.
Significant assumptions used
• Ability to meet eligibility criteria to use NAV as a practical expedient for specific investments
• Accuracy and reliability of the NAVs used as of the University's measurement date, which is different than the funds' audit date
Indicators of possible management bias
• No indicators of possible management bias
Conclusions
• Based on the procedures performed, KPMG did not identify any indicators of possible management bias. Further, methodologies used for this estimate were consistently applied for the items tested. Management's estimate of the fair value of such assets is fairly stated in relation to the basic financial statements as a whole.

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Significant accounting estimates (continued)

Pension and other post-employment benefit plans
• Management's estimates of amounts recorded for its pension and other post-employment benefit plans are based on a variety of actuarial assumptions related to participant mortality, as well as interest rates, historical experience, and provisions of the related benefit programs. While these determinations are made by the State of Ohio in conjunction with its specialists, the University must reflect the information in its financial statements in accordance with GAAP.

Audit findings

Management's process used to develop the estimates

- Management's estimates of amounts recorded for its pension plan and other post-employment health benefit plans are based on schedules prepared by the State of Ohio pension systems (STRS and OPERS), which allocate the net pension and OPEB liabilities/assets to the various plan employers. These allocation schedules are derived from each plan's actuarial valuation. The actuarial valuations for each plan include a variety of assumptions, which are determined and reviewed on a regular basis by the State's pension systems and their external actuaries.

Significant assumptions used that have a high degree of subjectivity

- Discount rate
- Mortality
- Retirement rates
- Expected long-term rate of return on plan assets
- Health care cost trend rate
- Per capita claims cost
- Participation rate

Indicators of possible management bias

- No indicators of possible management bias (estimates recorded are from the State)

Conclusions

- Based on the procedures performed, KPMG did not identify any indicators of possible management bias. Further, methodologies used for this estimate were consistently applied for the items tested. Management's estimates are fairly stated in relation to the basic financial statements as a whole.

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Significant accounting estimates

Valuation of net patient care receivables (healthcare entities)
• Management's estimate of the valuation of net patient care receivables involves significant judgment and a number of significant assumptions.
Audit findings
Management's process used to develop the estimates • Management's estimate of allowances used to value patient care receivables is based on analysis of open accounts receivable, average historical collection experience, and other relevant factors to arrive at an overall assessment of collectible net accounts receivable. We note that management at OSU Health System uses a third-party analytics tool to facilitate its analysis. • Net patient care receivables recorded in the University's statement of financial position aggregated to $789 million and were comprised of $679 million at OSU Health System and $110 million at OSU Physicians as of June 30, 2025. **Significant assumptions used that have a high degree of subjectivity** • Contractual allowances for billed and unbilled services • Charity care allowance estimation based on historical experience • Evaluation of historical collections experience and related data **Indicators of possible management bias** • No indicators of possible management bias
Conclusions
• Based on the procedures performed, KPMG did not identify any indicators of possible management bias. Further, methodologies used for this estimate were consistently applied for the items tested. Management's estimates are fairly stated in relation to the basic financial statements as a whole.

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Significant financial statement disclosures

Description of significant financial statement disclosures	Audit findings
• Investments (note 3) • Capital assets (note 5) • Debt (note 9) • Retirement plans (note 15)	• Disclosures appear reasonable and in accordance with GAAP, in all material respects.

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Uncorrected audit misstatements

We identified the following uncorrected misstatements relative to the University, which are not material to the financial statements but above our reporting threshold.

($ in thousands)		
Description of misstatement	**Debit**	**Credit**
To record increase in net asset value (NAV) as of June 30, 2025 for alternative investments initially recorded using March 31, 2025 NAVs on a lagged basis (including reversal of comparable prior year entry):		
LTIP – Alternative investments	$117,227	
Net investment income		$72,547
Opening net position		44,680
To correct out-of-period adjustment recorded during the year ended June 30, 2025 related to prior-year deferred outflows related to pension:		
Total operating expenses	$97,100	
Opening net position		$97,100

Uncorrected misstatements or matters underlying those uncorrected misstatements could potentially cause future-period financial statements to be materially misstated, even if we have concluded that the uncorrected misstatements are immaterial to the financial statements under audit.

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Status of audit deliverables

University and related audits	Components	Status (as of October 15)	Deliverables
Primary Institution – financial statements	The Ohio State University (OSU)	Completed	Auditors' reports on the financial statements Reports on internal control and compliance and other matters in accordance with *Government Auditing Standards*
	OSU Wexner Medical Center Health System (OSU Health System)	Completed	
	OSU Foundation	Completed	
Discretely Presented Component Units – financial statements	OSU Physicians	Completed	
	Campus Partners for Community Urban Redevelopment and Subsidiaries (Campus Partners)	Completed	
	Transportation Research Center, Inc.	Completed	
Single Audit	OSU and certain related entities	In process – see status on page 15	Title 2 US Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance)*

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Single Audit Status

The Single Audit in accordance with the Uniform Guidance (UG) is required annually by federal regulation and is focused on compliance and internal control over compliance for programs that are federally funded. Major programs are selected for audit are based on quantitative and qualitative risk considerations prescribed by federal regulations. While certain major program testing has commenced, risk assessments are still in progress. Below is a summary of recently audited major programs and planned 2025 major programs:

FY23 Major programs – audited	FY24 Major programs – audited	FY25 Major programs – planned
• R&D • SFA • PRF* • Head Start • Smith Lever * *Identified as higher risk in 2023 OMB Compliance Supplement*	• R&D • SFA • Supplemental Nutrition Assistance Program (SNAP) • Disaster Grants – Public Assistance (Presidentially Declared Disasters) • Airport Improvement Program, COVID-19 Airports Programs, and Infrastructure Investment and Jobs Act Programs	• R&D • SFA • Medicaid Cluster

Final major program determination will depend upon management's completion of the final schedule of expenditures of federal awards, program risk assessment procedures, and requirements in the 2025 Compliance Supplement.

Compliance test work over direct and material compliance requirements is planned based upon reliance on internal control over compliance. While we may test and report on internal control over compliance, we do not express an opinion on the effectiveness of internal control over compliance.

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Required inquiries

- What are your views about fraud risks, including management override of controls, at the entity and whether you have taken any actions to respond to these risks?
- Are you aware of, or have you identified, any instances of actual, suspected or alleged fraud, including misconduct or unethical behavior related to financial reporting or misappropriation of assets? If so, have the instances been appropriately addressed and how have they been addressed?
- Are you aware of or have you received tips or complaints regarding the entity's financial reporting (including those received through the internal whistleblower program, if such program exists) and, if so, what was your response to such tips and complaints?
- How do you exercise oversight over management's assessment of fraud risk and the establishment of controls to address/mitigate fraud risks?
- Has the entity entered into any significant unusual transactions?
- Are you aware of any matters relevant to the audit, including, but not limited to, any instances of actual or possible violations of laws and regulations, including illegal acts (irrespective of materiality threshold)?
- Has the entity complied with all covenants during the financial statement period and before the date of the auditor's report? Have there been any events of default during the financial statement period and before the dates of the auditor's report?
- What is the committee's understanding of the entity's relationships and transactions with related parties that are significant to the entity?
- Does any member of the committee have concerns regarding relationships or transactions with related parties and, if so, what is the substance of those concerns?
- Have any subsequent events occurred that might affect the financial statements?
- Has there been any correspondence with regulators or licensing authorities?

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Appendix

Management Representation Letter	Pages 18-23
Audit process and technology	Pages 24-26
Beyond the First 100 Days: federal policy impacts on higher education	Pages 27-33

Appendix I – Rep Letter

October 31, 2025

KPMG LLP
191 West Nationwide Boulevard
Columbus, Ohio 43215

To whom it may concern:

We are providing this letter in connection with your audits of the financial statements of the business-type activities, the aggregate discretely presented component units, and the related notes to the financial statements of The Ohio State University (the University) as of and for the years ended June 30, 2025 and 2024, for the purpose of expressing opinions as to whether these financial statements present fairly, in all material respects, the respective financial position, changes in financial position, and, where applicable, cash flows thereof in conformity with U.S. generally accepted accounting principles (US GAAP). We are also providing this letter to confirm our understanding that the purpose of your testing of transactions and records relating to the University's federal programs, in accordance with Title 2 US Code of Federal Regulations Part 200 (2 CFR 200), *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), was to obtain reasonable assurance that the University had complied, in all material respects, with the requirements of federal statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2025.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in the light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement.

We confirm, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves, as of October 31, 2025:

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated April 23, 2025, for the preparation and fair presentation of the financial statements in accordance with US GAAP.
2. We have made available to you:
   a. All records, documentation, and information that is relevant to the preparation and fair presentation of the financial statements;
   b. Additional information that you have requested from us for the purpose of the audit;
   c. All minutes of the meetings of the University's Board of Trustees and its committees, or summaries of actions of recent meetings for which minutes have not yet been prepared. All significant board and committee actions are included in the summaries; and
   d. Unrestricted access and the full cooperation of personnel within the entity from whom you determined it necessary to obtain audit evidence.
3. Except as disclosed to you in writing, there have been no communications from regulatory agencies, governmental representatives, employees or others concerning investigations or allegations of noncompliance with laws and regulations in any jurisdiction, deficiencies in financial reporting practices, or other matters that could have a material adverse effect on the financial statements.
4. We have disclosed to you, in writing, all known instances of noncompliance or suspected noncompliance with laws and regulations, contracts and grant agreements, whose effects should be considered when preparing financial statements.
5. All material transactions have been recorded in the accounting records and are reflected in the financial statements.
6. Except as disclosed in the financial statements, there are no side agreements or other arrangements (either written or oral).
7. All events subsequent to the date of the statement of net position and through the date of this letter for which US GAAP requires adjustment or disclosure have been adjusted or disclosed.
8. The effects of all known actual or possible litigation and claims have been accounted for and disclosed in accordance with paragraphs 96 – 113 of Governmental Accounting Standards Board (GASB) Statement No. 62, *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements.*

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Appendix I – Rep Letter (continued)

9. We have disclosed to you all known actual or possible litigation, claims, and assessments whose effects should be considered when preparing the financial statements.
10. We have disclosed to you all known concentrations and constraints, as defined in GASB Statement No. 102, *Certain Risk Disclosures*, that should be considered when preparing the financial statements.
11. The effects of the uncorrected financial statement misstatements summarized in the accompanying schedules are immaterial, both individually and in the aggregate, to the financial statements for each respective opinion unit.
12. We acknowledge our responsibility for the design, implementation, and maintenance of programs and controls to prevent, deter, and detect fraud; for adopting sound accounting policies; and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the financial statements and to provide reasonable assurance against the possibility of misstatements that are material to the financial statements, whether due to error or fraud. We understand that the term 'fraud' is defined as an intentional act by one or more individuals among management, those charged with governance, employees, or third parties, involving the use of deception that results in a misstatement in financial statements that are the subject of an audit.
13. We have disclosed to you all deficiencies in the design or operation of internal control over financial reporting of which we are aware, which could adversely affect the University's ability to initiate, authorize, record, process, or report financial data. We have separately disclosed to you all such deficiencies that we believe to be significant deficiencies or material weaknesses in internal control over financial reporting, as those terms are defined in AU-C Section 265.07, *Communicating Internal Control Related Matters Identified in an Audit.*
14. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
15. We have no knowledge of any fraud or suspected fraud affecting the entity involving:
    a. Management,
    b. Employees who have significant roles in internal control, or
    c. Others where the fraud could have a material effect on the financial statements.
16. We have no knowledge of any allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, analysts, regulators, or others.
17. We have no knowledge of any officer or Trustee of the University, or any other person acting under the direction thereof, having taken any action to fraudulently influence, coerce, manipulate, or mislead you during your audit.
18. The methods, data, and significant assumptions used by us in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement, or disclosure that is reasonable in accordance with US GAAP and appropriately reflect our intent and ability to carry out specific courses of action on behalf of the entity, where relevant to the fair value measurement and/or disclosure.
19. We have disclosed to you the identity of all our related parties and all the related party relationships and transactions of which we are aware.
20. The following have been properly recorded or disclosed in the financial statements:
    a. Related party relationships and transactions, of which we are aware, in accordance with US GAAP, including sales, purchases, loans, transfers, leasing arrangements, guarantees, ongoing contractual commitments and amounts receivable from or payable to related parties.

       The term 'related party' refers to government's related organizations, joint ventures, and jointly governed organizations, as defined in GASB Statement No. 14, The Financial Reporting Entity, as amended; elected and appointed officials of the government; its management; members of the immediate families of elected or appointed officials of the government and its management; and other parties with which the government may deal if one party can significantly influence the management or operating policies of the other to an extent that one of the transacting parties might be prevented from fully pursuing its own separate interests. Another party also is a related party if it can significantly influence the management or operating policies of the transacting parties or if it has an ownership interest in one of the transacting parties and can significantly influence the other to an extent that one or more of the transacting parties might be prevented from fully pursuing its own separate interests.

       We have provided to you support for any assertion that a transaction with a related party was conducted on terms equivalent to those prevailing in an arm's-length transaction.

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Appendix I – Rep Letter (continued)

b. Guarantees, whether written or oral, under which the University is contingently liable.

c. The existence of and transactions with joint ventures and other related organizations.

21. Except as disclosed in the financial statements, the University has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets, nor has any asset been pledged as collateral.

22. The University has complied with all aspects of contractual agreements that would have a material effect on the financial statements in the event of noncompliance.

23. The University's reporting entity includes all entities that are component units of the University.

24. We have disclosed to you all accounting policies and practices we have adopted that, if applied to significant items or transactions, would not be in accordance with US GAAP. We have evaluated the impact of the application of each such policy and practice, both individually and in the aggregate, on the University's current period financial statements, and the expected impact of each such policy and practice on future periods' financial reporting. We believe the effect of these policies and practices on the financial statements is not material. Furthermore, we do not believe the impact of the application of these policies and practices will be material to the financial statements in future periods.

25. To the best of our knowledge and belief, we have provided you with a complete and accurate listing of our affiliates as defined by the AICPA Code of Professional Conduct interpretation ET 1.224.020, State and Local Government Client Affiliates. We have also provided you with information about events, which may result in changes to the University's affiliates. We have also provided you with a list of officers, Trustees, directors, individuals with significant influence over the University, and individuals in key positions with respect to the preparation or oversight of the financial statements. The term 'key position' means position in which an individual has primary responsibility for significant accounting functions that support material components of the financial statements; primary responsibility for the preparation of the financial statements; or the ability to exercise influence over the contents of the financial statements, including when the individual is a member of the board of directors or similar governing body, chief executive officer, president, chief financial officer, chief operating officer, general counsel, chief accounting officer, controller, director of internal audit, director of financial reporting, treasurer, or any equivalent position. To the best of our knowledge and belief, we are not aware of any former KPMG partners in a key position with respect to the preparation or oversight of the University's financial statements and who have a prohibited financial or business relationship with KPMG (as defined under Section ET 1.279.020 of the AICPA Code of Professional Conduct) during the period covered by this letter.

26. We acknowledge our responsibility for the presentation of the required supplementary information (RSI) which includes, management's discussion and analysis, RSI on GASB 68 Pension Liabilities and GASB 75 Net OPEB Liabilities and related Notes to such RSI, in accordance with the applicable criteria and prescribed guidelines established by the Governmental Accounting Standards Board and:

a. Believe the RSI, including its form and content, is fairly presented in accordance with the applicable criteria and prescribed guidelines.

b. The methods of measurement or presentation of the RSI have not changed from those used in the prior period.

c. The significant assumptions or interpretations underlying the measurement or presentation of the RSI are reasonable and appropriate.

27. We acknowledge our responsibility for the presentation of the supplementary information (SI) on the Long-Term Investment Pool in accordance with the applicable criteria and:

a. Believe the SI, including its form and content, is fairly presented in accordance with the applicable criteria.

b. The methods of measurement or presentation of the SI have not changed from those used in the prior period.

c. The significant assumptions or interpretations underlying the measurement or presentation of the SI are reasonable and appropriate in the circumstances.

28. We agree with the findings of specialists in evaluating self-insurance reserves and have adequately considered the qualifications of the specialists and the entity that employs the specialists in determining the amounts and disclosures used in the basic financial statements and underlying accounting records. We did not give or cause any instructions to be given to specialists with respect to the values or amounts derived in an attempt to bias their work, and we are not otherwise aware of any matters that have had an impact on the independence or objectivity of the specialists.

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Appendix I – Rep Letter (continued)

29. The basis for our proportion of the collective pension and other postemployment benefit plan amounts is appropriate and consistent with the manner in which future contributions to the plan are expected to be made.
30. We have received opinions of counsel upon each issuance of tax-exempt bonds that the interest on such bonds is exempt from federal income taxes under section 103 of the Internal Revenue Code of 1986, as amended. There have been no changes in the use of property financed with the proceeds of tax-exempt bonds, or any other occurrences, subsequent to the issuance of such opinions, that would jeopardize the tax-exempt status of the bonds. Provision has been made, where material, for the amount of any required arbitrage rebate.
31. There have been no circumstances that have resulted in communications from the University's external legal counsel to the University reporting evidence of a material violation of securities law or breach of fiduciary duty, or similar violation by the University or any agent thereof.
32. There have been no triggering events, as described in 34 CFR 668.171, that have occurred during or subsequent to the period covered by the auditors' report.
33. We confirm that the University is a public institution that meets the requirements of financial responsibility defined in 34 CFR 668.171.
34. The University has no plans or intentions that may materially affect the carrying value or classification of assets, deferred outflows of resources, liabilities, and deferred inflows of resources.
35. The University has classified net position resulting from donor-restricted contributions as nonexpendable or expendable based on our assessment of the donor's intention, as specified in original donor correspondence where available. Where not available, we used other corroborating evidential matter including minutes of the Board, accounting records, and financial statements. To the extent that we were unable to review original donor correspondence to determine the amount of the original gift and donor additions, our determination of such amount was based on our best estimate considering the relevant facts and circumstances. In addition, we have classified appreciation and income related to such contributions in accordance with relevant donor or statutory restrictions.
36. We are planning to issue other information in an Annual Report that includes the audited financial statements. The information is currently not available but the final version will be provided to you when available, and prior to its issuance.
37. In accordance with *Government Auditing Standards*, we have identified to you and provided copies of all previous audits, attestation engagements, and other studies that relate to the objectives of this audit, including whether findings have been addressed and related recommendations have been implemented.

We confirm having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves, as of October 31, 2025, the following representations made to you during your single audit:

38. We are responsible for the design, implementation, and maintenance of effective internal control over compliance for federal programs that provides reasonable assurance that the University is managing federal awards in compliance with federal statutes, regulations, and the terms and conditions of the federal award.
39. We are responsible for understanding and complying with the requirements of federal statutes, regulations, and the terms and conditions of federal awards related to each of the University's federal programs.
40. We are responsible for taking corrective action on audit findings of the compliance audit and have developed a corrective action plan that meets the requirements of the Uniform Guidance.
41. We are responsible for the design, implementation, and maintenance of internal controls to prevent and detect fraud in the administration of federal programs. We have no knowledge of any fraud or suspected fraud affecting the University's federal programs involving:
    a. Management, including management involved in the administration of federal programs.
    b. Employees who have significant roles in internal control over the administration of federal programs.
    c. Others where the fraud could have a material effect on compliance with federal statutes, regulations, and the terms and conditions of federal awards related to its federal programs.

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Appendix I – Rep Letter (continued)

42. We are responsible for the presentation of the schedule of expenditures of federal awards (SEFA) in accordance with the Uniform Guidance and:
    a. The SEFA, including its form and content, is fairly presented in accordance with the requirements of the Uniform Guidance.
    b. The SEFA includes all expenditures made during the year ended June 30, 2025 for all awards provided by federal agencies in the form of grants, federal cost-reimbursement contracts, loans, loan guarantees, cooperative agreements, interest subsidies, insurance, noncash assistance (such as free rent, food commodities, donated property or donated surplus property), direct appropriations, and other assistance.
    c. The methods of measurement or presentation of the SEFA have not changed from those used in the prior period.
    d. The significant assumptions or interpretations underlying the measurement or presentation of the SEFA are reasonable and appropriate in the circumstances.
    e. We will make the audited financial statements readily available to the intended users of the SEFA no later than the date of issuance by the entity of the SEFA and the auditors' report thereon.

Additionally, we confirm, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves, as of October 31, 2025, the following representations made to you during your single audit:

43. The University is responsible for complying, and has complied, with the requirements of the Uniform Guidance.
44. We have identified and disclosed all of our government programs and related activities subject to the Uniform Guidance compliance audit.
45. The University has designed, implemented, and maintained effective internal control over compliance for federal programs that provides reasonable assurance that the University is managing federal awards in compliance with federal statutes, regulations, and the terms and conditions of the federal award that could have a material effect on its federal programs.
46. We have communicated to you all significant deficiencies and material weaknesses in the design or operation of internal control over compliance that we have identified, which could adversely affect the University's ability to administer a major federal program in accordance with the applicable requirements of federal statutes, regulations, and the terms and conditions of federal awards. Under standards established by the American Institute of Certified Public Accountants, a deficiency in internal control over compliance exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct on a timely basis, noncompliance with a type of compliance requirement of a federal program. A 'material weakness' is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a compliance requirement will not be prevented, or detected and corrected on a timely basis. A 'significant deficiency' is a deficiency, or a combination of deficiencies, in internal control over compliance with a compliance requirement that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.
47. The University has complied with requirements of federal statutes, regulations, and the terms and conditions of federal awards related to each of its major federal programs.
48. The University has charged costs to federal awards in accordance with the applicable cost principles.
49. Federal program financial reports and claims for advances and reimbursements are supported by the accounting records from which the financial statements have been prepared.
50. The copies of federal program financial reports provided to you are true copies of the reports submitted, or electronically transmitted, to the federal agency or pass-through entity, as applicable.
51. We have monitored subrecipients, as necessary, to determine that they have expended subawards in compliance with federal statutes, regulations, and the terms and conditions of the subaward and have met the other pass-through entity requirements of the Uniform Guidance.
52. We have issued management decisions on a timely basis (within six months of acceptance of the audit report by the FAC) for audit findings that relate to federal awards made to subrecipients. Additionally, we have followed up ensuring that the subrecipient takes timely and appropriate action on all deficiencies detected through audits, on-site reviews, and other means that pertain to the federal award provided to the subrecipient by the University.
53. We have considered the results of subrecipient audits and have made any necessary adjustments to the University's accounting records.

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Appendix I – Rep Letter (continued)

54. We have identified and disclosed to you the requirements of federal statutes, regulations, and the terms and conditions of federal awards that are considered to have a direct and material effect on each major federal program.
55. We have provided to you our interpretations of any compliance requirements that are subject to varying interpretations.
56. We have made available all documentation related to the compliance requirements, including information related to federal program financial reports and claims for advances and reimbursements, for major federal programs.
57. We have made available all federal awards (including amendments, if any) and any other correspondence relevant to federal programs and related activities that have taken place with federal agencies or pass-through entities related to major federal programs.
58. We have identified and disclosed to you all questioned costs and any known noncompliance with the requirements of federal awards.
59. We have disclosed to you any communications from federal awarding agencies and pass-through entities concerning possible noncompliance with the compliance requirements over federal programs, including communications received from the end of the period covered by the compliance audit to the date of the auditors' report.
60. We have disclosed to you the findings received and related corrective actions taken for previous audits, attestation engagements, and internal or external monitoring that directly relate to the objectives of the compliance audit, including findings received and corrective actions taken from the end of the period covered by the compliance audit to the date of the auditors' report.
61. We have provided you with all information on the status of the follow-up on prior audit findings by federal awarding agencies and pass-through entities, including all management decisions.
62. We are responsible for, and have accurately prepared, the summary schedule of prior audit findings to include all findings required to be included by the Uniform Guidance.
63. We have advised you of all contracts or other agreements with service organizations.
64. We have disclosed to you all communications from the University's service organizations relating to noncompliance at the service organizations.
65. We have disclosed to you whether any changes in internal control over compliance or other factors that might significantly affect internal control over major federal programs, including any corrective action taken by management with regard to significant deficiencies and material weaknesses in internal control over compliance, have occurred subsequent to the period covered by the auditors' report.
66. We have disclosed to you all known noncompliance relating to major federal programs occurring subsequent to the period covered by the auditors' report.
67. We have disclosed to you the nature of any subsequent events that provide additional evidence with respect to conditions that existed at the end of the reporting period that affect noncompliance over major federal programs during the reporting period.

Very truly yours,

The Ohio State University

_____

Walter "Ted" Carter Jr.
President

_____

Michael Papadakis
Senior Vice President and Chief Financial Officer

_____

Kristine Devine
Vice President of Operations and Deputy Chief Financial Officer

_____

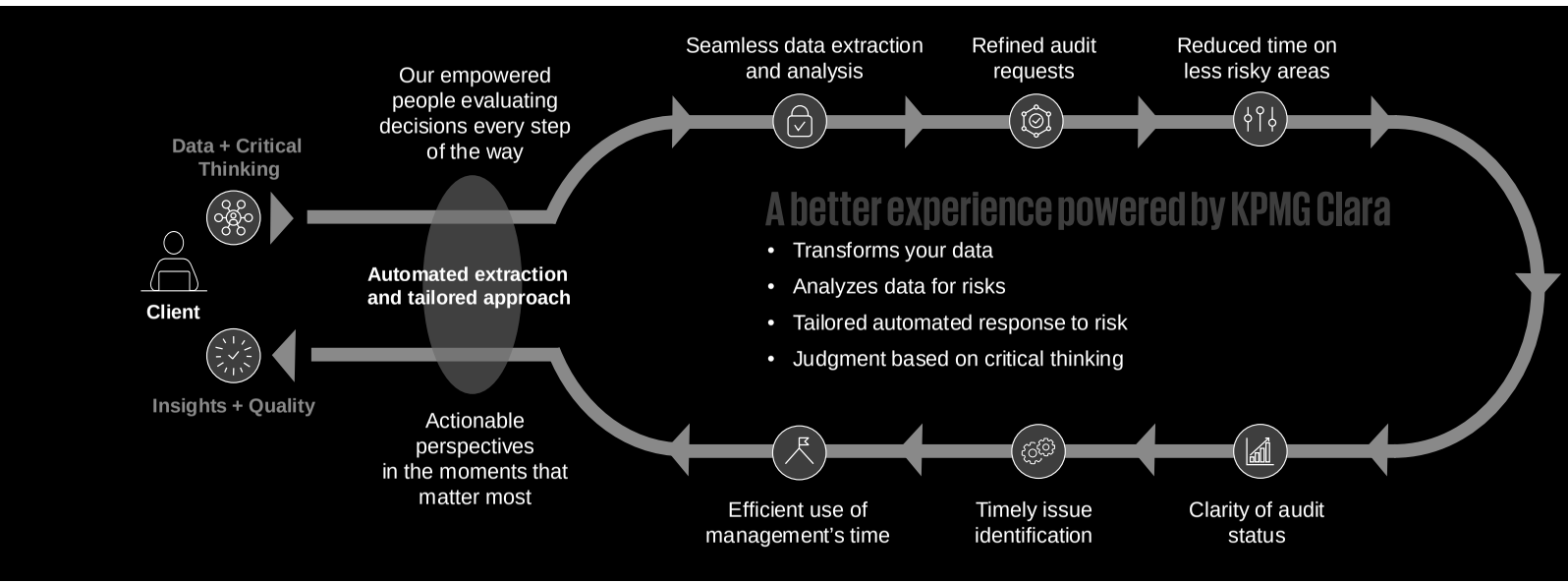
Lisa Plaga
Associate Vice President, Shared Services and Controller

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How we work: Creating value for you

Accelerating the future of audit with our technology-driven platform, empowered by strategic partnerships (e.g., Microsoft and MindBridge)



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AI-driven financial reporting and auditing revolution

Insights from KPMG's Survey

97% of financial reporting leaders intend to use or pilot GenAI over the next three years.

83% of financial reporting leaders say it is important that external auditors use AI in their analysis.

Key AI benefits focus on real-time insights, ability to predict trends and impacts, increased data accuracy and reliability, and better data-enabled decisions.

Desire for auditors to use AI for risk and anomaly identification, data analysis and quality management, and risk mitigation and internal controls.

Expected AI and GenAI benefits come with risks. Leaders focus on ethical use of GenAI, setting up policies and governance and early board involvement.

Effective practices include regular monitoring, training, ethical frameworks and human oversight.

KPMG has developed a trusted AI approach centered around using AI responsibly and ethically.

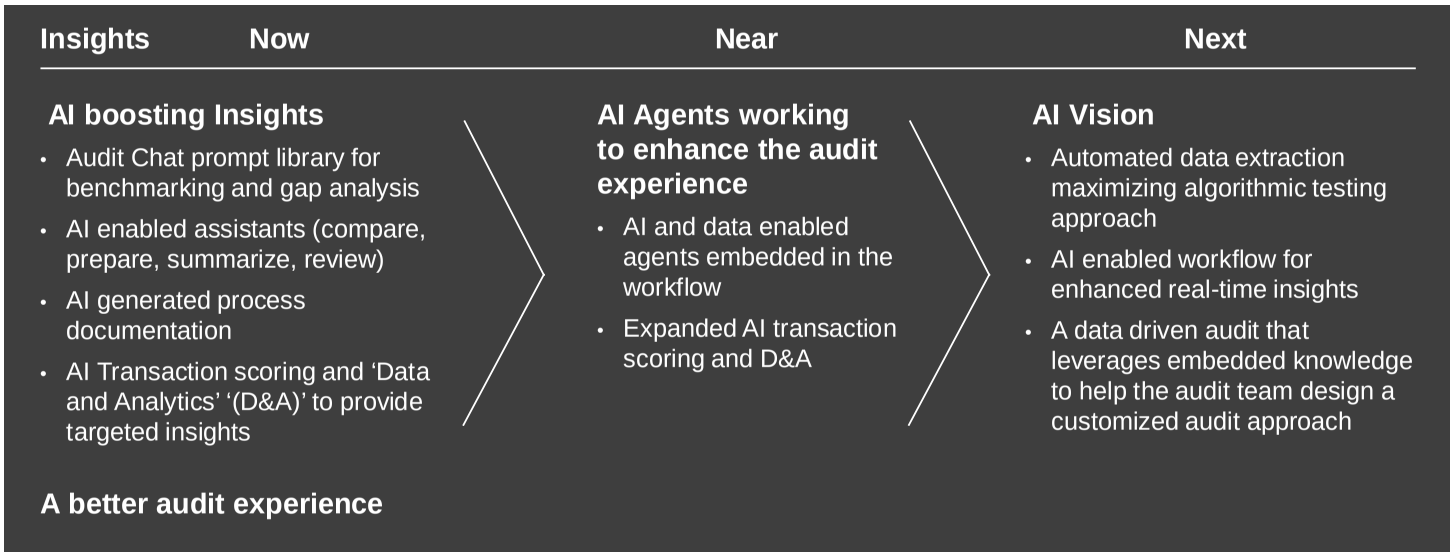
Values-driven | **Human-centric** | **Trustworthy**

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Next-generation technology

KPMG Transforming the Audit with AI.

AI empowerment leading to focused insights



We maximize insights through a data-enabled, AI-powered platform.

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Beyond the First 100 Days: federal policy impacts on higher education

Beyond the First 100 Days: federal policy impacts on higher education

Several executive and legislative priorities of the new federal administration and Congress have begun to impact U.S. colleges and universities and could have significant long-term consequences for the industry. The velocity and volume of executive orders (EOs) and legislative changes – including those in the "One Big Beautiful Bill Act (OB3)" passed on July 4, 2025 – have created funding gaps, complicated financial planning and compliance with regulations, and prompted policy and operational changes. As a result, Moody's revised its industry outlook in March 2025 from stable to negative. Among issues being monitored are:

- Reductions in and realignment of federally funded research grants and contracts based on new agency priorities, and reductions in indirect cost recoveries (ICR) (e.g., National Institutes of Health). **Institutions in both blue and red states face significant cuts in grant funding moving forward.** A new EO issued August 7 changes oversight protocols for grantmaking and suggests a preference for institutions with lower ICR.
- Elimination of the Department of Education (ED), curtailment or elimination of certain grant and loan programs, and redistribution of certain of ED's functions to other federal agencies, states, or the private sector. **OB3 included several changes to federal student aid programs** (see page 6).
- Implementation of tariffs across global trading partners. Economists note that **inconsistency of implementation** has created economic uncertainty and increases risks of stagflation and recession. In addition to higher costs for goods and services across the industry, such actions may exacerbate existing enrollment and tuition pricing pressures at some institutions.
- A pushback on diversity, equity, and inclusion (DEI) programs. The Office of Civil Rights (OCR) has initiated targeted investigations of dozens of institutions, alleging racial preferences and antisemitism, and grants and contracts with DEI elements have been eliminated. In addition, the administration has cancelled federal funding at certain high-profile institutions amid **demands for changes in institutional practices**.
- OB3 increased rates related on the so-called "endowment tax." Private institutions subject to the tax – which is indicative of institutional wealth – may also be **vulnerable to new regulations and state taxes**.
- A pivot away from clean energy and climate change initiatives, including **grant funding, as well as tax incentives revised in OB3**, and elimination of certain longstanding environmental regulations.
- More aggressive **immigration and deportation policies** may affect international students and faculty, as well as overseas programs.
- Geopolitical developments in the Middle East, Eastern Europe, and other regions amid new U.S. foreign policy directives, which could affect the nature and extent of **campus-based protests or other activities attracting federal scrutiny**.

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The responses we are seeing in the industry

Executive orders and other policy changes in 2025 thus far have disrupted and destabilized several aspects of the higher education sector, with individual institutions affected to varying degrees. Following are some of the actions and activities we have observed senior administrators taking in response to the rapidly evolving environment.

- Establishment of working groups around key risk areas
- Communications to and oversight by trustees
- Increased legal analysis and activity
- Evaluation of tariff impacts on costs and supply chains
- Evaluation of research enterprise and other grant impacts
- Assessment of changes at the Department of Education
- Assessment of immigration, deportation, and travel policy changes
- Reevaluation of DEI/ESG initiatives
- Enhanced modeling, sensitivity analysis, and scenario planning
- Operational and financial changes
- Enhanced financial reporting and disclosures
- Reconsideration of fundraising goals
- Reassessment of investment and endowment strategies
- Evaluation of tax implications
- Changes in internal audit focus

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Changes to federal student loan programs

Federal student loan limits: previous law vs. OB3

Borrower category	Loan limits under previous law	Loan limits under OB3
Undergraduate students	$5,500 to $12,500 annually; $31,000 to $57,500 in aggregate	$5,500 to $12,500 annually; $31,000 to $57,500 in aggregate
Nonprofessional graduate students	Cost of attendance, as determined by the institution	$20,500 annually; $100,000 in aggregate
Professional graduate students	Cost of attendance, as determined by the institution	$50,000 annually; $200,000 in aggregate
Parents of undergraduate students	Cost of attendance, as determined by the institution	$20,000 annually; $65,000 in aggregate per child

Source: US Department of Education, Federal Student Aid, https://studentaid.gov/help-center/answers/article/how-much-money-can-i-borrow-federal-student-loans; and One Big Beautiful Bill Act, H.R. 1, 119th Cong. (2025).

- Of $1 trillion in loans expected to be originated in the next decade, about half will go to graduate students, which account for less than 20% of total postsecondary enrollments. While undergraduate student loan limits are unchanged under OB3, historically, graduate students and parents of undergraduates could borrow up to an institution's cost of attendance.
- Moving forward, most graduate programs will face annual caps of $20,500, whereas professional programs including law, medicine, dentistry and other stipulated programs will be capped at $50,000. Overall, about 20% of master's students borrow above the new limits, a figure which climbs to 25% at private not-for-profit universities, and about 40% of medical students borrow above the $50,000 cap.

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Repayment reforms

- Historically, income-driven repayment plans (IDRs) have allowed borrowers to align repayments of loans to their incomes.
- Previous IDRs included, for example, SAVE and PAYE, which because of payment caps often resulted in low monthly payments and potentially significant levels of loan forgiveness.
- Effective July 1, 2026, OB3 eliminates all current IDRs for new borrowers and replaces them with 1) a standard plan and 2) the Repayment Assistance Plan (RAP).
- The standard plan amortizes on mortgage-type basis over 10 to 25 years, depending on the borrower's initial balance, whereas RAP varies payments with income but will require significantly higher payments than were required under prior IDRs. This is expected to result in faster repayment and less loan forgiveness.

Institutional accountability

- OB3 introduces a new "do no harm" test that revokes a degree-granting program's eligibility for federal student loans if graduate (i.e., associate, bachelor's, master's, doctoral, professional) earnings are too low.
- Under the test, median annual earnings of graduates are measured four years after program completion and compared to a benchmark chosen by program indicating what the graduate may have earned had they not pursued the degree in the first place. The idea is that if the earnings are below the benchmark, the program is likely not creating economic value and may be doing "harm" to students as a result.
- If a program fails the earnings benchmark test for two out of any three consecutive years, the program would no longer be eligible for federal loan disbursements.
- While only a small number of undergraduate programs are likely to be impacted, certain professional degree programs (particularly at for-profit institutions) could eventually lose eligibility under the new rules.

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Ramifications of changes to federal student aid programs

The aforementioned changes to federal student financial aid regulations introduced by OB3 are transformative and will present challenges to the sector. Key provisions and strategic recommendations for adapting to the new landscape are presented below.

1. Loan Caps and Potential Revenue Disruption:

- While loan limits for undergraduate students will be unchanged, graduate students and parents of undergraduate students will be subject to new annual and aggregate loan caps. Previously, loan limits for graduate students and parents of undergraduate students were limited to cost of attendance, which provided more borrower flexibility. Accordingly, undergraduate and graduate programs may be impacted by these new limits.

Recommendation: Engage academic affairs, institutional research, and career services in financial planning. Inform stakeholders (faculty, students, trustees) about financial changes and institutional responses. Planning should be revised to incorporate best- and worst-case financial aid scenarios, reflecting new borrowing limits and simulated impacts of loan caps.

2. Income-driven student loan repayment:

- The bill will prevent borrower balances from rising over time and require more rapid repayment by borrowers.

Recommendation: Factoring in how these changes may affect borrowing activity in financial aid scenarios and providing information to students and parents about the implications of these new rules will be critical.

3. Greater accountability for institutions:

- With some exceptions, the law makes institutions accountable for poor student outcomes and institutes a “do no harm” test that could result in the revocation of a degree program’s eligibility for federal loans if graduates’ earnings do not exceed certain levels. This could result in the loss of funding for some programs.

Recommendation: Funding will shift from enrollment-based to outcome-based models. Align academic offerings with labor market demands. Invest in predictive analytics to track student outcomes and financial exposures. Enhance alumni tracking systems to support earnings-based metrics.

4. Regulatory and Compliance Changes:

- Given these and other changes, managing compliance with financial aid programs will require new policies, procedures, and internal controls.

Recommendation: Institutions should expect greater scrutiny of program outcomes and have robust systems to monitor compliance.

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Thank you

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Questions?

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Annual Compliance Report

Gates Garrity-Rokous, Vice President and Chief Compliance Officer



Overview

- Risk Trends
- FY2026 Compliance Plan Focus Areas

Higher Education Risk Trends

Key Risk Drivers: FY2026

- Regulatory Expectations and Enforcement
- Academic Excellence and Research Innovation
- Wexner Medical Center
- Athletics Transformation
- Economic and Political Environment

Regulatory Expectations & Enforcement

Risk Drivers

KNOWN RISKS

- Continued new legislation and regulations
- Malign foreign influence and grant repayment
- Continuing regulatory/enforcement uncertainty

EMERGING RISKS

- DOJ enforcement
- Title VI and Title VII

FY2026 COMPLIANCE FOCUS

- SB-1 Compliance
- Continue improvements in issue response processes
- Continue to strengthen cross-unit capacity to address emerging issues

Academic Excellence & Research Innovation

Risk Drivers



KNOWN RISKS

- Competitive pressures and key opportunities requiring increase in speed of decision-making
- New secure research regulations



EMERGING RISKS

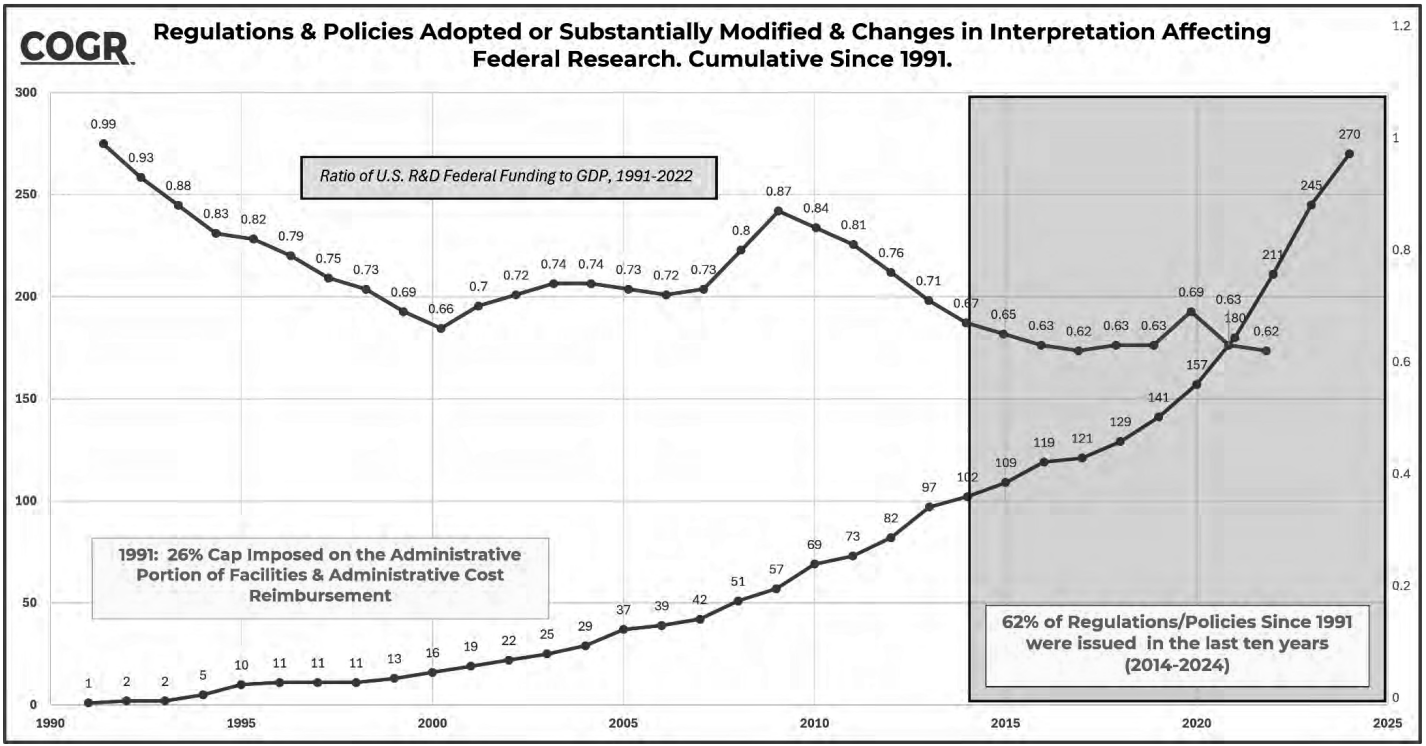
- AI technologies across all operations
- Cybersecurity 3rd party risks



FY2026 COMPLIANCE FOCUS

- AI risk assessment and support for development of controls and governance
- Focus on regulatory tollgates (key decision points)
- Continue to align controls and processes to obtain efficiencies and facilitate compliance

Research: Long-Term Regulatory Trend Continues



Wexner Medical Center

Risk Drivers

KNOWN RISKS

- New tower preparations and ongoing changes to operations
- Continuous expansion of services, novel business relationships, changes to regulations

EMERGING RISKS

- HIPAA privacy and challenges to data sharing for research purposes
- Cybersecurity 3rd party risks

FY2026 COMPLIANCE FOCUS

- Maintain focus on tailored risk programs and compliance auditing
- Extend alignment of WMC and campus information security efforts

Athletics Transformation

Risk Drivers

KNOWN RISKS

- Fundamental change in business model
- 2022 NCAA Major Case requiring continued monitoring and reporting

EMERGING RISKS

- New compensation models or requirements
- Competitive pressures across all operations

FY2026 COMPLIANCE FOCUS

- Continue rapid response to support strategic efforts to advance and align to industry changes
- Maintain focus on NIL and industry transition

Economic and Political Environment

Risk Drivers

KNOWN RISKS

- Efficiency priorities and need for continued simplification of operations
- External environment increases velocity and extent of concerns and reputational risks

EMERGING RISKS

- Ongoing uncertainty in regulatory and enforcement environment

FY2026 COMPLIANCE FOCUS

- Improve focus risk assessment capabilities to better support strategic prioritization
- Continue focus on concern reporting processes

THE OHIO STATE UNIVERSITY

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SUMMARY OF ACTIONS TAKEN

December 4, 2025 – Finance and Investment Committee Meeting

Members Present:

Tomislav B. Mitevski	Gary R. Heminger	Amy Chronis
Pierre Bigby	George A. Skestos	John W. Zeiger (ex officio)

Members Present via Zoom:

Kendall C. Buchan	Kent M. Stahl

Members Absent: N/A

PUBLIC SESSION

The Finance and Investment Committee of The Ohio State University Board of Trustees convened on Thursday, December 4, 2025, virtually and in person at Longaberger Alumni House on Ohio State's Columbus campus. Committee Chair Tomislav Mitevski called the meeting to order at 8:00 a.m.

Items for Discussion:

1. University Financial Scorecards: Senior Vice President and Chief Financial Officer Michael Papadakis, Vice President of Operations and Deputy Chief Financial Officer Kris Devine, and Wexner Medical Center Chief Financial Officer Richard Silveria provided a high-level overview of financial performance through the first quarter of FY 2026. Overall, revenue is ahead of plan, driven largely by higher-than-expected income from grants and contracts. This elevated grant and contract activity also fueled higher-than-budgeted expenses, but operating margin remains $37 million ahead of plan. The university's capital spending continues to taper down following a period of elevated investment.

   At the health system, strong performance in the first quarter was driven by strong surgical volumes, infusion activity as well as a favorable service mix. Total operating revenue during the quarter was $1.38 billion, compared to the budget of $1.35 billion. This puts the health system 2.3% ahead of budget and 16.3% ahead of FY25. The medical center closed Q1 with 126 days cash on hand compared to the target of 121.5.

   (See Attachment XLVI for background information, page 1377)

2. Advancement Update: Senior Vice President for External Affairs Michael Eicher began his report by explaining the structure of the new External Affairs unit. He then reviewed fundraising and engagement performance as of October 31, 2025. New fundraising activity, receipts, engaged donors and activated constituents are all on target, with all but one indicator ahead of plan.

   (See Attachment XLVII for background information, page 1380)

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Items for Action:

3. Approval of Minutes: No changes were requested to the August 13, 2025, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.
4. Resolution No. 2026-71, Approval of the FY25 Progress Report on the Ohio Task Force on Affordability and Efficiency in Higher Education Recommendations:

   Synopsis: Approval of Ohio State's FY24 progress report on the Ohio Task Force on Affordability and Efficiency recommendations, which will be submitted to the Chancellor of Higher Education, is proposed.

   WHEREAS Governor John R. Kasich established the Ohio Task Force on Affordability and Efficiency in Higher Education in 2015 to recommend solutions for state colleges and universities to enhance affordability and efficiency; and

   WHEREAS The Ohio State University supported the goals and work of this task force; and WHEREAS the task force delivered its recommendations in the report "Action Steps to Reduce College Costs" on October 1, 2015; and

   WHEREAS House Bill 49 (Section 381.550) requires the Board of Trustees of each state college and university to approve an efficiency report based on the task force recommendations each fiscal year and submit it to the Chancellor of Higher Education; and

   WHEREAS consultations have taken place within the university to review and apply the recommendations to Ohio State's circumstances; and

   WHEREAS Ohio State's strategic goal, focused on operational excellence and resource stewardship, is in strong alignment with task force recommendations:

   NOW THEREFORE

   BE IT RESOLVED, That the Board of Trustees hereby approves the university's FY25 progress report in response to the task force recommendations, as detailed in the attached document; and BE IT

   FURTHER RESOLVED, That the attached document be delivered to the Chancellor of the Ohio Department of Higher Education.

   (See Appendix LV for background information, page 1713)

5. Resolution No. 2026-72, Authorization to Approve Golf Course Dues and Fees:
   Synopsis: Approval of golf course membership dues and fees for calendar year 2026 at the recommended levels is requested.

   WHEREAS The Ohio State University Department of Athletics has a long history of self-sustainability in supporting 36 world-class athletics programs and providing needed revenues back to the university for scholarships and academic programs; and

   WHEREAS each year the Athletic Council reviews projections for the coming year's budget and recommends golf course membership dues and fees; and

   WHEREAS the Athletic Council has approved the golf course membership dues and fees as shown on the attached document; and

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WHEREAS the Athletic Council's recommendations have been reviewed and are recommended by the appropriate University administration:

NOW THEREFORE

BE IT RESOLVED, That the recommended golf course membership dues and fees for calendar year 2026 be approved.

(See Appendix LVI for background information, page 1730)

6. Resolution No. 2026-73, Approval of the University Foundation Report:

Synopsis: Approval of the University Foundation Report as of October 31, 2025, is proposed.

WHEREAS monies are solicited and received on behalf of the university from alumni, industry, and various individuals in support of research, instructional activities, and service; and

WHEREAS such gifts are received through The Ohio State University Foundation; and

WHEREAS this report includes: (i) the establishment of one (1) endowed chair as part of the Provost's Endowed Chair Matching Program: the Eric Byron Fix-Monda Endowed Chair; two (2) endowed chairs: the Seth Andre Myers Chair in Global Military History and the Weary Foundation Endowed Chair in Social Psychology ; one (1) endowed chair fund as part of the Provost's Endowed Chair Matching Program: the Horticulture and Crop Science Chair Fund for Future Molecular Plant Scientists - Bridging University Research and High School Classrooms; three (3) endowed professorships: The William E. and Charlotte Curtis Hunt Professorship in the Department of Neurosurgery, The Daniel H. Reigle Endowed Professorship in Sarcoma Research and Care, the Elizabeth McKeever Ross Professorship; five (5) scholarships as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; and thirty-four (35) additional named endowed funds; (ii) the revision of thirteen (13) named endowed funds:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves The Ohio State University Foundation Report as of October 31, 2025.

(See Appendix LVII for background information, page 1732)

7. Resolution No. 2026-74, Naming of the Herbert J. Block Memorial Tournament Patient Registration:

IN THE OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER –
ARTHUR G. JAMES CANCER HOSPITAL AND RICHARD J. SOLOVE RESEARCH INSTITUTE

Synopsis: Approval for the naming of the registration room in The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, located at 460 W. 10th Avenue on The Ohio State University Wexner Medical Center campus, is proposed.

WHEREAS The University Hospital tower expansion of the Wexner Medical Center's campus is the largest project in Ohio State's history; and

WHEREAS the James Cancer Hospital and Solove Research Institute patient registration has been remodeled as a part of the construction of the University Hospital tower; and

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WHEREAS the Herbert J. Block Memorial Tournament has provided significant contributions to the building fund for the James Cancer Hospital and Solove Research Institute; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Herbert J. Block Memorial Tournament's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named the Herbert J. Block Memorial Tournament Patient Registration.

8. Resolution No. 2026-75, Naming of the Harry T. Mangurian, Jr. Foundation Visitor Lounge:

IN THE JAMES OUTPATIENT CARE

Synopsis: Approval for the naming of the visitor lounge in The Ohio State University Wexner Medical Center James Outpatient Care facility, located at 2121 Kenny Rd, is proposed.

WHEREAS The James Outpatient Care facility provides convenient access to state-of-the-art health services for The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC – James) patients; and

WHEREAS the facility includes a variety of services supporting the James Cancer Hospital and Solove Research Institute program; and

WHEREAS The Harry T. Mangurian, Jr. Foundation has provided significant contributions to the OSUCCC – James and the James Outpatient Care facility; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of the aforementioned donor's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the internal space (Rooms X602L, 6000) be named the "The Harry T. Mangurian, Jr. Foundation Visitor Lounge."

9. Resolution No. 2026-76, Naming of the James L. Prusa Turfgrass Innovation Lab:

AT THE COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES
WOOSTER CAMPUS

Synopsis: Approval for the naming of the turfgrass innovation lab in the Secrest Welcome and Education Center at the College of Food, Agricultural, and Environmental Sciences (CFAES)Wooster Campus, located at 2122 Williams Road, Wooster, OH, is proposed.

WHEREAS Ohio State ATI on the CFAES Wooster Campus strives to offer quality educational programs to prepare students in agriculture, horticulture and environmental sciences to be technically competent and self-reliant in a global society; and

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WHEREAS the Ohio State ATI Turfgrass Management program is a popular field of study preparing students for a future in the science and business related to turfgrasses in commercial, residential and recreational settings; and

WHEREAS John Prusa and Mary Prusa have provided significant contributions to the CFAES Wooster Turf Facilities Project; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of John Prusa and Mary Prusa's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named the James L. Prusa Turfgrass Innovation Lab.

10. Resolution No. 2026-77, Naming of the Kimmet Family Capstone Room:

IN SCOTT LABORATORY

Synopsis: Approval for the naming of Capstone Room A (room W258) in Scott Laboratory, located at 201 W 19th Ave, is proposed.

WHEREAS The capstone sequence in mechanical engineering in the College of Engineering is intended to provide experience in the design process and bring together and reinforce knowledge and skills learned throughout the program; and

WHEREAS the classrooms provided by the capstone sequence are undergoing renovations and equipment upgrades to better serve the needs of students completing their capstone projects; and

WHEREAS Daniel Kimmet has provided significant contributions to the mechanical engineering capstone lab's development; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Daniel Kimmet's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named the Kimmet Family Capstone Room.

11. Resolution No. 2026-78, Naming of the Minnie M. McGee Academic Success Hub:

IN HITCHCOCK HALL

Synopsis: Approval for the naming of the CARE Student Lounge in Hitchcock Hall, located at 2070 Neil Ave, is proposed.

WHEREAS The Office of Community, Access, Retention, and Empowerment (CARE) plays a unique role in strategic enrollment, planning, supporting student persistence in STEM, and supports the university's land-grant mission in the College of Engineering by creating an environment where everyone thrives; and

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WHEREAS the CARE lounge space was designed to support and motivate academic growth for all College of Engineering students, offering tutoring, supplemental instruction, and self-care items; and

WHEREAS Herbert Robinson and Barbara Sferra have provided significant contributions to the College of Engineering; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Herb Robinson and Barbara Sferra's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named the Minnie M. McGee Academic Success Hub.

12. Resolution No. 2026-79, Naming of Internal Spaces – University Hospital:

IN UNIVERSITY HOSPITAL

Synopsis: Approval for the naming of internal spaces in the University Hospital located at 650 W. 10th Avenue is proposed.

WHEREAS The Ohio State University is taking a major step forward with the development of the new University Hospital that, combined with modern educational space, will enhance a unified Ohio State Wexner Medical Center campus; and

WHEREAS the Ohio State Wexner Medical Center campus provides leading-edge research, outstanding clinical training and world-class patient care; and

WHEREAS the following donors have provided significant contributions to the Wexner Medical Center and University Hospital; and

- The Walsh Group
- The Harry T. Mangurian, Jr. Foundation
- Douglas W. Armbrust, MD '67
- Jane's Room

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of the aforementioned donors' philanthropic support, the Board of Trustees hereby approves in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned spaces be named the following:

- Lampert Family Auditorium
- The Harry T. Mangurian, Jr. Foundation Visitor Lounge (Rooms 14000, X1403L, 14040)
- Gift in memory of William and Peg Armbrust by their grateful son, Douglas W. Armbrust, MD '67 (Room 17582)
- Jane's Room (Room 23420)

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13. Resolution No. 2026-80, Naming of Internal Spaces – Multispecies Animal Learning Complex:

IN THE MULTISPECIES ANIMAL LEARNING COMPLEX

Synopsis: Approval for the naming of internal spaces in the Multispecies Animal Learning Complex (MALC), located in the Waterman Agricultural and Natural Resources Laboratory, is proposed.

WHEREAS The College of Food, Agricultural, and Environmental Sciences (CFAES) works to sustain life every day through teaching, research, and extension statewide on all of our campuses; and

WHEREAS the MALC will support the CFAES mission of education, research, and outreach and engagement by bringing people and animals together in a state-of-the-art facility that will be used by Ohio State students and public learners of all ages alike; and

WHEREAS the donors listed below have provided significant contributions toward the construction of the MALC; and

- Russell and Brenda Simmonds
- VAL-CO

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy, and if at any time following the approval of a naming, circumstances change so that the continued use of the name may compromise the integrity or reputation of the University, the University may remove the name with the approval of the President and the Board of Trustees and notification of the Donors, if possible:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of the aforementioned donors' philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned spaces be named the following:

- Dr. Charles H. Ingraham Memorial Lobby
- VAL-CO Broiler Room (room D113)

14. Resolution No. 2026-81, Naming of Internal Spaces – Engineering Research and Education Laboratories:

IN ENGINEERING RESEARCH AND EDUCATION LABORATORIES

Synopsis: Approval for the naming of internal spaces in Engineering Research and Education Laboratories, located at the corner of Woodruff Ave and College Rd, is proposed.

WHEREAS The College of Engineering's new Engineering Research and Education Laboratories is being built to capitalize on the momentum and gains in education, research, innovation, and economic well-being; and

WHEREAS Engineering Research and Education Laboratories will create collaborative spaces for the university's highly ranked Departments of Materials Science and Engineering, Biomedical Engineering and Chemical and Biomolecular Engineering, spurring new ways of conducting research, new improvements to human health and new partnerships to advance Ohio businesses; and

THE OHIO STATE UNIVERSITY

WHEREAS the donors listed below have provided significant contributions to the construction of Engineering Research and Education Laboratories and

- Douglas E. Herr and Jane F. Maliszewski
- George E. Smith and Gretchen D. Smith
- James L. Balthaser and Anita Y. Balthaser
- Victor H. Yin and Kuei-Chun Yin
- Edward G. Smariga and Pamela D. Smariga
- Thomas J. Paquin, Suzanne R. Paquin, Joseph H. Paquin Jr. and Betsy C. Paquin
- Susan M. Sand and Timothy J. Sand
- Allan V. Johnson
- William A. Baeslack III and Michelle L. Baeslack
- Srinivasan K. Ganapathi and Nivedita Ganapathi
- Dorie-Ellen N. Eisenman
- Doruk A. Borekci and Ece Borekci
- Ann E. Schavey and Larry D. Schavey
- Byrne Family Foundation Agency
- Lincoln Electric Foundation

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of the aforementioned donors' philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned spaces be named the following:

- Douglas "Ben" Herr and Jane Maliszewski Impact Engineering Lab (room 4260)
- Douglas "Ben" Herr and Jane Maliszewski Impact Engineering Collaboration Space (room 4319)
- The George and Gretchen Smith Lab (room 1230)
- The James L. and Anita Y. Balthaser Lobby (X104L)
- The Victor Yin EED Teaching Prep Room (room 1210)
- Smariga Collaboration Space (room 2235)
- The Joseph and Mary Jane Paquin Makerspace Office (room 1320)
- Tim and Susan Sand Conference Room (room 2243)
- The Allan V. Johnson Reception Area (room 6300)
- Bud and Shelley Baeslack Conference Room (room 6215)
- KG and Nivedita Ganapathi IBE Innovation Space (room 3243)
- The Mark Eisenman Family Collaboration Space (room 2227)
- The Ece & Doruk Borecki Family Huddle Room (room 2229)
- The Schavey Family Graduate Office (room 5229)
- The Byrne Family Foundation Collaboration Space (room 1227)
- Lincoln Electric Foundations Lab (room 1240)
- Lincoln Electric Collaboration Space (room 1235)
- Lincoln Electric Conference Room (room 1243)
- Lincoln Electric Huddle Room (room 1229)
- Lincoln Electric Collaboration Space (room 1241)

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15. Resolution No. 2026-82, Naming of Engineering Research and Education Laboratories:

IN THE COLLEGE OF ENGINEERING

Synopsis: Approval for the administrative naming of the Engineering Research and Education Laboratories at the corner of W Woodruff Avenue and College Road, is proposed.

WHEREAS The renovation and construction at this facility is almost complete and will maximize collaborative research and learning and capitalize on momentum in education, research, innovation and economic well-being, and

WHEREAS this name accurately reflects the purpose and current naming standards within the College of Engineering; and

WHEREAS the College of Engineering recommends and Planning, Architecture and Real Estate reviewed these changes; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named Engineering Research and Education Laboratories (Building 0265).

16. Resolution No. 2026-65, Approval to Enter Into/Increase Professional Services and Enter Into/Increase Construction Contracts:

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACTS
EAST HOSPITAL – TOWER – ELEVATOR RENOVATIONS

APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS
EAST HOSPITAL – FIRE SUPPRESSION
NEWTON HALL AHU REPLACEMENTS
VMA – LIBRARY REDESIGN

APPROVAL TO INCREASE CONSTRUCTION CONTRACTS
COLLEGE ROAD REBUILD
DENTAL SIMULATION SPACE MODERNIZATION
OHIO STADIUM, WHAC AUDIO AND VIDEO UPGRADES
WMC OUTPATIENT CARE POWELL

Synopsis: Authorization to enter into/increase professional services and construction contracts, as detailed in the attached materials, is proposed.

WHEREAS in accordance with the attached materials, the University desires to enter into professional services contracts for the following project; and

	Prof. Serv. Approval Requested	Total Requested	
East Hospital – Tower – Elevator Renovations	$1.7M	$1.7M	Auxiliary funds

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WHEREAS in accordance with the attached materials, the University desires to enter into/increase professional services contracts and enter into/increase construction contracts for the following projects; and

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Requested	
East Hospital – Fire Suppression	$0.6M	$6.8M	$7.4M	Auxiliary funds
Newton Hall AHU Replacements	$3.4M	$8.6M	$12.0M	University funds
VMA – Library Redesign	$0.7M	$3.8M	$4.5M	University funds

WHEREAS in accordance with the attached materials, the University desires to enter into/increase construction contracts for the following projects; and

	Construction Approval Requested	Total Requested	
College Road Rebuild	$0.8M	$0.8M	University debt
Dental Simulation Space Modernization	$16.0M	$16.0M	University debt University funds State funds
Ohio Stadium, WHAC Audio and Video Upgrades	$6.5M	$6.5M	Auxiliary funds University debt
WMC Outpatient Care Powell	$4.7M	$4.7M	Auxiliary funds

WHEREAS the Master Planning and Facilities Committee has reviewed the projects listed above for alignment with all applicable campus plans and guidelines; and

WHEREAS the Finance Committee has reviewed the projects listed above for alignment with the Capital Investment Plan and other applicable financial plans.

NOW THEREFORE

BE IT RESOLVED, that the Board of Trustees hereby approves that the fiscal year 2026 Capital Investment Plan be amended to include professional services and construction approval for the College of Veterinary Medicine Library Redesign project and additional construction funding for the Dental Simulation Space Modernization project; and

NOW THEREFORE

BE IT RESOLVED, that the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance be authorized to enter into/increase professional services and construction contracts for the projects listed above in accordance with established university and State of Ohio procedures, with all actions to be reported to the board at the appropriate time.

(See Appendix XLIX for background information, page 1557)

THE OHIO STATE UNIVERSITY

17. Resolution No. 2026-70: Approval for Acquisition of Real Property – 941 Chatham Lane:

2.646 +/- ACRES AT 941 CHATHAM LANE,
COLUMBUS, FRANKLIN COUNTY, OHIO

Synopsis: Authorization to acquire real property located at 941 Chatham Lane, Columbus, Ohio, is proposed.

WHEREAS The Ohio State University seeks to acquire 2.646 acres of improved real property located at 941 Chatham Lane, Columbus, Ohio, identified as Franklin County parcel number 010-003322 at a price of $3,550,000; and

WHEREAS the acquisition of this property supports the strategic investment of land assets in support of the university's current and future needs; and

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance shall be authorized to take any action required to effect the purchase of the aforementioned property upon terms and conditions deemed to be in the best interest of the university and at a purchase price at or below the appraised value.

(See Appendix LIV for background information, page 1711)

Action: Upon motion of Mr. Mitevski, seconded by Mr. Skestos, the foregoing motions were adopted by roll-call vote with the following members present and voting: Mr. Mitevski, Mr. Bigby, Mr. Heminger, Mr. Skestos, Dr. Buchan, Ms. Chronis, Mr. Stahl and Mr. Zeiger.

Written Reports
In the public session materials, there were two written reports for the committee to review:

a. FY26 Interim Financial Report
(See Attachment XLVIII for background information, page 1381)

b. Detailed Foundation Report
(See Attachment XLIX for background information, page 1386)

EXECUTIVE SESSION

It was moved by Mr. Mitevski and seconded by Mr. Bigby that the committee recess into executive session to consider business-sensitive trade secrets. A roll-call vote was taken, and the committee voted to go into executive session with the following members present and voting: Mr. Mitevski, Mr. Bigby, Mr. Heminger, Mr. Skestos, Dr. Buchan, Ms. Chronis, Mr. Stahl and Mr. Zeiger.

The committee entered into executive session at 8:24 a.m. and adjourned at 10:23 a.m.

CONSOLIDATED FINANCIAL SCORECARD

Enterprise Operating Activity	FY26 YTD Actual	FY26 YTD Plan		Status
1. Sources	$2.74B	$2.70B		101.4%
2. Uses	$2.60B	$2.60B		100.0%
3. Sources less Uses	$140M	$103M		136.5%

Capital Projects / Debt Service	FY26 YTD Actual	FY26 YTD Plan		Status
1. Capital Spend Activity - All sources	$255M	$188M		135.6%
2. Net Capital Spend Activity - Cash	$188M	$160M		117.5%
3. Debt Service	$2.6M	$3.2M		79.0%

Liquidity	FY26 YTD Actual	Target		Status
1. Operating Liquidity - Days Cash on Hand	111	Policy > 90 Days		Stable
2. Total Enterprise Liquidity - Days Cash on Hand	199	> 180 Days		Stable

Investment Performance

Operating Funds	FY26 YTD Actual	Benchmark		Status
FYTD Performance	1.35%	1.19%		+0.16%
3-Year Performance	5.51%	4.77%		+0.75%

Long Term Investment Pool	FY26 YTD Actual	Benchmark		Status
FYTD Performance	4.32%	6.91%		-2.59%
3-Year Performance	12.40%	14.99%		-2.59%

Institutional Financial Metrics	FY26 YTD Actual	Target		Status
1. Credit Rating	Aa1 / AA+ / AA+	Aa1 / AA+ / AA+		Stable
2. Debt Service to Operating Expenses (OpEx)	1.7%	< 4.0%		Stable
	FY26 YTD Actual	**Target**		**Status**
3. Debt Service Coverage (EBIDA/DS) (FYE25 - Est)	4.3x	> 3.0x		Stable
	FY26 YTD Actual	**FYE 25 Unaudited**		**Status**
4. Cash & Investments to OpEx	1.23x	1.21x		Stable

UNIVERSITY FINANCIAL SCORECARD

University Operating Activity	FY26 YTD Actual	FY26 YTD Plan	Status
1. Sources	$1.11B	$1.10B	100.9%
2. Uses	$1.10B	$1.09B	100.1%
3. Sources less Uses	$14M	$6M	224.5%

Revenue Drivers	FY26 YTD Actual	FY26 YTD Plan	Status
1. Enrollment - summer, autumn	88,626	87,806	100.9%
2. Credit Hours - summer, autumn	1,067,525	1,050,437	101.6%
3. Tuition and Fees, gross	$264M	$266M	99.6%
4. Total Grants and Contracts (Exchange & Non-Exchange)	$310M	$292M	106.2%
5. State Operating Support	$133M	$133M	100.0%
6. LTIP Distributions	$111M	$114M	97.0%
7. Fundraising - Current Use Cash Receipts	$27M	$35M	76.2%
8. Net Contribution from Auxiliary Enterprises (Operating)	-$28M	-$25M	87.6%

Performance Metrics	FY26 Actual	FY25 Actual	Status
1. New first year student retention	94.0%	94.2%	99.8%
2. Four year graduation rate	69.7%	72.8%	95.7%
3. Six year graduation rate	87.7%	87.7%	100.0%

MEDICAL CENTER FINANCIAL SCORECARD

Medical Center Operating Activity	FY26 YTD Actual	FY26 YTD Plan	Status
1. Sources	$1.41B	$1.38B	102.5%
2. Uses	$1.28B	$1.28B	100.6%
3. Sources less Uses, Operating	$129M	$103M	125.6%
4. Income Statement: Excess of Revenue over Expense	$81M	$54M	150.4%
5. OSUP Sources less Uses	-$1.1M	$2.5M	-43.3%

Revenue Drivers	FY26 YTD Actual	FY26 YTD Plan	Status
1. Patient Discharges	15,526	15,862	97.9%
2. Total Surgeries	15,499	15,271	101.5%
3. Outpatient Visits	468,454	460,097	101.8%
4. ED Visits	24,576	25,424	96.7%

Performance / Activity Metrics	FY26 YTD Actual	FY26 YTD Plan	Status
1. Operating EBIDA Margin	15.2%	13.6%	111.9%
2. Total Health System Liquidity - Days Cash on Hand	126.0 Days	121.5 Days	Stable
3. Health System Operating Liquidity - Days Cash on Hand	77.6 Days	75.7 Days	Stable
4. Debt Service Coverage	7.6x	6.7x	Stable

Status

- Meets
- Below Expectation
- Far Below

THE OHIO STATE UNIVERSITY

FUNDRAISING & ENGAGEMENT SCORECARD

BOARD OF TRUSTEES MEETING | December 2025

DATA THROUGH October 31, 2025	FY26 GOAL	FY 26 TO 10/31	3 FY AVG TO 10/31	FY 26 YTD TARGET %
FISCAL YEAR MEASURES				
NEW FUNDRAISING ACTIVITY	$700M	$247.4M	$226.9M	107%
RECEIPTS	$540M	$164.5M	$163.6M	112%
DONORS	227,000	145,027	130,287	110%
ACTIVATED CONSTITUENTS*	275,000	153,312	-	99%

MEASURE DESCRIPTIONS:

- **NEW FUNDRAISING ACTIVITY:** Total value of all new donor commitments, including gifts, pledges, planned gifts, and private grants
- **RECEIPTS:** Actual funds and assets received from donors, including payments on gifts, pledges, planned gifts, and grants.
- **DONORS:** Total number of unique donors in the fiscal year.
- **ACTIVATED CONSTITUENTS:** Total number of unique individuals contributing time, talent, and/or treasure in the philanthropic phases of the Advancement Continuum.

***:** This is a new measure and FY26 will provide baseline data to inform future goals. The target % is based on a two-year average pace.

THE OHIO STATE UNIVERSITY

TOPIC: Fiscal Year 2026 Interim Financial Report – September 30, 2025

CONTEXT: The purpose of this report is to provide an update of financial results for the three months ending September 30, 2025.

FINANCIAL SUMMARY

The university's overall financial position remains strong. Operating revenues increased $229 million in the first quarter of fiscal year 2026 compared to the first quarter of fiscal year 2025, driven primarily by strong growth in healthcare revenues. Specific impacts include:

- A $241 million increase in healthcare revenues, driven primarily by higher surgical volumes, infusion activity and a favorable service mix.
- A $17 million decrease in student tuition, due primarily to a later start date for Autumn semester.

The year-to-date increase in net position was $378 million, down $5 million compared to the prior year's increase in net position of $383 million. The change relates primarily to a $26 million decrease in year-to-date net investment income, which was partially offset by a $17 million reduction in net operating loss. The reduction in net operating loss is primarily driven by faster growth of healthcare revenue compared to healthcare expenses. Additional details on university revenues, expenses, cash and investments, debt, and cash flows are provided below.

Revenues
Student tuition and fees, net - decreased $17 million or 7%, to $213 million for the first quarter of fiscal year 2026 compared to the first quarter of fiscal year 2025, due primarily to a decrease in gross tuition and other student fees of $23 million, offset by a decrease in scholarship allowances of $6 million. The decreases in gross tuition revenue and scholarship allowances are primarily driven by a later start date for the Autumn 2025 semester, which reduced the number of days of revenue and scholarship allowance recognized through September 30. Overall university Autumn enrollments increased 0.6%. For undergraduates in the AU25 Tuition Guarantee Group, Instructional and General fees increased 3% and Non-Resident Fees increased 7.5%. For graduate students, Instructional and General Fees increased 3% and Non-Resident Fees increased 4%.

Grants and contracts – increased $1 million in the first quarter of fiscal year 2026 compared to the first quarter of fiscal year 2025 due primarily to increases in federal grants of $2 million and private grants of $3 million, which were partially offset by a decrease in state grants of $4 million. The increase in federal grants and contracts relates primarily to increases from the Department of Agriculture.

Gifts – increased $5 million over the prior year due primarily to an increase in endowment gifts of $14 million, which was partially offset by decreases in current-use gifts (down $6 million) and private capital gifts (down $3 million).

Sales and services of auxiliary enterprises - increased $1 million over the prior year. Athletics revenues increased $9 million, driven primarily by the number and timing of home football games compared to the prior year. The increase in Athletics revenue was offset by a $6 million decrease in revenues related to the timing of stadium shows compared to the prior year and a $4 million decrease in housing and dining revenues, reflecting the later start date for the Autumn 2025 semester.

Sales and services of the OSU Health System and OSU Physicians, Inc - increased $241 million to $1,830 million. Health System revenues increased $205 million, driven by higher surgical volumes, infusion activity as well as a favorable service mix. Additionally, Specialty Outpatient Pharmacy activity was favorable in the first quarter contributing to the strong results. OSU Physicians revenues increased $36 million due to continued investment in primary care and community outreach services, growth of specialty services, expansion in regional outpatient clinics, and increased surgical capacity with expansion of operating hours and investment in community anesthesia providers.

Expenses
University – expenses increased $20 million to $959 million in the first quarter of fiscal year 2026. Salaries increased $15 million, or 4%, primarily due to a 3.5% increase in faculty and staff salary guidelines and additional investments in human capital related to strategic investments in academic excellence and research and to address market wage pressures. Benefits increased $9 million, reflecting increases in medical costs and higher retirement contributions due to an increasing salary base. Supplies and services increased $3 million, primarily due to an increase in purchased services. These increases were partially offset by decreases in fee authorizations for graduate associates (down $5 million) and scholarships (down $3 million), reflecting the later start date for the Autumn 2025 semester.

OSU Health System and OSU Physicians – expenses, including depreciation and interest expenses, increased $187 million to $1,729 million in the first quarter of fiscal year 2026. The Health System continues to focus on throughput, workforce retention, and recruiting in preparation for the opening of the new Inpatient Tower. The Health System's expenses and labor management were strong and in line with volumes through the first quarter of FY2026. OSU Physicians increased $35 million, primarily due to higher provider expenses associated with investment in patient care services growth and access improvement.

Auxiliary – expenses increased $6 million to $126 million in the first quarter of fiscal year 2026, primarily reflecting increases in salaries (up $3 million), benefits (up $1 million) and supplies and services (up $2 million, primarily driven by increases in housing and dining expenses).

Cash and Investments
For the quarter ending September 30, 2025, total university cash and investments increased $526 million to $12,847 million compared to June 30, 2025, primarily due to increases in temporary investments (up $147 million), Long-Term Investment Pool (up $294 million) and cash (up $78 million). Additional details for the Long-Term Investment Pool and temporary investments are provided below.

Long-Term Investment Pool and Temporary Investments
For the three months ending September 30, 2025, the fair value of the university's Long-Term Investment Pool increased by $294 million to $8,914 million. Changes in total valuation compared to the prior year are summarized below:

	2026	2025
Market Value at July 1	$ 8,619,921	$ 7,931,714
Net Principal Additions	24,997	9,720
Change in Market Value	342,875	338,751
Income Earned	50,782	52,475
Distributions	(84,100)	(78,950)
Expenses	(40,491)	(37,813)
Market Value at September 30	$ 8,913,984	$ 8,215,897

Net principal additions include new endowment gifts ($24.8 million), reinvestment of unused endowment distributions ($4.4 million), and other net transfers of university monies (-$6.2 million). Change in fair value includes realized gains (losses) on the sale of investment assets and unrealized gains (losses) associated with assets held in the pool on September 30, 2025. Income earned includes interest and dividends and is used primarily to help fund distributions. Expenses include investment management expenses ($22.8 million), University Development related expenses ($15.5 million), and other administrative-related expenses ($0.2 million).

LTIP Investment Returns
For the three months ending September 30, 2025, the LTIP earned a return, net of investment fees, of 4.32%. The comparable three months ending September 30, 2024 saw a net investment return of 4.69%. The rolling 1-year return as of September 30, 2025 is 11.41%.

Temporary Investments
For the three months ending September 30, 2025, the Tier 1 Investments earned a return of 1.18%, outperforming the Bank of America ML 90-day T-Bill (1.07%) by 0.11%. Tier 2 Investments earned 1.44%, outperforming the blended benchmark of ICE Bofa US Corp & Govt 1-3 Years, BBG US Govt/Credit 1-5 Years, BBG US Ag Govt/Cr Intrmd, and ICE Bofa US Treasury 1-10 (1.26%) by 0.18%.

For the comparable three months ending September 30, 2024, the Tier 1 Investments earned a return of 1.38%. Tier 2 Investments returned 3.40% for the same time period.

Other Assets and Liabilities
Accounts receivable increased $72 million, driven primarily by increases in Health System patient care receivables (up $102 million) and tuition receivables (up $50 million), which were partially offset by decreases in grant and contract receivables (down $66 million) and Athletics receivables (down $12 million). Prepaid expenses increased $204 million, primarily due to increases of $186 million in scholarships and fee authorizations for graduate associates which are recognized as expense over the course of the semester. Deposits and advance payments for goods and services were up $559 million, primarily due to increases of $480 million for tuition and fees and $78 million in Student Life Housing and Dining receipts for fall semester. These amounts will be recognized as revenue over the course of the semester.

Debt
Total university debt decreased $19 million, to $4,347 million at September 30, 2025, primarily reflecting principal payments.

Cash Flows
University cash and cash equivalents increased $78 million in the first quarter of fiscal year 2026. Net cash provided by operating activities was $149 million, compared to net cash provided by operating activities of $50 million in the first quarter of the prior year. The increase in operating cashflows relates primarily to increases in receipts from sales and services and tuition, partially offset by payments made to employees and vendors. Net cash provided by noncapital financing activities was stable, decreasing $2 million to $236 million. Net cash used by capital financing activities increased $70 million, to $289 million in the first quarter of fiscal year 2026, primarily reflecting capital expenditures. Net cash used by investing activities was $18 million, primarily reflecting net purchases of investments.

THE OHIO STATE UNIVERSITY
CONSOLIDATED STATEMENTS OF NET POSITION - UNAUDITED
September 30, 2025 and June 30, 2025
(in thousands)

	As of September 2025	As of June 2025	Increase/(Decrease) Dollars	Increase/(Decrease) %
ASSETS:				
Current Assets:				
Cash and cash equivalents	$ 802,583	$ 724,747	$ 77,836	10.7%
Temporary investments	2,804,345	2,656,861	147,484	5.6%
Accounts receivable, net	1,323,213	1,250,771	72,442	5.8%
Notes receivable - current portion, net	6,456	6,456	-	0.0%
Pledges receivable - current portion, net	59,981	60,106	(125)	-0.2%
Accrued interest receivable	25,513	24,781	732	3.0%
Inventories, prepaid expenses, and other assets	427,967	219,721	208,246	94.8%
Investments held under securities lending program	2,004	925	1,079	100.0%
Total Current Assets	5,452,062	4,944,368	507,694	10.3%
Noncurrent Assets:				
Unexpended bond proceeds	54,228	54,375	(147)	-0.3%
Notes receivable, net	23,599	23,741	(142)	-0.6%
Pledges receivable, net	174,476	174,476	-	0.0%
Net other post-employment benefit asset	357,668	357,668	-	0.0%
Long-term investment pool	8,913,984	8,619,921	294,063	3.4%
Other long-term investments	270,232	264,581	5,651	2.1%
Leases receivable, net	66,000	66,001	(1)	0.0%
Other noncurrent assets	359,955	359,955	-	0.0%
Capital assets, net	9,557,257	9,444,618	112,639	1.2%
Total Noncurrent Assets	19,777,399	19,365,336	412,063	2.1%
Total Assets	25,229,461	24,309,704	919,757	3.8%
Deferred Outflows:				
Pension	718,996	718,996	-	0.0%
Other post-employment benefits	17,543	17,543	-	0.0%
Other deferred outflows	43,037	43,298	(261)	-0.6%
Total Assets and Deferred Outflows	$ 26,009,037	$ 25,089,541	$ 919,496	3.7%
LIABILITIES AND NET POSITION:				
Current Liabilities:				
Accounts payable and accrued expenses	$ 1,047,966	$ 1,035,604	$ 12,362	1.2%
Deposits and advance payments for goods and services	971,795	412,505	559,290	135.6%
Current portion of bonds, notes and leases payable	126,414	126,414	-	0.0%
Long-term bonds payable, subject to remarketing	603,820	603,820	-	0.0%
Liability under securities lending program	2,004	925	1,079	100.0%
Other current liabilities	121,835	126,809	(4,974)	-3.9%
Total Current Liabilities	2,873,834	2,306,077	567,757	24.6%
Noncurrent Liabilities:				
Bonds, notes and leases payable	3,140,665	3,152,608	(11,943)	-0.4%
Concessionaire payable	475,639	482,717	(7,078)	-1.5%
Net pension liability	3,688,568	3,688,568	-	0.0%
Net other post-employment benefit liability	22,317	22,317	-	0.0%
Compensated absences	261,403	253,423	7,980	3.1%
Self-insurance accruals	102,480	107,571	(5,091)	-4.7%
Amounts due to third-party payors - Health System	63,857	63,857	-	0.0%
Irrevocable split-interest agreements	36,580	36,269	311	0.9%
Refundable advances for Federal Perkins loans	15,166	15,362	(196)	-1.3%
Advance from concessionaire	914,634	920,533	(5,899)	-0.6%
Other noncurrent liabilities	412,991	413,487	(496)	-0.1%
Total Noncurrent Liabilities	9,134,300	9,156,712	(22,412)	-0.2%
Total Liabilities	12,008,134	11,462,789	545,345	4.8%
Deferred Inflows:				
Parking service concession arrangement	424,048	426,917	(2,869)	-0.7%
Pension	124,296	124,296	-	0.0%
Other post-employment benefits	107,893	107,893	-	0.0%
Other deferred inflows	457,499	458,079	(580)	-0.1%
Total Deferred Inflows	1,113,736	1,117,185	(3,449)	-0.3%
Total Net Position	12,887,167	12,509,567	377,600	3.0%
Total Liabilities, Deferred Inflows, and Net Position	$ 26,009,037	$ 25,089,541	$ 919,496	3.7%

THE OHIO STATE UNIVERSITY
CONSOLIDATED STATEMENTS OF REVENUES, EXPENSES,
AND CHANGES IN NET POSITION - UNAUDITED
For the Three Months Ended September 30, 2025 and September 30, 2024
(in thousands)

	September 2025	September 2024	Increase/(Decrease) Dollars	Increase/(Decrease) %
Operating Revenues:				
Student tuition and fees, net	$ 213,074	$ 229,822	$ (16,748)	-7.3%
Federal grants and contracts	135,207	133,413	1,794	1.3%
State grants and contracts	24,609	28,783	(4,174)	-14.5%
Local grants and contracts	6,749	7,127	(378)	-5.3%
Private grants and contracts	108,366	105,056	3,310	3.2%
Sales and services of educational departments	59,880	55,177	4,703	8.5%
Sales and services of auxiliary enterprises	96,307	95,122	1,185	1.2%
Sales and services of the OSU Health System, net	1,510,938	1,306,289	204,649	15.7%
Sales and services of OSU Physicians, Inc., net	318,652	282,755	35,897	12.7%
Other operating revenues	16,119	16,867	(748)	-4.4%
Total Operating Revenues	2,489,901	2,260,411	229,490	10.2%
Operating Expenses:				
Educational and General:				
Instruction and departmental research	319,312	310,279	9,033	2.9%
Separately budgeted research	180,260	171,733	8,527	5.0%
Public service	64,260	58,984	5,276	8.9%
Academic support	84,957	84,212	745	0.9%
Student services	32,105	31,369	736	2.3%
Institutional support	116,878	111,448	5,430	4.9%
Operation and maintenance of plant	24,065	31,645	(7,580)	-24.0%
Scholarships and fellowships	23,704	26,828	(3,124)	-11.6%
Auxiliary enterprises	125,797	120,244	5,553	4.6%
OSU Health System	1,333,872	1,186,282	147,590	12.4%
OSU Physicians, Inc.	313,592	278,683	34,909	12.5%
Depreciation	155,688	150,278	5,410	3.6%
Total Operating Expenses	2,774,490	2,561,985	212,505	8.3%
Operating Loss	(284,589)	(301,574)	16,985	-5.6%
Non-operating Revenues (Expenses):				
State share of instruction and line-item appropriations	133,415	139,158	(5,743)	-4.1%
Federal subsidies for Build America Bonds interest	2,830	2,830	-	0.0%
Federal non-exchange grants	49,339	48,027	1,312	2.7%
Federal COVID-19 assistance programs	-	-	-	#DIV/0!
State non-exchange grants	4,389	4,641	(252)	-5.4%
Gifts	27,030	33,337	(6,307)	-18.9%
Net investment income (loss)	430,128	456,952	(26,824)	-5.9%
Interest expense	(39,426)	(39,140)	(286)	0.7%
Other non-operating revenues (expenses)	(2,973)	96	(3,069)	-3196.9%
Net Non-operating Revenues (Expenses)	604,732	645,901	(41,169)	-6.4%
Income (loss) before changes in net position	320,143	344,327	(24,184)	-7.0%
Changes in Net Position				
State capital appropriations	28,144	20,770	7,374	35.5%
Private capital gifts	4,478	6,847	(2,369)	-34.6%
Additions to permanent endowments	24,835	10,686	14,149	132.4%
Capital contributions and other changes in net position	-	-	-	0.0%
Total Changes in Net Position	57,457	38,303	19,154	50.0%
Increase (decrease) in Net Position	377,600	382,630	$ (5,030)	-1.3%
Net Position - Beginning of Year	12,509,567	11,143,206		
Net Position - End of Period	$ 12,887,167	$ 11,525,836		

THE OHIO STATE UNIVERSITY
STATEMENTS OF CASH FLOWS - UNAUDITED
For the Three Months Ended September 30, 2025 and September 30, 2024
(in thousands)

	September 2025	September 2024	Increase/(Decrease) Dollars	%
Cash Flows from Operating Activities:				
Tuition and fee receipts	$ 437,938	$ 480,453	$ (42,515)	-8.8%
Grant and contract receipts	351,795	284,990	66,805	23.4%
Receipts for sales and services	1,955,662	1,785,919	169,743	9.5%
Payments to or on behalf of employees	(1,221,219)	(1,166,821)	(54,398)	-4.7%
University employee benefit payments	(333,590)	(329,970)	(3,620)	-1.1%
Payments to vendors for supplies and services	(1,017,051)	(1,016,408)	(643)	-0.1%
Payments to students and fellows	(32,915)	(22,186)	(10,729)	-48.4%
Student loans issued	(1,939)	(831)	(1,108)	-133.3%
Student loans collected	1,923	2,167	(244)	-11.3%
Student loan interest and fees collected	1,100	562	538	95.7%
Other receipts	7,136	32,579	(25,443)	-78.1%
Net cash provided (used) by operating activities	148,840	50,454	98,386	195.0%
Cash Flows from Noncapital Financing Activities:				
State share of instruction and line-item appropriations	133,343	139,158	(5,815)	-4.2%
Non-exchange grant receipts	53,728	52,668	1,060	2.0%
Gift receipts for current use	27,155	33,337	(6,182)	-18.5%
Additions to permanent endowments	24,835	10,686	14,149	132.4%
Drawdowns of federal direct loan proceeds	139,000	133,000	6,000	4.5%
Disbursements of federal direct loans to students	(139,558)	(133,000)	(6,558)	-4.9%
Amounts received from irrevocable split-interest agreements	311	1,561	(1,250)	-80.1%
Amounts paid to annuitants and life beneficiaries	-	(431)	431	100.0%
Agency funds receipts	2,115	6,466	(4,351)	-67.3%
Agency funds disbursements	(2,125)	(5,742)	3,617	63.0%
Other receipts (payments)	(2,803)	-	(2,803)	100.0%
Net cash provided by noncapital financing activities	236,001	237,703	(1,702)	-0.7%
Cash Flows from Capital Financing Activities:				
Proceeds from capital debt and leases	-	-	-	100.0%
Gift receipts for capital projects	4,478	6,847	(2,369)	-34.6%
Payments for purchase or construction of capital assets	(271,919)	(202,075)	(69,844)	-34.6%
Principal payments on capital debt and leases	(15,123)	(6,538)	(8,585)	-131.3%
Interest payments on capital debt and leases	(12,172)	(17,547)	5,375	30.6%
Federal subsidies for Build America Bonds interest	5,367	-	5,367	#DIV/0!
Net cash provided (used) by capital financing activities	(289,369)	(219,313)	(70,056)	-31.9%
Cash Flows from Investing Activities:				
Purchases of investments	(1,921,851)	(3,484,719)	1,562,868	44.8%
Proceeds from sales and maturities of investments	1,834,120	3,217,613	(1,383,493)	-43.0%
Investment income	69,948	83,502	(13,554)	-16.2%
Net cash provided (used) by investing activities	(17,783)	(183,604)	165,821	90.3%
Net Increase (Decrease) in Cash	77,689	(114,760)	$ 192,449	167.7%
Cash and Cash Equivalents - Beginning of Year	779,122	1,166,632		
Cash and Cash Equivalents - End of Period	$ 856,811	$ 1,051,872		

The William E. and Charlotte Curtis Hunt Professorship in the Department of Neurosurgery

The Dr. William E. Hunt Fund in Neurosurgery was established March 7, 1986, by the Board of Trustees of The Ohio State University with gifts in honor of William E. Hunt (M.D. 1945) from friends and colleagues. Significant contributions were made after the death of Charlotte Curtis Hunt, former Associate Editor of The New York Times and daughter of Dr. George Morrice Curtis, first Professor of Research Surgery at Ohio State. The fund name and description were revised December 1, 1995, and May 20, 2021. With a fund transfer from the Department of Neurosurgery, College of Medicine; the required funding level for a professorship has been reached. Effective December 4, 2025, the fund name and description shall be revised and the position shall be established.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual distribution supports a professorship position in the Department of Neurosurgery whose focus is maintaining and enhancing joint teaching and research activities in clinical neurosurgery and the basic neurosciences. If the position is vacant, the annual distribution may be used to support faculty in the College of Medicine. The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the college.

The endowment may be revised when the gifted endowment principal reaches the minimum funding level required at that date for a chair position.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused distribution, then another use shall be designated by the Board of Trustees, in consultation with the concerned faculty and the highest-ranking official in the College of Medicine or his/her designee, in order to carry out the desire of the donors.

Entrepreneurial Business Law Clinic Endowed Support Fund

The Board of Trustees of The Ohio State University shall establish the Entrepreneurial Business Law Clinic Endowed Support Fund as a quasi-endowment effective December 4, 2025, with a fund transfer by the Michael E. Mortiz College of Law of unrestricted gifts from John Thomas Mills (JD 1973) and R. Jeffrey Harris (JD 1980).

The annual distribution from this fund supports current needs of the Entrepreneurial Business Law Clinic. The fund may support research, faculty, fellowships, or other needs associated with the clinic. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the Michael E. Moritz College of Law.

The highest ranking official in the Michael E. Moritz College of Law or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with the University's Gift Acceptance Policy, Fund Transfers – Unrestricted to Endowment Policy, Investment Policy, and all other applicable University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the Michael E. Mortiz College of Law that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University may modify the purpose of this fund, in consultation with the college named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University may modify the purpose of this fund. The University shall consult the highest ranking official in the college or his/her designee to identify a similar purpose consistent with the original intent of the college. Modifications to endowed funds shall be approved by the University's Board of Trustees, in accordance with the policies of the University.

Colonel Peter R. Mansoor World War II History Excellence Fund

The Board of Trustees of The Ohio State University shall establish the Colonel Peter R. Mansoor World War II History Excellence Fund effective December 4, 2025, with gifts from friends of the Department of History.

The annual distribution from this fund supports faculty, program and student initiatives to enhance the World War II Program at The Ohio State University. Expenditures may be recommended by the highest ranking official in the Department of History or his/her designee and shall be approved in accordance with the then current guidelines and procedures established by the College of Arts and Sciences.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with the University's Gift Acceptance Policy, Fund Transfers – Unrestricted to Endowment Policy, Investment Policy, and all other applicable University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University may modify the purpose of this fund. The University shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees, in accordance with the policies of the University.

The William A. Behnke Associates, Inc., Scholarship

The William A. Behnke Associates, Inc., Minority Scholarship was established July 11, 1986, by the Board of Trustees of The Ohio State University with gifts to The Ohio State University Development Fund from William A. Behnke, (B.Land.Arch. '51), and friends. Effective December 4, 2025, the fund name and description shall be revised.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual distribution shall be used to fund The William A. Behnke Associates, Inc., Scholarship. The award shall be restricted to either students enrolled in landscape architecture or high school seniors who plan to major in landscape architecture at The Ohio State University and who participate in activities to increase the participation of underrepresented groups in the field of Landscape Architecture. The scholarship, when awarded, shall be granted to individuals who have at least one additional year of academic work to complete. In special cases, the award can be renewed.

Should the need for this fund cease to exist or so diminish as to provide unused distribution, then the distribution may be used for any purpose whatsoever as determined by the Board of Trustees, with preference being given to the recommendations from the appropriate administrative official of the University who is then directly responsible for the teaching of landscape architecture at the University.

Keith B. Key Fund to Support Social Entrepreneurship

The Keith B. Key Buckeye Social Entrepreneurship Program Investment Quasi-Endowed Fund was established by the Board of Trustees of The Ohio State University February 25, 2021, with a fund transfer by the Office of Student Life to honor Keith B. Key (BS 1989). Effective December 4, 2025, the fund name and description shall be revised to advance Keith's investment in and passion for building a culture of social entrepreneurship among Ohio State students.

The annual distribution from this fund will be used to increase student entrepreneurs' access to basic business services necessary to establish a successful business foundation. Expenditures may include, but are not limited to the establishment of an annual Keith B. Key Social Entrepreneurship Award (the award could be, but is not required to be, a cash award) as part of the Office of Student Life's year-end Leadership Awards program. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the Office of Student Life.

The highest ranking official in the Office of Student Life or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all quasi-endowment funds shall be in accordance with the University's Gift Acceptance Policy, Fund Transfers – Unrestricted to Endowment Policy, Investment Policy, and all other applicable University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the Office of Student Life that the quasi-endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University may modify the purpose of this fund, in consultation with the unit named above. If the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University may modify the purpose of this fund. The University shall consult the highest ranking official in the Office of Student Life or his/her designee to identify a similar purpose consistent with the original intent of the unit. Modifications to endowed funds shall be approved by the University's Board of Trustees in accordance with the policies of the University.

The Martin Krumm Scholarship Fund

The Martin Krumm Korean Students Scholarship Fund was established December 20, 1949, by a bequest from Raymond E.L. Krumm in honor of his father, Martin Krumm. Effective December 4, 2025, the fund name and description shall be revised.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual distribution shall be used for scholarships for students with knowledge of Korean language or culture.

One-half of the distribution of this fund is to be equitably distributed twice each year among students with knowledge of Korean language or culture in good standing. The remaining one-half of the distribution is to be used to provide scholarships for students with knowledge of Korean language or culture regularly enrolled in The Ohio State University or may be allowed to accumulate in the discretion of the Trustees of the fund.

Should the need for this fund cease to exist or so diminish as to provide unused distribution then the distribution may be used for any purpose whatsoever as determined by the Board of Trustees, with preference being given to scholarships.

BEWEL Leadership in Innovation Award Fund

The Board of Trustees of The Ohio State University established the BEWEL Leadership in Innovation Award Fund effective August 18, 2022, with gifts from BEWEL, an allied community of College of Engineering alumni executive leaders who advocate for women in the College of Engineering and encourage their growth as leaders who shape our world. Effective December 4, 2025, the fund description shall be revised.

The intent of this fund is to recognize BEWEL award honorees with cash awards to be used at the discretion of the recipients.

The annual distribution from this fund provides award(s) in as significant amount(s) as possible to early- or mid-career faculty members in the College of Engineering who demonstrate excellence in innovation, research and/or scholarship and a commitment to equality of access and opportunity for success and advancement in engineering. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the college.

Selection of recipients will be consistent with College of Engineering guidelines and University policies. The college will apprise BEWEL, or its successor, of the awarding process when possible.

The Ohio State University's employment policies support equal opportunity, affirmative action, and eliminating discrimination and harassment. The University may modify any criteria used to select award recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University may modify the purpose of this fund. The University shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees in accordance with the policies of the University.

The Frank W. Hale, Jr., Endowed Scholarship

The Frank W. Hale, Jr., Endowed Scholarship was established February 2, 1990, by the Board of Trustees of The Ohio State University with gifts to The Ohio State University Development Fund from business associates, relatives and friends in honor of Dr. Frank W. Hale, Jr., Vice Provost and Professor Emeritus, who served The Ohio State University as Professor of Communication, Associate Dean of the Graduate School, Vice Provost of Minority Affairs, and Special Assistant to the President from 1971 to 1988. The description was revised November 1, 1996. Effective December 4, 2025, the fund description shall be revised.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual distribution shall be used to provide scholarships for students who have displayed scholarship (a cumulative grade point average of 3.0 or above), leadership, and integrity. The scholarship shall be awarded to high school graduating seniors from the Columbus and Franklin County area. Award recipients shall be selected in consultation with Student Financial Aid from the pool of students participating in the Morrill Scholarship Program.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused distribution, then another use shall be designated by the Board of Trustees in consultation with the appropriate college dean, department chairperson or program administrative officer in order to carry out the desire of the donors.

Samuel G. Huber Undergraduate Teaching Assistant Award

The Samuel G. Huber Undergraduate Teaching Assistant Award was established December 14, 1984, by the Board of Trustees of The Ohio State University, with gifts to The Ohio State University Development Fund, from Stanley W. Joehlin, B.Agr.E. and M.S. '60, and other former students and friends of Professor Huber. Effective December 4, 2025, the fund description shall be revised.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual income is to be used to provide an award to one or more undergraduate student(s) to encourage their entry into graduate work for the purposes of teaching Agricultural Engineering. Undergraduate Agricultural Engineering students who are United States citizens or permanent residents and who are eligible for graduate study in Agricultural Engineering and who have expressed an interest in the teaching program of the department through work study programs or regular student employment will be encouraged to apply for the award.

The determination of the type and the amount of awards to be presented annually shall be made by a committee selected by the Department Chairperson consisting of the Chairperson of the Resident Instruction Group, the Chairperson of the Agricultural Engineering Program Committee, the Chairperson of the Agricultural Mechanization and Systems Committee and the Student Representatives of the Resident Instruction Group and the Graduate Committee. Selection should be made prior to the annual Agricultural Engineering Student Banquet, with the recipients being recognized at the banquet.

Should the need for these awards cease to exist or so diminish as to provide unused income, then the income may be used for any purpose whatsoever as determined by the Board of Trustees, with preference being given to recommendations from the appropriate administrative official of the University who is then directly responsible for the Department of Agricultural Engineering.

The Stanley W. Joehlin Award in Agricultural Engineering

The Stanley W. Joehlin Award in Agricultural Engineering was established September 3, 1982, by the Board of Trustees of The Ohio State University with gifts to The Ohio State University Development Fund from Stanley W. Joehlin, B.S .Agr. E.'60 and M.S.'60. Effective December 4, 2025, the fund description shall be revised.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University with the right to invest and reinvest as occasion dictates.

The annual income is to be used to provide an award to one or more graduate students who have interest in improving the quality of resident instruction in agricultural engineering. The award(s) is to be restricted to a United States citizen or permanent resident. If no student is considered eligible, the award need not be presented. The determination of the type and amount of award(s) to be administered annually shall be made by a committee composed of a representative donor, the Chair of Agricultural Engineering, and one other Agricultural Engineering Department Faculty Member acceptable to the donor and chair. The selection of the recipient(s) is to be made by a committee composed of the Chair of the Department of Agricultural Engineering and two other faculty members of that department.

Should the need for these scholarships and fellowships cease to exist or so diminish as to provide unused income, then the income may be used for any purpose whatsoever as determined by the Board of Trustees, with preference being given to recommendations from the appropriate administrative official of the University who is then directly responsible for the Department of Agricultural Engineering.

Seth Andre Myers Chair in Global Military History

The Seth Andre Myers Chair Fund in Global Military History was established August 19, 2021, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Stephen Myers. The required funding level for a professorship was reached and the fund name and description were revised November 18, 2021, and the position was established. The required funding level for a chair has been reached. Effective December 4, 2025, the fund name and description shall be revised and the position shall be established.

The annual distribution from this fund shall be used to support a chair position in the Department of History focused on global military history. The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment. If the position is vacant, the annual distribution may be used to support the faculty in the College of Arts and Sciences, Department of History. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the college.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Eric Byron Fix-Monda Endowed Chair

The Eric Byron Fix-Monda Endowed Professorship was established November 21, 2019, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Keith Monda (BS 1968, MA 1971) and Linda Monda. With additional gifts from Keith and matching funds as part of the Provost's Endowed Chair Matching Program, the required funding level for a chair has been reached. Effective December 4, 2025, the fund name and description shall be revised and the chair position shall be established.

The annual distribution from this fund supports a chair position in behavioral finance and economics. It is the donors' preference that the appointee has global perspective and that they will be committed to embracing and encouraging students to seek experiences that prepare them to be citizens of the world. If the position is vacant, the annual distribution may be used to support faculty who are focused on behavioral finance and economics. The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Arts and Sciences.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation, may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Weary Foundation Endowed Chair in Social Psychology

The Weary Foundation Endowed Chair Fund in the Social Psychology of Polarization and Misinformation was established by the Board of Trustees of The Ohio State University February 22, 2024, with gifts from the Weary Family Foundation. The required funding level for an endowed chair has been reached. Effective December 4, 2025, the fund name and description shall be revised and the position shall be established.

The annual distribution supports a chair position in Social Psychology within the Department of Psychology focused on a multidisciplinary approach to the science of polarization and misinformation ("collaborative"). Candidates should be external scholars who are highly regarded in the field of social psychology, whose primary research focus includes but is not limited to polarization and misinformation. Annual distribution shall be allocated as outlined below:

- 13% of the annual distribution shall be used to support the social psychology program of the department.
- 20% of the annual distribution shall be used to support the salary of the chair holder.
- 67% of the annual distribution shall be used to support the chair holder's research efforts.

The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Arts and Sciences.

If the chair is vacant as a result of nonrenewal, resignation, or retirement, the donor desires the Department of Psychology prioritize attracting an eminent external hire in Social Psychology to fill the chair and use the endowment to support the research and the academic program of the chair holder. If, however, the chair is vacant and there is a need to retain an exceptional faculty member in the social psychology program working in the appropriate area of research, due to a competitive external offer, then the funds may be used to recognize and retain that senior faculty member at the discretion of the highest ranking official in the College of Arts and Sciences or his/her designee. The donor desires to enhance faculty funding in the social psychology program of the department rather than replace existing faculty funding.

The donor recognizes that over time the title or focus of the collaborative and the chair fund could change as the specific focus of the Department of Psychology and the collaborative evolves to focus on different societal issues. In the event that the collaborative ceases to exist, the Social Psychology program no longer is part of the collaborative, or the need for a chair in the specified primary research field ceases, as determined at the discretion of the highest ranking official in the College of Arts and Sciences or his/her designee, the endowed chair shall remain in and be used to support the social psychology program of the department within the college.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Horticulture and Crop Science Chair Fund for Future Molecular Plant Scientists - Bridging University Research and High School Classrooms

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Horticulture and Crop Science Chair Fund for Future Molecular Plant Scientists - Bridging University Research and High School Classrooms effective December 4, 2025, with gifts from an anonymous donor and matching funds as part of the Provost's Endowed Chair Matching Program.

If the sum of the gifts to the fund and the amount of matching program funds from the University reaches the required chair funding level of $3,500,000 by July 31, 2031, the annual distribution from this fund shall support a chair position in the College of Food, Agricultural, and Environmental Sciences, Department of Horticulture and Crop Science who is committed to bridging University research and high school classrooms and whose research should be focused on molecular plant-microbe interactions. Expenditures may include, but are not limited to, research initiatives (including student salaries and/or expenses for participation in said initiatives), equipment expenses, marketing and publication costs, and compensation. Prior to full funding, if the position is vacant for two consecutive years, or if full funding is not reached, the annual distribution may be used to support faculty in the department who are focused on molecular plant-microbe interactions, including but not limited to hosting high school age students to participate in research. If at any time this specific research is not being conducted in the department, the annual distribution may support other research initiatives as similar to plant molecular microbiology as possible in the department.

The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Food, Agricultural, and Environmental Sciences.

The highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Daniel H. Reigle Endowed Professorship in Sarcoma Research and Care

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Daniel H. Reigle Endowed Professorship in Sarcoma Research and Care effective December 4, 2025, with gifts from Beverly S. Reigle.

The annual distribution from this fund supports a professorship position in The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC – James) focused on sarcoma research and treatment, with a preference for soft tissue sarcomas. If the position is vacant, the annual distribution may be used to support sarcoma research and treatment with a preference for soft tissue sarcomas. The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment. Expenditures shall be approved in accordance with the then current guidelines and procedures established by OSUCCC - James.

The highest ranking official in OSUCCC - James or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in OSUCCC - James or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Elizabeth McKeever Ross Professorship

The Elizabeth McKeever Ross Professorship Fund was established February 20, 2025, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Sarah Ross Soter. The required funding level for a professorship has been reached. Effective December 4, 2025, the fund name and description shall be revised and the position shall be established.

The annual distribution from this fund supports a three-year rotating professorship position for early-career clinicians and/or scientists in the College of Medicine focused on improving women's health. If the position is vacant, the annual distribution may be used to support faculty in the college focused on improving women's health. If at any time there are no faculty in the college focused on improving women's health, the annual distribution shall be used to support all faculty in the college. The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the college.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Donald E. Jessup Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Donald E. Jessup Scholarship Fund effective December 4, 2025, with an estate gift from Donald E. Jessup (BS 1950, MS 1951).

The annual distribution from this fund provides one or more scholarships to students who are studying geology. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Arts and Sciences, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University’s Board of Trustees and the Foundation’s Board of Directors, in accordance with the policies of the University and Foundation.

Weary Foundation Endowed Program Fund in Social Psychology

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Weary Foundation Endowed Program Fund in Social Psychology effective December 4, 2025, with a gift from the Weary Family Foundation.

The annual distribution provides program support for the Department of Psychology's multidisciplinary approach to the science of polarization and misinformation ("Collaborative"). Funds may be used for salary support for staff to provide programming and media outreach for the work of the collaborative.

The Donor recognizes that over time the title or focus of the Collaborative and the Program Fund could change as the specific focus of the Department of Psychology and the collaborative evolves to focus on different societal issues. In the event that the collaborative ceases to exist or the Social Psychology program is no longer part of the collaborative, this fund shall remain in and be used to support the Social Psychology program of the department within the College of Arts and Sciences.

Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Arts and Sciences.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Charles M. Shearer and Marcia Catherine Shearer Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Charles M. Shearer and Marcia Catherine Shearer Fund effective December 4, 2025, with gifts from the estate of Marcia C. Shearer (BS 1956).

The annual distribution from this fund provides one or more scholarships to worthy students at the University. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in Student Financial Aid or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in Student Financial Aid or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University’s Board of Trustees and the Foundation’s Board of Directors, in accordance with the policies of the University and Foundation.

Irvin J. Nisonger Endowed Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Irvin J. Nisonger Endowed Fund effective December 4, 2025, with gifts from Thomas E. Nisonger and Claire W. Nisonger.

The annual distribution from this fund supports the purchase, restoration, and/or preservation of books, other print materials, e-books and electronic content, and other media related to public school education and administration of educational institutions at the discretion of the highest ranking official in University Libraries or his/her designee. First preference shall be given for print materials. Second preference shall be given to e-books and electronic content. Expenditures shall be approved in accordance with the then current guidelines and procedures established by University Libraries.

The highest ranking official in the University Libraries or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the University Libraries or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University’s Board of Trustees and the Foundation’s Board of Directors, in accordance with the policies of the University and Foundation.

Alice Jean Boyer Matuszak Pharmacy Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Alice Jean Boyer Matuszak Pharmacy Scholarship Fund effective December 4, 2025, with gifts from Dr. Charles A. Matuszak (PhD 1957) in memory of his wife, Alice Jean Boyer Matuszak.

Alice graduated from The Ohio State University, College of Pharmacy with a BS in 1958 and a MS (with faculty advisor, Harris) in 1959. She received a PhD in medicinal chemistry (with faculty advisor, Smissman) from the University of Kansas in 1963 and then taught medicinal chemistry in the School of Pharmacy at the University of the Pacific, Stockton California from the fall of 1963 until retirement in 2000. In 1994, she received the Distinguished Alumni Award from The Ohio State University, College of Pharmacy.

The annual distribution from this fund provides one or more scholarships to undergraduate students who are enrolled in the College of Pharmacy and demonstrate academic merit and excellence. First preference shall be given to candidates who graduated from a high school in Licking County, Ohio. If no students meet the selection criteria, the scholarship(s) will be open to graduate and/or professional degree students who are enrolled in the college. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Pharmacy or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Pharmacy or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Michael and Deborah George Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Michael and Deborah George Endowed Scholarship Fund effective December 4, 2025, with gifts from Michael George (BS 1978) and Deborah George.

The annual distribution from this fund provides one or more scholarships to undergraduate students. The donors desire to provide three, equal scholarships annually based on the criteria below:

- One scholarship to a candidate who graduated from Hamilton Township High School
- One scholarship to a candidate who graduated from Columbus South High School or Columbus Marion-Franklin High School
- One scholarship to a candidate who graduated from one of the following high schools:
    - Bishop Hartley High School
    - St. Francis DeSales High School
    - Bishop Watterson High School
    - Bishop Ready High School

If at any time, Columbus South High School and Columbus Marion-Franklin High School close, then the donors desire that a scholarship(s) be awarded to a candidate who graduated from any Columbus Public High School.

If there are no eligible students from any one of the groups listed above, the donors desire that the scholarship(s) be awarded to a candidate from the other two groups listed above.

Scholarships may be awarded in varying numbers and amounts based on student enrollment, available funding, and other factors.

Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in Student Financial Aid or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in Student Financial Aid or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Ruth Dunlap Will Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Ruth Dunlap Will Scholarship Fund effective December 4, 2025, with gifts from Ruth Dunlap Will (BA 1951).

The annual distribution from this fund provides one or more scholarships to undergraduate students who are enrolled in the College of Arts and Sciences and are majoring in economics. Preference shall be given to candidates who graduated from a high school in Vinton County or Ross County in the state of Ohio. It is the donor's desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Dr. William Watson II and Linda Watson Endowed Scholarship in Medicine

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Dr. William Watson II and Linda Watson Endowed Scholarship in Medicine effective December 4, 2025, with gifts from Dr. William D. Watson II (MD 1976) and Linda Watson (MS 1986).

The annual distribution from this fund provides one or more scholarships to MD students who are enrolled in the College of Medicine. First preference shall be given to candidates who graduated from Wooster High School in Ohio. Second preference shall be given to candidates who graduated from any high school in Wayne County, Ohio. Third preference shall be given to candidates who graduated from any high school in contiguous counties of Wayne County, Ohio. Scholarships may be renewable as long as recipients remain in good academic standing. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Patricia Kunz Brundige Fund: Endowing the Future of Ohio 4-H

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Patricia Kunz Brundige Fund: Endowing the Future of Ohio 4-H effective December 4, 2025, with gifts from Patricia Kunz Brundige.

The annual distribution from this fund shall be designated to OSU Extension, Ohio 4-H Program. Funds shall support county and state level personnel positions within Ohio 4-H. If in any given year, there are any remaining funds and/or additional needs, funds shall support traditional programing for Ohio 4-H. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Food, Agricultural, and Environmental Sciences.

The highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Billy Ireland Cartoon Library & Museum Collections Preservation Endowment Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Billy Ireland Cartoon Library & Museum Collections Preservation Endowment Fund effective December 4, 2025, with gifts from an anonymous donor.

The annual distribution from this fund supports the collections preservation activities of the Billy Ireland Cartoon Library & Museum. Expenditures shall be used for activities and expenses related to collections conservation, physical preservation, and digitization. Expenditures shall be used at the discretion of the head curator of the Billy Ireland Cartoon Library & Museum, as approved by the highest ranking official of University Libraries or his/her designee. Expenditures shall be approved in accordance with the then current guidelines and procedures established by University Libraries.

The head curator of the Billy Ireland Cartoon Library & Museum, as approved by the highest ranking official in University Libraries or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in University Libraries or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Ritenour Family Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Ritenour Family Scholarship Fund effective December 4, 2025, with gifts from Michael Louis Ritenour (BS 1991) and Karen Bauer Ritenour (BS 1990) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to undergraduate students who are enrolled in the Max M. Fisher College of Business, demonstrate financial need, and graduated from a high school in the state of Ohio. Scholarships are renewable as long as the recipients are in good standing with the University and meet the selection criteria. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Max M. Fisher College of Business or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Max M. Fisher College of Business or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Sheldon M. Berman Memorial Endowed Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Sheldon M. Berman (BA 1963) Memorial Endowed Fund effective December 4, 2025, with gifts from the estate of Judith Ann Berman (BA 1985, JD 1988).

The annual distribution from this fund provides support to students who are majoring in public affairs journalism in the School of Communication and demonstrate financial need. If no students meet the selection criteria, the support will be open to all students who are enrolled in the school and demonstrate financial need. Recipients, the number of recipients, and amount of support shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Arts and Sciences, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Kimmel Family Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Kimmel Family Scholarship Fund effective December 4, 2025, with gifts from Joseph W. Kimmel (BME 1967) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to second-, third-, or fourth-year undergraduate students who are enrolled in the College of Engineering and are majoring in mechanical engineering. Special consideration will be given to students who participate in activities to increase the participation of underrepresented groups in the field of engineering. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Michael and LeAnn Gillette Scholarship Fund for the John Glenn College of Public Affairs

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Michael and LeAnn Gillette Scholarship Fund for the John Glenn College of Public Affairs effective December 4, 2025, with gifts from Dr. Michael L. Gillette and LeAnn Gillette and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to stellar undergraduate students who are enrolled in the John Glenn College of Public Affairs and demonstrate financial need. Scholarships are renewable for up to four years as long as recipients maintain good academic standing. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid. Scholarships are renewable as long as the recipients are in good standing with The Ohio State University and meet the selection criteria.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the John Glenn College of Public Affairs or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the John Glenn College of Public Affairs or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The William and Jean VanCuren Scholarship

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The William and Jean VanCuren Scholarship effective December 4, 2025, with gifts from William T. VanCuren (BS 1984) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to undergraduate students from Hocking or Pickaway counties in Ohio who are enrolled in the Max M. Fisher College of Business. If no students meet the selection criteria, the scholarship(s) will be open to all students from counties in southeastern Ohio who are enrolled in the college. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Max M. Fisher College of Business or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Max M. Fisher College of Business or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Hamilton County 4-H Youth Development Endowment Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Hamilton County 4-H Youth Development Endowment Fund effective December 4, 2025, with gifts from Colonel David Edwin Bull (MS 1967) and Dr. Nancy Bull (PhD 1992) ("Group Representatives"), as well as community partners and friends of former Hamilton County Extension personnel, in particular Marguerite "Marge" Warren, former Home Economics Agent for the Hamilton County Extension Office from 1961 to 1979, and others like her, whose passion and dedication helped shape the county extension program as it is today.

The annual distribution from this fund supports the 4-H Youth Development program in Hamilton County. If the 4-H Youth Development program ceases to exist, the annual distribution shall support the OSU Extension Hamilton County Office. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Food, Agricultural, and Environmental Sciences.

The highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Lawson Burns Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Lawson Burns Scholarship Fund effective December 4, 2025, with gifts from Christa L. Lawson (BS 1997) and Timothy H. Burns (BS 1998) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to undergraduate students who are enrolled in the College of Engineering, have a minimum 3.3 grade point average on a 4.0 scale, graduated from a high school in a rural area of Ohio, and are currently employed. If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who are enrolled in the college with a preference for students who are majoring in mechanical engineering or welding engineering.

The donors' desire to provide up to three scholarships annually. Scholarships may be awarded in varying numbers and amounts based on student enrollment, available funding, and other factors. Scholarships are renewable as long as recipients continue to meet the selection criteria.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College, in consultation with Student Financial Aid.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The George and Barbara Serian Endowed Engineering Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The George and Barbara Serian Endowed Engineering Scholarship Fund effective December 4, 2025, with gifts from Dale Serian (BS 1973) and Mary Serian (BS 1978).

The annual distribution from this fund provides one or more scholarships to students who are enrolled in the College of Engineering, are studying in the William G. Lowrie Department of Chemical and Biomolecular Engineering, and demonstrate financial need. If no students meet the selection criteria, the scholarship(s) will be open to all students who enrolled in the college and are studying in the department. Scholarships may be renewable as long as recipients maintain a minimum 2.5 grade point average on a 4.0 scale.

It is the Donors' desire to provide as significant financial support as possible to one eligible recipient, up to 50% of the cost of tuition and fees. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients, up to 50% of the cost of tuition and fees.

Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Engineering, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Rosemary D. Platt Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Rosemary D. Platt Endowed Scholarship Fund effective December 4, 2025, with gifts from Dr. Benjamin Dickerson Caton III (MA 1972, PhD 1982).

The annual distribution from this fund provides one or more scholarships to graduate and DMA students who are enrolled in the School of Music, majoring in piano performance, and have a minimum 3.0 grade point average on a 4.0 scale. If no students meet the selection criteria, scholarship(s) will be open to students who are enrolled in the school and are majoring in piano performance. It is the donor's desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. Scholarships are renewable for one additional year as long as recipients continue to meet the selection criteria above. If in any given year, there are no students who are eligible to receive this scholarship, the annual distribution may be used for emerging needs in the piano program in the school. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Arts and Sciences, in consultation with piano faculty in the School and Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Marjorie Flanagan Laboratory Support Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Marjorie Flanagan Laboratory Support Fund effective December 4, 2025, with gifts from Marjorie Flanagan (BS 1967).

The annual distribution from this fund supports the Clinical Diagnostic Laboratories including hematology, clinical chemistry, cytology, urinalysis, hemostasis, microbiology, parasitology, and surgical pathology. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Veterinary Medicine.

The highest ranking official in the College of Veterinary Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Veterinary Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Don and Peg Brown Journalism Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Don and Peg Brown Journalism Fund effective December 4, 2025, with gifts from Terrence Alan Brown (BS 1979).

The annual distribution from this fund provides one or more scholarships to undergraduate students who are enrolled in the College of Arts and Sciences, majoring in journalism, and demonstrate financial need. Preference shall be given to candidates who demonstrate an interest in copy editing. If no students meet the selection criteria, the scholarship(s) shall be open to all undergraduate students who are enrolled in the college and are studying a major in the School of Communication. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Williamson Scholarship Fund in Family Medicine

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Williamson Scholarship Fund in Family Medicine effective December 4, 2025, with gifts from Dr. Jay Curtis Williamson (MD 1973) and Janice Ann Williamson.

The annual distribution from this fund provides one or more scholarships to third- or fourth-year MD students who are enrolled in the College of Medicine, are in good academic standing and demonstrate a strong interest in pursuing a career in family medicine. First preference shall be given to candidates who graduated from a high school in Summit County, Ohio. Second preference shall be given to candidates who graduated from high schools in the contiguous counties. Scholarships may be used for, but are not limited to, tuition and fees, travel and transportation costs associated with away rotations or other academic opportunities and other education-related expenses. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

College of Arts and Sciences STEM Student Travel and Professional Development Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the College of Arts and Sciences STEM Student Travel and Professional Development Fund effective December 4, 2025, with gifts from Dr. Sarah Jean Rockey (BS 1980, MS 1982, PhD 1985) and Dr. James Bentley Stribling (MS 1982, PhD 1986).

The annual distribution from this fund shall be used to support costs associated with travel to conferences and events, professional development, and other career opportunities for students who are enrolled in the College of Arts and Sciences and are studying a science, technology, engineering, and/or mathematics discipline. First preference shall be given to graduate students. Second preference shall be given to undergraduate students who demonstrate high academic merit and are active in research and/or pursuing an undergraduate thesis.

The donors desire to support multiple students annually, as opposed to supporting only one eligible recipient. Support may be awarded in varying numbers and amounts based on student enrollment, available funding, and other factors. Additionally, the donors desire to support students who lack access to other financial resources, such as stipends or grants, to help support costs associated with travel to conferences and events, professional development, and other career opportunities.

Recipients, the number of recipients, and amount of support shall be determined in accordance with the then current guidelines and procedures established by the College of Arts and Sciences and Student Financial Aid.

The University may modify any criteria used to select recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

College of Food, Agricultural, and Environmental Sciences STEM Student Travel and Professional Development Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the College of Food, Agricultural, and Environmental Sciences STEM Student Travel and Professional Development Fund effective December 4, 2025, with gifts from Dr. Sarah Jean Rockey (BS 1980, MS 1982, PhD 1985) and Dr. James Bentley Stribling (MS 1982, PhD 1986).

The annual distribution from this fund shall be used to support costs associated with travel to conferences and events, professional development, and other career opportunities for students who are enrolled in the College of Food, Agricultural, and Environmental Sciences and are studying a science, technology, engineering, and/or mathematics discipline. First preference shall be given to graduate students. Second preference shall be given to undergraduate students who demonstrate high academic merit and are active in research and/or pursuing an undergraduate thesis.

The donors desire to support multiple students annually, as opposed to supporting only one eligible recipient. Support may be awarded in varying numbers and amounts based on student enrollment, available funding, and other factors. Additionally, the donors desire to support students who lack access to other financial resources, such as stipends or grants, to help support costs associated with travel to conferences and events, professional development, and other career opportunities.

Recipients, the number of recipients, and amount of support shall be determined in accordance with the then current guidelines and procedures established by the College of Food, Agricultural, and Environmental Sciences, in consultation with Student Financial Aid.

The University may modify any criteria used to select recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Robert Hirschl, MD Neurological Surgery Residency Support Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Robert Hirschl, MD Neurological Surgery Residency Support Fund effective December 4, 2025, with gifts from Dr. Robert A. Hirschl (MD 2004).

The annual distribution from this fund supports the Neurosurgery Residency Program in the Department of Neurosurgery. First priority shall be given to supporting the needs of residents in the program. Expenditures may include, but are not limited to, educational purposes, travel to conferences, research awards for Resident Research Day, cadavers and equipment. Second priority shall be given to program enhancements such as call rooms and dedicated resident spaces. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Medicine.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The William H. Cameron Scholarship Fund in Chemical Engineering

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The William H. Cameron (BCE 1943) Scholarship Fund in Chemical Engineering effective December 4, 2025, with gifts from Patricia J. Denman (BS 1977).

The annual distribution from this fund provides one or more scholarships to students who are enrolled in the College of Engineering, are studying chemical engineering, and are in good academic standing. Preference shall be given to candidates who demonstrate financial need and graduated from a high school in the state of Ohio. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Haywood Family CDME Student Support Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Haywood Family CDME Student Support Fund effective December 4, 2025, with gifts from James W. Haywood (BS 1978) and Lynn P. Haywood.

The annual distribution from this fund provides salary support for students who are student employees of the Center for Design and Manufacturing Excellence. If no students meet the selection criteria, the annual distribution may be used to support student programming at the discretion of the highest ranking official in the center or his/her designee. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Engineering.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

R. Scott Henningsen Endowed Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the R. Scott Henningsen Endowed Fund effective December 4, 2025, with a grant from the Mooney-Henningsen Fund of the Columbus Foundation as recommended by R. Scott Henningsen (BS 1986, MArch 2010).

The annual distribution from this fund supports non-traditional graduate students who are pursuing graduate degrees in architecture in the Austin E. Knowlton School of Architecture. Candidates shall be seeking to pivot from established careers in business, construction, or other professional fields and be committed to reshaping their future through the study of architecture. It is the donor's hope that recipients will bring a wealth of real-world experience and a fresh perspective to the discipline. If no students meet the selection criteria, support will be open to all graduate students who are enrolled in the school. The highest ranking official in the school or his/her designee may recommend recipients. Recipients, the number of recipients, and amount of support shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Engineering, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee, in consultation with the highest ranking official in the Austin E. Knowlton School of Architecture or his/her designee, has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the advisor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the advisor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking officials in the College of Engineering and the Austin E. Knowlton School of Architecture or their designees to identify a similar purpose consistent with the original intent of the advisor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Carolyn Tilley Hill Undergraduate Primary Education Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Carolyn Tilley Hill Undergraduate Primary Education Scholarship Fund effective December 4, 2025, with gifts from James Russell Hill (BME 1969) and family, in memory of Carolyn Tilley Hill (BS 1942).

The annual distribution from this fund provides one or more scholarships to undergraduate students who are enrolled in the College of Education and Human Ecology, are studying primary education (preschool through fifth grade), graduated from a high school in the state of Ohio, and demonstrate financial need. If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who are enrolled in the college. It is the donors' desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Education and Human Ecology or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Education and Human Ecology or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The James and Nancy Hui Endowed Graduate Student Award

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The James and Nancy Hui Endowed Graduate Student Award effective December 4, 2025, with a gift from Dr. James Hui (PhD 1988) and Nancy Hui.

The annual distribution from this fund provides support to graduate students who are enrolled in a PhD program in the College of Pharmacy and are engaged in pharmaceutical research. Preference shall be given to international students. Recipients, the number of recipients, and amount of support shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Pharmacy or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Pharmacy or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Dr. William P. Lafuse Basic Research Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Dr. William P. Lafuse Basic Research Fund effective December 4, 2025, with gifts from Dr. William Perry Lafuse.

The annual distribution from this fund supports research grants to faculty or undergraduate students within the Department of Microbial Infection and Immunity who are conducting innovative, preliminary basic science research in immunity to microbial pathogens such as bacteria, viruses, fungi, and parasites. If at any time this specific research is not being conducted in the department, the annual distribution may support other research initiatives at the discretion of the highest ranking official in the department or his/her designee. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Medicine. Recipients, the number of recipients, and amount of support shall be determined in accordance with the then current guidelines and procedures established by the college, in consultation with Student Financial Aid.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Larry and Barbara Margolis First-Generation Student Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Larry and Barbara Margolis (BS 1973) First-Generation Student Endowed Scholarship Fund effective December 4, 2025, with gifts from Lawrence William Margolis (MS 1973).

The annual distribution from this fund provides one or more scholarships to students who are enrolled in the College of Public Health and demonstrate financial need. Preference shall be given to candidates who are first-generation college students. Scholarships may be renewable as long as recipients remain in good academic standing.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Public Health or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Public Health or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Meyer, Bayer Family SPAWS Endowment Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Meyer, Bayer Family SPAWS Endowment Fund effective December 4, 2025, with grants from The Columbus Foundation as recommended by Jennifer P. Meyer.

The annual distribution from this fund supports the sport psychology and wellness services efforts within the Department of Athletics and provides student-athletes support for mental health services to improve patient outcomes. Preference for support shall be given to student-athletes whose treatment is not covered by their insurance provider.

The University may modify any criteria used to select recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

Expenditures shall be approved in accordance with the then current guidelines and procedures established by the Department of Athletics.

Recipients, the number of recipients, and amount of support shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the Department of Athletics, in consultation with Student Financial Aid.

The highest ranking official in the Department of Athletics or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the advisor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the advisor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Department of Athletics or his/her designee to identify a similar purpose consistent with the original intent of the advisor. Modifications to endowed funds shall be approved by the University’s Board of Trustees and the Foundation’s Board of Directors, in accordance with the policies of the University and Foundation.

Kathleen A. Murphy Endowed Fund in the College of Optometry

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Kathleen A. Murphy Endowed Fund in the College of Optometry effective December 4, 2025, with gifts from Kathleen Ann Murphy (OD 1982).

The annual distribution from this fund provides one or more scholarships to students who are enrolled in the College of Optometry and are members in good standing with Epsilon Psi Epsilon. It is the donor's desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. If at any time Epsilon Psi Epsilon is no longer active at the University, or no eligible members can be identified, scholarships will be open to all students who are enrolled in the college. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Optometry or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Optometry or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Molly Hamrick Schiff Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Molly Hamrick Schiff (BS 1980, BS 1982) Fund effective December 4, 2025, with a gift from David L. Schiff.

The annual distribution from this fund supports cardiopulmonary hypertension and pulmonary hypertension research. If at any time, the need for cardiopulmonary hypertension and pulmonary hypertension research diminishes or ceases to exist, the annual distribution may support faculty in the Dorothy M. Davis Heart and Lung Research Institute. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Medicine.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Dr. Jacob Thompson Endowed Residency Support Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Dr. Jacob Thompson Endowed Residency Support Fund effective December 4, 2025, with gifts from Dr. Jacob Thompson (MS 2010) and Dr. Kristen Thomas (MD 2004).

The annual distribution from this fund supports graduate students who are enrolled in the Master of Science Health-System Pharmacy Administration & Leadership (MS/HSPAL) program in the College of Pharmacy, for professional development opportunities that will further their education and preparation for hospital and health system pharmacy leadership positions. Support may be used for, but is not limited to, research projects, travel to present research, advanced leadership development, and more. If at any time the MS/HSPAL program ceases to exist and there is no clear successor program, or if no students meet the selection criteria, support will be open to any student who is enrolled in the college for professional development opportunities focused on hospital system pharmacy administration and leadership. Recipients, the number of recipients, and amount of support shall be determined in accordance with the then current guidelines and procedures established by the college, in consultation with Student Financial Aid. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the college.

The University may modify any criteria used to select recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Pharmacy or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Pharmacy or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Irene Tramonte Family Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Irene Tramonte Family Scholarship Fund effective December 4, 2025, with gifts from Michael A. Tramonte.

The annual distribution from this fund provides one or more scholarships to first-year undergraduate students who are enrolled in the University and graduated from a high school in Medina County, Ohio. Candidates must be current or former Ohio 4-H members who demonstrated achievement through awards, competitions, or other accolades, either at the local, state, or national level. Preference shall be given to candidates who demonstrate financial need. If no students meet the selection criteria, the scholarship(s) shall be open to all undergraduate students who are current or former Ohio 4-H members. The donor desires to award scholarships in an amount as close to 25% of tuition and fees as possible. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Food, Agricultural, and Environmental Sciences, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Dr. Frank J. Zidonis Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Dr. Frank J. Zidonis Scholarship Fund effective December 4, 2025, with gifts from Margaret A. Zidonis (MA 1978), in memory of her husband, Dr. Frank J. Zidonis (BS 1955, MA 1958, PhD 1961).

The annual distribution from this fund provides one or more scholarships to undergraduate, graduate or PhD students who are enrolled in the College of Education and Human Ecology. First preference shall be given to candidates who are studying integrated language arts/English education (or successor program(s)). Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Education and Human Ecology or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Education and Human Ecology or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Sara (Sally) E. and Robert (Bob) C. Delaney Endowed Scholarship Fund in Intellectual and/or Developmental Disabilities

The Sara (Sally) E. and Robert (Bob) C. Delaney Endowed Scholarship Fund in Mental Retardation and Developmental Disabilities was established May 7, 2004, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Mr. Rick A. Delaney (B.S.Bus.Adm., 1982) of Columbus, Ohio. Effective December 4, 2025, the fund name and description shall be revised.

All gifts are to be invested in the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual distribution shall be used to support a student in the College of Social Work, with preference given to a candidate with an interest in working with children with intellectual and/or developmental disabilities. This interest shall be determined by volunteer activities, field placement, or employment. Scholarships will be awarded, in consultation with Student Financial Aid.

It is the desire of the donor that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused distribution, then another use shall be designated by the University’s Board of Trustees and the Foundation’s Board of Directors, in consultation with the dean of the College of Social Work in order to carry out the desire of the donor.

Charlie's Angels Student Endowed Fund

The Charlie's Angels Student Endowed Fund was established by the Board of Trustees of The Ohio State University November 21, 2024, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Edward G. Klopfer Jr. Effective December 4, 2025, the description shall be revised.

The annual distribution from this fund supports DVM students in an effort to help expand their veterinary experiential learning opportunities. First preference will be given to support domestic learning opportunities for DVM students by providing financial assistance (stipends) to make outside the classroom educational experiences more accessible and affordable. This includes shelter medicine externship experiences, with a preference for students completing externships at non-profit shelters which provide extensive and intensive learning experiences that have on-site staff, and that offer an experiential learning experience to demonstrate the skills learned, such as the program provided by Gigi’s in Canal Winchester, Ohio. Recipients, the number of recipients, and amount of support shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Veterinary Medicine, in consultation with Student Financial Aid. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the college.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Veterinary Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University’s costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Veterinary Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University’s Board of Trustees and the Foundation’s Board of Directors, in accordance with the policies of the University and Foundation.

The Katherine Miles Durst University Scholars in Early Childhood Development Fund

The Katherine Miles Durst University Scholars in Early Childhood Development Fund was established June 4, 1999, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with a gift from Katherine Miles Durst (B.A.'25; B.S.Ed.'25; M.A.'27) of Orono, Maine. Effective December 4, 2025, the fund description shall be revised.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual distribution shall be used each year to provide a merit scholarship for a Katherine Miles Durst University Scholar in Early Childhood Development. The student will be selected from among students who qualify as University Scholars and are majoring in or planning to major in Early Childhood Development and Education or minoring in Education with plans to teach at the elementary level. It is the desire of the donor that this provide one larger scholarship to a deserving student rather than being divided between two students. The fund will be administered by the College of Education and Human Ecology in consultation with the University Honors Center and Student Financial Aid.

It is the desire of the donor that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused distribution, then another use shall be designated by the Foundation Board in consultation with the highest ranking official in the College of Education and Human Ecology or his/her designee in order to carry out the desire of the donor.

Surendra and Karen Gupta ARC Foundation Endowed Physics Student Support Fund

The Surendra and Karen Gupta ARC Foundation Endowed Physics Student Support Fund was established November 21, 2024, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Ms. Karen Gupta and Dr. Surendra Guptan in honor of physics professor Dr. Jay A. Gupta, given by his parents. The fund description was revised May 22, 2025. Effective December 4, 2025, the fund description shall be further revised.

The annual distribution from this fund provides one or more scholarships to students who are enrolled in the College of Arts and Sciences, are studying physics and seek educational and/or professional experiences such as study abroad, conference/symposium/workshop attendance, experiential learning or similar opportunities. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college and are studying physics. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Dr. Charles R. Hancock Graduate Scholarship Fund in Urban Education

The Dr. Charles R. Hancock Graduate Scholarship Fund in Urban Education was established August 30, 2013, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, gifts from Theresa Hancock. Effective December 4, 2025, the fund description shall be revised.

The annual distribution from this fund shall be used to provide scholarship support to graduate students who participate in activities to increase the participation of underrepresented groups in the field of urban education and have expressed an interest in urban education. Scholarship recipients shall be selected by the dean of the College of Education and Human Ecology, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be reinvested in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use as nearly aligned with the original intent of the contribution as good conscience and need dictate shall be designated by the Foundation's Board of Directors and the University's Board of Trustees. In making this alternate designation, the Boards shall seek advice from the donor, if possible, and the dean of the College of Education and Human Ecology.

Donald R. and Allen R. White Mechanical Engineering Undergraduate Student Professional Enrichment Support Fund

Donald R. and Allen R. White Mechanical Engineering Undergraduate Student Professional Enrichment Support Fund was established June 22, 2012, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Allen R. White (BS 1991, MS 2000, PhD 2007) in memory of Donald R. White. Effective December 4, 2025, the fund description shall be revised.

The annual distribution from this fund shall support students seeking career-related experience for which no other funding is available and that is not related to student honors projects or other course related activities with the exception of student project teams. Undergraduate students majoring in Mechanical Engineering are eligible to apply for this one-time award which provides travel expenses, registration fees, and other expenses for students to participate in activities that might serve to expose them to their chosen professional area and professionals in that area, helping them gain insight into the nature of the work in the field and a chance to meet prospective employers, mentors, or colleagues. First preference shall be given to students in their third year of study. Award recipients may be recommended by the Mechanical Engineering advising staff. Recipients, the number of recipients, and amount of each award shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Engineering, in consultation with Student Financial Aid based on financial need of the student, potential for assisting students in their professional goals, and potential uniqueness of the experience.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

In any given year that the endowment distribution is not fully expended, the unused portion should be reinvested in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

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THE OHIO STATE UNIVERSITY

Board of Trustees

University Square South
15 East 15th Avenue, 5th Floor
Columbus, OH 43201

Phone (614) 292-6359
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SUMMARY OF ACTIONS TAKEN

December 4, 2025 – Athletics Committee Meeting

Members Present:

Gary R. Heminger	Pierre Bigby	Patrick C. Arp
Elizabeth P. Kessler	Bradley R. Kastan	John W. Zeiger (ex officio)
Jeff M.S. Kaplan	George R. Skestos	

Members Present via Zoom: N/A

Members Absent: N/A

PUBLIC SESSION

The Athletics Committee of The Ohio State University Board of Trustees convened on Thursday, December 4, 2025, in person at Longaberger Alumni House on Ohio State's Columbus campus. Committee Chair Gary Heminger called the meeting to order at 10:35 a.m.

Item for Discussion:

1. Academics Update: Mr. Ross Bjork, Senior Vice President and Wolfe Foundation-Eugene Smith Endowed Athletics Director; Dr. Kacy King, executive director of the Student-Athlete Support Services Office; and Dr. John Davidson, the faculty athletics representative, shared with committee members the numerous ways the Department of Athletics supports the academic success of the university's student-athletes. The efficacy of these measures is reflected in Ohio State's academic progress rate score of 990 and graduation success rate of 93%, and 805 Buckeyes being recognized as Big Ten "Scholar-Athletes" — the most of any school in the conference.

   (See Attachment L for background information, page 1448)

Item for Action:

2. Approval of Minutes: No changes were requested to the August 20, 2025, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

EXECUTIVE SESSION

It was moved by Mr. Heminger and seconded by Mr. Skestos that the committee recess into executive session to discuss business-sensitive trade secrets.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Mr. Heminger, Ms. Kessler, Mr. Kaplan, Mr. Bigby, Mr. Kastan, Mr. Skestos, Mr. Arp and Mr. Zeiger.

The committee entered into executive session at 10:55 a.m., and the meeting adjourned at 11:59 a.m.

ATTACHMENT L

Student Athlete Support Services Office

THE OHIO STATE UNIVERSITY

What it Means to be an advisor:

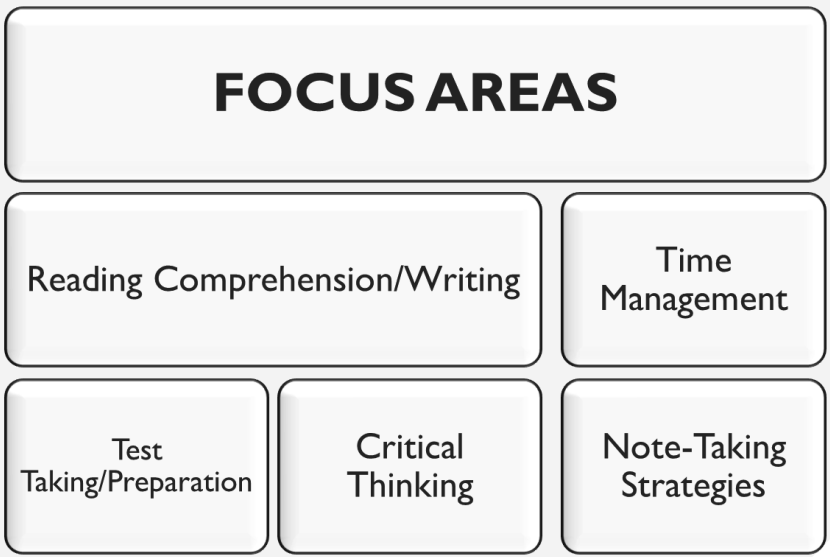
- Monitor Academic Progress & Eligibility
- Create Individualized Degree Plans
- Assist with general study/learning strategies
- Work on creating time management skills
- Provide the best learning environment
- Communicate with professors – injury management/travel letters
- Help to connect with external campus resources
- Work in collaboration with on campus advisors to ensure timely degree completion

Top 5 Majors

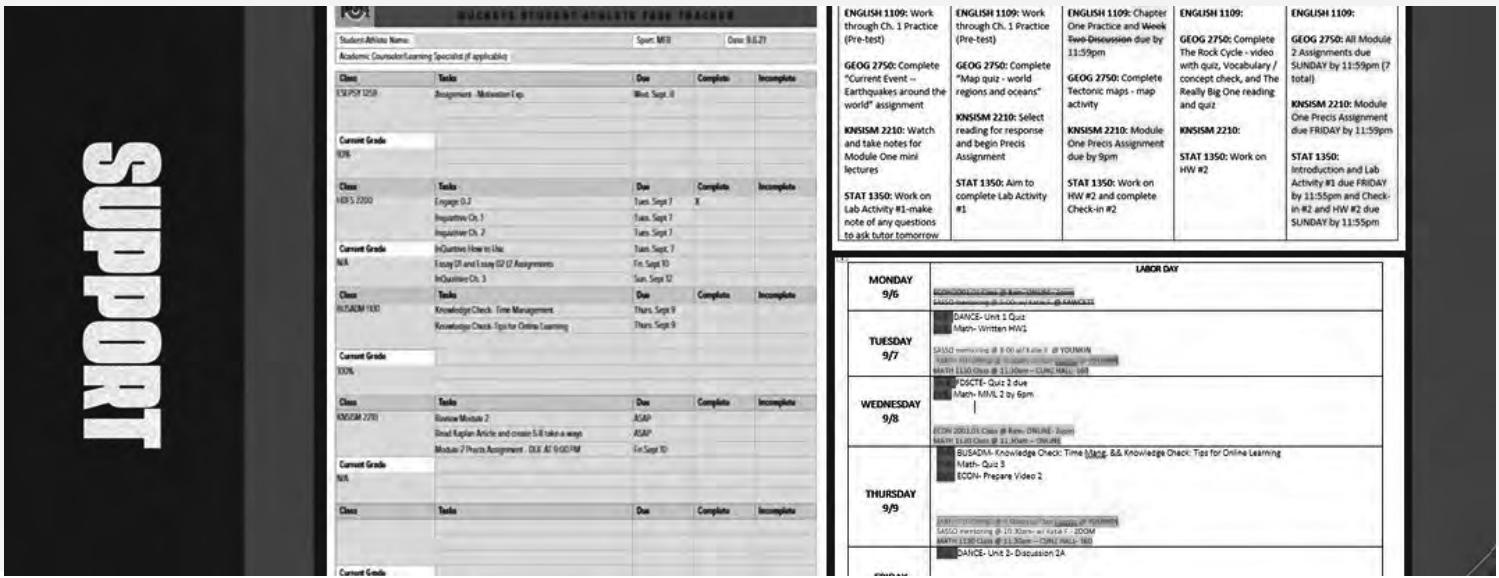
- Sport Industry
- Finance
- Marketing
- Communications
- Health Sciences

What is a Learning Specialist?

- Work one-on-one with student-athletes to expand their academic skills
- Assist with developing strategies essential to college success



Wrap Around Support



Academic Appointments

11,674

Autumn 2024 Appointments

(+282 more than AU23)



10,002

Spring 2025 Appointments

(+927 more than SP24)

Academic Metrics

Graduate Success Rate (GSR) - tracks the graduation rate of students receiving sport-based financial aid over a six-year period.

- Students can be removed from the cohort if the athlete leaves the programs before they graduate AND before the student exhausts eligibility (i.e. they go pro or they will transfer for more playing time) as long as they leave NCAA eligible

Academic Progress Rate (APR) tracks the academic performance of student-athletes per semester, giving credit to the institution for each student-athlete in good academic standing.

- As with GSR, a player does not count against the score if the student-athlete in question was in good-standing at the time of leaving and there is evidence they left for an exception reason (professional sport roster, transfer to 4-year institution)

NCAA member institutions at the DI level must maintain a 930 APR score

Academic Accomplishments

Academic Progress Rate (APR)

- *Single Year APR score 990*
- *Multi-Year APR score 990*

Postgraduate Scholarships

- *Awarded approximately $123,200 in scholarships*

Scholar-Athlete Recognition

- *805 Student-Athletes*

Graduation Success Rate (GSR)

- *Single Year Score – 93%*
- *Four Year Cohort – 93%*

Graduation and GPA

- *Fall/Spring Graduate numbers – 262 Student-Athletes*
- *Highest department GPA – 3.4*

APR

FOOTBALL

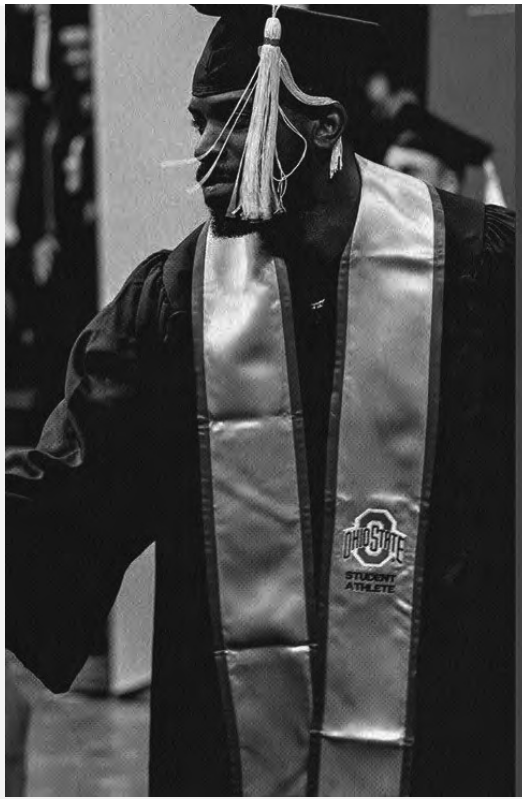
Ohio State football's academic progress remains perfect for second straight year



Joey Kaufman
Columbus Dispatch

May 6, 2025, 3:10 p.m. ET

Ohio State posted another perfect multiyear Academic Progress Rate for



DEGREE COMPLETION

- The Degree Completion Program was established at The Ohio State University in 1994 under the direction of the Department of Athletics
- More than 100 former student-athletes have participated in this nationally recognized program
- The ultimate goal of the Degree Completion Program is to provide academic and tuition support to former Ohio State student-athletes who left the university without completing their degrees
- This program permits them to complete their undergraduate coursework and graduate

Revised Proposal for Executive MHA Program Development
College of Public Health, Division of Health Services Management and Policy

INTRODUCTION
The Ohio State University (OSU) College of Public Health (CPH) Health Services Management and Policy (HSMP) division has developed the attached proposal to develop an Executive Master of Health Administration (EMHA). This proposed program is designed as an extension of our Commission on Accreditation of Healthcare Management Education (CAHME) accredited Master of Health Administration (MHA) program.

The MHA program's mission is to "*provide early-to mid-careerists with an exceptional educational experience encompassing the organization, financing, delivery and improvement of health care services leading to rewarding careers in health services management and policy"* Currently, the MHA program is offered in a full-time residential format that primarily, and increasingly, attracts early careerists that are less than two years out of college. The proposed EMHA program will enable us to more completely fulfill this mission by extending our reach to a more experienced, mid-career professional.

Strategic Considerations
OSU's residential MHA program has been a national leader in healthcare management education for more than 50 years; for the last decade, we have consistently ranked in the US News and World Report (USNWR) top 10 (currently #8). Among our peers, we are one of only 5 in the USNWR top 20 that does not offer an executive, or mid-career, degree option for individuals who are already working in the field. More locally, lower ranked (Xavier) and recently accredited in AU23 (Ohio University, Cincinnati) universities are already operating executive MHA programs. Details about these programs are included in Appendix I (USNWR Top 20) and Appendix II (Ohio-based programs).

Given our program's reputation for quality education, graduate success, and enduring alumni network as well as our strong connections to health system leaders locally and nationally, we are well-positioned for success should we launch a well-designed, well-supported executive program. Considerations include:

- ***Brand integrity.*** Our greatest strength in launching this program is our well-established brand and reputation. As we develop and launch a new program it is crucial that we maintain the standards, e.g., quality faculty, strong curriculum and courses, high-touch professional/ leadership development, connection to practice and alumni, that potential students will expect.

- ***Differentiated experience.*** Mid-career learners have many options for graduate education, including some graduate education degree offerings that require fewer credits for completion, therefore it is imperative that our program offer a differentiated experience that clearly explains how the EMHA benefits students by requiring more credits and explaining that this approach is consistent with our established brand as described above. Leadership and management are high touch endeavors; possible ways to differentiate our program include offering structured leadership coaching and interactive experiences that build students' leadership competencies and support their career growth through exposure and networking.

Potential Risks

While the strong foundation and reputation of the current MHA program, as well as CPH and OSU more broadly, position the proposed program for success, we have identified potential risks that will need to be considered and mitigated as this program is developed. Identified risks and mitigation considerations are described in the table below.

Potential Risks	Mitigation Strategy
Highly competitive market, with well-established competition outside of Ohio and several-options within	Clarify brand and value-proposition for this program vis-à-vis competitors; incorporate into program design and marketing
Strong evidence of market need, but some challenges accurately estimating total demand for this degree program within specified target	Leverage existing MHA relationships and networks to reach unmet need among high potential candidates; collaborate with Office of Technology and Digital Innovation (OTDI) to define and effectively reach target market.
Need to clearly differentiate from other, similar CPH graduate programs, e.g. residential MHA, Master of Public Health Program for Experienced Professionals (MPH-PEP)	Collaborate with MHA, MPH-PEP, CPH Office of Academic Programs and Student Services and other CPH leaders to clearly define and differentiate target audience and educational goals and outcomes for this program.
Relatively high costs for program start-up relative to initial enrollment.	Seek economies of scale in program design by 1) building on existing MHA program structures/processes where possible, e.g., CAHME accreditation, and 2) adapting existing HSMP courses, e.g., MPH-PEP. Evaluate and modify as enrollment grows (if enrollment is limited initially, cohorts could be staggered every other year for almost all classes).

Data Sources

This proposal was developed based on a comprehensive review of the following data.

- Commission on Accreditation of Healthcare Management Education (CAHME) benchmark data for accredited graduate programs in healthcare management
- Qualitative interviews with program leaders at other top graduate programs in health care management regarding program format, target market, marketing/ recruitment, opportunities and challenges
- Initial review of current Ohio-based options for a “mid-careerist,” MHA degrees e.g. 4-5 years work/ clinical experience, interested in a graduate degree in health administration

PROPOSED PROGRAM

The proposed EMHA program will expand the current CAHME-accredited MHA program by adding an executive track. While the current residential program is designed for early careerists, many of whom have just graduated from college, the executive track will be designed for

individuals who have 4-5 years of healthcare administration and/or clinical experience. This program will use the OSU MHA program competency model and offer a similar curriculum that has been slightly modified as appropriate for a more experienced student population. The expected learning outcomes, mode of program delivery, and draft curriculum and assessment plan are detailed below.

Expected Learning Outcomes
The proposed EMHA program will use the same competency model as the current residential MHA program which is designed to develop learners' competencies across five domains as outlined below and detailed in Attachment II:

Domains	Competencies
Management Functions	MHA 1: Organizational Management MHA 2: Organizational Structure and Governance MHA 3: Workforce and Organizational Development MHA 4: Operations Assessment and Improvement MHA 5: Clinical Quality Assessment and Improvement MHA 6: Information Technology Management and Assessment MHA 7: Strategic and Business Planning MHA 8: Financial Management
Health System and Policy	MHA 9: Economic Analysis MHA 10: Health Care Issues and Trends MHA 11: Health Policy MHA 12: Health Care Legal Principles MHA 13: Population Health
Leadership and Professionalism	MHA 14: Leadership and Change Management MHA 15: Impact and Influence MHA 16: Professional Development MHA 17: Collaboration and Working in Teams MHA 18: Personal and Professional Ethics MHA 19: Critical Thinking
Business and Analytic Skills	MHA 20: Written Communication MHA 21: Verbal Communication MHA 22: Quantitative Skills MHA 23: Project Management MHA 24: Performance Measurement MHA 25: Problem-Solving and Decision-Making

Mode of Program Delivery
Based on initial research and feedback from HSMP faculty, the initial proposal for this program is as follows though may be modified pending additional feedback from CPH leadership, OTDI, alumni, and practitioner stakeholders.

- 45 credits (median for top programs is 45, range is 37-57), 45 would be 5 semesters (including one summer between the first and second years) of 3 courses

- Mostly online, with limited in-person engagement (professional development, connection to practice, networking); the in-person component will be "voluntary" with high value-added components with a limited virtual option as feasible.
- Cohort-based – with a common start date, courses offered 1x per year and an emphasis on building community and network, another possible differentiator for this program.

Proposed Curriculum
The proposed curriculum for this program is based on the residential MHA, with appropriate modifications for the target learner who will have more grounding in health care organizations and management. A side-by-side comparison of the residential and proposed executive program curricula is included as Attachment 5. During the start-up period, the proposed curriculum will incorporate established distance-based courses, including PUBHHMP 6010 (Essentials of Public Health) and 5 Master of Public Health Program for Experienced Professionals (MPH-PEP) courses currently taught by HSMP faculty. Depending on enrollment sizes and learner needs, these courses may need to be slightly modified or supported for EMHA student. As the EMHA program grows, we expect to re-evaluate the need for dedicated courses.

The sample curriculum is the only possible pathway to this degree. There are currently no planned elective courses; all the classes are required. There are only two classes that are new classes that have been developed and approved—Executive Skills I and Executive Skills II.

Proposed Program Alignment and Plan
Table detailing alignment of program competencies, courses, assessment methods and standards across the curriculum TBD pending additional discussion.

Targeted Enrollment
In 2021-22, the median number of students enrolled in our CAHME peers' (top 20 programs) executive programs was 45, though there is a considerable range (36-57), with a median of 27 new applicants, and 17 new enrollments. The numbers above are based on data during the height of the pandemic where health care administrators, clinicians, and other working leaders may have been disinclined to take on graduate school. Based on our conversations with program leaders in several programs, applications and enrollments have been on a general decline (possibly due to more competition).

We have had preliminary discussions with OTDI to refine our estimates of market demand, but based on what we know now we believe we could conservatively expect cohorts of 20-25 students. Potential markets for enrollment include:

- Employees of local health system employees seeking to advance their careers, e.g., move into management, go from manager to director. Consider: The Ohio State University Wexner Medical Center (OSUWMC), Nationwide Children's Hospital (NCH), and OhioHealth, to start and then expand others in the state.
- Physicians, nurses, and other clinicians seeking to move into leadership roles
- Individuals working in the broader healthcare space, e.g., IT, medical devices, start-ups etc.
- OSU alumni, e.g., MHA alumni, others who went to OSU for undergrad, interested in MHA

Executive program leaders among our top-ranked peers indicate that the most successful marketing and outreach is based on established relationships and word of mouth, e.g.

organizations who always support a “slot,” alumni who refer colleagues. Therefore, a key role for program leaders/staff will be to develop relationships with health system administrative and clinical leaders, local health-related employers, key alumni who can serve as advocates for our program within their institutions. In addition, the program director will need to work closely with OTDI which has resources for web-based marketing that targets potential students based on google searches and/or LinkedIn profiles among other things.

RESOURCE NEEDS

Preliminary resource needs and (very high level) estimated costs are summarized in a table below. Pending additional discussion and approvals, we will work with CPH leaders to develop a more robust analysis of program costs. The estimates below assume (a) substituting CPH/MPH-PEP courses wherever appropriate, and (b) offering “new” courses every other year, at least during start up.

Resource Need	Estimated Cost/ Year 1	Estimated Cost Ongoing
Faculty Program Director (75% FTE to start/ launch program, 30-50% thereafter), will teach 2 courses after first year	$95,000 (at 75%)	$50,000 (at 40%)
Program Manager/Administrative/Coaching Support – 1-2 FTE (depending on model)	$65,000 + benefits (1 FTE)	$65,000 + benefits
Course faculty: 15 courses (8 using existing CPH/MPH-PEP courses), $10,000 each; new courses offered every other year. Program director to teach 2 courses starting year 2	$40,000, if offered every other year	$20,000
Instructional design support, 0.5 FTE	$25,000 + benefits	$25,000
Total	$225,000	$160,000
Plus: OTDI Marketing	TBD	

TUITION CONSIDERATIONS

The table below summarizes available tuition data for executive programs among our USNWR Top 20 peers, CAHME-accredited online programs, and Ohio-based MHA and other similar programs that are likely to be our competitors. Over the next several months, we will work with CPH leaders, OTDI, and others at OSU to determine the tuition option(s) for this program. Tuition will be set to ensure that the program is both financially self-supporting and market competitive. An initial estimate would be about $63,000, setting the instructional fee at $1,575 per credit hour. That would put us around the median/average for the top 20.

Benchmark	Cost to Degree	Range
USNWR Top 20	$61k (median)	$43-90k
CAHME Online	$32k (median)	$28-40k
Ohio-based Programs	$30k range for MHA programs, Master Nursing Innovation $54k for MBOE (Master of Business Operational Excellence) (Fisher) $77-115 for MBA	

Proposed Timeline for Program Approval and Implementation

Date	Key Steps
Fall/ Winter 2023 (Completed)	• Finalize program proposal based on input from CPH leadership, OTDI, HSMP faculty and other stakeholders, e.g. MHA Advisory • Explore program approval process • Explore tuition and fee options
Spring 2024	• Secure CPH Academic Studies Governance Committee (ASGC) approval • Submit for OSU Graduate School approval • Pursue additional OSU and/or State of Ohio Approvals
TBD	• Seek final approval from permanent CPH Dean to launch program
Timeline for Implementation, Pending	
Year 1: AY24-25* Implementation Planning and Program Set Up	• Identify/ hire program director to build relationships, focus marketing outreach, develop detailed program plans (in coordination with OAPSS, residential MHA director) • Initiate CAHME accreditation under “one program, two tracks” • Establish courses, e.g., names, titles • Secure teaching faculty, other resources e.g., coaching • Coordinate instructional design support for new/ adjunct faculty • Hire program manager • Begin marketing and outreach, launch admissions
Year 2: AY26-27*	• First class enrolled

*earliest possible implementation; pending multi-level review process and approvals

USNWR Top 20 Program in Healthcare Management
Executive Program Data for AY2021-22

Rank	Program	Residential	Executive	Format	Total Students	Complete applications	New Enrollments	Cost (in)	Cost (out)	$/credit (instate)
1	UAB*	71	57	Hybrid	58	35	20	$ 59,600	$ 59,600	$ 1,046
2	UMN	60	42	Hybrid	39	24	13	$ 68,544	$ 68,544	$ 1,632
3	UNC	60	49	Hybrid	48	42	21	$ 49,005	$ 94,158	$ 1,000
3	Michigan	60	40	Hybrid	16	10	0	$ 50,308	$ 82,816	$ 1,258
5	Rush	58	52	Residential	13	23	13	$ 63,232	$ 63,232	$ 1,216
5	VCU*	59	41	Hybrid	63	29	22	$ 43,432	$ 74,715	$ 1,059
7	Ohio State	60								
8	Iowa	58	45	Residential	19	11	9	$ 55,000	$ 55,000	$ 1,222
9	Cornell	64	36.5	Hybrid	87	67	48	$ 81,776	$ 81,776	$ 2,240
9	Johns Hopkins	83								
12	George Washington	50	50	Hybrid	90	190	90	$ 90,000	$ 90,000	$ 1,800
13	SLU	60	50	Hybrid	27	16	11	$ 62,500	$ 62,500	$ 1,250
13	Trinity*	57	41	Hybrid	15	8	6	$ 73,000	$ 73,000	$ 1,780
15	Columbia	55		Residential	197	81	26	$ 49,785	$ 49,785	
16	Washington	NA	NA	Hybrid	9	17	9	$ 72,138	$ 72,138	
17	Baylor	58								
17	Tulane	NA								
17	Pittsburgh	60								
	Average	61	46		52	43	22	$ 62,948	$ 71,328	$ 1,409
	Median	60	45		44	27	17	$ 61,050	$ 70,772	$ 1,250
	Min	50	36.5		13	8	0	43432	49785	$ 1,000
	Max	83	57		197	190	90	90000	94158	$ 2,240

Source: Commission on Accreditation of Health Management Education

MHA and other related graduate programs in Ohio

Program	Degree	CAHME?	Credits	Format	Notes	Cost (in)	$ per credit
Master of Health Administration Programs							
Xavier Executive	MHSA	Yes	42	Online		$ 28,164	$ 671
Ohio University	MHA	Yes (as of Fall, 2023)	36	Online	Can be completed in 1 year. Specializations: Traditional, HC Leadership, Business Analytics, Project Management, Aging Studies, Quality Improvement		
University of Cinicinnati Executive Program	MHA	Candidate	40	Online	Also offer certificates in HC Admin, Finance, Operations, Policy and Reg	$ 30,160	$ 754
Franklin University	MHA	No	36	Online			
Other Related Graduate Programs							
OSU - Fisher, Masters of Business in Operational Excellence	MBOE			Hybrid	13-month, 15-course executive (3 years exp) master's. Focus on operational excellence, data/decisions, change, impact	$ 54,585	
OSU- Fisher, Working Professional	MBA		48	Hybrid	On campus or online (or hybrid), evenings weekends	$ 80,114	
OSU- Fisher, Online Working Professional	MBA		48	Online	At least 30% synchronous	$ 77,136	
OSU- Fisher, Executive	MBA			Online	For mid to senior-level; weekend program; 17 months (average 17 years experience); cohort	$ 115,000	
OSU - Nursing, Masters in Health Care Innovation	MHI		31	Online	Synchronous/ Asynchronous, includes leadership, design thinking, policy, communication; also have a certificate in healthcare leadership and innovation	$ 31,785	
Other??							

CAHME-accredited Executive Programs, fully online

Program	Resident	Executiv	Format	Total Studen	Complete applications	New Enrollments	Cost (in)	Cost (out)	$ per credit
Des Moines	NA	48	Online	116	29	11	$ 38,016	$ 38,016	$ 792
Ferris State	46	40	Online	185	129	90	$ 40,500	$ 40,500	$ 1,013
George Mason	45	45	Online	26	0	0	$ 28,440	$ 28,440	$ 632
UCF	51	NA	Online	27	51	27	$ 33,998	$ 33,998	NA
Louisville	57	57	Online	28	15	12	$ 29,673	$ 29,673	$ 521
Memphis	53	45	Online	8	0	0	$ 30,000	$ 30,000	$ 667
UNLV	45	40	Online	13	20	12	$ 35,920	$ 41,870	$ 898
Xavier*	66	42	Online	115	36	14	$ 28,164	$ 28,164	$ 671
average	52	45		65	35	21	$ 33,089	$ 33,833	$ 742
median	51	45		28	25	12	$ 31,999	$ 31,999	$ 671

Attachment 4:
MHA Competencies

MHA Competencies

Management Functions

MHA 1. Organizational Management. Assess opportunities to improve health services organizations through application of organizational theories and organization development principles.

MHA 2. Organizational Structure and Governance. Analyze how organizational and environmental factors shape the structure of health care organizations and the roles, responsibilities and influence of governing bodies.

MHA 3. Workforce and Organizational Development. Apply methods and techniques for organizational, employee, and professional staff development that ensure a diverse and high performing work force.

MHA 4. Operations Assessment and Improvement. Use systems-thinking and analytic methods to assess operations performance and improve organizational processes.

MHA 5. Clinical Quality Assessment and improvement. Apply principles of quality improvement in the context of clinical performance.

MHA 6. Information Technology Management and Assessment. Analyze the value, risks and opportunities of information technology and associated data for improving performance of health organizations and the broader health system.

MHA 7. Strategic and Business Planning. Perform environmental, market, and community needs analyses, develop strategic alternatives, formulate strategic goals, and develop programs, business plans, and implementation strategies to support goal achievement.

MHA 8. Financial Management. Explain financial and accounting information, prepare and manage budgets, and evaluate investment decisions.

Health Systems and Policy

MHA 9. Economic Analysis. Analyze and apply economic theory and concepts for decision-making.

MHA 10. Health Care Issues and Trends. Explain important issues in health care, including circumstances causing major changes and reform in U.S. health care delivery.

MHA 11. Health Policy. Describe the public policy process related to health care, including the creation and implementation of policy and the political aspects of policy and articulate the impact on the delivery of health services.

MHA 12. Health Care Legal Principles. Recognize legal issues that may arise in health care delivery and business settings and respond appropriately

MHA 13. Population Health. Describe how epidemiological, market, patient outcome, and organizational performance data are used to improve quality, and manage financial and other risks associated with defined populations.

Attachment 4:
MHA Competencies

Leadership and Professionalism

MHA 14. Leadership and Change Management. Develop effective leadership approaches to communicate a vision, motivate stakeholders, build consensus, and lead organizational change efforts.

MHA 15. Impact and Influence. Shape opinions, processes, or outcomes through example, persuasive communication, or use of informal power

MHA 16. Professional Development. Demonstrate a commitment to continuous learning and self-improvement through reflection, goal setting, self-assessment, and the cultivation of professional networks.

MHA 17. Collaboration and Working in Teams. Work cooperatively with others, create, participate on, and lead teams, including inter-professional.

MHA 18. Personal and Professional Ethics. Apply ethical principles, social and professional values to analyze managerial, organizational and policy situations demonstrate professional values and ethics.

MHA 19: Critical Thinking. Evaluate a situation, issue, or idea by understanding and challenging assumptions, considering competing points of view, and anticipating potential effects within and beyond the health care system.

Business and Analytic Skills

MHA 20. Written Communication. Write in a clear, logical manner and prepare effective business communications.

MHA 21. Verbal Communication. Demonstrate effective oral communication and presentation skills.

MHA 22. Quantitative Skills. Analyze data and interpret quantitative information for organization decision making.

MHA 23. Project Management. Design, plan, implement, and assess projects and develop appropriate timelines related to performance, structure and outcomes.

MHA 24. Performance Measurement. Identify and use data within organizations to improve performance.

MHA 25. **Problem-Solving and Decision-Making**. Use multiple methods and sources to seek comprehensive information, generate creative new solutions—or adapt previous solutions—and apply structured decision-making techniques and tools to address health care questions

Sample Curriculum

The proposed curriculum for this Executive MHA is summarized in the table below, comparing the total number of credits for the residential (60) and proposed Executive MHA (45). This proposed curriculum was developed using the residential MHA as the starting point with adjustments made to (a) reflect a more experienced learner, and (b) to substitute established PEP courses where appropriate. The table also summarizes the total number of courses being proposed for the program. There are only two classes that are new classes that have been developed—Executive Skills I and Executive Skills II.

Proposed Curriculum

Course Number (Residential MHA)	Course Name	Credits	Total Exec Program Courses	New Courses to Develop
Existing CPH Distance Learning Courses				
PUBHLTH 6010	Essentials of Public Health	3	1	0
PUBHHMP 6625	Leveraging Healthcare Data for Practice and Policy Change	3	1	0
PUBHHMP 7632	Strategic Change for PH and Population Health Management	3	1	0
PUBHHMP 7624	Health Economics for Experienced Professionals (PEP)	3	1	0
PUBHHMP 7632	HS Strategy and Marketing	3	1	0
PUBHHMP 7683	Operations Management and System Design (PEP)	3	1	0
PUBHHMP 6630	Project Management (PEP)	3	1	0
Existing Residential MHA Courses (to be adapted for Distance Learning)				
PUBHHMP 6611	Health and Healthcare in the US	3	1	0
PUBHHMP 7605	Introduction to Health Policy	3	1	0
PUBHHMP 7611	Health Law for Managers	3	1	0
PUBHHMP 6615	Public Health Leadership and Organizational Behavior			
PUBHHMP 7620	HS Finance I	3	1	0
PUBHHMP 7622	Health Services Financial Decision Making	3	1	0
PUBHHMP 7631	Strategic Management & Program Development (Capstone)	3	1	0
New courses				
PUBHHMP 7690	Executive Skills I	3	0	1
PUBHHMP 7691	Executive Skills II	3	2	1
	Total	45	15	2

☐ Denotes proposed substitution of MPH-PEP Course

Low Enrollment Courses and Program Duplication

The Ohio State University, October 2025

I. Low-enrollment Thresholds

IN COMPLIANCE WITH SECTION 3345.35 OF THE OHIO REVISED CODE, which mandates the evaluation of courses and programs based on enrollment, The Ohio State University, through the Office of Academic Affairs (OAA), submits this triennial report.

Course thresholds are specified and monitored through Faculty Rule 3335-8-16. This rule states that the chair of a department or director of an instructional unit may cancel any course that has not enrolled sufficient numbers of students, usually defined as **fewer than 15 students**, although courses enrolling fewer than 15 may be offered if sufficient resources and programmatic justifications exist. The University Registrar monitors the frequency of course offerings, identifying those that have not been offered for three consecutive years, and informs the relevant college where course offering decisions are made.

At the state level, the Chancellor permits a 20% variation above the institutional definition. Therefore, for the purpose of identifying low-enrollment courses for this report, **the university currently adopts a minimum class size of 18 students**. The Chancellor defines low-enrollment courses as course sections that fall below this institutionally defined threshold (18 students) over **two or more semesters**.

II. Low-enrollment Course Identification

Course enrollment levels are monitored and interpreted at the academic unit and institutional levels, driven by the university's mission as a public, land-grant, Research 1, urban, Carnegie "engaged" institution serving a large student population. Since 2005, the university has operated under a responsibility-centered management (RCM) budget model, ensuring that course and program enrollments are monitored closely by colleges and campuses, as budgets are influenced by credit hours delivered.

To prepare for the 2025 submission, OAA worked directly with the university's **15 academic colleges** in Columbus and the four regional campuses, addressing the alignment of college-specific enrollment policies with university policy. This process included:

1. Reviewing 3-year trend data for courses.
2. Identifying courses that had **fewer than 18 students** at least twice during the time frame.
3. Academic units removing those courses that could be justified based on established exceptions.

Established Exceptions

Consistent with previous submissions, the university maintains exceptions to the minimum class size policy for distinctive instructional settings, as these courses will not necessarily enroll 18 students at all times. These exceptions include:

- Graduate-level classes, particularly those with a strong research orientation
- Laboratories with space/equipment limits
- Studios with individual or small-group interactions.
- Special programmatic offerings (e.g., service learning, undergraduate research, study abroad, honors, clinical courses)
- Sequenced courses
- Internships, individual/group studies courses, and new courses in their early stages of offering
- Courses offered by faculty on overload to fill student demand
- Regional campus courses, reflecting their distinctive teaching environment

For the remaining courses identified as low enrollment, colleges were required to provide a statement on the course's future status — **withdrawn or kept** — along with a rationale for those being kept.

III. Low-enrollment Course Analysis of Course Enrollments and Recommended Actions (2025)

The subsequent analysis of low-enrolled courses across the colleges confirms that many courses were identified for elimination, phase-out or programmatic review.

Based on the course data reviewed for withdrawal status, a total of **409 unique course entries** were processed by the colleges.

The recommended actions for these 409 courses are summarized below, aligning the reported statuses (Withdraw, In Limbo, No Decision) with the required reporting categories:

Course Elimination or Alternate Offerings / Phase out	Follows enrollment monitoring at the college level, including: Old curriculum, Teach out, Program discontinuation, Curricular change, Low enrollment, Course content migration.	**366**	**Withdraw**
In Limbo / Programmatic Pause	Course is temporarily paused (e.g., "program paused"), pending future review or program restart.	**18**	**In Limbo**
Pending Review / No Final Action	Final determination (elimination or retention) still in discussion (e.g., "check with Grad School" or status blank).	**25**	**No decision / Other status**
Total Actions		**409**	

Details of Actions and Rationales

- **Course Elimination / Phase Out (366 courses):** These courses have been formally identified for withdrawal. Rationales include specific program discontinuations (e.g., UG Athletic Training program), courses being part of an **Old curriculum** (e.g., numerous Veterinary Medicine courses), and courses undergoing a **Teach out** process (e.g., Nursing courses).
- **In Limbo / Programmatic Pause (18 courses):** These courses are predominantly associated with the John Glenn College of Public Affairs (two courses) and the College of Nursing (16 courses), often due to a "program paused" rationale.
- **Pending Review / No Final Action (25 courses):** These include courses that were awaiting a decision from the Graduate School (Business courses), as well as courses where the status field was left blank in the documentation (Rural Sociology courses) and certain Nursing courses.

IV. Low-enrollment Program Analysis

The university has not had a minimum program size requirement. Individual colleges determine and review programs on a regular basis, including through a thorough program review process, and through the responsibility-based budget model with its strong enrollment component.

SB 1 required that programs with low numbers of graduates — fewer than five — be deactivated. During summer 2025, it was determined that eight such programs should be deactivated, and in September 2025, deactivation was approved at the state level.

- **College of Arts and Sciences**

  Integrated Major in Mathematics and English (BS)

  Medieval and Renaissance Studies (BA)

  Music Theory (BM)

  Musicology (BM)

- **College of Food, Agricultural, and Environmental Sciences**

  Biochemical Science (AS)

  Landscape Horticulture (AAS)

  Sustainable Agriculture (AS)

  Sustainable Agriculture (AAS)

Waivers were requested for 12 programs, and temporary waivers were requested for 20 programs. The university awaits action on those requests from ODHE.

V. Duplicate Program Analysis

There is no other public university in our central Ohio region for which there would be duplication.

Instead, we focus on collaborations.

The university has a special working relationship with Columbus State Community College (CSCC) in terms of both General Education course transfer and more than 70 2+2 pathways. It is now working on pathways directly related to workforce development in IT-Cybersecurity and in Construction Systems Management. In September 2025, the Buckeye Bridge program was established. With select stipulations, tuition and fees will be covered for all students who graduate with an associate degree from CSCC, starting with graduates of spring 2026, and come to the Columbus campus. This represents an important step forward for students in our evolving working relationship with CSCC.

Potential regional collaborations could extend to two-year public and four-year private institutions, particularly concerning online offerings in specialized fields like language

instruction. Furthermore, the review of duplicative programs requires the evaluation of the benefits of collaboration with other state institutions of higher education to deliver a program. Factors considered in determining collaboration feasibility include low-enrollment programs needing specialized faculty (BFA or MFA) or courses with specialized needs across the state (certain languages).

For our regional campuses, if there appears to be duplication in the General Studies associate degree programs, each serves a different purpose. The university's program is a step toward a bachelor's degree, whereas the co-located institution has a stand-alone degree. Enrollments reveal that they do compete for students — they have different audiences.

There are ongoing discussions, notably at Lima and Marion, about possible degree program alignment with the co-located campus, with workforce development being a key stimulus.

THE OHIO STATE UNIVERSITY

Faculty Appointments, Faculty Workload, Tenure, and Retrenchment

Interim University Policy

Applies to: Faculty

Responsible Office **Office of Academic Affairs**

POLICY

Issued: 07/20/2004
Revised: 12/19/2025 (interim revision)

Appointment decisions for faculty positions must be based on criteria that reflect strong potential to advance through the faculty ranks, including attaining tenure, being promoted, and/or being reappointed.

Purpose of the Policy

To provide guidance for appointment decisions for each faculty type, set forth the university's **faculty workload** requirements as required by Ohio Revised Code (ORC) 3345.45, and outline the university's governance documents on tenure and retrenchment as required by ORC 3345.454.

Definitions

Term	Definition
Faculty workload	A faculty member's total work effort, in terms of full-time equivalency (FTE), is comprised of different proportions of core faculty duties (teaching, basic and applied research, scholarship, creative activities, extension programming, clinical patient practice, commercialization and entrepreneurship, librarianship, service, and administration) according to their faculty appointment. Each core faculty duty must be defined in terms of credit hours or credit-hour equivalencies as required by ORC 3345.45. See the OAA Faculty Workload Standards and Guidelines *[link]* for more detailed information and examples.
Joint appointment	One in which a faculty member has a compensated full-time equivalent (FTE) appointment in two or more tenure-initiating units (TIUs).

Policy Details

I. Tenure-track, Clinical/Teaching/Practice, and Research Faculty
   A. Tenure
      1. Tenure may be earned by all tenure-track faculty members upon completion of all applicable university requirements as set forth in Faculty Rule 3335-5-03, the OAA Procedures and Guidelines Handbook, and applicable unit appointment, promotion, and tenure (APT) documents and may be achieved through multiple pathways.
      2. Tenured faculty must serve on appointments totaling fifty per cent or more service to the university to maintain tenure as set forth in Faculty Rule 3335-5-19(A).
   B. Length of appointment
      1. Tenure-track, clinical/teaching/practice, and research faculty may be offered either a nine-month or a twelve-month appointment by the TIU. The most common schedule for a nine-month on-duty period under semesters is from August 15 to May 15, with compensation paid out over twelve months. Twelve-month appointments typically begin either July 1 or on the first day of autumn semester. Colleges with clinical practice for teaching and patient care have hiring dates throughout the year.
      2. In accordance with Faculty Rule 3335-5-07, all full-time faculty members are to be on duty an average of 19 working days a month, with working days defined as weekdays that are not designated as university holidays.
         a. Nine-month faculty members are commonly on duty for nineteen working days a month averaged over a nine-month period and do not accrue vacation. They are not expected to be on duty during

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Applies to: Faculty

breaks within a given semester, summer term, or session, nor any days between the end of the exam period and the beginning of the next semester or session.

b. Twelve-month faculty members are on duty on all working days except for the days they accrue and designate as vacation days. See Paid Time Off policy.

3. TIUs are to provide candidates for faculty appointments with an offer letter to sign containing, at the minimum, the proposed start date, faculty title, reappointment date, duties and responsibilities, and salary and compensation, including whether any compensation is subject to productivity expectations and requirements.

C. Joint appointments

1. Appointing new faculty members to a **joint appointment**

a. TIUs considering making a joint appointment are to determine whether this is the most appropriate means of accomplishing a shared goal. Financial reasons (neither unit has the resources to make the appointment on its own) alone do not provide an optimal foundation for joint appointments. The Office of Academic Affairs (OAA) suggests not pursuing a joint appointment if there are other means (such as joint service on graduate studies committees) that will accomplish the shared goal.

b. TIUs making a joint appointment are to reach agreement on its terms before seeking an individual to fill the position so that these terms can be communicated clearly to candidates. These terms, modified as a consequence of negotiation with a particular candidate when appropriate, must be set forth in a memorandum of understanding (MOU) signed by the heads of the TIUs and the dean(s) of those TIUs.

c. Before being extended to candidates, offer letters involving joint appointments, along with the executed MOU, must be approved by OAA. A candidate must be provided with the terms of the MOU before being asked to decide on an offer. Items that must be included in the MOU include:

i. The TIU in which the candidate's tenure or other appointment will reside (see Faculty Rule 3335-6-06). This is the unit where the candidate will be a member of the eligible faculty for APT decisions. If it is possible for the TIU designation to be renegotiated at a subsequent time, the MOU should describe how such a negotiation would be initiated and concluded.

ii. What each unit will contribute to the appointment in terms of compensation; office; research space, equipment, and start-up funds; and any other relevant resources, as well as the process by which relative contributions could be changed over time.

iii. The defined workload associated with each part of the appointment; the process by which the defined workload associated with the different parts of the appointment can be changed; and the mechanism for resolving workload issues should it be alleged by either the joint appointee or one of the TIUs that one or both of the TIUs' expectations differ from those agreed to in the MOU.

iv. The annual salary decisions process and whether the TIUs agree to reach consensus on salary increases or each provide its own recommendation based on performance in areas relevant only to its part of the appointment.

v. In the case of an untenured faculty member, how annual reviews and the review for tenure will be conducted; whether both TIUs must agree on renewal of the appointment and ultimately on the award of tenure for the peer recommendation to be considered positive and if not, how a disagreement on renewal and tenure will be handled. If the TIUs cannot reach an agreement on this extremely important matter, then the hire is not to be made.

vi. In the case of a tenured faculty member, how annual reviews and reviews for promotion will be conducted and whether both TIUs must agree that promotion is warranted for the peer recommendation to be considered positive.

vii. The governance rights of the joint appointee in each of the TIUs sharing the joint appointee.

2. Faculty transfer into a joint appointment

a. On occasion, a faculty member hired into a faculty position in a particular TIU seeks a joint appointment with another unit. In such cases, the two TIUs must enter into an MOU about the

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Applies to: Faculty

appointment that includes the items set forth in Policy Details I.C.1.c, including which unit will serve as the TIU, with the MOU being signed by the heads of the TIUs and the dean(s) of those TIUs and OAA. In such circumstances, OAA recommends that the faculty member and the TIUs involved observe the following process:

i. The faculty member consults with the head of the unit with which they want to establish a joint appointment and explain why such an appointment would benefit their academic career at the university.
ii. The TIU head then makes a judgment about whether the joint appointment will benefit the mission of the unit as a whole and whether there are funds to cover the salary and benefits associated with the joint appointment. In making this judgment, the TIU head consults with the dean (if applicable) about the effect of this joint appointment, if any, on future hires in the unit.
iii. If the TIU head ascertains that the transfer would benefit the unit, the TIU head consults with the dean about whether there are funds in place to support the joint appointment. At this point, the faculty member requesting the joint appointment writes a formal letter of application to the TIU head.
iv. The receiving unit provides information about the faculty member to its tenured faculty and requests a vote, following hiring procedures laid out in the Appointments, Reappointments, Promotion and Tenure web page, about whether the unit approves the joint appointment.
v. The dean and TIU head of the receiving unit decide whether to approve the appointment.
vi. Joint appointed faculty may vote on appointments, promotion, and tenure decisions only in the TIU where their tenure reside.

D. Academic appointments
   1. Academic appointments have 0% FTE and occur when a tenure-track, clinical/teaching/practice, or research faculty member holds an appointment in one or more academic units outside the TIU.
   2. TIUs must establish formal expectations for academic appointments. Academic appointments are to be discontinued when expectations are not met and when a faculty member retires from or otherwise terminates employment with the university.

E. Changes in appointment
   1. Transfer of TIU
      a. The concept of a TIU and the circumstances under which a tenure-track faculty member may be considered for transfer to a new TIU are described, along with the necessary approvals, in Faculty Rule 3335-6-06.
      b. Approval of the transfer by OAA is dependent on the establishment of mutually agreed upon arrangements between the administrators of the affected TIUs, including the deans(s), and the faculty member.
      c. An MOU signed by all parties, including OAA, must describe in detail the arrangements of the transfer. Since normally the transferring faculty member will fill an existing vacancy in the receiving unit, the MOU will describe the resources supporting the position, including salary, provided by the receiving unit.
      d. The review schedule of probationary tenure-track faculty is not altered by transferring to a new TIU. Requests for exceptions due to special circumstances must be submitted to OAA before the MOU is finalized.
   2. Transfer from tenure-track to clinical/teaching/practice or research appointments
      a. Tenure-track faculty members who transfer to clinical or research appointments are required to resign their tenure-track positions, relinquishing tenure if applicable.
      b. Such transfers are initiated for consideration only upon the written request of the faculty member. Clear evidence must be offered of a change in the individual's career goals and expectations, duties, and activities.

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c. The following Faculty Rules describe the circumstances under which such a transfer may be considered and approved:
   i. To clinical/teaching/practice, Faculty Rule 3335-7-09.
   ii. To research, Faculty Rule 3335-7-38.
d. Transfer from a clinical/teaching/practice or research appointment to the tenure-track is not permitted (see Faculty Rule 3335-7-10 and Faculty Rule 3335-7-39 respectively). Clinical/teaching/practice or research faculty may apply for tenure-track positions and compete in regular national searches for such positions.

3. Reduction in FTE
   a. Involuntary reduction
      i. Unless otherwise agreed upon by the TIU and faculty member or otherwise set forth under the faculty rules, the involuntary reduction of FTE must follow the process under Faculty Rule 3335-5-04.
   b. Tenure-track faculty
      i. If a part-time appointment was not included in the terms of hire as stated in the offer letter, a tenure-track faculty member who desires a temporary FTE reduction or a permanent FTE reduction must consult with the TIU head.
      ii. Tenure-track faculty are defined in Faculty Rule 3335-5-19(A) as holding an appointment of 50% FTE or greater. Persons with a tenure-track faculty title on an appointment of less than 50% FTE are associated faculty.
      iii. Upon the faculty member's request, the TIU head, with the approval of the dean in colleges with TIUs, has the authority to grant a reduction in FTE.
   c. Probationary tenure-track faculty
      i. A reduction in FTE does not involve an automatic exclusion of time from the probationary period, even though the projected revised dates may be mentioned in the letter approving the reduction, as is often the case. Probationary tenure-track faculty whose appointment is less than full-time but not less than 50% may request an exclusion of time from the probationary period in accordance with Faculty Rule 3335-6-03(D)(1)(c).
      ii. OAA does not approve exclusions of time in advance. Rather, during the second year of a faculty member's reduced appointment, OAA will approve an exclusion of time for one year. For example, a 50% FTE appointment will reflect one year of service within the probationary period upon working two academic years for a nine-month appointment or two full years for a twelve-month appointment. At the appropriate time, a letter requesting approval of the exclusion of time is forwarded by the TIU head to the dean and then OAA.
      iii. For probationary faculty, the letter directed to the final level of approval is to include (in addition to the amount of the reduction, when it will take effect, and whether it is permanent or temporary) a projected revision of the review schedule and the projected year in which the adjusted Fourth-Year Review would fall (if the Fourth-Year Review has not already occurred).
   d. Clinical/teaching/practice and research faculty
      i. Clinical/teaching/practice and research faculty who wish to renegotiate their FTE during a contract period must consult with the TIU head to seek approval.

4. Twelve-month and nine-month appointment conversions
   a. Faculty will normally convert between a twelve-month and a nine-month appointment using a 12/9 or a 9/12 salary conversion ratio. Any other arrangement requires the approval of OAA.
   b. See the Faculty Compensation policy for information regarding a faculty member with an administrative appointment.

5. Transfer of campus
   a. The circumstances under which a faculty member may be considered for a transfer from one campus to another are described in Faculty Rule 3335-6-07.

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b. OAA's approval of the transfer is dependent on the establishment of a mutually agreed upon financial arrangement between administrators of the affected TIUs, including the dean(s).

F. Endowed chairs or professorships
   1. Only the Board of Trustees (BOT) can establish an endowed chair or professorship and appoint an individual to hold that position. TIUs are to defer publicity regarding the establishment of an endowed chair/professorship or the appointment of an individual to that position until action has been taken by the BOT.

G. College distinguished professors
   1. Colleges wishing to recognize distinguished faculty members may establish distinguished professorships, the titles of which must be (college name) distinguished professor.
   2. Criteria for review and procedures for awarding such distinctions must be included in the college Pattern of Administration.

H. Emeritus faculty
   1. Tenure-track, clinical/teaching/practice, research, and associated faculty are eligible for consideration for emeritus status upon retirement or resignation at the age of sixty or older with ten or more years of service or at any age with twenty-five or more years of service at the university (see Faculty Rule 3335-5-19 and Faculty Rule 3335-5-36). The process for recommending emeritus status to the executive vice president and OAA is to be set forth in the TIU APT document and the Faculty Rules. Various offices within the university offer perquisites to emeritus faculty, which are subject to modification and remain at the discretion of the applicable office.
   2. Graduate faculty status
      a. See the Graduate School Handbook for details on graduate faculty status when a faculty member terminates employment with or retires from the university.
   3. Emeritus titles for endowed chairs/professorships
      a. Faculty members who hold an endowed chair/professorship or an Ohio eminent professorship at the time of their retirement or resignation may continue to use the chair designation upon request by their TIU head with the approval of the dean, OAA, and Board of Trustees (BOT).
      b. The request can only be made for a faculty member retiring from the university and from the chair/professorship, not for those who may have held the chair/professorship in the past or those simply ending a term holding the chair/professorship.
      c. The request can only be for carrying the name of the chair/professorship with the “emeritus” designation preceding the name. No chair/professorship resources can be allocated to the individual carrying the emeritus designation.
   4. Title for members of the Emeritus Academy
      a. A faculty member who has been granted emeritus academy status may use the title academy professor during the period that such faculty is an active member of the Emeritus Academy.

I. Reemployment of retired faculty
   1. For eligibility requirements and guidelines on the rehiring of faculty who have retired from the university, see the Reemployment of Faculty and Staff policy.
   2. Re-employment of retired faculty is not an entitlement and cannot be guaranteed. Note that faculty may be rehired into the same position at greater than 75% FTE only if the salary is not greater than 75% of the salary at the time of retirement, subject to the requirements under the Reemployment of Faculty and Staff policy.
   3. Use the guidelines below in Section III.G.1-3 of this policy to determine appointment classification and FTE.
   4. Rehiring a retired faculty member requires approval of the TIU head, the college human resources business partner, the college dean (or campus dean/director), and OAA prior to extending an offer. Colleges must forward requests to hire a retired faculty member using the Request to Rehire Retired Faculty/Staff Member Form.

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J. Reemployment of tenure-track faculty following nonrenewal of appointment or denial of tenure
   1. OAA must approve the rehire of a tenure-track faculty member denied reappointment or tenure. This requirement for approval applies to faculty members rehired within three years of the final day of their original tenure-track appointment. Approval will be based on the nature of the proposed appointment in relationship to the reasons for denial of reappointment or tenure.
   2. A proposal to rehire a faculty member to teach or to conduct research in some capacity when unacceptable teaching or research, respectively, was a factor in the denial of reappointment or tenure is unlikely to be approved.
   3. TIUs are to exercise sound judgment in considering the rehire of probationary tenure-track faculty who withdraw from a mandatory review and resign.

K. Reemployment of tenure-track faculty who have resigned
   1. There may be rare circumstances when a unit is unable to retain a truly exceptional faculty member (e.g., a member of a national academy), and the unit and college wish to facilitate the faculty member's return to the university. The chair and dean may request approval from OAA, within two years of the faculty member's departure, to rehire the faculty member into a vacant position without a national search. The unit/college must not promise to rehire the faculty member in advance since intervening events could make it undesirable or not feasible to follow through on such a commitment.

II. Faculty Workload

A. Each TIU, college, and regional campus must provide specific faculty workload guidance in their Pattern of Administration (POA), ensuring that every faculty member has duties commensurate with their respective appointment and that the overall unit workload is distributed fairly and equitably among its faculty.

B. All POA faculty workload provisions must comply with the OAA Faculty Workload Standards and Guidelines *[link]* and ORC 3345.45, which requires that all faculty duties be defined in terms of credit hours or credit-hour equivalencies.

C. The university standard for faculty with a 100% teaching load consisting only of conventional class instruction (e.g., lecturers/senior lecturers) is 24 credit hours (eight three-credit courses, or other combination of credit hours) for nine-month contracts and 30 credits for 12-month contracts (ten three-credit courses, or other combination of credit hours).
   1. Credit hours are based on contact hours and not inclusive of the time required for course design and preparation, or extension travel (e.g., county to county).
   2. The university-wide baseline for autumn and spring semesters is that one three-credit course equates to 0.25 FTE for that semester. This translates into approximately 10 hours/week, or 3.33 hours/week/credit hour. This baseline can be used to calculate equivalencies of effort for courses that generate fewer or more than three credits.
   3. Only associated faculty members and some clinical/teaching/practice faculty can have their duties exclusively consisting of conventional class instruction. When this is the case, the FTE is determined by the number of credit hours assigned per term. Compensated associated faculty teaching fewer than 12 credit hours per long semester (autumn and spring) will have their FTE adjusted accordingly in that semester.

D. In areas where faculty are not assigned to conventional class instruction (e.g., health sciences, extension, graduate and professional programs), TIUs must define in their POAs what constitutes "teaching" for the purposes of determining appropriate faculty workload and aligning that workload to effort distribution as identified in the OAA Faculty Workload Standards and Guidelines. *[link]*

E. All POAs must be reviewed and approved by OAA.

F. All faculty appointment letters must specify the faculty workload expectations of the appointment consistent with the TIU's POA and the OAA Faculty Workload Standards and Guidelines *[link]*.

G. Faculty workload expectations are to be reviewed by the TIU head or designee and affirmed or revised annually during the annual review process.

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H. All faculty, including those with tenure and those without, may be subject to disciplinary action for failing to meet faculty obligations pursuant to Faculty Rule 3335-5-04.

III. Associated Faculty
- A. For definitions and rules regarding associated faculty, see Faculty Rule 3335-5-19.
- B. Regardless of title, all associated appointments require an offer letter stating the start date and the end date, not to exceed a term of three years. Appointments carry no presumption of academic tenure or reappointment.
- C. Associated appointments do not typically require OAA approval except in instances when the individual does not have a degree beyond a baccalaureate degree (see section III.M below).
- D. All initial appointments at senior rank (including for associated faculty) require prior approval of the college dean and OAA.
- E. Renewal requires a new offer letter and a new action in the human resources (HR) system. Nonrenewal requires termination in the HR system effective on the end date as stated in the offer letter.
- F. Persons with tenure-track faculty titles employed at 50% FTE or greater, clinical/teaching/practice faculty, and research faculty cannot hold an associated faculty appointment.
- G. General concerns
  1. Appointment classification
     a. Temporary and Regular appointment status are determined by the length of the appointment. These appointments are renewable.
     b. Temporary:
        i. Appointment is for one semester or less.
        ii. While a faculty member may be appointed for back-to-back semesters, continuous consecutive back-to-back appointments should be reviewed annually to determine if a regular appointment would be more appropriate.
     c. Regular:
        i. Appointment is for a minimum of two semesters up to three years.
        ii. Faculty members with a multiple-year commitment to work for only part of the year, e.g., to be the instructor of record each fall for three years in a row, would only be appointed for the period they work.
     d. Benefit eligibility for multiple appointments will follow the principles in the Office of Human Resources Staff Employment policy.
  2. FTE in semesters
     a. Using the university teaching standard set forth in II.C above, a 100% FTE lecturer or other associated faculty nine-month appointment would be distributed by credit hour across two semesters as 12 credit hours for autumn semester and 12 credit hours for spring semester. Faculty teaching more than 12 credit hours (in any combination of courses) in a semester must be paid for this overload. No associated faculty member should teach more than 15 credit hours in a single semester.
     b. TIUs and regional campuses may develop formal guidelines (written into their POAs) for addressing types of courses that warrant a different credit-hour to FTE equivalency. This allows TIUs to address concerns about the differing amounts of time required for the preparation or evaluation of types of courses due to enrollment size, assistance from graduate teaching associates, studios, labs, one-on-one instruction, and so on, while at the same time providing a standard ensuring that all associated faculty members within a college or campus are treated equitably.
     c. In cases when associated faculty members have duties beyond conventional class instruction, the TIU head must adjust the FTE accordingly. For example, in a given semester a lecturer could teach nine credit hours and be assigned the remaining 25% FTE duties in other teaching areas, such as advising, guest lecturing, or developing curriculum.
     d. All appointment letters for associated faculty members must specify the FTE of the appointment.

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3. FTE in summer term
    a. For the full summer term, each three-credit course equates to 25% FTE. Associated faculty teaching three credits in one four-week session will be appointed at 100% FTE for the session, in one six-week session will be appointed at 75% FTE for the session, and in one eight-week session will be appointed at 50% FTE for the session. A summer course may be appended to a two-semester appointment.
4. Pay Period; Benefits
    a. Associated faculty members on appointments 75% FTE or greater for two semesters or the nine month academic year will be paid out over twelve months as a 9/12 appointment. Such appointments will be eligible for benefits, subject to the terms and conditions of the applicable university employee benefit plan, program and/or policy, during the entire twelve-month appointment, from September-August.

H. Professional titles if less than 50% FTE
1. Individuals who perform across the full range of faculty duties and responsibilities (teaching, scholarship, and service) if less than 50% FTE are given tenure-track titles.

I. Clinical practice faculty
1. Clinical practice faculty appointments are limited to the health sciences.
2. These appointments are appropriate for persons who provide significant service to the university such as:
    a. Teaching the equivalent of one or more courses.
    b. Advising graduate students or serving on graduate committees.
    c. Serving as a co-investigator on a clinical trial or scholarly project that entails regular interaction with unit faculty and students as part of the collaboration.
    d. Providing necessary university affiliation so that non-university health care providers may practice in university facilities and/or engage in teaching activities.
3. Such individuals may be either non-university employees or university employees compensated on a non-instructional budget.
4. Clinical practice faculty (compensated)
    a. Clinical practice appointments are appropriate for persons who teach and provide patient care for compensation at an FTE ranging from 1% - 100%.
5. Clinical practice faculty (uncompensated)
    a. 0% FTE clinical practice appointments are made for the period in which the uncompensated service is provided, not to exceed three years.
    b. TIUs may renew uncompensated clinical practice appointments only in cases when the purpose of the appointment continues to be met.

J. Visiting faculty
1. Visiting faculty (compensated)
    a. Fiscal or programmatic circumstances may sometimes make it appropriate to hire faculty under time-limited contracts. Visiting faculty appointments may be renewed for up to three consecutive years or given a contract for up to three years at 100% FTE. Part-time appointments may be renewed until the equivalent of three years at 100% FTE is reached.
    b. TIUs may also use the visiting faculty title for the temporary appointment of faculty members from other institutions and for foreign national faculty members who have been awarded tenure but do not have permanent residency status.
    c. Only TIUs may make visiting faculty appointments for temporary duties. A non-TIU unit, such as a center that wishes to appoint persons, must use an appropriate non-faculty title.
2. Visiting faculty (uncompensated)
    a. TIUs may use the visiting faculty title for the temporary appointment of faculty from other institutions who are not compensated by Ohio State, typically when the faculty member is compensated by their home institution.

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K. Adjunct faculty
   1. These appointments are appropriate for persons who provide significant service to the university such as:
      a. Teaching the equivalent of one or more course.
      b. Advising graduate students or serving on graduate committees.
      c. Serving as a co-investigator on a research project that entails regular interaction with unit faculty and students as part of the collaboration.
   2. Such individuals may be either non-university employees or university employees compensated on a non-instructional budget.
   3. APT documents, as well as offer letters to adjunct faculty, must clearly state that adjunct appointments are:
      a. Recommended at the discretion of the unit;
      b. Made for periods not to exceed three years; and
      c. Entail no commitment to renew the appointment beyond that period.
   4. Adjunct faculty (compensated)
      a. Colleges may approve compensation for services provided by adjunct faculty in instances where such individual takes on exceptional responsibility.
   5. Adjunct faculty (uncompensated)
      a. Adjunct appointments are made for the period in which the uncompensated service is provided, not to exceed three years. Renewal is contingent upon continued significant contributions.

L. Lecturers
   1. When part-time instructors are needed for teaching, other than graduate teaching associates, the appropriate appointment is lecturer or senior lecturer.
   2. Colleges and the regional campuses must establish appropriate criteria and associated pay scales for differentiating lecturers from senior lecturers.

M. Qualifications for Appointment
   1. While qualified faculty members are identified primarily by credentials, other factors, including but not limited to equivalent experience, may be considered by the university in determining whether a faculty member is qualified. To be a member of the faculty or be the instructor of record for college credit at the university, the faculty member must satisfy at least one of the following criteria:
      a. Holds an academic degree that is relevant to what the faculty member is teaching and that is one level above the level at which the faculty member teaches. In terminal degree programs, faculty members possess the same level of degree.
      b. Holds a master's degree or higher in the discipline or subfield (or if master's is in another discipline or subfield, has completed 18 graduate credit hours in the discipline or subfield in which the appointee teaches) when teaching general education courses, or other non-occupational courses.
   2. Exceptions to the qualification requirements set forth in Section II.M.1. include the instructor of record who:
      a. Has completed all requirements for the terminal degree with the exception of the dissertation, all but dissertation (ABD). This exception applies for a maximum of three years, after which time the faculty member must have completed the terminal degree;
      b. Holds an academic degree that is not above the level at which they teach but possesses a minimum threshold of special competence, experience, and expertise that uniquely qualifies the individual in their discipline and is equivalent to the degree that is otherwise required for a faculty position, as documented through a review process as determined by the TIU or college. Qualifications must be documented and approved by the appropriate chair and dean; or
      c. Is a graduate student supervised by university faculty.
   3. For faculty holding less than a master's degree, the university defines the minimum threshold of equivalent experience generally as five years of professional experience or demonstrated skills in the same area in which the potential instructor of record will be teaching. Credentials will be the primary

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determinant of minimal instructional qualifications but equivalent professional experience (having a breadth and depth of experience outside the classroom, in real-world situations relevant to what the faculty is teaching) and/or industry credentials are other possible determinants. OAA has final decision-making authority to determine whether the qualification of an instructor of record whose highest degree is less than a master's degree meets the minimum threshold. Such appointments should be rare and will only be approved if it is clear that the expertise of the faculty member fulfills a specific instructional need.

PROCEDURE

Issued: 07/20/2004
Revised: 12/19/2025 (interim revision)

I. Appointing a Faculty Member to an Endowed Chair or Professorship
   A. Once the BOT has approved the establishment of an endowed chair/professorship, the college is to transmit a draft offer letter to OAA for approval before extending an offer to the candidate. The letter must state the effective date and length of term, not to exceed five years, at which time the appointment will be up for renewal. After OAA returns the draft offer letter to the college, the unit may extend an offer to the candidate. The candidate must acknowledge acceptance of the position in writing.
   B. The college must follow the requirements under the Faculty Recruitment and Selection policy for such appointments and include all required documentation with the draft offer letter when making an offer to an external candidate. OAA does not require a curriculum vitae (CV) for internal candidates.
   C. The college sends to OAA a copy of the final offer on letterhead along with the candidate's acceptance, either as a signature on the offer letter or as a separate letter.
   D. OAA forwards the offer letter with the candidate's acceptance to the BOT for final approval.
   E. The appointment becomes official only upon approval by the BOT.
   F. The dean must conduct a formal review prior to submitting an individual for reappointment to an endowed position.
   G. Appointments to endowed chairs are ordinarily made at senior tenure rank and appointments to endowed professorships, when appropriate, can be made for early or mid-career faculty. Such endowments are to support the establishment of a new endowed position, and support the work of the faculty in terms of academic work and/or compensation as determined in consultation with OAA.

II. Procedures for Faculty Emeritus Requests
   A. Colleges are to forward written requests for faculty emeritus status to OAA using the Request for Emeritus Status Form (Form 207). TIUs are to follow the unit approval process set forth in their APT documents.
   B. The title request is to be tied to final faculty status (e.g. associate professor emeritus). The process for using an emeritus title with an endowed chair, endowed professorship, or eminent scholar position is set forth in Policy Details I.H. The request for emeritus status must be received by the BOT prior to the date of retirement, if the perquisites of emeritus status (see Policy Details I.H.) are to become effective by that date.
   C. After the emeritus request is approved by the BOT, the unit and/or college enters the emeritus appointment into the HR system. A retirement action must be entered prior to entering the emeritus action, and the emeritus effective date in the HR system must correspond with the effective date of the BOT approval. The emeritus effective date does not affect the retirement effective date or access to approved perquisites as determined by the TIU.
   D. The process for recommending emeritus status to the executive vice president and provost must be set forth in the TIU APT document.
   E. Emeritus status may be revoked in accordance with the Faculty Rules.

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III. Procedures for Verifying Qualifications
   A. Each course instructor must provide a CV to their department or college. The current CV, along with all relevant documents, will be kept by each department, college, or program in accordance with the university's General Records Retention Schedule.
   B. Any offer of employment to a prospective faculty member will be made contingent on verification of necessary academic credentials. The candidate must submit credentials to verify that they hold an appropriate degree and any other academic or professional credential and/or experience (e.g., license or certification) required for the position.
   C. TIUs are responsible for verifying that received credentials are appropriate to the faculty member's position and teaching assignments.

IV. Retrenchment
   A. Pursuant to ORC 3345.454(A)(2) and (B), the university must outline procedures for addressing faculty and program levels in the event of a reduction of the student population or overall funding, a change to institutional missions or programs, or other fiscal pressures or emergencies facing the institution.
   B. In the event of financial exigency as defined in Faculty Rule 3335-5-02.1(A), the president may initiate the process to address that situation as outlined in Faculty Rule 3335-5-02.1. Tenured faculty are subject to the provisions outlined in Faculty Rule 3335-5-02.2 during financial exigency, and tenured faculty have the appeal rights outlined in Faculty Rule 3335-5-02.3 if their employment is terminated in accordance with those rules.
   C. In the event that a department, school, or college must be restructured, altered, or abolished due to financial exigency or any other reasons, the provisions in Faculty Rule 3335-3-37 and Faculty Rule 3335-6-06 will apply.
   D. Faculty may be subject to furloughs in accordance with bylaw 3335-1-08(E) of the Ohio Administrative Code and the procedure in the Furloughs policy.
   E. Pursuant to ORC 3345.454(C), unless a waiver is granted by the Chancellor of the Ohio Department of Higher Education, the university must eliminate any undergraduate degree program that confers an average of fewer than five degrees annually over any three-year period, without counting any academic year prior to the first academic year in which an undergraduate degree is conferred. The Office of Academic Affairs is responsible for monitoring degree conferrals and working with impacted units to develop appropriate plans for addressing these requirements in accordance with applicable policies, rules, and laws.

Responsibilities

Position or Office	Responsibilities
Board of Trustees (BOT)	1. Establish endowed chair or professorship and approve appointments. 2. Provide final approval for requests for endowed positions. 3. Review and approve requests for emeritus status.
Candidate	1. Acknowledge acceptance of an endowed position in writing. 2. Verify credentials as set forth in the policy.
College	1. Forward requests to hire retired faculty members using the Request to Rehire Retired Faculty/Staff Member Form. 2. Provide specific faculty workload guidance in POA in compliance with OAA Faculty Workload Standards and Guidelines and ORC 3345.45, which requires that all faculty duties be defined in terms of credit hours or credit-hour equivalencies. 3. Establish appropriate criteria and associated pay scales for differentiating lecturers from senior lecturers. 4. Extend offers of endowed positions as set forth in the policy. 5. Forward written requests for faculty emeritus status to OAA using Request for Emeritus Status Form and enter emeritus appointments into HR system. 6. Maintain course instructor CVs in accordance with the university's General Records Retention Schedule.
College dean	1. Approve or deny requests for reduction in FTE prior to TIU head granting such requests.

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Position or Office	Responsibilities
	2. Approve or deny the rehire of retired faculty. 3. Approve or deny joint appointments of faculty as set forth in the policy. 4. Approve or deny initial appointments of all faculty at senior rank (including associated faculty). 5. Approve qualifications of instructor of record when such faculty holds an academic degree that is not above the level at which they teach but possesses a minimum threshold of special competence, experience, and expertise that uniquely qualifies the individual in their discipline. 6. Conduct a formal review prior to submitting an individual for reappointment to an endowed position.
Faculty	1. Agree upon arrangements and sign MOU prior to transferring TIUs. 2. Consult with TIU head if wish to renegotiate FTE. 3. Serve in an appointment totaling fifty per cent or more service to the university to maintain tenure. 4. Provide a CV to department or college.
Office of Academic Affairs (OAA)	1. Approve or disapprove offer letters and MOUs involving joint appointments and all faculty transfers into joint appointments. 2. Approve and sign MOUs of faculty transfers of TIUs, or deny such transfers. 3. Approve or deny exclusion time during a faculty member's reduced appointment as set forth in the policy. 4. Approve or deny campus transfers by faculty. 5. Approve or deny requests for use of chair designation for faculty who hold endowed chair/professorships or Ohio eminent professorships at the time of their retirement or resignation. 6. Approve or deny the rehire of retired faculty. 7. Approve or deny the rehire of tenured-track faculty denied reappointment or tenure into a different faculty title. 8. Review and approve/disapprove POAs, including faculty workload expectations. 9. Approve or disapprove initial appointments of all faculty at senior rank (including associated faculty). 10. Have final decision-making authority to determine whether the qualifications of a candidate whose highest degree is less than a master's degree meets the threshold of equivalent experience to be an instructor of record. 11. Approve or disapprove offer letters for appointments to endowed chairs or professorships and forward their accepted offer letters to the BOT for final approval. 12. Monitor undergraduate degree conferrals and work with impacted units as set forth in the policy.
Regional campus	1. Provide specific faculty workload guidance in POA in compliance with OAA Faculty Workload Standards and Guidelines and ORC 3345.45, which requires that all faculty duties be defined in terms of credit hours or credit-hour equivalencies. 2. Establish appropriate criteria and associated pay scales for differentiating lecturers from senior lecturers.
Tenure initiating unit (TIU)	1. Provide offer letters to candidates for faculty appointments as set forth in the policy. 2. Reach agreement with a partnering TIU on the terms, requirements, workload of a joint appointment before filling the position. 3. Establish formal expectations for academic appointments. 4. Provide specific faculty workload guidance in POA in compliance with OAA Faculty Workload Standards and Guidelines and ORC 3345.45, which requires that all faculty duties be defined in terms of credit hours or credit-hour equivalencies. 5. Define in POA what constitutes "teaching" for purposes of determining appropriate faculty workload in areas where faculty are not assigned to conventional class instruction. 6. Follow unit approval process set forth in their APT documents for requests for faculty emeritus status. 7. Verify that received credentials are appropriate to a faculty member's position and teaching assignments. 8. Annually review and affirm or revise faculty workload expectations during annual performance reviews.
TIU head	1. Assign workload to individual faculty. 2. Sign joint appointment MOUs. 3. Approve or disapprove the rehire of retired faculty. 4. Consult on and grant or deny requested changes in FTE as set forth in the policy. 5. Adjust FTE as needed in cases when associated faculty members have duties beyond conventional class instruction. 6. Approve qualifications of instructor of record when such faculty holds an academic degree that is not above the level at which they teach but possesses a minimum threshold of special competence, experience, and expertise that uniquely qualifies the individual in their discipline.

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Resources

Forms
- Reemployment after Retirement, hr.osu.edu/benefits/retirement/reemployment
- Request for Emeritus Status Form, Form 207, oaa.osu.edu/sites/default/files/documents/Form-207.pdf
- Request to Rehire Retired Faculty/Staff Member Form, hr.osu.edu/wp-content/uploads/form-rehire-retired-request.pdf

Governance Documents
- Advance Ohio Higher Education Act, ORC 3345.454, codes.ohio.gov/ohio-revised-code/section-3345.454
- OAA Faculty Workload Standards and Guidelines, *[link]*
- OAA Procedures and Guidelines Handbook, faculty.osu.edu/procedures-guidelines-handbook
- ODHE Standards for Instructional Workloads, dam.assets.ohio.gov/image/upload/highered.ohio.gov/sb1/Standards_for_Instructional_Workloads.pdf
- Rules of the University Faculty, trustees.osu.edu/bylaws-and-rules/university-faculty-rules

University Policies, policies.osu.edu
- Faculty Annual Review, Post-Tenure Review, and Reappointment, go.osu.edu/faculty-annual-review-policy
- Faculty Compensation, go.osu.edu/faculty-compensation-policy
- Faculty Recruitment and Selection, go.osu.edu/faculty-recruitment-selection-policy
- Furloughs, hr.osu.edu/wp-content/uploads/policy450.pdf
- Paid Time Off, hr.osu.edu/policy/policy627.pdf
- Reemployment of Faculty and Staff, hr.osu.edu/policy/policy425.pdf
- Staff Employment, hr.osu.edu/policy/policy420.pdf

Additional Guidance
- Faculty Rank Title Codes, bpb-us-w2.wpmucdn.com/u.osu.edu/dist/c/58333/files/2018/02/FacultyRankTitleCode-rj1af3.pdf
- Faculty Titles, Contracts and Renewals, faculty.osu.edu/faculty-titles-contracts-and-renewals
- Graduate School Handbook, gradsch.osu.edu/graduate-school-handbook-gsh
- Higher Learning Commission Criteria for Accreditation and Assumed Practices, download.hlcommission.org/FacultyGuidelines_OPB.pdf

Contacts

Subject	Office	Telephone	E-mail/URL
Policy questions	Office of Academic Affairs	614-292-5881	oaa.osu.edu
Establishing an endowed chair or professorship Endowment approval schedule	University Advancement	614-292-2970	advancement.osu.edu
Graduate faculty status	Graduate School	614-292-6031	gradsch.osu.edu
Benefits	HR Connection	614-247-myHR (6947)	HRConnection@osu.edu

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Interim Revised:	12/19/2025	Renamed Faculty Appointments, Faculty Workload, Tenure, and Retrenchment; Approved via interim university policy process and by BOT, 12/04/2025, Resolution #2026-xx

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Responsible Office Office of Academic Affairs

POLICY

Issued: 07/20/2004
Revised: 12/11/2025 (interim revision)

Deleted: 08/25

Appointment decisions for faculty positions must be based on criteria that reflect strong potential to advance through the faculty ranks, including attaining tenure, being promoted, and/or being reappointed.

Deleted: continuing

Purpose of the Policy

To provide guidance for appointment decisions for each faculty type, set forth the university's **faculty workload** requirements as required by Ohio Revised Code (ORC) 3345.45, and outline the university's governance documents on tenure and retrenchment as required by ORC 3345.454.

Deleted: To provide guidance for appointment decisions for each faculty type and to outline the university's governance documents on tenure and retrenchment as required by Ohio Revised Code (ORC) 3345.454. Faculty Rule 3335-5-19 states the general criteria governing the types of faculty titles. Faculty Rule 3335-6 and Faculty Rule 3335-7 describe in detail the tenure-track, clinical/teaching/practice, and research appointment types.¶

Definitions

Term	Definition
Faculty workload	A faculty member's total work effort, in terms of full-time equivalency (FTE), is comprised of different proportions of core faculty duties (teaching, basic and applied research, scholarship, creative activities, extension programming, clinical patient practice, commercialization and entrepreneurship, librarianship, service, and administration) according to their faculty appointment. Each core faculty duty must be defined in terms of credit hours or credit-hour equivalencies as required by ORC 3345.45. See the OAA Faculty Workload Standards and Guidelines *[link]* for more detailed information and examples.
Joint appointment	One in which a faculty member has a compensated full-time equivalent (FTE) appointment in two or more tenure-initiating units (TIUs).

Policy Details

I. Tenure-track, Clinical/Teaching/Practice, and Research Faculty
   A. Tenure
      1. Tenure may be earned by all tenure-track faculty members upon completion of all applicable university requirements as set forth in Faculty Rule 3335-5-03, the OAA Policies and Procedures Handbook, and applicable unit appointment, promotion, and tenure (APT) documents and may be achieved through multiple pathways.
      2. Tenured faculty must serve on appointments totaling fifty per cent or more service to the university to maintain tenure as set forth in Faculty Rule 3335-5-19(A).
   B. Length of appointment
      1. Tenure-track, clinical/teaching/practice, and research faculty may be offered either a nine-month or a twelve-month appointment by the TIU. The most common schedule for a nine-month on-duty period under semesters is from August 15 to May 15, with compensation paid out over twelve months. Twelve-month appointments typically begin either July 1 or on the first day of autumn semester. Colleges with clinical practice for teaching and patient care have hiring dates throughout the year.
      2. In accordance with Faculty Rule 3335-5-07, all full-time faculty members are to be on duty an average of 19 working days a month, with working days defined as weekdays that are not designated as university holidays.
         a. Nine-month faculty members are commonly on duty for nineteen working days a month averaged over a nine-month period and do not accrue vacation. They are not expected to be on duty during

breaks within a given semester, summer term, or session, nor any days between the end of the exam period and the beginning of the next semester or session.

b. Twelve-month faculty members are on duty on all working days except for the days they accrue and designate as vacation days. See Paid Time Off policy.

3. TIUs are to provide candidates for faculty appointments with an offer letter to sign containing, at the minimum, the proposed start date, faculty title, reappointment date, duties and responsibilities, and salary and compensation, including whether any compensation is subject to productivity expectations and requirements.

C. Joint appointments

1. Appointing new faculty members to a **joint appointment**

a. TIUs considering making a joint appointment are to determine whether this is the most appropriate means of accomplishing a shared goal. Financial reasons (neither unit has the resources to make the appointment on its own) alone do not provide an optimal foundation for joint appointments. The Office of Academic Affairs (OAA) suggests not pursuing a joint appointment if there are other means (such as joint service on graduate studies committees) that will accomplish the shared goal.

b. TIUs making a joint appointment are to reach agreement on its terms before seeking an individual to fill the position so that these terms can be communicated clearly to candidates. These terms, modified as a consequence of negotiation with a particular candidate when appropriate, must be set forth in a memorandum of understanding (MOU) signed by the heads of the TIUs and the dean(s) of those TIUs.

c. Before being extended to candidates, offer letters involving joint appointments, along with the executed MOU, must be approved by OAA. A candidate must be provided with the terms of the MOU before being asked to decide on an offer. Items that must be included in the MOU include:

i. The TIU in which the candidate's tenure or other appointment will reside (see Faculty Rule 3335-6-06). This is the unit where the candidate will be a member of the eligible faculty for APT decisions. If it is possible for the TIU designation to be renegotiated at a subsequent time, the MOU should describe how such a negotiation would be initiated and concluded.

ii. What each unit will contribute to the appointment in terms of compensation; office; research space, equipment, and start-up funds; and any other relevant resources, as well as the process by which relative contributions could be changed over time.

iii. The defined workload associated with each part of the appointment; the process by which the defined workload associated with the different parts of the appointment can be changed; and the mechanism for resolving workload issues should it be alleged by either the joint appointee or one of the TIUs that one or both of the TIUs' expectations differ from those agreed to in the MOU.

iv. The annual salary decisions process and whether the TIUs agree to reach consensus on salary increases or each provide its own recommendation based on performance in areas relevant only to its part of the appointment.

v. In the case of an untenured faculty member, how annual reviews and the review for tenure will be conducted; whether both TIUs must agree on renewal of the appointment and ultimately on the award of tenure for the peer recommendation to be considered positive and if not, how a disagreement on renewal and tenure will be handled. If the TIUs cannot reach an agreement on this extremely important matter, then the hire is not to be made.

vi. In the case of a tenured faculty member, how annual reviews and reviews for promotion will be conducted and whether both TIUs must agree that promotion is warranted for the peer recommendation to be considered positive.

vii. The governance rights of the joint appointee in each of the TIUs sharing the joint appointee.

2. Faculty transfer into a joint appointment

a. On occasion, a faculty member hired into a faculty position in a particular TIU seeks a joint appointment with another unit. In such cases, the two TIUs must enter into an MOU about the

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appointment that includes the items set forth in Policy Details I.C.1.c, including which unit will serve as the TIU, with the MOU being signed by the heads of the TIUs and the dean(s) of those TIUs and OAA. In such circumstances, OAA recommends that the faculty member and the TIUs involved observe the following process:

i. The faculty member consults with the head of the unit with which they want to establish a joint appointment and explain why such an appointment would benefit their academic career at the university.
ii. The TIU head then makes a judgment about whether the joint appointment will benefit the mission of the unit as a whole and whether there are funds to cover the salary and benefits associated with the joint appointment. In making this judgment, the TIU head consults with the dean (if applicable) about the effect of this joint appointment, if any, on future hires in the unit.
iii. If the TIU head ascertains that the transfer would benefit the unit, the TIU head consults with the dean about whether there are funds in place to support the joint appointment. At this point, the faculty member requesting the joint appointment writes a formal letter of application to the TIU head.
iv. The receiving unit provides information about the faculty member to its tenured faculty and requests a vote, following hiring procedures laid out in the Appointments, Reappointments, Promotion and Tenure web page, about whether the unit approves the joint appointment.
v. The dean and TIU head of the receiving unit decide whether to approve the appointment.
vi. Joint appointed faculty may vote on appointments, promotion, and tenure decisions only in the TIU where their tenure reside.

D. Academic appointments
   1. Academic appointments have 0% FTE and occur when a tenure-track, clinical/teaching/practice, or research faculty member holds an appointment in one or more academic units outside the TIU.
   2. TIUs must establish formal expectations for academic appointments. Academic appointments are to be discontinued when expectations are not met and when a faculty member retires from or otherwise terminates employment with the university.

E. Changes in appointment
   1. Transfer of TIU
      a. The concept of a TIU and the circumstances under which a tenure-track faculty member may be considered for transfer to a new TIU are described, along with the necessary approvals, in Faculty Rule 3335-6-06.
      b. Approval of the transfer by OAA is dependent on the establishment of mutually agreed upon arrangements between the administrators of the affected TIUs, including the deans(s), and the faculty member.
      c. An MOU signed by all parties, including OAA, must describe in detail the arrangements of the transfer. Since normally the transferring faculty member will fill an existing vacancy in the receiving unit, the MOU will describe the resources supporting the position, including salary, provided by the receiving unit.
      d. The review schedule of probationary tenure-track faculty is not altered by transferring to a new TIU. Requests for exceptions due to special circumstances must be submitted to OAA before the MOU is finalized.
   2. Transfer from tenure-track to clinical/teaching/practice or research appointments
      a. Tenure-track faculty members who transfer to clinical or research appointments are required to resign their tenure-track positions, relinquishing tenure if applicable.
      b. Such transfers are initiated for consideration only upon the written request of the faculty member. Clear evidence must be offered of a change in the individual's career goals and expectations, duties, and activities.

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c. The following Faculty Rules describe the circumstances under which such a transfer may be considered and approved:
   i. To clinical/teaching/practice, Faculty Rule 3335-7-09.
   ii. To research, Faculty Rule 3335-7-38.
d. Transfer from a clinical/teaching/practice or research appointment to the tenure-track is not permitted (see Faculty Rule 3335-7-10 and Faculty Rule 3335-7-39 respectively). Clinical/teaching/practice or research faculty may apply for tenure-track positions and compete in regular national searches for such positions.

3. Reduction in FTE
   a. Involuntary reduction
      i. Unless otherwise agreed upon by the TIU and faculty member or otherwise set forth under the faculty rules, the involuntary reduction of FTE must follow the process under Faculty Rule 3335-5-04.
   b. Tenure-track faculty
      i. If a part-time appointment was not included in the terms of hire as stated in the offer letter, a tenure-track faculty member who desires a temporary FTE reduction or a permanent FTE reduction must consult with the TIU head.
      ii. Tenure-track faculty are defined in Faculty Rule 3335-5-19(A) as holding an appointment of 50% FTE or greater. Persons with a tenure-track faculty title on an appointment of less than 50% FTE are associated faculty.
      iii. Upon the faculty member's request, the TIU head, with the approval of the dean in colleges with TIUs, has the authority to grant a reduction in FTE.
   c. Probationary tenure-track faculty
      i. A reduction in FTE does not involve an automatic exclusion of time from the probationary period, even though the projected revised dates may be mentioned in the letter approving the reduction, as is often the case. Probationary tenure-track faculty whose appointment is less than full-time but not less than 50% may request an exclusion of time from the probationary period in accordance with Faculty Rule 3335-6-03(D)(1)(c).
      ii. OAA does not approve exclusions of time in advance. Rather, during the second year of a faculty member's reduced appointment, OAA will approve an exclusion of time for one year. For example, a 50% FTE appointment will reflect one year of service within the probationary period upon working two academic years for a nine-month appointment or two full years for a twelve-month appointment. At the appropriate time, a letter requesting approval of the exclusion of time is forwarded by the TIU head to the dean and then OAA.
      iii. For probationary faculty, the letter directed to the final level of approval is to include (in addition to the amount of the reduction, when it will take effect, and whether it is permanent or temporary) a projected revision of the review schedule and the projected year in which the adjusted Fourth-Year Review would fall (if the Fourth-Year Review has not already occurred).
   d. Clinical/teaching/practice and research faculty
      i. Clinical/teaching/practice and research faculty who wish to renegotiate their FTE during a contract period must consult with the TIU head to seek approval.
4. Twelve-month and nine-month appointment conversions
   a. Faculty will normally convert between a twelve-month and a nine-month appointment using a 12/9 or a 9/12 salary conversion ratio. Any other arrangement requires the approval of OAA.
   b. See the Faculty Compensation policy for information regarding a faculty member with an administrative appointment.
5. Transfer of campus
   a. The circumstances under which a faculty member may be considered for a transfer from one campus to another are described in Faculty Rule 3335-6-07.

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b. OAA's approval of the transfer is dependent on the establishment of a mutually agreed upon financial arrangement between administrators of the affected TIUs, including the dean(s).

F. Endowed chairs or professorships
1. Only the Board of Trustees (BOT) can establish an endowed chair or professorship and appoint an individual to hold that position. TIUs are to defer publicity regarding the establishment of an endowed chair/professorship or the appointment of an individual to that position until action has been taken by the BOT.

G. College distinguished professors
1. Colleges wishing to recognize distinguished faculty members may establish distinguished professorships, the titles of which must be (college name) distinguished professor.
2. Criteria for review and procedures for awarding such distinctions must be included in the college Pattern of Administration.

H. Emeritus faculty
1. Tenure-track, clinical/teaching/practice, research, and associated faculty are eligible for consideration for emeritus status upon retirement or resignation at the age of sixty or older with ten or more years of service or at any age with twenty-five or more years of service at the university (see Faculty Rule 3335-5-19 and Faculty Rule 3335-5-36). The process for recommending emeritus status to the executive vice president and OAA is to be set forth in the TIU APT document and the Faculty Rules. Various offices within the university offer perquisites to emeritus faculty, which are subject to modification and remain at the discretion of the applicable office.
2. Graduate faculty status
   a. See the Graduate School Handbook for details on graduate faculty status when a faculty member terminates employment with or retires from the university.
3. Emeritus titles for endowed chairs/professorships
   a. Faculty members who hold an endowed chair/professorship or an Ohio eminent professorship at the time of their retirement or resignation may continue to use the chair designation upon request by their TIU head with the approval of the dean, OAA, and Board of Trustees (BOT).
   b. The request can only be made for a faculty member retiring from the university and from the chair/professorship, not for those who may have held the chair/professorship in the past or those simply ending a term holding the chair/professorship.
   c. The request can only be for carrying the name of the chair/professorship with the "emeritus" designation preceding the name. No chair/professorship resources can be allocated to the individual carrying the emeritus designation.
4. Title for members of the Emeritus Academy
   a. A faculty member who has been granted emeritus academy status may use the title academy professor during the period that such faculty is an active member of the Emeritus Academy.

I. Reemployment of retired faculty
1. For eligibility requirements and guidelines on the rehiring of faculty who have retired from the university, see the Reemployment of Faculty and Staff policy.
2. Re-employment of retired faculty is not an entitlement and cannot be guaranteed. Note that faculty may be rehired into the same position at greater than 75% FTE only if the salary is not greater than 75% of the salary at the time of retirement, subject to the requirements under the Reemployment of Faculty and Staff policy.
3. Use the guidelines below in Section III.G.1-3 of this policy to determine appointment classification and FTE.
4. Rehiring a retired faculty member requires approval of the TIU head, the college human resources business partner, the college dean (or campus dean/director), and OAA prior to extending an offer. Colleges must forward requests to hire a retired faculty member using the Request to Rehire Retired Faculty/Staff Member Form.

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J. Reemployment of tenure-track faculty following nonrenewal of appointment or denial of tenure
   1. OAA must approve the rehire of a tenure-track faculty member denied reappointment or tenure. This requirement for approval applies to faculty members rehired within three years of the final day of their original tenure-track appointment. Approval will be based on the nature of the proposed appointment in relationship to the reasons for denial of reappointment or tenure.
   2. A proposal to rehire a faculty member to teach or to conduct research in some capacity when unacceptable teaching or research, respectively, was a factor in the denial of reappointment or tenure is unlikely to be approved.
   3. TIUs are to exercise sound judgment in considering the rehire of probationary tenure-track faculty who withdraw from a mandatory review and resign.

K. Reemployment of tenure-track faculty who have resigned
   1. There may be rare circumstances when a unit is unable to retain a truly exceptional faculty member (e.g., a member of a national academy), and the unit and college wish to facilitate the faculty member's return to the university. The chair and dean may request approval from OAA, within two years of the faculty member's departure, to rehire the faculty member into a vacant position without a national search. The unit/college must not promise to rehire the faculty member in advance since intervening events could make it undesirable or not feasible to follow through on such a commitment.

II. Faculty Workload

A. Each TIU, college, and regional campus must provide specific faculty workload guidance in their Pattern of Administration (POA), ensuring that every faculty member has duties commensurate with their respective appointment and that the overall unit workload is distributed fairly and equitably among its faculty.

B. All POA faculty workload provisions must comply with the OAA Faculty Workload Standards and Guidelines *[link]* and ORC 3345.45, which requires that all faculty duties be defined in terms of credit hours or credit-hour equivalencies.

C. The university standard for faculty with a 100% teaching load consisting only of conventional class instruction (e.g., lecturers/senior lecturers) is 24 credit hours (eight three-credit courses, or other combination of credit hours) for nine-month contracts and 30 credits for 12-month contracts (ten three-credit courses, or other combination of credit hours).
   1. Credit hours are based on contact hours and not inclusive of the time required for course design and preparation, or extension travel (e.g., county to county).
   2. The university-wide baseline for autumn and spring semesters is that one three-credit course equates to 0.25 FTE for that semester. This translates into approximately 10 hours/week, or 3.33 hours/week/credit hour. This baseline can be used to calculate equivalencies of effort for courses that generate fewer or more than three credits.
   3. Only associated faculty members and some clinical/teaching/practice faculty can have their duties exclusively consisting of conventional class instruction. When this is the case, the FTE is determined by the number of credit hours assigned per term. Compensated associated faculty teaching fewer than 12 credit hours per long semester (autumn and spring) will have their FTE adjusted accordingly in that semester.

D. In areas where faculty are not assigned to conventional class instruction (e.g., health sciences, extension, graduate and professional programs), TIUs must define in their POAs what constitutes "teaching" for the purposes of determining appropriate faculty workload and aligning that workload to effort distribution as identified in the OAA Faculty Workload Standards and Guidelines. *[link]*

E. All POAs must be reviewed and approved by OAA.

F. All faculty appointment letters must specify the faculty workload expectations of the appointment consistent with the TIU's POA and the OAA Faculty Workload Standards and Guidelines *[link]*.

G. Faculty workload expectations are to be reviewed by the TIU head or designee and affirmed or revised annually during the annual review process.

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H. All faculty, including those with tenure and those without, may be subject to disciplinary action for failing to meet faculty obligations pursuant to Faculty Rule 3335-5-04.

III. Associated Faculty

A. For definitions and rules regarding associated faculty, see Faculty Rule 3335-5-19.

B. Regardless of title, all associated appointments require an offer letter stating the start date and the end date, not to exceed a term of three years. Appointments carry no presumption of academic tenure or reappointment.

C. Associated appointments do not typically require OAA approval except in instances when the individual does not have a degree beyond a baccalaureate degree (see section III.M below).

D. All initial appointments at senior rank (including for associated faculty) require prior approval of the college dean and OAA.

E. Renewal requires a new offer letter and a new action in the human resources (HR) system. Nonrenewal requires termination in the HR system effective on the end date as stated in the offer letter.

F. Persons with tenure-track faculty titles employed at 50% FTE or greater, clinical/teaching/practice faculty, and research faculty cannot hold an associated faculty appointment.

G. General concerns

1. Appointment classification
   a. Temporary and Regular appointment status are determined by the length of the appointment. These appointments are renewable.
   b. Temporary:
      i. Appointment is for one semester or less.
      ii. While a faculty member may be appointed for back-to-back semesters, continuous consecutive back-to-back appointments should be reviewed annually to determine if a regular appointment would be more appropriate.
   c. Regular:
      i. Appointment is for a minimum of two semesters up to three years.
      ii. Faculty members with a multiple-year commitment to work for only part of the year, e.g., to be the instructor of record each fall for three years in a row, would only be appointed for the period they work.
   d. Benefit eligibility for multiple appointments will follow the principles in the Office of Human Resources Staff Employment policy.
2. FTE in semesters
   a. Using the university teaching standard set forth in II.C above, a 100% FTE lecturer or other associated faculty nine-month appointment would be distributed by credit hour across two semesters as 12 credit hours for autumn semester and 12 credit hours for spring semester. Faculty teaching more than 12 credit hours (in any combination of courses) in a semester must be paid for this overload. No associated faculty member should teach more than 15 credit hours in a single semester.
   b. TIUs and regional campuses may develop formal guidelines (written into their POAs) for addressing types of courses that warrant a different credit-hour to FTE equivalency. This allows TIUs to address concerns about the differing amounts of time required for the preparation or evaluation of types of courses due to enrollment size, assistance from graduate teaching associates, studios, labs, one-on-one instruction, and so on, while at the same time providing a standard ensuring that all associated faculty members within a college or campus are treated equitably.
   c. In cases when associated faculty members have duties beyond conventional class instruction, the TIU head must adjust the FTE accordingly. For example, in a given semester a lecturer could teach nine credit hours and be assigned the remaining 25% FTE duties in other teaching areas, such as advising, guest lecturing, or developing curriculum.
   d. All appointment letters for associated faculty members must specify the FTE of the appointment.
3. FTE in summer term

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a. For the full summer term, each three-credit course equates to 25% FTE. Associated faculty teaching three credits in one four-week session will be appointed at 100% FTE for the session, in one six-week session will be appointed at 75% FTE for the session, and in one eight-week session will be appointed at 50% FTE for the session. A summer course may be appended to a two-semester appointment.

4. Pay Period; Benefits
   a. Associated faculty members on appointments 75% FTE or greater for two semesters or the nine month academic year will be paid out over twelve months as a 9/12 appointment. Such appointments will be eligible for benefits, subject to the terms and conditions of the applicable university employee benefit plan, program and/or policy, during the entire twelve-month appointment, from September-August.

H. Professional titles if less than 50% FTE
   1. Individuals who perform across the full range of faculty duties and responsibilities (teaching, scholarship, and service) if less than 50% FTE are given tenure-track titles.

I. Clinical practice faculty
   1. Clinical practice faculty appointments are limited to the health sciences.
   2. These appointments are appropriate for persons who provide significant service to the university such as:
      a. Teaching the equivalent of one or more courses.
      b. Advising graduate students or serving on graduate committees.
      c. Serving as a co-investigator on a clinical trial or scholarly project that entails regular interaction with unit faculty and students as part of the collaboration.
      d. Providing necessary university affiliation so that non-university health care providers may practice in university facilities and/or engage in teaching activities.
   3. Such individuals may be either non-university employees or university employees compensated on a non-instructional budget.
   4. Clinical practice faculty (compensated)
      a. Clinical practice appointments are appropriate for persons who teach and provide patient care for compensation at an FTE ranging from 1% - 100%.
   5. Clinical practice faculty (uncompensated)
      a. 0% FTE clinical practice appointments are made for the period in which the uncompensated service is provided, not to exceed three years.
      b. TIUs may renew uncompensated clinical practice appointments only in cases when the purpose of the appointment continues to be met.

J. Visiting faculty
   1. Visiting faculty (compensated)
      a. Fiscal or programmatic circumstances may sometimes make it appropriate to hire faculty under time-limited contracts. Visiting faculty appointments may be renewed for up to three consecutive years or given a contract for up to three years at 100% FTE. Part-time appointments may be renewed until the equivalent of three years at 100% FTE is reached.
      b. TIUs may also use the visiting faculty title for the temporary appointment of faculty members from other institutions and for foreign national faculty members who have been awarded tenure but do not have permanent residency status.
      c. Only TIUs may make visiting faculty appointments for temporary duties. A non-TIU unit, such as a center that wishes to appoint persons, must use an appropriate non-faculty title.
   2. Visiting faculty (uncompensated)
      a. TIUs may use the visiting faculty title for the temporary appointment of faculty from other institutions who are not compensated by Ohio State, typically when the faculty member is compensated by their home institution.

K. Adjunct faculty
   1. These appointments are appropriate for persons who provide significant service to the university such as:

a. Teaching the equivalent of one or more course.
b. Advising graduate students or serving on graduate committees.
c. Serving as a co-investigator on a research project that entails regular interaction with unit faculty and students as part of the collaboration.

2. Such individuals may be either non-university employees or university employees compensated on a non-instructional budget.
3. APT documents, as well as offer letters to adjunct faculty, must clearly state that adjunct appointments are:
   a. Recommended at the discretion of the unit;
   b. Made for periods not to exceed three years; and
   c. Entail no commitment to renew the appointment beyond that period.
4. Adjunct faculty (compensated)
   a. Colleges may approve compensation for services provided by adjunct faculty in instances where such individual takes on exceptional responsibility.
5. Adjunct faculty (uncompensated)
   a. Adjunct appointments are made for the period in which the uncompensated service is provided, not to exceed three years. Renewal is contingent upon continued significant contributions.

L. Lecturers
1. When part-time instructors are needed for teaching, other than graduate teaching associates, the appropriate appointment is lecturer or senior lecturer.
2. Colleges and the regional campuses must establish appropriate criteria and associated pay scales for differentiating lecturers from senior lecturers.

M. Qualifications for Appointment
1. While qualified faculty members are identified primarily by credentials, other factors, including but not limited to equivalent experience, may be considered by the university in determining whether a faculty member is qualified. To be a member of the faculty or be the instructor of record for college credit at the university, the faculty member must satisfy at least one of the following criteria:
   a. Holds an academic degree that is relevant to what the faculty member is teaching and that is one level above the level at which the faculty member teaches. In terminal degree programs, faculty members possess the same level of degree.
   b. Holds a master's degree or higher in the discipline or subfield (or if master's is in another discipline or subfield, has completed 18 graduate credit hours in the discipline or subfield in which the appointee teaches) when teaching general education courses, or other non-occupational courses.
2. Exceptions to the qualification requirements set forth in Section II.M.1. include the instructor of record who:
   a. Has completed all requirements for the terminal degree with the exception of the dissertation, all but dissertation (ABD). This exception applies for a maximum of three years, after which time the faculty member must have completed the terminal degree;
   b. Holds an academic degree that is not above the level at which they teach but possesses a minimum threshold of special competence, experience, and expertise that uniquely qualifies the individual in their discipline and is equivalent to the degree that is otherwise required for a faculty position, as documented through a review process as determined by the TIU or college. Qualifications must be documented and approved by the appropriate chair and dean; or
   c. Is a graduate student supervised by university faculty.
3. For faculty holding less than a master's degree, the university defines the minimum threshold of equivalent experience generally as five years of professional experience or demonstrated skills in the same area in which the potential instructor of record will be teaching. Credentials will be the primary determinant of minimal instructional qualifications but equivalent professional experience (having a breadth and depth of experience outside the classroom, in real-world situations relevant to what the

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faculty is teaching) and/or industry credentials are other possible determinants. OAA has final decision-making authority to determine whether the qualification of an instructor of record whose highest degree is less than a master's degree meets the minimum threshold. Such appointments should be rare and will only be approved if it is clear that the expertise of the faculty member fulfills a specific instructional need.

PROCEDURE

Issued: 07/20/2004
Revised: 12/11/2025 (interim revision)

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I. Appointing a Faculty Member to an Endowed Chair or Professorship
   A. Once the BOT has approved the establishment of an endowed chair/professorship, the college is to transmit a draft offer letter to OAA for approval before extending an offer to the candidate. The letter must state the effective date and length of term, not to exceed five years, at which time the appointment will be up for renewal. After OAA returns the draft offer letter to the college, the unit may extend an offer to the candidate. The candidate must acknowledge acceptance of the position in writing.
   B. The college must follow the requirements under the Faculty Recruitment and Selection policy for such appointments and include all required documentation with the draft offer letter when making an offer to an external candidate. OAA does not require a curriculum vitae (CV) for internal candidates.
   C. The college sends to OAA a copy of the final offer on letterhead along with the candidate's acceptance, either as a signature on the offer letter or as a separate letter.
   D. OAA forwards the offer letter with the candidate's acceptance to the BOT for final approval.
   E. The appointment becomes official only upon approval by the BOT.
   F. The dean must conduct a formal review prior to submitting an individual for reappointment to an endowed position.
   G. Appointments to endowed chairs are ordinarily made at senior tenure rank and appointments to endowed professorships, when appropriate, can be made for early or mid-career faculty. Such endowments are to support the establishment of a new endowed position, and support the work of the faculty in terms of academic work and/or compensation as determined in consultation with OAA.

II. Procedures for Faculty Emeritus Requests
   A. Colleges are to forward written requests for faculty emeritus status to OAA using the Request for Emeritus Status Form (Form 207). TIUs are to follow the unit approval process set forth in their APT documents.
   B. The title request is to be tied to final faculty status (e.g. associate professor emeritus). The process for using an emeritus title with an endowed chair, endowed professorship, or eminent scholar position is set forth in Policy Details I.H. The request for emeritus status must be received by the BOT prior to the date of retirement, if the perquisites of emeritus status (see Policy Details I.H.) are to become effective by that date.
   C. After the emeritus request is approved by the BOT, the unit and/or college enters the emeritus appointment into the HR system. A retirement action must be entered prior to entering the emeritus action, and the emeritus effective date in the HR system must correspond with the effective date of the BOT approval. The emeritus effective date does not affect the retirement effective date or access to approved perquisites as determined by the TIU.
   D. The process for recommending emeritus status to the executive vice president and provost must be set forth in the TIU APT document.
   E. Emeritus status may be revoked in accordance with the Faculty Rules.

III. Procedures for Verifying Qualifications

THE OHIO STATE UNIVERSITY

Faculty Appointments, Faculty Workload, Tenure, and Retrenchment

Interim University Policy

Applies to: Faculty

A. Each course instructor must provide a CV to their department or college. The current CV, along with all relevant documents, will be kept by each department, college, or program in accordance with the university's General Records Retention Schedule.
B. Any offer of employment to a prospective faculty member will be made contingent on verification of necessary academic credentials. The candidate must submit credentials to verify that they hold an appropriate degree and any other academic or professional credential and/or experience (e.g., license or certification) required for the position.
C. TIUs are responsible for verifying that received credentials are appropriate to the faculty member's position and teaching assignments.

IV. Retrenchment
A. Pursuant to ORC 3345.454(A)(2) and (B), the university must outline procedures for addressing faculty and program levels in the event of a reduction of the student population or overall funding, a change to institutional missions or programs, or other fiscal pressures or emergencies facing the institution.
B. In the event of financial exigency as defined in Faculty Rule 3335-5-02.1(A), the president may initiate the process to address that situation as outlined in Faculty Rule 3335-5-02.1. Tenured faculty are subject to the provisions outlined in Faculty Rule 3335-5-02.2 during financial exigency, and tenured faculty have the appeal rights outlined in Faculty Rule 3335-5-02.3 if their employment is terminated in accordance with those rules.
C. In the event that a department, school, or college must be restructured, altered, or abolished due to financial exigency or any other reasons, the provisions in Faculty Rule 3335-3-37 and Faculty Rule 3335-6-06 will apply.
D. Faculty may be subject to furloughs in accordance with bylaw 3335-1-08(E) of the Ohio Administrative Code and the procedure in the Furloughs policy.
E. Pursuant to ORC 3345.454(C), unless a waiver is granted by the Chancellor of the Ohio Department of Higher Education, the university must eliminate any undergraduate degree program that confers an average of fewer than five degrees annually over any three-year period, without counting any academic year prior to the first academic year in which an undergraduate degree is conferred. The Office of Academic Affairs is responsible for monitoring degree conferrals and working with impacted units to develop appropriate plans for addressing these requirements in accordance with applicable policies, rules, and laws.

Responsibilities

Position or Office	Responsibilities
Board of Trustees (BOT)	1. Establish endowed chair or professorship and approve appointments. 2. Provide final approval for requests for endowed positions. 3. Review and approve requests for emeritus status.
Candidate	1. Acknowledge acceptance of an endowed position in writing. 2. Verify credentials as set forth in the policy.
College	1. Forward requests to hire retired faculty members using the Request to Rehire Retired Faculty/Staff Member Form. 2. Provide specific faculty workload guidance in POA in compliance with OAA Faculty Workload Standards and Guidelines and ORC 3345.45, which requires that all faculty duties be defined in terms of credit hours or credit-hour equivalencies. 3. Establish appropriate criteria and associated pay scales for differentiating lecturers from senior lecturers. 4. Extend offers of endowed positions as set forth in the policy. 5. Forward written requests for faculty emeritus status to OAA using Request for Emeritus Status Form and enter emeritus appointments into HR system. 6. Maintain course instructor CVs in accordance with the university's General Records Retention Schedule.
College dean	1. Approve or deny requests for reduction in FTE prior to TIU head granting such requests. 2. Approve or deny the rehire of retired faculty.

Deleted: chair or professorship

THE OHIO STATE UNIVERSITY

Faculty Appointments, Faculty Workload, Tenure, and Retrenchment

Interim University Policy

Applies to: Faculty

Position or Office	Responsibilities
	3. Approve or deny joint appointments of faculty as set forth in the policy. 4. Approve or deny initial appointments of all faculty at senior rank (including associated faculty). 5. Approve qualifications of instructor of record when such faculty holds an academic degree that is not above the level at which they teach but possesses a minimum threshold of special competence, experience, and expertise that uniquely qualifies the individual in their discipline. 6. Conduct a formal review prior to submitting an individual for reappointment to an endowed position.
Faculty	1. Agree upon arrangements and sign MOU prior to transferring TIUs. 2. Consult with TIU head if wish to renegotiate FTE. 3. Serve in an appointment totaling fifty per cent or more service to the university to maintain tenure. 4. Provide a CV to department or college.
Office of Academic Affairs (OAA)	1. Approve or disapprove offer letters and MOUs involving joint appointments and all faculty transfers into joint appointments. 2. Approve and sign MOUs of faculty transfers of TIUs, or deny such transfers. 3. Approve or deny exclusion time during a faculty member's reduced appointment as set forth in the policy. 4. Approve or deny campus transfers by faculty. 5. Approve or deny requests for use of chair designation for faculty who hold endowed chair/professorships or Ohio eminent professorships at the time of their retirement or resignation. 6. Approve or deny the rehire of retired faculty. 7. Approve or deny the rehire of tenured-track faculty denied reappointment or tenure into a different faculty title. 8. Review and approve/disapprove POAs, including faculty workload expectations. 9. Approve or disapprove initial appointments of all faculty at senior rank (including associated faculty). 10. Have final decision-making authority to determine whether the qualifications of a candidate whose highest degree is less than a master's degree meets the threshold of equivalent experience to be an instructor of record. 11. Approve or disapprove offer letters for appointments to endowed chairs or professorships and forward their accepted offer letters to the BOT for final approval. 12. Monitor undergraduate degree conferrals and work with impacted units as set forth in the policy.
Regional campus	1. Provide specific faculty workload guidance in POA in compliance with OAA Faculty Workload Standards and Guidelines and ORC 3345.45, which requires that all faculty duties be defined in terms of credit hours or credit-hour equivalencies. 2. Establish appropriate criteria and associated pay scales for differentiating lecturers from senior lecturers.
Tenure initiating unit (TIU)	1. Provide offer letters to candidates for faculty appointments as set forth in the policy. 2. Reach agreement with a partnering TIU on the terms, requirements, workload of a joint appointment before filling the position. 3. Establish formal expectations for academic appointments. 4. Provide specific faculty workload guidance in POA in compliance with OAA Faculty Workload Standards and Guidelines and ORC 3345.45, which requires that all faculty duties be defined in terms of credit hours or credit-hour equivalencies. 5. Define in POA what constitutes "teaching" for purposes of determining appropriate faculty workload in areas where faculty are not assigned to conventional class instruction. 6. Follow unit approval process set forth in their APT documents for requests for faculty emeritus status. 7. Verify that received credentials are appropriate to a faculty member's position and teaching assignments. 8. Annually review and affirm or revise faculty workload expectations during annual performance reviews.
TIU head	1. Assign workload to individual faculty. 2. Sign joint appointment MOUs. 3. Approve or disapprove the rehire of retired faculty. 4. Consult on and grant or deny requested changes in FTE as set forth in the policy. 5. Adjust FTE as needed in cases when associated faculty members have duties beyond conventional class instruction. 6. Approve qualifications of instructor of record when such faculty holds an academic degree that is not above the level at which they teach but possesses a minimum threshold of special competence, experience, and expertise that uniquely qualifies the individual in their discipline.

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Deleted: <#>Determine if a joint appointment is the most appropriate means of accomplishing a shared goal.¶
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THE OHIO STATE UNIVERSITY

Faculty Appointments, Faculty Workload, Tenure, and Retrenchment

Interim University Policy

Applies to: Faculty

Resources

Forms
- Reemployment after Retirement, hr.osu.edu/benefits/retirement/reemployment
- Request for Emeritus Status Form, Form 207, oaa.osu.edu/sites/default/files/documents/Form-207.pdf
- Request to Rehire Retired Faculty/Staff Member Form, hr.osu.edu/wp-content/uploads/form-rehire-retired-request.pdf

Governance Documents
- Advance Ohio Higher Education Act, ORC 3345.454, codes.ohio.gov/ohio-revised-code/section-3345.454
- OAA Faculty Workload Standards and Guidelines, *[link]*
- OAA Policies and Procedures Handbook, oaa.osu.edu/policies-and-procedures-handbook
- ODHE Standards for Instructional Workloads, dam.assets.ohio.gov/image/upload/highered.ohio.gov/sb1/Standards_for_Instructional_Workloads.pdf
- Rules of the University Faculty, trustees.osu.edu/bylaws-and-rules/university-faculty-rules

University Policies, policies.osu.edu
- Faculty Annual Review, Post-Tenure Review, and Reappointment, go.osu.edu/faculty-annual-review-policy
- Faculty Compensation, go.osu.edu/faculty-compensation-policy
- Faculty Recruitment and Selection, go.osu.edu/faculty-recruitment-selection-policy
- Furloughs, hr.osu.edu/wp-content/uploads/policy450.pdf
- Paid Time Off, hr.osu.edu/policy/policy627.pdf
- Reemployment of Faculty and Staff, hr.osu.edu/policy/policy425.pdf
- Staff Employment, hr.osu.edu/policy/policy420.pdf

Additional Guidance
- Faculty Rank Title Codes, bpb-us-w2.wpmucdn.com/u.osu.edu/dist/c/58333/files/2018/02/FacultyRankTitleCode-rj1af3.pdf
- Faculty Titles, Contracts and Renewals, faculty.osu.edu/faculty-titles-contracts-and-renewals
- Graduate School Handbook, gradsch.osu.edu/graduate-school-handbook-gsh
- Higher Learning Commission Criteria for Accreditation and Assumed Practices, download.hlcommission.org/FacultyGuidelines_OPB.pdf

Contacts

Subject	Office	Telephone	E-mail/URL
Policy questions	Office of Academic Affairs	614-292-5881	oaa.osu.edu
Establishing an endowed chair or professorship Endowment approval schedule	University Advancement	614-292-2970	advancement.osu.edu
Graduate faculty status	Graduate School	614-292-6031	gradsch.osu.edu
Benefits	HR Connection	614-247-myHR (6947)	HRConnection@osu.edu

Deleted: oaa.osu.edu

Deleted: Office of

Deleted: Rehiring retired faculty, benefits

History

Issued:	07/20/2004
Edited:	04/28/2011
Edited:	05/14/2012
Revised:	05/19/2011
Revised:	09/07/2012

THE OHIO STATE UNIVERSITY

Faculty Appointments, Faculty Workload, Tenure, and Retrenchment

Interim University Policy

Applies to: Faculty

Revised:	09/19/2013	
Revised:	04/04/2014	
Edited:	07/01/2014	
Edited:	10/13/2014	
Reviewed:	08/22/2016	
Revised:	08/01/2019	
Revised:	01/03/2021	Minor revision
Edited:	01/03/2024	
Revised:	04/02/2025	Minor revision
Interim Revised:	08/25/2025	Renamed Faculty Appointments, Tenure, and Retrenchment; Approved via interim university policy process and by BOT, 08/20/2025, Resolution #2026-20
Interim Revised:	12/11/2025	Renamed Faculty Appointments, Faculty Workload, Tenure, and Retrenchment; Approved via interim university policy process and by BOT, 12/04/2025, Resolution #2026-xx

3335-5-04.1 Procedures for complaints of failure to meet academic responsibilities.

...

(B) Initial proceedings~~.~~

1. A complaint may be filed by any student or university employee, including employees from administrative offices who are filing complaints arising out of investigations by those offices. Complaints may be filed with a chair, dean, associate dean, provost, vice provost for ~~academic policy and faculty resources~~ faculty affairs (hereinafter "vice provost"), or the president. All complaints must be referred to the vice provost for initial review in accordance with this rule.

2. The complaint shall be set forth in writing and shall state facts to support an allegation that a faculty member has failed to meet their academic responsibilities.
    a. The vice provost shall review every complaint to determine whether the complaint presents an actionable violation and ~~that the complaint~~ is not clearly retaliatory or abusive in nature. Further, the vice provost shall determine whether the allegations in the complaint relate directly to research compliance and indicate this determination to the department chair conducting the probable cause review. Research compliance refers to the adherence to applicable laws, regulations, ethical standards, institutional policies, and sponsor requirements governing the responsible conduct of research activities. If the vice provost is named as a respondent, the provost shall identify a designee. If the vice provost determines that a complaint either does not allege a violation that can be addressed under this rule or was filed for clearly retaliatory or abusive purposes, the vice provost must consult with the complainant within seven days of filing to clarify the nature of the complaint. The vice provost may dismiss such a complaint within seven days of consulting with the complainant if it cannot be addressed under this rule or is clearly retaliatory or abusive in nature. This determination does not prohibit referral of a complaint filed under this rule to another applicable university process.

        i. The complainant may appeal this dismissal in writing to the provost within seven days of this decision. Upon receiving such an appeal, the provost may either reinstate the complaint or dismiss it, and that decision is final. The provost must issue a decision within fourteen days of receiving such an appeal.

    b. If the vice provost determines that the complaint should proceed or if the complaint is reinstated by the provost, the vice provost shall furnish a

copy of the complaint to the respondent and shall refer it to the respondent's department chair for a probable cause review in accordance with section (C) of this rule.

i. If the faculty member's department chair is the complainant or respondent, the complaint shall be referred to the faculty member's dean for the initial probable cause review.

ii. For the purposes of this provision, the term "department chair" shall include school directors and deans of colleges without departments. For regional campus faculty, the campus dean ~~or~~ and director shall serve as the department chair for the probable cause review. If the complaint is filed by the regional campus dean or director, the college dean shall serve as the regional campus dean ~~or~~ and director for the probable cause review.

c. Only allegations stated in the complaint shall be considered at the various stages of deliberation. However, additional facts relevant to the allegations set forth in the complaint may be presented throughout the process.

(C) Probable cause review~~.~~

1. The department chair shall review the allegations in the complaint and discuss the matter with the complainant and the respondent to determine whether there is probable cause to believe that the allegations are true. The department chair may have another administrator present in discussions with the complainant and respondent as they evaluate probable cause.

2. If the department chair determines that there is not probable cause to believe that the allegations are true, the chair shall dismiss the complaint.

    a. If the complaint is dismissed, the complainant may appeal the dismissal to the dean. The appeal must be in writing and filed with the dean within twenty-one days after the notice of the chair's decision was mailed. Upon receiving such an appeal, the dean may either reinstate the complaint and refer it ~~to the college investigation and sanctioning committee~~ as described in 3335-5-04.1(C)(3) or dismiss it, and such a dismissal is final. The dean must issue a decision within thirty days after receiving such an appeal.

3. If the department chair determines that there is probable cause to believe that the allegations are true, the department chair shall refer the matter ~~to the college investigation and sanctioning committee~~ for an investigation unless the department chair completes an informal resolution in accordance with rule

3335-5-04(E). If the vice provost determines that the allegations in the complaint relate directly to research compliance, the investigation shall be referred to the Research Integrity Standing Committee. This committee is described in rule 3335-5-04.2(C) and will serve to investigate the complaint in accordance with rule 3335-5-04.1(D). If the allegations do not relate directly to research compliance, the investigation shall be referred to the college investigation and sanctioning committee.

4. The department chair shall complete this process within fourteen days.

(D) ~~College investigation and sanctioning committee~~ Investigation and sanctioning.~~:~~

(1) Each college shall appoint a college investigation and sanctioning committee, which shall fulfill the responsibilities set forth in this section. The college investigation and sanctioning committee shall be all tenured faculty or a majority of tenured faculty if including clinical/teaching/practice faculty who are non-probationary associate professors or professors. A college may include faculty members from other colleges on its committee. In instances in which the vice provost has determined that the allegations in the complaint relate directly to research compliance, the Research Integrity Standing Committee shall fulfill the responsibilities set forth in this section.

...

(E) Decision by the dean.~~:~~

1. After reviewing the report and recommendation of the college investigation and sanctioning committee or the Research Integrity Standing Committee, the dean may:

    a. Dismiss the complaint if the committee did not find a violation;
    b. Impose the committee's proposed sanction;
    c. Impose what would reasonably be interpreted as an equivalent or lesser sanction; or
    d. Increase the sanction if the committee determined that the respondent engaged in a serious failure to meet faculty obligations

2. The dean shall make a decision in twenty-one days. The final investigation report ~~of the college investigation and sanctioning committee~~ and the dean's decision shall be sent to the complainant and the respondent.

....

3335-5-04.4 Procedures for complaints of misconduct and other violations of applicable law, university policies or rules, or governance documents made against faculty members.

...

(B) Initial proceedings.

1. A complaint may be filed by any student or university employee, including employees from administrative offices who are filing complaints arising out of investigations by those offices. Complaints may be filed with a chair, dean, associate dean, provost, vice provost for ~~academic policy and faculty resources~~ faculty affairs (hereinafter "vice provost"), or the president. All complaints must be referred to the vice provost for initial review in accordance with this rule.

2. The complaint shall be set forth in writing and shall state facts to support an allegation that a faculty member has engaged in misconduct or has otherwise violated applicable law, university policies or rules, or unit governance documents.

    a. The vice provost shall review every complaint to determine whether the complaint presents an actionable violation and ~~that the complaint~~ is not clearly retaliatory or abusive in nature. Further, the vice provost shall determine whether the allegations in the complaint relate directly to research compliance and indicate this determination to the department chair conducting the probable cause review. Research compliance refers to the adherence to applicable laws, regulations, ethical standards, institutional policies, and sponsor requirements governing the responsible conduct of research activities. If the vice provost is named as a respondent, the provost shall identify a designee. If the vice provost determines that a complaint either does not allege a violation that can be addressed under this rule or was filed for clearly retaliatory or abusive purposes, the vice provost must consult with the complainant within seven days of filing to clarify the nature of the complaint. The vice provost may dismiss such a complaint within seven days of consulting with the complainant if it cannot be addressed under this rule or is clearly retaliatory or abusive in nature. This determination does not prohibit referral of a complaint filed under this rule to another applicable university process.

i. The complainant may appeal this dismissal in writing to the provost within seven days of this decision. Upon receiving such an appeal, the provost may either reinstate the complaint or dismiss it, and that decision is final. The provost must issue a decision within fourteen days of receiving such an appeal.

b. If the vice provost determines that the complaint should proceed or if the complaint is reinstated by the provost, the vice provost shall furnish a copy of the complaint to the respondent and shall refer it to the respondent's department chair for a probable cause review in accordance with section (C) of this rule.

i. If the faculty member's department chair is the complainant or respondent, the complaint shall be referred to the faculty member's dean for the initial probable cause review.

ii. For the purposes of this provision, the term "department chair" includes school directors, deans of colleges without departments, and regional campus deans and directors. For regional campus faculty, the campus dean and director shall serve as the department chair for the probable cause review. If the complaint is filed by the regional campus dean and director, the college dean shall serve as the regional campus dean and director for the probable cause review.

3. Only allegations stated in the complaint shall be considered at the various stages of deliberation. However, additional facts relevant to the allegations set forth in the complaint may be presented throughout the process.

(C) Probable cause review~~.~~

1. The department chair shall review the allegations in the complaint and discuss the matter with the complainant and the respondent to determine whether there is probable cause to believe that the allegations are true.

2. If the department chair determines that there is not probable cause to believe that the allegations are true, the chair shall dismiss the complaint.

(a) If the complaint is dismissed, the complainant may appeal the dismissal to the dean. The appeal must be in writing and filed with the dean within twenty-one days after the notice of the chair's decision was mailed. Upon receiving such an appeal, the dean may either reinstate the complaint and refer it as described in 3335-5-04.4(C)(3) ~~to the college investigation~~

~~and sanctioning committee~~ or dismiss it, and such a dismissal is final. The dean must issue a decision within thirty days after receiving such an appeal.

3. If the department chair determines that there is probable cause to believe that the allegations are true, the department chair shall refer the matter to the college investigation and sanctioning committee for an investigation unless the department chair completes an informal resolution in accordance with rule 3335-5-04(E). If the vice provost determines that the allegations in the complaint relate directly to research compliance, the investigation shall be referred to the Research Integrity Standing Committee. This committee is described in rule 3335-5-04.2(C) and will serve to investigate the complaint in accordance with rule 3335-5-04.1(D). If the allegations do not relate directly to research compliance, the investigation shall be referred to the college investigation and sanctioning committee.

4. The department chair shall complete this process within fourteen days.

(D) ~~College investigation and sanctioning committee~~ Investigation and sanctioning

1. Each college shall appoint a college investigation and sanctioning committee, which shall fulfill the responsibilities set forth in this section. The college investigation and sanctioning committee shall be all tenured faculty or a majority of tenured faculty if including clinical/teaching/practice faculty who are non-probationary associate professors or professors. A college may include faculty members from other colleges on its committee. In instances in which the vice provost has determined that the allegations in the complaint relate directly to research compliance, the Research Integrity Standing Committee shall fulfill the responsibilities set forth in this section.

...

(E) Decision by the dean~~.~~

1. After reviewing the report and recommendation of the college investigation and sanctioning committee or the Research Integrity Standing Committee, the dean may:

...

2. The dean shall make a decision in twenty-one days. The final report ~~of the college investigation and sanctioning committee~~ and the dean's decision shall be sent to the complainant and the respondent.

APPENDIX XLVII

Appointments/Reappointments of Chairpersons

ARNAB CHAKRAVARTI**, Chair, Department of Radiation Oncology, July 1, 2025, through June 30, 2029

LOUIS DIMAURO**, Director, Institute for Optical Science, August 15, 2025, through August 14, 2026

JENNIFER GOLD*, Chair, Department of Biomedical Education and Anatomy, December 1, 2025, through June 30, 2030

JOHN HORACK, Vice President for Research, Enterprise for Research, Innovation and Knowledge, October 1, 2025, through September 30, 2027

LAURA JUSTICE**, Executive Director, Schoenbaum Family Center and the Crane Center for Early Childhood Research and Policy, August 15, 2026, through August 14, 2031

JOHN LENHART, Acting Chair, Department of Civil, Environmental and Geodetic Engineering, August 1, 2025, through December 31, 2025

JAMES ROCCO**, Chair, Department of Otolaryngology, July 1, 2025, through June 30, 2029

JEANNE SERB*, Chair, Department of Evolution, Ecology and Organismal Biology, January 1, 2026, through June 30, 2029

**Reappointment
*New Hire

Faculty Professional Leaves

LEAH BEVIS, Associate Professor, Agricultural, Environmental and Development Economics, FPL for Spring 2026

ENRICO BONELLO, Professor, Plant Pathology, FPL for Spring 2026

ELIZABETH KOLKOVICH, Associate Professor, Department of English, Mansfield Campus, FPL for Fall 2025 and Spring 2026

RATTAN LAL, Distinguished University Professor, School of Environmental and Natural Resources, FPL for Spring 2026

SAYEED MEHMOOD, Associate Professor, School of Environmental and Natural Resources, FPL for Spring 2026

RYAN NASH, Associate Professor, Department of Biomedical Education and Anatomy, FPL for Fall 2026

Faculty Professional Leave Changes/Cancellations

GEORGIOS ANAGNOSTOU, Professor, Department of Classics, Change of FPL from Fall 2025 and Spring 2026 to Fall 2025 only

E. LEIGH BONDS, Associate Professor, University Libraries, Change of FPL from Fall 2025 to Fall 2026

NICHOLAS BRUNELLI, Professor, Department of Chemical and Biomolecular Engineering, Change of FPL from Fall 2025 and Spring 2026 to Fall 2025 only

OVIDIU COSTIN, Professor, Department of Mathematics, Cancelation of FPL for Fall 2025 and Spring 2026

ANDREW CRUSE, Associate Professor, Knowlton School of Architecture, Cancellation of FPL for Fall 2025 and Spring 2026

YVONNE GODDARD, Associate Professor, Department of Educational Studies, Cancelation of FPL for Fall 2025

DOROTHEE IMBERT, Professor, Knowlton School of Architecture, Cancellation of FPL for Fall 2025 and Spring 2026

RAGHU MACHIRAJU, Professor, Department of Computer Science and Engineering, Cancellation of FPL for Fall 2025 and Spring 2026

SRINIVASAN PARTHASARATHY, Professor, Department of Computer Science and Engineering, Cancellation of FPL for Fall 2025 and Spring 2026

DARREN ROULSTONE, Professor, Department of Accounting and Management Information Systems, Cancellation of FPL for Spring 2026

VLADIMIR SLOUTSKY, Professor, Department of Psychology, Change of FPL from Fall 2025 and Spring 2026 to Fall 2025 only

Emeritus Titles

V.M. BALASUBRAMANIAM, Department of Food Science and Technology, with the title of Professor Emeritus, effective September 1, 2025

DENNIS BARTHOLOMEW, Department of Pediatrics, with the title of Professor-Clinical Emeritus, effective January 1, 2024

GREGORY BOOTON, Department of Molecular Genetics, with the title of Assistant Professor-Clinical Emeritus, effective January 1, 2026

MATTHEW CARIELLO, Department of English, with the title of Associated Faculty Emeritus, effective January 1, 2026

JOHN CHRISTMAN, Department of Internal Medicine, with the title of Professor Emeritus, effective July 1, 2026

ROSS DALBEY, Department of Chemistry, with the title of Professor Emeritus, effective August 1, 2025

DAVID DEAN, Department of Materials Science and Engineering, with the title of Associate Professor Emeritus, effective January 1, 2026

HAROLD GIBBS, Department of Evolution, Ecology, and Organismal Biology, with the title of Professor Emeritus, effective March 1, 2026

CAROLYNN JONES, College of Nursing, with the title of Professor-Clinical Emeritus, effective January 1, 2026

JACK KOPECHEK, Department of Pediatrics, with the title of Professor-Clinical Emeritus, effective March 1, 2026

ROBERT LEE, College of Pharmacy, with the title of Professor Emeritus, effective October 1, 2025

DAN LEVIN, Department of Economics, with the title of Professor Emeritus, effective August 15, 2025

DOUGLAS MARTIN, Department of Radiation Oncology, with the title of Professor-Clinical Emeritus, effective November 1, 2025

JOHN MCCONAGHY, Department of Family and Community Medicine, with the title of Professor-Clinical Emeritus, effective January 1, 2026

MINEHARU NAKAYAMA, Department of East Asian Languages and Literature, with the title of Professor Emeritus, effective June 1, 2026

BISHUN PANDEY, Department of Mathematics, with the title of Professor Emeritus, effective December 1, 2025

THALIYIL RAJANBABU, Department of Chemistry and Biochemistry, with the title of Professor Emeritus, effective January 1, 2026

JOHN SHERIDAN, College of Dentistry, with the title of Professor Emeritus, effective August 1, 2025

ROYCE THORNTON, Agricultural Technical Institute, with the title of Assistant Professor Emeritus, effective October 1, 2025

SUSAN TRAVERS, College of Dentistry, with the title of Professor Emeritus, effective November 1, 2025

W. JAMES WALDMAN, Department of Pathology, with the title of Associate Professor Emeritus, effective August 1, 2025

ROBIN WHARTON, Department of Molecular Genetics, with the title of Professor Emeritus, effective January 1, 2026

MELENA WHITTINGTON, Agricultural Communication Education and Leadership, with the title of Professor Emeritus, effective September 1, 2025

THOMAS WORLEY, Department of Extension, with the title of Associate Professor Emeritus, effective April 1, 2025

CHRISTOPHER ZIRKLE, Department of Educational Studies, with the title of Associate Professor Emeritus, effective January 1, 2026

2025/2026 Hires

COLLEGE OF ARTS AND SCIENCES

DIVISION OF NATURAL AND MATHEMATICAL SCIENCES

PROMOTION TO PROFESSOR WITH TENURE
Serb, Jeanne, Evolution, Ecology and Organismal Biology, January 1, 2026

DIVISION OF SOCIAL AND BEHAVIORAL SCIENCES

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE
Everett, Bethany, Sociology, January 1, 2026
Linke, Andrew, Geography, August 15, 2026

COLLEGE OF ENGINEERING

PROMOTION TO PROFESSOR WITH TENURE
Pekkan, Kerem, Biomedical Engineering, January 1, 2026

COLLEGE OF ENGINEERING
CLINICAL

REAPPOINTMENT
Atiq, Syedah Zahra, Computer Science and Engineering, August 15, 2025
Boggus, Matthew, Computer Science and Engineering, August 15, 2026
Eryilmaz, Irem, Electrical and Computer Engineering, August 15, 2025
Jhemi, Ali, Mechanical and Aerospace Engineering, August 15, 2026
Kentner, Jason, Knowlton School of Architecture, August 15, 2026
Leonard, Don, Knowlton School of Architecture, August 15, 2026
Nocera, Tanya, Biomedical Engineering, August 15, 2025
Ritchie, Brian, Mechanical and Aerospace Engineering, August 15, 2026
Villarroel, Wladimiro, Electrical and Computer Engineering, August 15, 2025
Zaccai, Diego, Computer Science and Engineering, August 15, 2026

COLLEGE OF ENGINEERING
RESEARCH

REAPPOINTMENT
Harwig, Dennis, Materials Science Engineering, August 15, 2026
Nahar, Niru, Electrical and Computer Engineering, August 15, 2025
Yardim, Caglar, Electrical and Computer Engineering, August 15, 2025

2025/2026 Hires

COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES

PROMOTION TO PROFESSOR WITH TENURE
Huang, Jen-Yi, Food, Agricultural and Biological Engineering, January 6, 2026

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE
Lade, Gabriel, Agricultural, Environmental and Developmental Economics, August 15, 2025

COLLEGE OF MEDICINE

PROMOTION TO PROFESSOR WITH TENURE
Merlin, Jessica, Internal Medicine, October 7, 2025
Gold, Jennifer, Biomedical Education and Anatomy, December 1, 2025
Rathmell, W. Kimryn, Internal Medicine, August 5, 2025
Sen, Triparna, Internal Medicine, September 16, 2025
Torrelles, Jordi, Internal Medicine, October 7, 2025

COLLEGE OF MEDICINE
RESEARCH

REAPPOINTMENT
Alain, Gabriel, School of Health and Rehabilitation Sciences, July 1, 2025 (updated date)
Baker, Gretchen, School of Health and Rehabilitation Sciences, July 1, 2025 (updated date)

SALMON P. CHASE CENTER FOR CIVICS, CULTURE, AND SOCIETY

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE
Simpson, William, January 1, 2026

COLLEGE OF VETERINARY MEDICINE
CLINICAL

REAPPOINTMENT
Dennis, Pam, Veterinary Preventive Medicine, September 1, 2025



Autumn Commencement

THE OHIO STATE UNIVERSITY
DECEMBER 21, 2025



Pomp, circumstance, and other songs of a lifetime

—by Professor David Citino, 1947–2005, Late University Poet Laureate
(Originally presented as the 2000 Winter Commencement address)

If you're like me, you've got a big head,
not to mention a funny robe, full of music—
poems and melodies, the tunes
we move to, shower and shave by,
study, write to. Not just the incidental,

but the momentous music keeping time.
Our histories are measures of song.
Listen to your heart: drums of Africa,
sea-spume of blind, far-sighted Homer,
Sappho's honeyed love lyrics. Often,

music speaks for us, one note saying
a thousand words. Like Rodolpho
in Puccini's La Boheme, Sono un poeta.
I am a poet. Che cosa faccio? What
do I do? Scrivo. I write. This ceremony

is loud music—pomp and circumstance
of the life you began freshman year
or that first day of graduate school.
In my head I press Play, and the CD
of Big Days kicks on. I leap and linger

over moments too sweet, nearly, for words.
I'll never escape rhymes from the nursery.
Up above the world so high, like a diamond
in the sky. We knew from the start
our universe was aglow with wonder.

Italian, Latin, English songs in nasal accents
of Cleveland. Gaudeamus igitur, Juvenes
dum sumus. So, let us rejoice, while
we are young. Youth is that gift we can't
comprehend while we're young. This ceremony

means you all are less young than you were.
Don't let the heavy knowledge gained
from your studies deprive you of the gifts
of youth, to be able to rejoice at the drop
of a hat, to care for, be moved by others.

Now I hear golden hits of five decades.
Big Mama Thornton, and that so-called King
(King of what, fried butter sandwiches?)
who stole away her hound dog. You ain't
never killed a rabbit, you ain't no friend

of mine. As with those profs and TAs,
course after course, you had to produce—
kill some rabbits—to earn respect.
And at times OSU may have seemed
like Heartbreak Hotel, down at the end

of Lonely Street, so difficult was it
to do your best. Tennessee Ernie Ford,
"Sixteen Tons": St. Peter don't you
call me 'Cause I can't go. I owe
my soul to the company store.

You have been digging deep in mines
of knowledge. We all owe our souls
to Ohio State, company store of learning,
shared experience—precious ore
we have in common forever.

Now I hear Domenico Modugno's
fervent urging to wish, sing, fly,
Volare, Wo-oo. Cantare, Wo-o-o-o.
My grandfather was a peasant farmer,
a contadino in Calabria in the toe

of Italy. He knew it's the human lot
to dream of flying. Lucky, lucky,
lucky me, I'm a lucky son-of-a-gun.
I work eight hours, I sleep eight hours,
That leaves eight hours for fun.

Hey! He sailed in steerage across
the Atlantic, came to Cleveland, where
he stayed long enough to work 52 years
for the B&O Railroad, before lying down
to rest in good Ohio soil. So many of us

here today came from elsewhere,
or ancestors did. From Tennessee, Italy,
Africa, Asia, Appalachia—even,
President Kirwan, the wilds of Kentucky
and Maryland. Women and men with backs

supple as birch trunks. The courage
it took to pick up stakes and begin again
in a new world! Think of the work
those older ones did. For you. You all
are facing a change right now.

This sheepskin is your passport.
You're bound for emigration to
the next song of your life. Ohio State
is the ark on which you've been sailing.
You've been the precious cargo.

But, as Noah once said, I can see
clearly now the rain is gone. The ark,
our university, was filled to overflowing
with the diversity of us. Diversity.
Networks and talk shows devalue the word.

(continued on inside back cover)

The Ohio State University 441st Commencement

Autumn 2025 • December 21, 2025 • 2:00 p.m. • Jerome Schottenstein Center

Presiding Officer
Walter "Ted" Carter Jr.
President

Prelude—1:30 p.m. to 2 p.m.
The Symphonic Band
Scott A. Jones, Conductor

Welcome
Melissa S. Shivers
Senior Vice President for Student Life

Processional

National Anthem
Roman T. Wentzel
Undergraduate Student
School of Music

Invocation
Cathy L. Disher
Chaplain
Department of Chaplaincy and Clinical Pastoral Education
Wexner Medical Center

Commencement Address
Walter "Ted" Carter Jr.
President
The Ohio State University

Conferring of Distinguished Service Awards
Recipients presented by
Elizabeth P. Kessler, Vice Chair
Board of Trustees

Patricia L. Brundige

Gerald H. Newsom

Conferring of Degrees in Course
Colleges presented by
Trevor L. Brown
Dean, John Glenn College of Public Affairs
Senior Vice Provost for Academic Affairs

Awarding of Diplomas

Welcome to New Alumni
Molly Ranz Calhoun
Senior Vice President, Engagement
President and CEO
The Ohio State University Alumni Association

Alma Mater—Carmen Ohio
Graduates and guests led by
Roman T. Wentzel

Oh! Come let's sing Ohio's praise,
And songs to Alma Mater raise;
While our hearts rebounding thrill,
With joy which death alone can still.
Summer's heat or winter's cold,
The seasons pass, the years will roll;
Time and change will surely show
How firm thy friendship—O-hi-o!

Recessional



Excerpts from the commencement ceremony will be broadcast on WOSU-TV, Channel 34, on Tuesday, December 23 at 7 p.m.

Livestream coverage and a replay of the ceremony in its entirety can be viewed at commencement.osu.edu.

Commencement Address

Walter “Ted” Carter Jr.

Walter “Ted” Carter Jr. began his tenure as the 17th president of The Ohio State University on January 1, 2024.

As president, he leads the state’s flagship, public research university with six campuses in Ohio and a student body of more than 67,000. In addition to its largest campus in Columbus and five regional campuses, Ohio State includes the nationally recognized Wexner Medical Center, a global research enterprise and a leading athletics program.

President Carter has a passion for Ohio State’s land-grant mission to change lives within the state and beyond. He has articulated a bold vision for Ohio State’s next decade as part of his Education for Citizenship 2035 strategic plan, which aims to define the future of higher education with academic excellence as its centerpiece.

Formerly, President Carter served as president of the University of Nebraska, where he was focused on greater access and opportunities for the state’s students and families.

Prior to that, President Carter led the U.S. Naval Academy, his alma mater, as its longest continuously serving superintendent since the Civil War. He also previously served as president of the U.S. Naval War College in Newport, R.I.

He is a retired vice admiral with 38 years of service and has logged more than 6,300 flying hours. President Carter flew 125 combat missions in Iraq, Afghanistan, Kuwait, Bosnia and Kosovo. He received the Distinguished Flying Cross with combat distinction for valor and is a recipient of the Bronze Star. He holds the national record for carrier-arrested landings, with over 2,000 mishap-free landings.

In 2022, President Carter received the U.S. Naval Academy Distinguished Graduate Award, the highest honor bestowed upon academy graduates. He serves on the board of the American Council on Education and is a member of the Association of Public and Land-Grant Universities’ Council of Presidents, the Big Ten Council of Presidents and Chancellors, and the U.S. Council on Competitiveness. He is also a board member for Student Veterans of America.

President Carter earned a bachelor’s degree in physics and oceanography from the U.S. Naval Academy, where he played ice hockey for four years and served as team captain.

The son of an English teacher in rural Rhode Island, he met his wife, Lynda, at a hockey game while she was a student at the University of Maryland. The couple have been married for more than 40 years and have two adult children and one grandchild.

Recipients of Honors

Patricia L. Brundige

Distinguished Service Award

Patricia L. Brundige is a Franklin County native and lifelong supporter of Ohio 4-H and The Ohio State University College of Food, Agricultural, and Environmental Sciences (CFAES). A former 4-H member, Ms. Brundige studied Home Economics Education at Ohio State in the early 1960s before beginning a distinguished career in the food science industry.

Following the passing of her husband, Thomas Brundige, she eventually assumed leadership of Total Ultimate Foods, Inc., a company he founded that supplied premium dry mixes — including salad dressings, gravies and sauces — to major food service chains nationwide. The company became a leading manufacturer of dry food products across the United States.

Ms. Brundige has remained deeply connected to Ohio State and 4-H for more than five decades, demonstrating a lifelong commitment to youth development, community service and philanthropy. Her transformative investments in CFAES and OSU Extension have advanced teaching, research and outreach throughout Ohio. Among her signature contributions is the creation of the Kunz-Brundige Franklin County Extension Building at the Waterman Agricultural and Natural Resources Laboratory — named in honor of her parents, Kathryn and Fredrick Kunz — which serves as a hub for education, applied research and community engagement.

Guided by her "see a need, fill a need" philosophy, Ms. Brundige has combined her philanthropy with active volunteerism. She continues to mentor and assist local 4-H clubs, participate in community service initiatives such as the Franklin County 4-H Walk & Serve, and teach practical life skills to youth.

Her sustained leadership and generosity have earned her numerous accolades, including being a 2024 inductee to the National 4-H Hall of Fame, a 2023 Friend of Extension Award from Epsilon Sigma Phi, the 2020 Everett D. Reese Medal — Ohio State's highest honor for philanthropy — a 2019 Friend of 4-H Award from Ohio 4-H, and being a 2016 inductee to the CFAES Food Science and Technology Hall of Distinction.

A modest leader who prefers to keep attention focused on the organizations she supports, Ms. Brundige continues to be actively involved with Ohio 4-H, CFAES and OSU Extension — furthering the same programs that inspired her as a young 4-H member in Franklin County.

Gerald H. Newsom

Distinguished Service Award

Gerald H. Newsom is Professor Emeritus of Astronomy at The Ohio State University, where he served with distinction for more than three decades. Dr. Newsom earned his B.A. in Physics with distinction from the University of Michigan in 1961, followed by an M.S. and Ph.D. in Astronomy from Harvard University in 1963 and 1968, respectively. His early research appointments included work at Harvard's Shock Tube Laboratory and a postdoctoral position at Imperial College London, laying the foundation for a career devoted to advancing astrophysical knowledge.

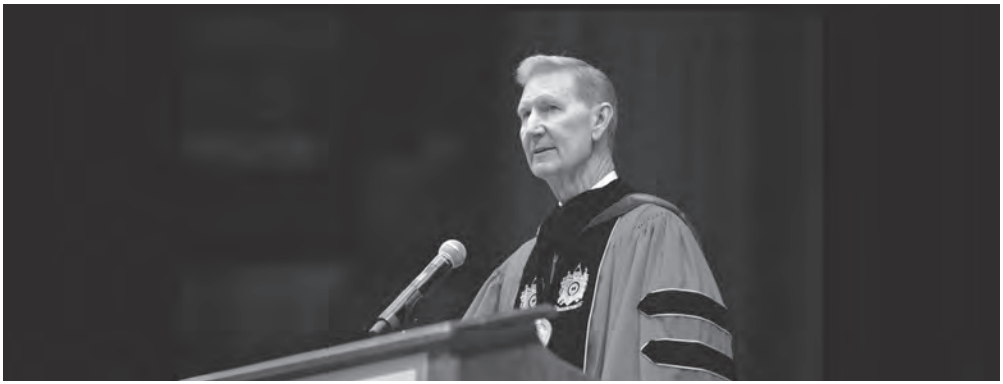
Joining Ohio State's faculty in 1969, Dr. Newsom rose through the ranks to become a full professor in 1982. He held key leadership roles, including Acting Chair and Vice Chair of the Department of Astronomy, and served as Acting Dean and Acting Assistant Dean in the College of Mathematical and Physical Sciences. His research focused on atomic spectroscopy and the enigmatic X-ray binary SS 433, contributing significantly to the understanding of stellar phenomena. Dr. Newsom authored numerous peer-reviewed articles and co-authored textbooks that shaped astronomy education for generations of students.

Beyond his scholarly work, Dr. Newsom demonstrated exceptional service to the university and the broader scientific community. He chaired curriculum committees, served on the Arts and Sciences Senate and Graduate Council, and participated in national panels for NSF and Fulbright fellowships. His commitment extended into retirement, where he led the Ohio State University Retirees Association and represented retirees at the State Teachers Retirement System board meetings.

Dr. Newsom's contributions have been recognized with multiple honors, including the Rosalene Sedgwick Faculty Service Award, and now The Ohio State University's Distinguished Service Award. A dedicated mentor, he guided numerous graduate students who went on to impactful careers in astronomy and physics.

Today, Dr. Newsom continues to share his expertise through writing and historical research, with recent publications exploring polar exploration. His career reflects a lifelong dedication to discovery, education and service — hallmarks of a scholar whose influence spans both the scientific and academic communities.

A Message from President Carter



Dear Graduates,

Congratulations on earning your degree from The Ohio State University. It is an honor to join you and your loved ones in celebrating this momentous occasion.

Throughout your time with us as students, you have proven repeatedly that you possess the grit and determination to achieve success and reach your goals. Now that you count yourself among the hundreds of thousands of Buckeye alumni around the globe, I am certain you will continue to strive for excellence in all that you do as leaders in your fields and in your communities.

As you start the next chapter of your life, remember to lead with purpose and build upon the knowledge you have gained at Ohio State. Together, we can make great progress toward addressing the challenges the world faces today.

Congratulations, again — and Go Buckeyes!

Sincerely,

Walter E. Carter, Jr.

Walter "Ted" Carter Jr.
President

Congratulations and Welcome to the Alumni Association

Dear Ohio State Alumni,

The moment has arrived! You are graduates of The Ohio State University.

This graduating class pushes the number of living Ohio State alumni to more than 625,000. Welcome to your very large and loving Ohio State alumni family.

Your time on campus has been filled with countless memories, relationships and learning experiences that have shaped you into the remarkable individuals you are today. From frantic all-night cram sessions to national championships, each moment has contributed to your growth and development. As you embark on this new adventure, remember that your connection to Ohio State doesn't end with graduation.

Your Alumni Association is an excellent resource for career guidance, professional development, or simply staying connected with fellow Buckeyes. I hope to see you around at the many events and activities we sponsor, whether you're staying nearby or moving to the other end of the world. Ohio State will always be a part of who you are, and there are so many ways of staying connected to the Buckeye community.

Enjoy Graduation Day. It's one you'll always remember. We'll be ready to celebrate your next momentous occasion, as you reach further milestones and make new memories.

Congratulations, Class of 2025. The world awaits your talents. The entire Ohio State family can't wait to see where your next adventure takes you.

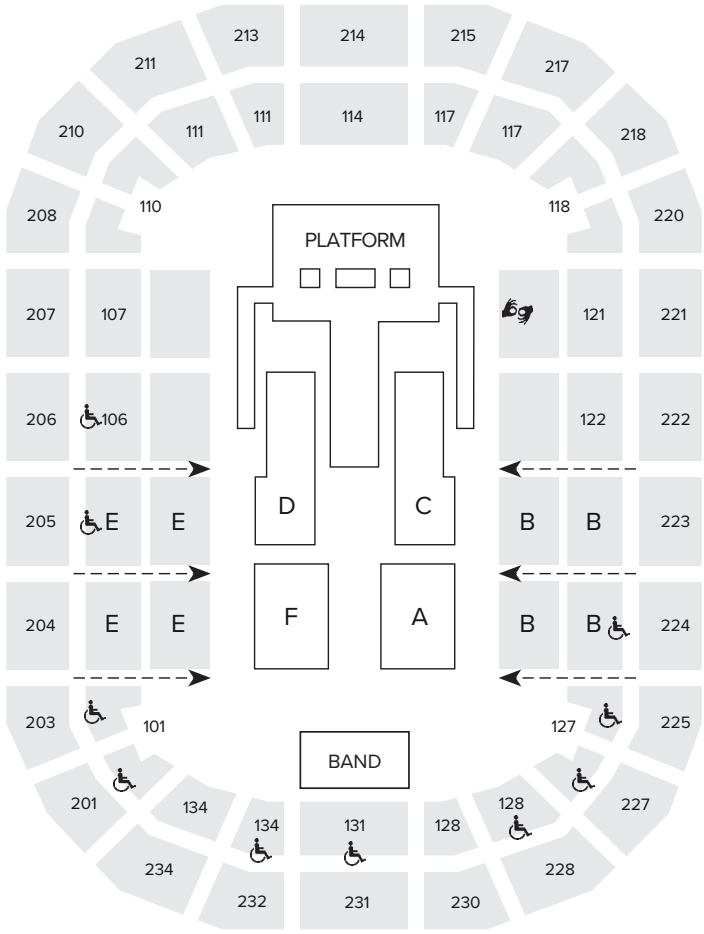
Go Bucks!

In firm friendship,

Molly Ranz Calhoun '86
President and CEO, The Ohio State University Alumni Association
Senior Vice President, Engagement

P.S. Follow me @BuckeyeMolly on X and Instagram, and discover what's available to you as graduates of this great university: osu.edu/alumni/resources/recent-grads

Arena Seating



Please keep these aisles clear for the Processional and Recessional

A — Arts and Sciences
B — Arts and Sciences
C — Law; Public Affairs; Public Health; Business
D — PhD; Master's; Medicine; Pharmacy
E — Social Work; Nursing; Education and Human Ecology; Engineering
F — Engineering; Food, Agricultural, and Environmental Sciences

ASL interpreter
Wheelchair seating

This program is not an official graduation list.

This printed program lists students who were eligible to graduate for Autumn Semester 2025, as of 5:00 p.m., December 10, 2025, pending the outcome of final examinations and final grades. Therefore, it should not be used to determine a student's academic or degree status. The University's official registry for conferral of degrees is the student's permanent academic record, kept by the Office of the University Registrar, Student Academic Services Building, 281 West Lane Avenue, Columbus, OH 43210-1132.

The Graduate School

Dean: Mary E. Stromberger

Doctor of Musical Art

Jiarui Mai
Bachelor's (Xinghai Conservatory of Music)
M.Mus. (University of Cincinnati)
Music
Dr. Steven Glaser

Conor Joshua Smyth-Small
B.Music (King's College, University of London)
M.Mus. (Arizona State University)
Music
Dr. Steven Glaser
Dr. Arved Ashby

Yiwen Zhu
B.Music (Wuhan Conservatory of Music)
M.Mus. (Longy School of Music of Bard College)
Music
Dr. Caroline Hong

Doctor of Philosophy

Al Baraa Abd Aldaim
B.S. (Massachusetts Institute of Technology)
M.S. (The Ohio State University)
Mathematics
Dr. Ivo Herzog

Adewale Solomon Adenle
B.F.A. (Yaba College of Technology)
M.A. (Southern University at New Orleans)
M.F.A. (Miami University)
Arts Administration, Education and Policy
Dr. Dana Kletchka

Saqeeb Adnan
B.S. (Bangladesh University of Engineering and Technology)
M.S. (The Ohio State University)
Mechanical Engineering
Dr. Marat Khafizov

Mohamed Gomaa Ewis Ahmed
Bachelor's, Master's (Al-Azhar University)
Integrated Biomedical Science Graduate Program
Dr. Jay Zweier

Nadeen Nibal Ahmad Anabtawi
Pharm.D. (University of Jordan)
M.S. (Wright State University)
Pharmaceutical Sciences
Dr. Sharyn Baker

Marzieh Baan
B.S. (Iran University of Science and Technology)
M.S. (University of Texas at Dallas)
Materials Science and Engineering
Dr. Tyler Grassman

Andrew Bahrou
B.S. (Wayne State University)
M.S. (University of Delaware)
Environment and Natural Resources
Dr. Jeremy Brooks

Barry Lee Baker
B.Music, M.A. (University of Cincinnati)
Speech and Hearing Science
Dr. Eric Healy

Kristie Baker
B.S. (Florida Institute of Technology)
M.S. (The Ohio State University)
Chemistry
Dr. Vicki Wysocki

Miriam Esther Balkin
B.A. (George Mason University)
M.S. (University of Virginia)
Industrial and Systems Engineering
Dr. Michael Rayo

Haona Bao
B.S. (University of California, Davis)
M.S. (Tennessee State University)
Food Science and Technology
Dr. Luis Rodriguez-Saona

Aashwin Basnet
B.S. (Trinity College)
Physics
Dr. Brian Winer

Jessica McAulay Bates
B.S.Educ. (George Mason University)
M.Educ. (University of Virginia)
Education
Dr. Ana-Paula Correia

Matthew C. Bendel II
B.S.Elec.Cptr.Eng. (The Ohio State University)
Electrical and Computer Engineering
Dr. Philip Schniter
Dr. Rizwan Ahmad

Monikuntala Bhattacharya
B.Tech. (Maulana Abul Kalam Azad University of Technology)
Electrical and Computer Engineering
Dr. Anant Agarwal

Athena Lee Biggs
B.S. (Brigham Young University)
M.S. (The Ohio State University)
Neuroscience Graduate Studies Program
Dr. Jay Fournier

Tyler D. Billings
B.S. (Denison University)
Ohio State Biochemistry Program
Dr. Mark Foster

Brian Block
Mechanical Engineering
Dr. Stephanie Stockar

Ross Hamilton Bockbrader
B.S.Pharm.Sci., M.S. (The Ohio State University)
Pharmaceutical Sciences
Dr. James Fuchs

Jeremy Taylor Borden
B.A. (Cornell University)
M.S. (The Ohio State University)
Physics
Dr. Yuri Kovchegov

Pouyan Boreshnavard
Bachelor's (University of Isfahan)
M.S. (The Ohio State University)
Civil Engineering
Dr. Alper Yilmaz

Christina Ross Budding
B.S. (Bob Jones University)
M.S. (The Ohio State University)
Molecular, Cellular, and Developmental Biology
Dr. Karin Musier-Forsyth

Michael Isaac Burnham
B.S., M.S. (The Ohio State University)
Pharmaceutical Sciences
Dr. Xiaolin Cheng

Michelle LeAnne Chamblee
B.S. (Western Carolina University)
Integrated Biomedical Science Graduate Program
Dr. Jianrong Li

Emily Troying Chan
B.A. (Macalester College)
M.S. (The Ohio State University)
Biophysics
Dr. Comert Kural
Dr. Jonathan Song

Shibani Rimal Chettri
B.S., M.P.H. (The Ohio State University)
Public Health
Dr. Alison Norris

Yue Chu
B.Med. (Fudan University)
M.S. (Johns Hopkins University)
M.A. (The Ohio State University)
Sociology
Dr. Samuel Clark

Lauren Grace Colwell
B.A. (Baylor University)
M.A. (Belmont University)
English
Dr. Christopher Jones

Kayla Brooke Cross
Bachelor's (California Lutheran University)
Microbiology
Dr. Zakee Sabree
Dr. Chad Rappleye

Abdirashid Mohamed Dahir
B.S.Civ.Eng. (Debre Berhan University)
M.S. (University of Seoul
Geography
Dr. Huyen Thi Khanh Le

Yongzheng Dai
B.S. (Northern Jiaotong University, Beijing)
Industrial and Systems Engineering
Dr. Chen Chen

Rachel Lauren Davidson
Bachelor's (University of Dayton)
M.S. (The Ohio State University)
Electrical and Computer Engineering
Dr. Steven Ringel
Dr. Tyler Grassman

Caleb Benjamin Davis
B.A. (University of North Carolina)
M.A. (The Ohio State University)
Germanic Languages and Literatures
Dr. Katra Byram

Emma Elizabeth DeAngelis
B.S. (Rensselaer Polytechnic Institute)
M.S. (The Ohio State University)
Materials Science and Engineering
Dr. Enam Chowdhury

Alonso Delgado
B.S. (Portland State University)
Evolution, Ecology and Organismal Biology
Dr. Marymegan Daly

Noah Michael Diewald
B.A. (University of Wisconsin)
M.A. (The Ohio State University)
Linguistics
Dr. Andrea Sims
Dr. Carl Pollard

Agnes Maneesha Dominic Merwin Xavier
B.Engr. (Anna University)
Electrical and Computer Engineering
Dr. Siddharth Rajan

Thomas Stephen Drabison II
B.S. (Youngstown State University)
Pharmaceutical Sciences
Dr. Alexander Sparreboom
Dr. Eric Eisenmann

Chloe Dunston
B.A. (Skidmore College)
M.A. (The Ohio State University)
Sociology
Dr. Corinne Reczek

Dakota Ray Richard Dustin
B.S.Nutrition (The Ohio State University)
Ohio State University Nutrition
Dr. Martha Belury

Emad A Nouh Embarak
B.Engr. (Omar Almukhtar University)
M.S. (The Ohio State University)
Electrical and Computer Engineering
Dr. Patrick Roblin

Matthew Erxleben
B.S., M.A. (The Ohio State University)
M.A. (Cleveland State University)
Communication
Dr. Jesse Fox

Madalyn Rae Fields
B.S. (Concordia University)
Integrated Biomedical Science Graduate Program
Dr. Stephanie Seveau

Matthew Carl Fitzsimmons
B.S. (Saint John's University, New York)
Chemistry
Dr. Christine Wade

Erin Amanda-Lynne Fowler
B.S. (Ursinus College)
Integrated Biomedical Science Graduate Program
Dr. Fernanda Novais

Dylan William Frikken
B.S. (University of Wisconsin)
M.S. (The Ohio State University)
Physics
Dr. Amy Hill

Erik Furterer
B.S.Ind.Sys.Eng., M.S. (The Ohio State University)
Industrial and Systems Engineering
Dr. Michael Groeber

Alex David Gekow
B.S. (University of Massachusetts Amherst)
M.S. (The Ohio State University)
Physics
Dr. Antonio Boveia

Soumobrata Ghosh
B.Tech. (Vellore Institute of Technology)
M.S. (The Ohio State University)
Electrical and Computer Engineering
Dr. Steven Bibyk

Marissa Rachelle Gittrich
B.S. (Bowling Green State University)
Microbiology
Dr. Matthew Sullivan

Giuseppe Donald Alfredo Giuliani
B.S., M.S. (Purdue University)
M.S. (The Ohio State University)
Physics
Dr. Ciriyam Jayaprakash
Dr. Jayajit Das

Chetan Gomatam
B.S. (University of California, Davis)
M.S. (The Ohio State University)
Molecular, Cellular, and Developmental Biology
Dr. Jill Rafael-Fortney

Alisyn Kate Greenfield
B.S. (Calvin College)
M.S. (The Ohio State University)
Chemical Engineering
Dr. Andre Palmer

Ashley Nicole Greenlee
B.S. (Virginia Commonwealth University)
Integrated Biomedical Science Graduate Program
Dr. Sakima Smith

Peng Gu
B.S., M.S. (Nanjing University of Information Science and Technology)
Atmospheric Sciences
Dr. Zhengyu Liu

Geekiyanage Lankani Gunaratne
B.S. (University of Colombo)
Ohio State Biochemistry Program
Dr. Juan Alfonzo
Dr. Kou-San Ju

Morgan Justine Hamilton
B.S. (University of Mount Union)
M.S. (The Ohio State University)
Physics
Dr. Ezekiel Johnston-Halperin

Sang Hoon Han
B.Bus.Adm. (Korea University)
M.Hum.Res.Mgt. (Cornell University)
Business Administration
Dr. Benjamin Campbell

Benworth Bryce Hansen
B.S. (Arizona State University)
M.S. (University of Tennessee-Knoxville)
Chemical Engineering
Dr. Joshua Sangoro

Meretta Anne Hanson
B.A. (Luther College)
M.S. (The Ohio State University)
Neuroscience Graduate Studies Program
Dr. Jason Wester

Abhinav Hasija
B.S.Bus.Adm., M.A. (The Ohio State University)
Business Administration
Dr. Walter Zinn

Jacob Holter
B.S. (The Ohio State University)
M.S. (University of Barcelona)
Biomedical Engineering
Dr. Jonathan Song

Samuel Edward Houle
B.S. (Christopher Newport University)
M.S. (The Ohio State University)
Neuroscience Graduate Studies Program
Dr. Olga Kokiko-Cochran

Cheng Chih Hsu
D.V.M. (National Chiayi University)
Master's (National Taiwan University)
M.P.H. (The Ohio State University)
Comparative Biomedical Science
Dr. Jianrong Li

Fernando Inaoka Okigami
Bachelor's (Uberlandia Federal University)
M.S. (The Ohio State University)
Welding Engineering
Dr. Wei Zhang

Aycin Iplikci Arodirik
B.S. (Istanbul Bilgi University)
Mathematics
Dr. Kenneth Loper

Nehal Amit Jajal
B.Tech. (Delhi Technological University)
M.S. (The Ohio State University)
Mechanical Engineering
Dr. Sandip Mazumder

Izabela Ana Jamsek
B.A., Au.D. (The Ohio State University)
Speech and Hearing Science
Dr. Rachael Holt

Connor Bailee Jenkins
B.S.Elec.Cptr.Eng., M.S. (The Ohio State University)
Electrical and Computer Engineering
Dr. Asimina Kiourti

Julie Jin
B.S.Elec.Cptr.Eng., M.S. (The Ohio State University)
Electrical and Computer Engineering
Dr. Anant Agarwal
Dr. Marvin White

Margaux Joe
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Animal Sciences

Ian Santiago
Bachelor's (Louisiana State University, Baton Rouge)
Molecular Genetics

Simran Sarao
Bachelor's, D.D.S. (University of Alberta)
Dentistry

Nickolas Ryan Schaffner
B.S. (Saint Ambrose University)
Chemistry

Alexander Michael Schragal
B.S.Mech.Eng. (The Ohio State University)
Mechanical Engineering

Tyler Richard Sedlatschek
B.S.Mech.Eng. (The Ohio State University)
Mechanical Engineering

James David Serna
B.S. (Wright State University)
Biophysics

Zach Matthew Shaffer
B.S. (The Ohio State University)
Ohio State Biochemistry Program

Mahfam Shariati
B.S. (University of Isfahan)
M.S. (University of Tehran)
Molecular, Cellular, and Developmental Biology

Aadarsh Govind Sharma
B.S. (University of Mumbai)
M.S. (Narsee Monjee Institute of Management Studies)
Chemistry

Jaspreet Singh
B.S.Agr. (Punjab Agricultural University)
Environment and Natural Resources

Premanshu Kumar Singh
B.Tech., M.Tech. (Indian Institute of Technology Bombay)
Mechanical Engineering

Sukhvir Singh
B.S. (University of Maryland Baltimore County)
Chemistry

Ethan Slaton
B.S.Chem.Eng. (University of Florida)
Chemical Engineering

Ashley Mari Smith
B.S.Humn.Ecol. (The Ohio State University)
Human Sciences

Jalen Anthony Smith
B.S.Env.Eng. (Central State University)
Food, Agricultural and Biological Engineering

Anant Sohale
B.Engr. (Institute of Chemical Technology)
Chemical Engineering

Pranali Nikhil Sohoni
M.Math.Sci. (Birla Institute of Technology and Science)
Mathematics

Samuel Karl Spaltenstein
B.S. (Evergreen State College)
B.S.Mech.Eng. (The Ohio State University)
Electrical and Computer Engineering

Ashten Spencer
Bachelor's (Blue Mountain College)
Translational Pharmacology

Sriya Bhavani Sreekanth
B.Tech. (Vellore Institute of Technology)
Molecular, Cellular, and Developmental Biology

Leah Elizabeth Stein
B.S.Nutrition (The Ohio State University)
Integrated Biomedical Science Graduate Program

Alyssa Jamie Stephens
B.A. (Muskingum University)
Agricultural Communication, Education, and Leadership

Zaarah Fatima Syed
Molecular Genetics

Aaron Ashok Tayal
B.S. (The Ohio State University)
Entomology

Megan Ann Taylor
B.S. (Ohio University)
Agricultural Communication, Education, and Leadership

Adaliz Joan Torres Rosado
B.S. (University of Puerto Rico)
Molecular, Cellular, and Developmental Biology

Victoria Marie Trimm
B.A. (Duke University)
Psychology

Noah Tufts
B.S. (Oregon State University)
Chemistry

Elvira Umyarova
M.D. (People's Friendship University)
Translational Pharmacology

John Michael Van Dusen
B.S. (Loyola University Chicago)
Microbiology

Sharon Anne Varughese
B.S.F.A.B.E. (The Ohio State University)
Food, Agricultural and Biological Engineering

Abhishek Shankar Vasudevanallur Mahesh
B.S.F.A.B.E. (The Ohio State University)
Food, Agricultural and Biological Engineering

Niharika Vennala
Bachelor's (Anna University)
Chemical Engineering

Rebecca Lynn Wade-Mdivanian
B.S.Soc.Work (Capital University)
M.S.W. (The Ohio State University)
Human Sciences

Chin Wang
B.Pharm. (Kaohsiung Medical College)
M.S. (National Taiwan University)
Molecular, Cellular, and Developmental Biology

Yiming Wang
B.S. (Beijing Normal University)
M.S. (University College London, University of London)
Psychology

Yuanfeng Wang
B.S. (Pennsylvania State University)
M.S. (Johns Hopkins University)
Molecular, Cellular, and Developmental Biology

Colton Davis Wayne
B.S. (Texas A&M University)
M.D. (University of Texas Rio Grande Valley)
Medical Science

Sadie Elizabeth White
B.S. (Winston-Salem State University)
Evolution, Ecology and Organismal Biology

Judson Storm Whitfield
B.A. (University of Georgia)
Master's (Georgia State University)
Human Sciences

Craig L. Wiggins
B.S.Hlth.Reh.Sci. (The Ohio State University)
Translational Pharmacology

Jaret Rex Wilcox
B.S.Elec.Cptr.Eng. (The Ohio State University)
Electrical and Computer Engineering

Nathan Willey
B.S. (Michigan State University)
Mathematics

Dominik Koper Winecki
B.S.Cptr.Sci.Eng. (The Ohio State University)
Computer Science and Engineering

Ryan David Wise
Bachelor's (Miami University)
Translational Pharmacology

Maxwell Wootten
B.S. (University of Missouri - Saint Louis)
Geodetic Science and Surveying

Chengyin Wu
B.S. (Pennsylvania State University)
Materials Science and Engineering

Tingjun Wu
B.Engr. (University College Dublin)
B.Engr. (Beijing University of Technology)
Electrical and Computer Engineering

Xinyi Wu
Bachelor's (North China Electric Power University)
Electrical and Computer Engineering

Feiyang Xie
Bachelor's (Sun Yat-sen University)
Master's (Shanghai University of Finance and Economics)
Computer Science and Engineering

Tianyu Xiong
B.S.Cptr.Sci.Eng. (The Ohio State University)
Computer Science and Engineering

Abhilash Yarlagadda
B.S.Aero.Eng. (The Ohio State University)
Aerospace Engineering

Sengwei Yeoh
B.S. (Universiti Tun Hussein Onn)
Computer Science and Engineering

Zi Yuan
B.F.A. (The Ohio State University)
Human Sciences

Bennett A. Yunker
B.S. (West Virginia University)
Biophysics

Daniel Alexander Yuschak
B.S. (The Ohio State University)
Mathematics

Tawonga Zakeyu
Licenciatu (Earth University)
Horticulture and Crop Science

Zixin Zeng
B.Engr. (Yangzhou University)
M.Land.Arch. (The Ohio State University)
Computer Science and Engineering

Peizhao Zhang
B.S. (University of Pittsburgh)
Molecular, Cellular, and Developmental Biology

Yue Zhang
B.S.Cptr.Sci.Eng. (The Ohio State University)
Computer Science and Engineering

Dantong Zhao
B.S. (Tianjin Polytechnic University)
M.S. (Arizona State University)
Computer Science and Engineering

Master of Social Work

Maya Callie Jane Abrigg
B.S.Soc.Work (The Ohio State University)
Social Work

Kaylen Rose Ackerman
B.A. (The Ohio State University)
Social Work

Cory Dale Adkins
B.A. (Wright State University)
Social Work

Setareh Alavi
B.A. (Sonoma State University)
Social Work

Emily Amparo
B.S.Soc.Work (Purdue University Calumet)
Social Work

Carolyn Anderson
B.S. (University of Akron)
Social Work

Steven Askew
B.S. (Mercer University)
Social Work

Summer Nicole Athey
B.S.Soc.Work (University of Cincinnati)
Social Work

Anna Marie Beckmeyer
B.A. (Cedarville University)
Social Work

Daniel Berkowitz
B.A. (San Diego State University)
M.A. (The Ohio State University)
Social Work

Rebecca Dawn Bigley
B.S.Educ. (Ashland University)
Social Work

Amelia Ann Bindofer
B.S.Soc.Work (The Ohio State University)
Social Work

Morgan Danielle Bishop
B.S. (Kennesaw State University)
Social Work

Madison Colleen Blankenship
B.S.Soc.Work (Bowling Green State University)
Social Work

Morgan Bleak
B.S. (Southern Utah University)
Social Work

Harrison Earl Bloom
B.S. (Pennsylvania College of Technology)
Social Work

Jensine Boateng
B.S. (University of Cincinnati)
Social Work

Jodi Lynn Burbick
B.A. (Youngstown State University)
Social Work

Louise Burton Hanson
B.A. (University of Minnesota Duluth)
Social Work

Emily Carlier
B.A., Bachelor's (Capital University)
Social Work

Isabel Rae Chapman
B.A. (Seattle Pacific University)
Social Work

Xi Chen
Bachelor's (Zhejiang University of Media and Communications)
M.S. (Iowa State University)
Social Work

Brina Nichole Collins
B.S.Soc.Work (The Ohio State University)
Social Work

Austin Corpron
B.S.Soc.Work (The Ohio State University)
Social Work

Emma Cousino
B.S.Soc.Work (University of Cincinnati)
Social Work

Cortney Mae Crabtree
B.A. (The Ohio State University)
Social Work

Josephine Rose Dahlinghaus
B.S.Soc.Work (The Ohio State University)
Social Work

Jade A. Davis
B.S.Soc.Work (The Ohio State University)
Social Work

Tiffany Lynn Davis
B.A., B.S. (Wright State University)
Social Work

Dominic Paul Dix
B.A. (University of Maryland)
Social Work

Amber Danielle Dorsey
Bachelor's (Georgia College and State University)
Social Work

Kinsey Brayden Dumbach
B.S.Soc.Work (The Ohio State University)
Social Work

Annie Isabella Durant
B.S. (University of Dayton)
Social Work

Grace Diana Edwards
B.S.Soc.Work (The Ohio State University)
Social Work

Anne Marie Fayen
B.A., M.Educ. (University of Notre Dame)
Social Work

Isaiah Febus
B.S. (University of Cincinnati)
Social Work

Ellen Ferguson
B.A. (Warren Wilson College)
Social Work

Annette Monet Fisher
B.S.Soc.Work (The Ohio State University)
Social Work

Taylor Nicole Frost
B.S. (University of Cincinnati)
Social Work

Shanay Patrice Gaiter
B.S.Soc.Work (The Ohio State University)
Social Work

Sequoia Marie Galbreath
B.S., Bachelor's (Arizona State University)
Social Work

Samantha Marie Garrett
B.S.Soc.Work (The Ohio State University)
Social Work

Meggie Gervasini
B.A., M.A.Teach. (Sacred Heart University)
Social Work

Megan Maxine Gibson
B.S.Soc.Work (Wright State University)
Social Work

Alyssa Marie Gillan
B.S.Soc.Work (The Ohio State University)
Social Work

Julia Marie Glover
B.S.Soc.Work (The Ohio State University)
Social Work

Blair Barry Golson
B.A. (Yale University)
Social Work

Luke Christian Hamrock
B.S. (The Ohio State University)
Social Work

Dashah Denee Harris
B.A. (The Ohio State University)
Social Work

Jolie Elyeese Hopps
B.S.Soc.Work (University of Kentucky)
Social Work

Amani Hughes
B.S.Soc.Work (The Ohio State University)
Social Work

Bethany Jane Jackson
B.S. (Texas A&M University)
Social Work

Kira Johnson
B.S.Soc.Work (The Ohio State University)
Social Work

Uroosa Ibrahim Khan
B.S.Soc.Work (The Ohio State University)
Social Work

Vanessa Anita Kluskowski
B.S. (Walden University)
Social Work

Grace Michelle Knapper
B.A. (The Ohio State University)
Social Work

Hannah Lee Kramer
B.A. (The Ohio State University)
Social Work

Madeline Grace Kukula
B.S.Soc.Work (The Ohio State University)
Social Work

Tamera Nicole Lake
B.S.Soc.Work (The Ohio State University)
Social Work

Andrew Jacob Lehmann
B.A. (University of Dayton)
Social Work

Adree Ana Grace Ley
B.S.Soc.Work (Mount Vernon Nazarene University)
Social Work

Rachel Elaine Lillard-Lewis
B.S.Soc.Work (University of Cincinnati)
Social Work

Yomarlin Lizardo
B.S.Soc.Work (The Ohio State University)
Social Work

Dymond Cashé Mack
B.A. (The Ohio State University)
Social Work

Jesse Matz
B.A. (Yale University)
Social Work

Aaliyah McGill
B.A. (Winston-Salem State University)
Social Work

Erin Jean McKelvin
B.S.Soc.Work (The Ohio State University)
Social Work

Lynn McSheehy
B.S. (Ohio University)
Social Work

Catherine Montes Cervantez
B.S.Soc.Work (The Ohio State University)
Social Work

Jessica Mullet
B.S.Soc.Work (The Ohio State University)
Social Work

Kylin Mackenzie Munoz
B.A. (University of Washington)
Social Work

Morgan Alyssa Myers
B.S.Pub.Hlth. (Mercyhurst University)
Social Work

Jolene Nagel
B.S.Soc.Work (The Ohio State University)
Social Work

Yejeong Nam
B.S.Soc.Work (Soongsil University)
Social Work

Cassandra Oiler
B.A. (Capital University)
Social Work

Hannah Aurora Paquette
B.A. (The Ohio State University)
Social Work

Kody Anthony Perrine
B.A., M.Educ. (Wright State University)
Social Work

Margaret Pfeifer
B.S.Educ. (The Ohio State University)
Social Work

Arin Justine Phillips
B.S.Soc.Work (The Ohio State University)
Social Work

Avishek Prasad
B.A. (California State University, Sacramento)
Social Work

Clayton Cole Richardson
B.A. (The Ohio State University)
Social Work

Riysha Robinson-Lambie
B.A. (Toronto Metropolitan University)
Social Work

Grace Julia Salinas
B.S.Soc.Work (The Ohio State University)
Social Work

Leah Elizabeth Sax
B.S.Hlth.Reh.Sci. (The Ohio State University)
Social Work

Paige Alexandria Schlabach
B.A. (Bowling Green State University)
Social Work

Ariel Therese Sharpe
B.A. (University of Arizona - Global Campus)
Social Work

Kjiersten Smikle-Bailey
B.S.Soc.Work (Oakwood College)
Social Work

Asher Sovereign
B.A. (University of Toledo)
Social Work

Ariel Spicer
Bachelor's (Ohio University)
Social Work

Charis Stanek
B.A. (Oberlin College)
M.A. (University of Chicago)
Social Work

Tierney Elizabeth Stevenson
B.S. (The Ohio State University)
Social Work

Sarah Elizabeth Stewart
B.S.Soc.Work (The Ohio State University)
Social Work

Reilly Elizabeth Sullivan
B.A. (The Ohio State University)
Social Work

Meghann Jane Tatz
B.S.Soc.Work (Arizona State University)
Social Work

Sara Maureen Tilisky
Bachelor's (University of Akron)
Social Work

Makenna Lynn Volquardsen
B.A. (Ohio University)
Social Work

Paige M. Wilcox
B.A. (The Ohio State University)
Social Work

Master of Sports Coaching

Jamie Lee Skelton III
B.S.Educ. (Cleveland State University)
Human Sciences

Yuqi Yan
B.Educ. (Hunan Normal University)
Human Sciences

This program is not an official graduation list.

This printed program lists students who were eligible to graduate for Autumn Semester 2025, as of 5:00 p.m., December 10, 2025, pending the outcome of final examinations and final grades. Therefore, it should not be used to determine a student's academic or degree status. The University's official registry for conferral of degrees is the student's permanent academic record, kept by the Office of the University Registrar, Student Academic Services Building, 281 West Lane Avenue, Columbus, OH 43210-1132.

College of Arts and Sciences

Dean: David G. Horn

Dana Renga, Divisional Dean Arts and Humanities

Susan V. Olesik, Divisional Dean Natural and Mathematical Sciences

Ryan D. King, Divisional Dean Social and Behavioral Sciences

Bachelor of Arts

Aisha Ali Abdi
Nana Yaw Aboagye
Mary Margaret Adams
Hamdi Korane Adan
Siman Mohamed Adeeb
Magna Cum Laude
Abdullahi Aden
Akindeji Samuel Adesokan
Anis Abdullahi Ahmed
Zakaria S. Ahmed
Zamzam Ahmed
Josephine Phyrne Aitken
Summa Cum Laude
Kavya B. Ajjarapu
Asmaa Khaled Al-Ibraheem
Magna Cum Laude
Hafsa Ali
Naagaad Ali
Amara Ominique Allen
Kevin Allen
Davina Orobosa Alphonso
Cum Laude
Koby Amissah-Aggrey
Godswill J. Amusan
Cum Laude
Yoshinori Ando
Dominique Tani Anoh
Leyton James Appleby
Blessing Arimany
Mizan Arum
Cum Laude
Salma Firas Asfour
Umm-Kulsum Ashraf
Isha Fatima Atiq
Summa Cum Laude
Lucas Bacariza
Summa Cum Laude
Rachel Bae
Ruojun Bai
Wanita Bailey
Summa Cum Laude
Czarek John Bak
Salimatou Balde
Cum Laude
Hailey Alexis Baldwin
Jason Alan Baldwin II
Joshua Ryan Balogh
Annatta Baltrunas
Cum Laude
Jaime Barnhill
Cum Laude
Aissatou Barry
Brendon Baughn
Sandy Bautista
Jenna Michelle Beane
Magna Cum Laude
Anna Joy Beck
Magna Cum Laude
with Honors in the Arts and Sciences
Jared Benitez
Emily Paige Berger
Benjamin Hayden Berk
Cum Laude
Jordan Paige Bierlein
Caleb Joshua Blake
Cum Laude
Clarissa Dawn Blatnik
Summa Cum Laude
Carlene Ann Blevins
Magna Cum Laude
Kelsey Blevins
Summa Cum Laude
Georgette Konadu Boachie
Cum Laude
Nana Osei Boadu
Hannah Boggs
Tara Adunni Bond
Max David Borland
Cum Laude
Elissa Grace Bowen
Summa Cum Laude
Colin D. Bowman
Nicole Quinn Bowman
Avery Grace Boyd
John Addison Bradbeer
Irene Bradley
Sean Bramley
Josephine Lisabaeth Todaro Brauning
Emily Marie Breslin
Cum Laude
Eric Matthew Brill
Griffin George Emanuel Brock
Magna Cum Laude
Hannah Alexsandra Brody
Cum Laude
Kyjon C. Bronner-Bridget
Caitlyn Victoria Brooks
Nayilah Mine Brooks-Barber
Ashley Tiffany Brown
Jocelyn Dee Marie Brown
Nadia Angel Brown
Nathaniel Grant Brown
Cum Laude
Nicole Autumn Brown
Cum Laude
Josie Leigh Bugno
Charles Bulger
Daniel Lee Burke II
Livia Louise Burris
Isabelle Burroughs
Jersey Reneé Byington
Magna Cum Laude
Jeremiah Byrd
Cum Laude
Arturo Jacob Calderon
Magna Cum Laude
Mary Michelle Callahan
Alexa Lynn Callitsis
Deayonna ReSean Cambridge
Nicole Elise Camponeschi
Francisco Albeto Caro II
Megan Reiley Cassell
Erik Omar Castillo
Cum Laude
Samuel Russell Casto
Summa Cum Laude
Jarrod Edward Chaidez
Cum Laude
Brianna Lila Chakravarti
Magna Cum Laude
Brianna Chen
Magna Cum Laude
Xinyan Chen
Summa Cum Laude
Hanzhe Chi
Magna Cum Laude
Macayla Rose Childs
Magna Cum Laude
Paree K. Chinary
Cum Laude
Alex Wonyoung Choi
Seth T. Christensen
Darren Allen Christy
Matthew Richard Clutter
Cum Laude
John Robert Cobb
Courtney Anne Cocuzza
Felix Sang-Whan Concepcion
Ryan Aidan Connolly
Dawn E. Cotleur
Cassandra Crawford
Aaron Ray Cron
Summa Cum Laude
Nai Merlita Cudjoe
Julia Grace Cummins
Addison G. Cupka
Summa Cum Laude
Caden Kenseth Curry
Anran Dai
Asia N. Dancy
Jake Leon Danon
Magna Cum Laude
Harker Cemes Davies
Alexandria Christian Davis
Ronnie S. Dawson, Jr.
Nicole Joanne De Lone
Magna Cum Laude
Karina Paige Deere
Katie Louise Del Angel
Stella Rae Del Busso
Cum Laude
Leyency Michelle Delgado Mora
Megan Rose Dendinger
Summa Cum Laude
Jianning Deng
Cum Laude
William DuBay Denk
Magna Cum Laude
Nicolas Bellini Deranek
Cum Laude
Lily Jane DeWitt
Magna Cum Laude
Djnda Dia
Bachir Diane
Norma Diaz-Landaverde
Delaney LaRae DiGeronimo
Cum Laude
Caleb Ira Dilsaver
Ava Gianna DiMasi
Angela Jeaninee Dingman
Ryan Keith Dole
Isabelle Catherine Donahue
Gabriel Kristian Donovan
Yining Du
Magna Cum Laude
Breanna Leigh Dufford
Ethan Douglas Dunkel
Magna Cum Laude
Anirudh Dutta Roy
Oliver T. Dye
Elizabeth Anne Edwards
Magna Cum Laude
Emma Nicole Eggeman
Cum Laude
Caleb John Eicher
Summa Cum Laude
Mya Allison Emmerling
Magna Cum Laude
Hadyn Gabrielle Enriquez
Leslie Ewuradwoa Entsuah
Hannah Gwendolyn Erak
Magna Cum Laude
Anikka Evans
Magna Cum Laude
Brooke Nicole Fabiano
Natalie Fairchild
Summa Cum Laude
Najma Farah
Summa Cum Laude
Luis Angel Favela
Magna Cum Laude
Min Yeshara Feldman
Magna Cum Laude
Jiachang Feng
Daniel Ferguson
John Theodore Ferlmann
Krista Kay Fields
Summa Cum Laude
Aleece Filliater
Cum Laude
Samson George Foster
Charles Fox
Patrick Lawrence Fox
Harrison Frenken
with Research Distinction in Geography
Alexandra Marie Fullerton
Cum Laude
Ojas Aniruddha Gadre
Mandy Marie Gagliardi
Magna Cum Laude
Nicholas Robert Gallo
Summa Cum Laude
Autumn Ann Gamble
Elizabeth Loren Garcia Walton
Summa Cum Laude
Elijah Lee Gardino
Sean Patrick Geraghty
Emily Paige Gerry
Magna Cum Laude
Griffin James Getz
Hiyab Yemane Ghidey
Antonia Gabriela Giacalone
Cum Laude
Elisabeth Violet Giesler
Liam Gregor Gilmore
William Slane Glover
Hailey Allyse Gonce
Kyle Edmond Gossett
Takuma Ryan Goto
Ava Graham
Mariah Gray
Maliyah Greaves
Jane Angelina Greco
Yannan Guo
Magna Cum Laude
Noah Lebsu Habtemariam
Rachel Katharine Hahn
Jullian Marcus Haines-Garcia
Samantha Kayla Halim
Cum Laude
Ashley Hall
Cum Laude
Naysha N. Hampton
Tianze Hao
Abigail Faye Harden
Cum Laude
Corinna Elizabeth Hardin
William Harrison Harkins
Matthew Harnish
Caitlyn Raine Harris
Magna Cum Laude
with Distinction in Theatre
Danielle Lee Hassel
Tanner Hauptman
Feihuan He
Xinrui He
Magna Cum Laude
with Research Distinction in Sociology
Carson James Heck
Catherine Ruth Hejmanowski
Elizabeth Nicole Hernandez
Gloria Graciela Hernandez
Londen Neil Hersh
Mariana Aset Heru
Jaxon Thomas Hetmanski
Rebekah Ann Higley
Cum Laude
Richard Claude Higley III
Noah Orion Hite
Magna Cum Laude
Isabel Rosena Hogue

Aaron Holley
Claudia Alice Holliday
Summa Cum Laude
Evelynn Hood
Magna Cum Laude
Mikaylee Catherine-Geneva Horton
Summa Cum Laude
Kellen Michael Horvath
Summa Cum Laude
Grant Michael Hoyt
Yuhao Hu
Zhihan Hu
Magna Cum Laude
Yarong Huang
Cum Laude
Yujie Huang
Magna Cum Laude
Zeyu Huang
Rhiannon Nicole Hubbard
Camille Katherine Huguley
Magna Cum Laude
Cameron Ranya Hullett
Lauren Michelle Humphries
Magna Cum Laude
Jacob Hutchins
Aimuamwosa Davison Igbinosun
Chika Ito
Kenyatta Jackson, Jr.
Luke David Jackson
Zoe Brianne Jackson
Summa Cum Laude
Abdulrahman Mohamed Jama
Emily Sarah Jaqua
Summa Cum Laude
Kedi Jiang
Magna Cum Laude
Tristan Johnson
Magna Cum Laude
Jillian Nicole Johnston
Magna Cum Laude
Jacob Michael Jones
Jovanna Jourdain
Lauren Elizabeth Justice
Lillian Isabelle Kachurchak
Magna Cum Laude
Fatoumata Kante
Tiffany Jane Kapp
Cum Laude
Rosa Eileen Karl-Chacon
Carson Lyle Kasper
Sumaya Hassan Kassim
Cum Laude
Caleb Daniel Keck
Hannah Elizabeth Kennedy
Magna Cum Laude
Lauren Nicole Kercher
Summa Cum Laude
Kaysha Kershner
Samuel Paul Kessler
Juliana Francisca Kestner
Cum Laude
Danny Kim
Magna Cum Laude
Hajin Kim
Magna Cum Laude
Faith Elizabeth Kirigakure
Andrew Lorenz Kissel
Magna Cum Laude
Kayla Meagan Klautsch
Cum Laude
Macara Kobernuss
Matthew Ryan Koempel
Chad Kollar
Zirui Kong
Summa Cum Laude
Esmelle Claverie Alexandra Konkobo
Nikolaos Athanasios Konstantinopoulos
Cum Laude
Ava Frances Kowalski
Alana Elizabeth Kramer
Magna Cum Laude
Katlin Kroninger
Sarah Rose Landis
Magna Cum Laude
Lauren Olivia Lane
Nicole Marie Lankford
Anh Pham Hai Le
Carolyn Nicole Leigh
Madison Renae Leroy
Cum Laude
Gavin Zachary Levine
Summa Cum Laude
Andrew David Lewis
Magna Cum Laude
Marlene Chanel Lewis
Meredith Lewis
Jiaming Li
Jiayi Li
Cum Laude
Shichen Li
Magna Cum Laude
Yixin Li
Magna Cum Laude
Zhixuan Li
Magna Cum Laude
Shikun Liang
Summa Cum Laude
Lingzhou Liao
Cum Laude
Marlee Sue Liles
Fan Lin
Magna Cum Laude
Terence Lin
Magna Cum Laude
Zihao Lin
Robert Marion Linderman
Robert Link
Kiersten Lippy
Summa Cum Laude
Renlong Liu
Xinping Liu
Summa Cum Laude
Yuhan Liu
Gabrielle Barbara Logelin
Summa Cum Laude
Zhujun Long
Summa Cum Laude
Jacey Brooklyn Longcoy
Anna Elizabeth Lowe
Magna Cum Laude
Qinyuan Lu
Zhenkai Lu
Noah Ryan Luiken
Fatimata Ly
Yifei Lyu
Yuejun Lyu
Summa Cum Laude
Wenyu Ma
Cum Laude
Sophia Madden
Magna Cum Laude
Mia Anastasia Maglio
Magna Cum Laude
Archer Flynn Maguire
Trevor William Mahaffey
Joshua Tan Male
Jiawei Mao
Aliyah Giselle Marché
Cum Laude
Isabella Rose Margolin
Summa Cum Laude
Jennifer Beth Markwood
Dominic Anthony Mazullo
Ashlynn Grace McAlister
Summa Cum Laude
Chase McAlpine
Cum Laude
Breanna Lynn McElwain
Allison Moray McGuigan
Travis Scott McKnight
Mackenzie Isabella McMahon
Summa Cum Laude
Marcus Shae McNaughton
Ellen Marie McPherson
with Honors in the Arts and Sciences
Jorja Suchun Meere
Summa Cum Laude
with Research Distinction in Women's, Gender, and Sexuality Studies
Sean Anders Meinke
Agni Valentina Mendez Rodriguez
Danielle Mendonez
Zichao Meng
William Arthur Joseph Mercier
Morgan Elizabeth Metz
Stephania Margaret Michinock
Magna Cum Laude
Diamond Desiree Miles
Cheyenne Autum Miller
Summa Cum Laude
Seth Miller
Cum Laude
Matthew Kenneth Mlachak
Summa Cum Laude
Landen Adam Garcia Moats
Abigail Francesca Moessner
Marion Abdirahman Mohamed
Salwa Mohamed
Andrew Isaac Molish
Edward Francis Monahan III
Riley Paige Monroe
Raphaella Carla Monroy
Matthew Eugene Montgomery
Robert Montuoro
Maxxten Jay Motter
Athanasios Mouchtaridis
Caitlyn Lauryn Mular
Jacob Tyler Murray
Summa Cum Laude
Violet Anne Klain Musser
Magna Cum Laude
Mary Elizabeth Myers
Magna Cum Laude
Luisa Marie Lintrup Nance
John Francis Nanni
Cum Laude
Sophia Camille Nation
Malvika Navalurkar
Summa Cum Laude
Emma Rose Navratil
Summa Cum Laude
Sarra Meteku Negassi
Alaina Nicole Nelson
with Research Distinction in Psychology
Max Robert Nelson
Magna Cum Laude
Madison Rose Newton
Cum Laude
Phuong Tran To Nguyen
Tim Nickerson
Addy Nolan
Dorothy Anne Nosse
Cum Laude
with Honors in the Arts and Sciences
Caisha Nur
Jordyn Nicole Nutter
Magna Cum Laude
Eli Jeffrey O'Brien
Gavin Storm O'Brien
Cum Laude
William Sullivan O'Hara
Magna Cum Laude
Sebastian Alberto Olmedo
Nicholas Michael Orzo
Summa Cum Laude
with Honors in the Arts and Sciences
Emmanuel Osei Twerefour
Ruhong Ou
Dongxin Ouyang
Magna Cum Laude
Maxwel Owusu Ansah
Michael Chance Oyer
Yanqing Pan
Heather Oheo Park
Cum Laude
Soojung Park
Magna Cum Laude
Kayla Patterson-Griggs
Anna Beaudoin Pavlus
Cum Laude
Bo Peng
Magna Cum Laude
Joanna Perez
Michael Perez
Cum Laude
Sophie Perrine
Megan Ruth Pethtel
Magna Cum Laude
Sophia Helen Petrus
Summa Cum Laude
Carter Petry
Cum Laude
Jared Pettay
Nariana Petty
Max Phan
Piercen Neil Phillips
Thomas John Phillips
Ridge Jeremiah Pickens
Anna Harter Pione
Cum Laude
Nikelle Simone Pledger
Jasen Plets
Magna Cum Laude
Alexis Von Pletz
Cum Laude
Jaxson Foster Poe
Sophia Grace Polo
Jordan Hope Popovsky
Cum Laude
Justin Michael Poteet
Emily Elizabeth Potter
Magna Cum Laude
Michael Paul Prashad
Magna Cum Laude
Grace Marie Price
Paris Gretchen Prichard
Taline Qutub
Melissa Michelle Radey
Cum Laude
Madeline Grace Rager
Joshap Rai
Mahum Rauf
Samantha Jean Rayer
Magna Cum Laude
Darya Anna Rebeta
Magna Cum Laude
Ksena Reed
Summa Cum Laude
Cameron Andrew Reid
Matthew Elliott Reinhold
Anthony Reisman
Cole Anthony Reiter
Zixuan Ren
Nevaeh Repp
Summa Cum Laude
Easton Michael Retzke
Gianna Ricci
Keylon Lashawn Richards
Reid Richter
Sofia Marie Riddle
Jack Kevin Ridge
Aaron Joseph Riley
Cum Laude
Mallory Kathleen Rivard
Isaiah Nathaniel Rivers
Shaine Kelley Robertson
Abigail Grace Robinson
Summa Cum Laude
Jasmine Grace Robinson
Summa Cum Laude
April Nicole Rodriguez
Cum Laude
Makayla Jo Roettger
Sean Kyle Rollofson
Hanna Marie Roseboro
Aniyah Monique Rosemond
Gabriel Ryan Rosenberg
Max Rosenblum
Magna Cum Laude
Forrest S. Rouble
Cum Laude
Anna Marie Ruhl
Morgan Elizabeth Rumpke
May D. Runkle
Jessica Joyce Russell
Kristin Ruttke
James Thomas Ryan
Allison Mary Saghir
Summa Cum Laude
with Honors in the Arts and Sciences
Noah Matthew Saks
Summa Cum Laude
with Honors in the Arts and Sciences

Dana Ahmad Salameh
Revelation Michael Thomas Sanders
Genna Grace Sarraga
Ellis Scanlon-Kimura
Cameron Patrick Schaller
Caroline Shea Schattschneider
Gabriel Max Schechtman
Carter Michael Scheeser
Gabriela Grace Moreira Schmidt
Magna Cum Laude
with Honors in the Arts and Sciences
Derek Andrew Schoch
Bridget Lauren Schumacher
Tyler Michael Schwarber
Cherish Scott
Robert Julius Scott
Keagan Serrano
Cum Laude
Dina Hiten Shah
Cum Laude
Brandon Ashton Shahnazi
Cum Laude
Hongbo Shao
Alexis Lynn Shaver
Summa Cum Laude
Ethan Daniel Sheets
Magna Cum Laude
Jia Shi
Summa Cum Laude
Suwayda Abdi Shire
Zoë Elizabeth Simmons
Tardev Singh
Kayleigh Elizabeth Slifko
Sara Sophia Smith
Madison Elizabeth Sornberger
Tyson Laurenz Spence
Kaylee Savanna Spencer
Kevin Arthur St. Pierre
Alexis Lynnae Stallworth
Mily Donna Stanhope
Summa Cum Laude
Caleb Mark-Allen Stark
Alexander David Stout
Jacob Daniel Streets
Lilly Ayers Strong
Magna Cum Laude
Luke Bova Stuart
Magna Cum Laude
Zachary Anthony Sudal
Xinrui Sun
Zijun Sun
Justina Sung
Summa Cum Laude
Austin Robert Swaney
Michael Patrick Sweeney
Magna Cum Laude
Darren Alexander Swift
Simon C. Szalla
Summa Cum Laude
Mazin Tagelsir
Jiaming Tang
Cum Laude
Shaotong Tang
Cum Laude
Tian Tao
Cum Laude
Lola Rose Taylor
Magna Cum Laude
Matthew Theil
Camden Thiesing
Olivia Grace Tolin
Magna Cum Laude
Madelyn Grace Towle
Amber Fay-Lynn Townsend
Anna Elizabeth Turek
Lorelai Alexandra Turner
Summa Cum Laude
Jacob Twombly
Summa Cum Laude
Kyle Uhlig
Ruhsora Usmanova
Maya Leeann Vahue
Summa Cum Laude
Stephany Nathalie Valencia Palomo
Catherine Van Pilsum
Magna Cum Laude
Arianna Sofia Varvoutis
Zoe Nicole Velez
Grace Lippman Voithofer
Magna Cum Laude
Camron Vonner
Jared D Walker
Lucille D. Wall
Magna Cum Laude
Alaina Grace Wallace
Cum Laude
Nicolaus Steven Walls
Christopher Michel Walters
Summa Cum Laude
Chunzhi Wang
Hanzhang Wang
Michelle Jiayu Wang
Summa Cum Laude
with Honors in the Arts and Sciences
with Honors Research Distinction in History
Yunfeng Wang
Zixuan Wang
Magna Cum Laude
Adam Hunter Ward
Elizabeth Mae Watson
Grace Insem Waz
Cum Laude
Chloe Michelle Webel
Summa Cum Laude
Gavin Michael Weeman
Mackenzie Elizabeth Welsh
Magna Cum Laude
with Honors in the Arts and Sciences
Ran Wen
Magna Cum Laude
Rose L. Whaley
Jack Matthew White
Cum Laude
Madison Brianna Wiedemann
Magna Cum Laude
with Honors in the Arts and Sciences
Gretchen Elizabeth Wilber
Summa Cum Laude
Charles Lawrence Wilkes
Charles Duncan Williams
Luke Williams
Maya Anna Alexis Williams
Cum Laude
Ansley Brooke Wilson
Summa Cum Laude
Lucas Russell Wilson
Justin Tanner Wolfe
James Zavier Wood
Summa Cum Laude
Marianna Morgan Woodruff
Magna Cum Laude
Taylor Woosley
Tefera Melaku Workneh
Ruth Allie Wright Dible
Jiafeng Wu
Rachel Wu
Tianyi Wu
Cum Laude
Yican Wu
Carson Elaine Wyatt
Magna Cum Laude
Wenli Xie
Shuhan Xu
Magna Cum Laude
Xinyu Xu
Summa Cum Laude
Yujing Xu
Cum Laude
Zexi Yang
Nuradin Mohamed Yasin
Zhizhong Ye
Cum Laude
Reece Lillian Youngpeters
Cum Laude
Qien Yu
Junyu Yuan
Seong Min Yun
Isabella Julianna Zavakos
Cum Laude
Boyi Zhang
Cum Laude
Haoyue Zhang
Huixuan Zhang
Magna Cum Laude
Tianyue Zhang
Cum Laude
Wenzhong Zhao
Cum Laude
Zihan Zhao

Bachelor of Arts in Journalism

Nicole Ann DeFabio
Magna Cum Laude
Grace Ann DeRolph
Grace Sigrid Hamor
Cum Laude
Meishan Han
Magna Cum Laude
Lily Mae Pace
Preston Charles Shields
Madison Rayne Wallace
Mckenzie Vanessa Welch

Bachelor of Fine Arts

Hannah Noel Byers
Magna Cum Laude
Zoe Simone Canty
Andrea Nichole Cleveland
Mia Rae Curran
Magna Cum Laude
Josie Rae Farley
Rachel Anne Flash
Magna Cum Laude
Mallory Blossom Fogt
Cum Laude
Andrea Hope Goodes
Cum Laude
Raquel Grace Graziani
Magna Cum Laude
Lillian Cady Hahn
Nicholas Alexander Hissrich
Louise McCartney Hogg
Magna Cum Laude
Leighanne Renee Morrison
Ky D. Smiley
Madison Marie Staten
Magna Cum Laude
Huimin Tang
Summa Cum Laude
with Distinction in Dance
Yiyang Yan

Bachelor of Music

Aidan Caruana Sullivan
Summa Cum Laude

Bachelor of Music Education

Rebecca Ann Dunn
Alexandra Reay Gerckens
Magna Cum Laude
Kayla Francesca Reid
Robert Janiero Schwartz
Charlotte Ruth Stefani
Magna Cum Laude
with Honors in the Arts and Sciences
Aidan Caruana Sullivan
Summa Cum Laude
with Research Distinction in Music Education

Bachelor of Science in Design

Jessica Grace Malony
Magna Cum Laude
with Research Distinction in Visual Communication Design

Bachelor of Science in Atmospheric Sciences

Rachael Taryn Lanham

Bachelor of Science in Geographic Information Sciences

Brody Patrick Donovan
John Carlos Escobedo Maldonado
Edar Noe Garcia
Areebah Jamshed Khan
Tirth Patel
Zachary Showman

Bachelor of Science

Salma Refaat Abu-Saleh
Cum Laude
Leann Alaeldein Abudabos
Cum Laude
Khalid Abdulhakim Abukar
Cum Laude
Yezen Mohammad Abusaleh
Magna Cum Laude
Ava Ann Adams
Cum Laude
Gabriel Adams
Faith Adekusibe Adenle
Cory Adu
Maryan Ahmed
Khalid Mohamed Ali
Nasser Jamal Alsharaiha
Aleena Imran Arif
Summa Cum Laude
with Honors in the Arts and Sciences
Pavika Arora
Natalie Ann Aviles Torres
Anika Shanmuki Ayyalaraju
Ruihan Bai
Chitralekha Basu
Zachary Bryan Beneteau
Eric Stephen Bernhard
Cum Laude
Ishor Bhattarai
Shaun Delaney Blagrave
Savannah Louise Blessing
Michael Harrison Blevins
Alexandra Boes
Summa Cum Laude
Jackson Mark Boes
Summa Cum Laude
Haarika Bondalapati
Cum Laude
Liam Arno Brueck
Thomas Franklin Brunswick
Daniel Lee Burke II
Katelyn Nicole Burns
Reagan Lynn Bush
Summa Cum Laude
Sebastian Ethann Cave
Aaron Bradley Cavinder
Zachary Cosmas Chaney
Hao Chen
Magna Cum Laude
Zixian Chen
Magna Cum Laude
Yuqi Cheng
Summa Cum Laude
Rohan Chirumamilla
Kirti Chopra
Cum Laude
with Honors in the Arts and Sciences
with Honors Research Distinction in Molecular Genetics
Andrew Eric Clark
Magna Cum Laude
Trent Christopher Clayton
Magna Cum Laude
Taylor Coates
Abigail Leigh Cohen
Maura Elizabeth Coiner
Magna Cum Laude
with Honors in the Arts and Sciences

Abraham John Condrich
Cum Laude
Michael Andrew Cook
Gregory Marcos Costa Cuautle
Jaden Patrick Cuffe
Cum Laude
Mary Elizabeth Culver
Summa Cum Laude
Joseph Michael Cummings
Cum Laude
Zaina Mohamed Dahman
Cum Laude
Caleb Grant Dattilo
Summa Cum Laude
Jackson Daumeyer
Mark DeLeo
Cum Laude
Rhose Cellah Dasalla Demarest
Summa Cum Laude
with Research Distinction
Steven Dempsey
Isabel Ann Denegar
Mallory Anne Dietrich
Rachel Ding
Summa Cum Laude
with Honors in the Arts and Sciences
Xinyu Dong
Magna Cum Laude
Devin William Donich
Cum Laude
with Honors in the Arts and Sciences
Timothy David Donnelly
Summa Cum Laude
Xin Duan
Cum Laude
Eliza Marie Duke
Magna Cum Laude
Ryan Michael Durbin
Magna Cum Laude
Katelyn Renee East
Magna Cum Laude
Andrea Marie Edge
Mia Adelle Eleid
Magna Cum Laude
with Honors in the Arts and Sciences
Dalia Fabb-Soto
Magna Cum Laude
Ozichi Adaoma Fah
Weijia Fang
Cum Laude
Anthony Mitchell Fauver
Alexander James Feltham
Andrew Festa
Shea Elizabeth Finger
Summa Cum Laude
Nicholas Brian Folwarczny
Cum Laude
Devon Riley Ford
Cum Laude
Chloe Anne Forrest
Jadzia Daniece Forté
Breanna Yaa Fosu
Ivan Maheul Fotie Wopiwo
Magna Cum Laude
Tyler Gideon Fritz
Shourjo Ganguli
Summa Cum Laude
Conner Ian Gayagoy
Magna Cum Laude
Shelby Gearhart
Cum Laude
Mitchell Generson
Guangyuan Geng
Deepesh Giri
Cum Laude
Jacob Michael Gnau
Anna Yi Goecke
Magna Cum Laude
Cyrus Good
Emiley Jayne Gottwald
Kamryn Gries
Gabriel John Griffiths
Magna Cum Laude
Ellen Reese Guddy
Gabriel Guirguis
Abhinav Gunda
Summa Cum Laude
Zimeng Guo
Summa Cum Laude
Zakariya Haji
Lydia J Hanna
Magna Cum Laude
Gregory Tadashi Harrigle
Madalyn Elizabeth Hartley
Magna Cum Laude
Autumn Renee Haynam
Emma Claire Helwagen
Summa Cum Laude
Loghan Patricia Hicks
Amanda Hohenshil
Rachel Morgan Howard
Summa Cum Laude
with Honors in the Arts and Sciences
Peitong Hua
Guanhua Huang
Yating Huang
Magna Cum Laude
Connor Valentino Hughes-Hemsoth
Haashir Idris
Magna Cum Laude
Sarah Imtiaz
Ashraf Islam
Cum Laude
Muhammad Khairie Bin Iswandy
Avi Jain
Sathvik Jami
Summa Cum Laude
with Honors in the Arts and Sciences
Meena Leigh Jayaraman
Edward Ji
Fuge Jia
Magna Cum Laude
Tianhao Jin
Magna Cum Laude
Ethan Anthony Johnson
Cum Laude
Julianne Paige Johnson
Magna Cum Laude
Henry Jones
Cum Laude
Spencer Wesley Jones
Devesh Joshi
Mason Jupinka
Summa Cum Laude
with Research Distinction in Psychology
Morgan Marie Kaiser
Summa Cum Laude
with Honors in the Arts and Sciences
Jacob Seth Kamen
Magna Cum Laude
Spoorthi Malika Kandalai
Evan Thomas Karlich
Cum Laude
Samhit Prabhav Kasichainula
Cum Laude
Hunter David Kellogg
Seth Logan Ketchem
Chaeyeon Kim
Cum Laude
Hwanho Kim
Cum Laude
Keaton Harrison Kinderdine
Cum Laude
Andrew Lyle Kingery
Summa Cum Laude
Cameron Alexander Kiss
Lincoln Shaun Knutson
Cum Laude
with Honors in the Arts and Sciences
Maxwell Fredric Kohmann
Anton Koliadyntsev
Padma Nayana Korsepati
Cum Laude
Zineb Laaouidi
Sean Lach
Joseph Anderson Lagana
Mickayla Merae Lally
Cum Laude
Gianna Terese Laratondo
Briana Eve Lavender
Magna Cum Laude
Lola Lynn Lazar
Summa Cum Laude
Lindsey Marie Lazor
Summa Cum Laude
Jennifer Lee
Magna Cum Laude
Joshua Tanner Leonard
Boyi Li
Haozheng Li
Magna Cum Laude
Luoshi Li
Summa Cum Laude
Shijie Li
Shuo Li
Yuang Li
Yue Li
Magna Cum Laude
ZeJia Li
Magna Cum Laude
Jiayun Liang
Summa Cum Laude
Si Jie Lim
Summa Cum Laude
Po Yi Lin
Molly Lipps-Clase
Cum Laude
Solomon Elijah Lisath
Amanda Liu
Magna Cum Laude
Boya Liu
Magna Cum Laude
Yuxiang Liu
Zhen Liu
Summa Cum Laude
Zhiqiang Liu
Cum Laude
Ziyue Liu
Magna Cum Laude
Luna Celeste Lococo
Magna Cum Laude
Yuheng Long
Cum Laude
Kristian Lopez
Sophia Marie Louder
Cum Laude
Kendal Ryen Loy
Cum Laude
Hao Luo
Shaojia Ma
Cum Laude
Benjamin Russell Madden
Archer Flynn Maguire
Rachel Maier
Magna Cum Laude
Aaryan Bhavesh Makavana
Charlotte Mae Maliborski
Magna Cum Laude
Ibtehal Jassim Malih Altaai
Noelle Marcy
Tara Martos
Jennifer Marie Marvin
Cum Laude
Christopher Masters
Cum Laude
Wilbert Michael Mauser
Magna Cum Laude
with Honors in the Arts and Sciences
Russell Andrew McCune
Madisyn Lea McKay
Christopher Samuel McKenzie
Kyle Meese
Alaina Lauren Mehnert
Boshen Miao
Jessica Jia Miao
Summa Cum Laude
Spencer Michel
Grace Catherine Miller
Emma Mitchell
Julie Mlynek
Lauren Grace Modarelli
Cum Laude
Ramla Abdihakim Mohamed
Nikita Gopal Mohta
Hailey Nicole Moore
Matthew Robert Mori
Cum Laude
Gavin Andrew Morrison
Akshara Murali
Nathaniel Howard Murtaugh
David Narayanan
Summa Cum Laude
with Research Distinction
Johny Neri
Cabrini Isabella Nguyen
Summa Cum Laude
Connor James Nichols
Matthew Allen Nickle
Sabrina Lyn Niezgoda
Nicolas Nizza
Alex Katherine Oberyszyn
Magna Cum Laude
Emmanuella Ofosua Otu-Danquah
Xzavier John Owens
Cum Laude
Lydia Eileen Painter
Julia Elizabeth Palumbo
Magna Cum Laude
Anoushka Mala Panganamamula
Subin Park
Krisha Nirav Patel
Jack Willman Pendleton
Jordan Alanna Perkins
Victoria Alexander Petrova
Summa Cum Laude
with Honors in the Arts and Sciences
Avani Thanh Pham
Summa Cum Laude
Savannah Pinkston
Cum Laude
Samjana Poudel
Divyang Kirankumar Prajapati
Cum Laude
Angela Valentina Provenzano
Magna Cum Laude
Daniel Richard Przybysz
Summa Cum Laude
Zhichun Qian
Matthew Quinones
Summa Cum Laude
Carson Reed
Magna Cum Laude
Evan Alexander Reickert
Cole Forrest Rhodes
Magna Cum Laude
Elizabeth Riehl Roadcap
Pedro Myles Aiden Rodriguez
Magna Cum Laude
Delilah Rodriguez-Revilla
Summa Cum Laude
Nicholas Xavier Rohrs
Megan Anne Rose
Summa Cum Laude
with Honors in the Arts and Sciences
Lughan Ross
Caiden John Ross-Moody
Summa Cum Laude
with Research Distinction in Neuroscience
Emma Abigail Roth
Madison Callie Roth
Cum Laude
Lauren Elizabeth Sandberg
Summa Cum Laude
with Honors in the Arts and Sciences
Carter Anderson Sears
Marco Andrade Seiber
Anqi Shang
Sahana Shankar
Magna Cum Laude
Zhenhao Shao
Kaitlyn Danielle Shaw
Summa Cum Laude
Peiling Shen
Zheyu Shen
Claudia Jane Sherrer
Samuel Michael Shiplett
Magna Cum Laude
Colin Lee Shirkey
Magna Cum Laude
Valerie Eve Simon
Magna Cum Laude
Gabrielle Elizabeth Simpson
Sophia Marie Sims
Cum Laude
with Honors in the Arts and Sciences
with Honors Research Distinction in Neuroscience

Karanvir Singh
Arjoo Sitaula
with Honors in the Arts and Sciences
Aaron Keith Smith II
Eliza Jane Smith
with Research Distinction in Earth Sciences
Isabelle Ann Smith
Ava Lynn Snitzer
Magna Cum Laude
Lauren Irene Snow
Magna Cum Laude
Richdara Sok
Summa Cum Laude
Fatimetou Sow
Cum Laude
Kiersten Spiegel
Cum Laude
with Research Distinction
Skylar Stevenson
Andrea Gale Stewart
Cum Laude
Emma Harper Strickland
Lu-Hung Su
with Research Distinction in Computer and Information Science
Jacob Alexander Subler
Kangxun Sun
Summa Cum Laude
Natalie Ann Swan
Zaarah Fatima Syed
Magna Cum Laude
with Honors in the Arts and Sciences
Ryan Phuc Ta
Mst Tabassum
Cum Laude
Akshay Arun Tallikar
Cum Laude
Maya Tamim
Magna Cum Laude
Daniel Domingo Tcheurekdjian
Hongjie Tian
Magna Cum Laude
Niamh Aine Tomich
Magna Cum Laude
Ryan Matthew Topmiller
Summa Cum Laude
Isabella Triana
Jonathan William Truman
Cum Laude
Kiara Leigh Tu
Summa Cum Laude
with Research Distinction
Anna Lorraine Valentine
Matthew Walker Valerin
Ava Grace Valko
Magna Cum Laude
Robert Conley Vandeborne
Cum Laude
Siddharth Varman
Summa Cum Laude
with Honors in the Arts and Sciences
with Honors Research Distinction in Neuroscience
Kira Barbara PeiXi Vasko
Magna Cum Laude
Trisha Leah Vedula
Katerina Velovski
Summa Cum Laude
Sage Dawson Waehler
Benjamin Richard Wagner
Magna Cum Laude
Dechong Wang
Pengtao Wang
Tina Wang
Summa Cum Laude
Yifei Wang
William Robert Weisenburger
Elijah Kay Welch-Funk
Allison Joyce Westfall
Summa Cum Laude
with Honors in the Arts and Sciences
Merrick Hamilton Willeford
Amanda Tieng Williamson
Summa Cum Laude
Anthony Robert Williamson
Cum Laude
Harrison Carl Wolfhope
Cum Laude
Yemin Wong
Summa Cum Laude
Alexis Kelia Woodford
Lindsay Grace Worrall
Qiaoqiao Wu
Magna Cum Laude
Weiyi Wu
Magna Cum Laude
You Wu
Summa Cum Laude
Yue Wu
Summa Cum Laude
Peyton Martha Wurth
Summa Cum Laude
Ziyin Xia
Cum Laude
Zheng Xiang
Summa Cum Laude
Boyu Xiong
Chang Xu
Magna Cum Laude
JiaCheng Xue
Cum Laude
Junyu Xue
Magna Cum Laude
Zhidan Xue
Cum Laude
Fan Yang
Jessica Yang
Magna Cum Laude
Zhan Yang
Magna Cum Laude
Ziyan Yang
Magna Cum Laude
Jamison Yawn
Sitong Ye
Magna Cum Laude
Yongxin Ye
Magna Cum Laude
Rylee Morningstar Yonkers
Shirou Yu
Magna Cum Laude
Tianle Yu
Hope Isabelle Zagar
Magna Cum Laude
with Honors in the Arts and Sciences
Robert Quinn Zendarski
Chao Zhang
Summa Cum Laude
Feiyang Zhang
Magna Cum Laude
Kaining Zhang
Shuyue Zhang
Cum Laude
Zelin Zhang
Cum Laude
Yuheng Zhou
Magna Cum Laude
Sunye Zhu
Summa Cum Laude
Jiaxinyi Zuo
Magna Cum Laude
Zixuan Zuo
Summa Cum Laude

Associate of Arts

Aisha Abdullahi Abdinur
Emily Elizabeth Adams
David Adjei
Kayleigh Renee Aiken
Rahul Airee
Donovan Lee Albaugh
Semira Sahane Ali
Ashley Camilla Alvarez
Andrew Scott Armrose
Joshua Addi Asare
Rachel Rosalee Barnes
Ian Charles Bates
Lucas Daniel Behne
John Kyle Jennings Beninghof
Brock Berlin
Joseph Daniel Bodzenta
Cum Laude
Kayleigh Boyed
Aiden Bradley Branson
Ashlee Nicole Bringle
Magna Cum Laude
Mya Xin Brown
Zachary Brown
Abigail Rose Browning
Cole Castanien
Cum Laude
Nicholas Joseph Cermelj
Summa Cum Laude
Raymond Chen
Zachary Adam Chetnik
Bailey Marie Coberly
Caden Cole Collins
Carlos Breylan Corchado III
Hailey Paige Crabtree
Magna Cum Laude
Tracy Darius
Delaney Colleen Dawson
Abigail Priscilla Decker
Evan Alexander Delaney
Samuel Jacob Deppen
Magna Cum Laude
Maeve Kathleen Donaldson
Nathan Charles Duda
Javon Michael Eggert
Evan Cedric Ekouevi
Kala Nichole Estes
Joseph Eugene Fadley
Mikiah Michelle Fant
Summa Cum Laude
Mia Triniti Felder
Brooklynn Noel Fender
Cum Laude
Olivia Finfgeld
Garrett Michael Fitzpatrick
Cole Alexander Flanagan
Devan Carol Foster
Grant Gabriel
Christopher Michael Gaewsky
Michael Patrick Gallagher
Cole Gallup
Ashley Dias Galvao
Katherine Gerhart
Makenna Louise Golden
Brian Grayson II
David Joseph Hagge
Dalton Michael Hahn
Summa Cum Laude
Melanie Ann Hall
Eric Thomas Hamilton
John Earl Haynes
Lizzette Hernandez Perez
Sharmarke Hersi
Hannah Garrett Hicks
Karli Ann Hiler
Ahlivia Hockenberry
Lindsay Anne Holliday
Autumn Grace Holt
Tiffany Tram-anh Huynh
Sarah Ismael Ibrahim
Luke Jolin
Fanta O. Kaba
Karson John Kegley
Hannah Kelly
Victoria A. Khodjaeva
Anastasiya Julia Kibbe
Karson David Kimmel
Cum Laude
Kaden Koch
Nikolaos Athanasios Konstantinopoulos
Cum Laude
Debora Mbatudde Kwagala
Chance Large
Marin Elizabeth Ann Lawrence
Charles Elliott Lehigh
Cynthia Paloma Leyvas
J'Lee Monae Long
Magna Cum Laude
Mya Bella Luca
Matthew Michael Lufkin
Hannah Renee Marion
Jillian Lee-Marie Mariotti
Nicholas James Marksbury
Travis Vaughn Martin
Pamela McClain
Ava Reese McCoy
Elizabeth Maureen Mcdermott
Katlynn Bre'yon Merritt-Taylor
Cheyenne Marie Miles
Cum Laude
Aria Adriana Sonle Miller
Dustyn Riley Miller
Hadley Brown Million
Adna Irad Mohamed
Salahuddin Mohammed
Payton Alise Montgomery
Natalie Christina Morocho
Brigette Madison Morris
Veronica Emad Mousa
Cum Laude
Mary Elizabeth Myers
Magna Cum Laude
Emilee Anne Naylor
Magna Cum Laude
Kayla Nguyen
Naomi Summerlee Nichols
Walla S. Noureldin
Alexander L. Oskowski
Alexis Jean Paletta
Magna Cum Laude
Sneh Piyush Patel
Ainsley Darrah Patterson
Brennen Allen Pence
Brian Thomas Perusek
Cum Laude
Josslyn Mickel Peterson
Xavier Oswaldo Pici-Garcia
Christian Michael Porter
Ayden Mathew Posey
Magna Cum Laude
Eli Spencer Pulles
Cum Laude
Jesse Pulsinelli
Magna Cum Laude
Anastasia Mae Carantes Quebatay
Collin Edward Rader
Ameera Nasser Rasoul
Madelyn Jane Reed
William Pearl Reichley
Joshua Allen Rhea
Chloe Ruth Robertson
Abigail Grace Robinson
Summa Cum Laude
Carla Rodriguez Diaz
Brock Michael Rowe
Raymond Maurice Ryzenga
Owen Zachary Sage
Jesica Viviana Saldana
Fatimata Sall
Vanmathi Santhanam
Kinsley Ann Scott
Cory Lane Shields
Summa Cum Laude
Haily Jean Simeral
Kartik Singh
Grace Anne Smith
Magna Cum Laude
Jibreel Smith
Summa Cum Laude
Jordon Daniel Smith
Cum Laude
Annabelle Snipes
Magna Cum Laude
Cooper John Snyder
Cum Laude
Kristoffer Walter Sowell Toney
Ellison MaGee Streno
Magna Cum Laude
Kendall Lee Stuckman
Summa Cum Laude
Isa Suzuki
Cum Laude
Mackenzie Paige Tackett

Zane Christopher Tevis
Nadia Emily Thew
Toby Allen Thomas
Cassandra Ann Triplett
Chanyce De'nae' Turner
Allie Jay Valentine
Colton Allen Walker
Hudson Cruz Wall
Ethan Thomas Weiss
Abegale Renee Weyand
Cum Laude
Kaelin Rylee White
Brennan Josef Wilke
Kapri Elizabeth Wilson
Magna Cum Laude
Saige Elisabeth Wooten
Jaylyn Marie Workman
Magna Cum Laude
Gabrielle Elizabeth Wright
Mary Nicole Yeoman
Summa Cum Laude
Adam Ednan Zaizafoun
Grace Marie Zgola
Zandalee Khaia Zoll
Cum Laude

The Max M. Fisher College of Business

Interim Dean: Aravind Chandrasekaran

Bachelor of Science in Business Administration

Tyler Ackerman
Ethan Thomas Adkins
Dalya Ali Merzah Alajeeli
Abdulrahman Maqbul S Albalawi
Husain J H M Alfoudarii
Christopher Alimo
Mohammad F Aljehany
Cum Laude
Ahmad F A M S Alkandari
Hannah Lynn Allen
Elijah David Alpern
Aleia Mei Alsept
Magna Cum Laude
Alicia Maddie Amsel
Sofia Anand
Zachary Lee Antoniou
Diana Anwer
Karim Atai
Peter Samir Attia
Haopeng Bai
Jolee Louise Baldner
Anne-Grace Bambi
Timothy Spencer Barber
Lorena Vianney Barboza
Adam Isaac Bartlett
Cum Laude
with Honors in Accounting
Gagan Bastola
Erin Marie Bauslaugh
Rico William Beans
Jack David Beitler
Magna Cum Laude
with Honors in Accounting
Aisha Benalla
Nathan William Berning
Alexander Joseph Billow
Alexandrea Jordan Bing
Paige Brianne Boldt
Magna Cum Laude
Ty Oliver Bolte
Annalyce Jaye Bowles
Mara Kathleen Brackman
Magna Cum Laude
Jaelyn Maya Braden
Lukas Maxwell Brown
Joseph William Brucchieri
Summa Cum Laude
Garrin Michael Bunker
Anna Katherine Burns
Caleb David Burns
Samuel Allen Campbell
Magna Cum Laude
Anderson James Cannady
Gianna Rose Cantini
Kinberly Cardona-Guizado
Destiny Carpenter
Chaz Duff Carroll
Nicholas Brian Carter
Cum Laude
Claire Sophia Casey
Cum Laude
Aaron Curtis Cavalier
Deven Chakravarti
Oscar Chapnick
Annabelle Eang Chen
Haohua Chen
Zi Xin Chen
Zurui Chen
Cum Laude
Yijie Cheng
Yuxin Cheng
Magna Cum Laude
Alex Ryan Cherry
Santino Stephen Chiaro
Bernal William Choi
Yijia Chu
Cum Laude
Thomas Sungbin Chun
Ellis James Clark
Trent Christopher Clayton
Magna Cum Laude
Jack Lloyd Considine
Samuel Cowette
Tylar Logan Cox
Charles Stewart Crider
Faith Wenxiang Crist
William Jackson Crosby
Morgan Michelle Crowe
Cum Laude
Evan Clarke D'Herete
Magna Cum Laude
Emerson Quin Davis
Cum Laude
with Honors in Accounting
Joseph Gregory Davis
Blaise Dawson
Cum Laude
Jack Patrick Dawson
Magna Cum Laude
Kiera June DeMatteo
Rahul Desai
Cum Laude
Hanniel Diaz Elizarraga
Cum Laude
with Honors in Accounting
Tyler Michael DiFranco
Magna Cum Laude
Nora Dimitrov
Summa Cum Laude
Hassan M. Dirie
Taylor Lynn Dixon
Thao Do
Nolan Robert Doerring
Noah Matthew Dorsey
Kelley Ann Dreyer
Cum Laude
Adam Marcus Dumbauld
Hai Tan Duong
Magna Cum Laude
Elise Anna Dutt
Magna Cum Laude
Adam Joseph Duvall
Summa Cum Laude
Amber Caitlin Earnest
Marin Erceg
Arthur Dmitrievich Ermakov
Mark Nicholas Eucker
Carter Warren Evans
Jackson Evans
Yichao Fang
Samuel Kane Farmer
Michelle Yelena Fayner
William Joseph Feeley
Isaac Joshua Fensel
Magna Cum Laude
Edison Fetters
Clayton M. Fields
Katherine Augusta Fixler
Corinne Lillian Fleck
Magna Cum Laude
Parker Lane Flinn
Aaron John Florman
Summa Cum Laude
Grayson John Fogel
Rylee Ford
Cum Laude
Brandon Joshua Frasure
Jacob Oliver Frey
Fangyuan Fu
Magna Cum Laude
Zeyu Fu
Cum Laude
Erin Kathleen Gabel
Gianna Murphy Galbreath
Marsel Gataulin
Magna Cum Laude
Casey Benjamin Geissman
Benjamin John Gerich II
Daanish Ghanchi
Trishna Ghimirey
Sarah Rose Gillotti
Alaa Giwelli
Marco Antonio Gomez
Magna Cum Laude
Ana Nisha Goya-Dumaswala
Gabrielle Elizabeth Graff
Aidan Randal Graham
Hunter Graham
Joseph Anthony Grecenuk
Cum Laude
Sydney Gregory de la Providencia
Aidan Andrew Grether
Chenjiayi Gu
Magna Cum Laude
with Honors in Business Administration
Mustafa Aijaz Gundroo
Summa Cum Laude
Derui Guo
Joseph Michael Haas
Evan Michael Hageman
Timothy James Hamblin
Jiayi Han
Magna Cum Laude
Khanh Quoc Hang
Matthew Lee Hartman
Cum Laude
Hibo Shukri Hassan III
Andrew Joseph Haverstick
Magna Cum Laude
Ka'ena J. Hawley
John Earl Haynes
Colton Richard Heery
Christian Jaiden Henry
Addison Laurin Heyob
Summa Cum Laude
with Honors in Accounting
Andrew Jacob Hickey
Magna Cum Laude
Rachel Ann Hill
Cum Laude
Sydney Valentine Hoffman
Summa Cum Laude
Brady Duwell Holcomb
Yifei Hong
Cum Laude
Catherine Ann Horan
Magna Cum Laude
with Honors in Accounting
Laura Halliday Horton
Fiona Rae Hoskins
Magna Cum Laude
Emily Kathryn Hoy
Magna Cum Laude
Willem Jeffrey Hoyles
Magna Cum Laude
Minyi Huang
Sujin Hwang
Ishwarya G. Iyer
Cum Laude
with Honors in Integrated Business and Engineering
Eveline Tong Jiang
Magna Cum Laude
with Honors in Accounting
Raelene Jiang
Summa Cum Laude
Sicheng Jiao
Cum Laude
Pradyot Reddy Jillella
Cum Laude
Collin Wesley Johnson
Michael Dylan Jung
Rosa Eileen Karl-Chacon
Nathaniel Benjamin Karr
Summa Cum Laude
Zahra Gabriel Kazemaini
Cum Laude
Rachel Lynn Kesling
Fuad Khazi Muhamed
Phillip Habeeb Khoury
Summa Cum Laude
Thomas Arthur Kimpton
Colin Alexander King
Dahlia Joyce Kleen
Brian Michael Kniker
Summa Cum Laude
Daniel Alan Knoll
Thomas Joseph Kolody
Yiyi Kong
Cum Laude
Joshua Christopher Korth
Pranava Sri Koyyada
Tyler Aiden Krause
Cum Laude
Joshua Michael Krogh
Collin Lam
Yusef Radwan Lamadanie
Tory Rush Landgraf
Cum Laude
Nicole Theresa Lavelle
Summa Cum Laude
Truc Ngoc Thanh Le
Summa Cum Laude
Stewart Paul Leach
Maximilian D. Lee
Matthew Ross Lehr
Magna Cum Laude
Junxi Lei
Caden Leidich
Hailey Isabell Leung
Aocheng Li
Canxi Li
Jiangxin Li
Shiqi Li
Xiaoduo Li
Cum Laude
Floria Yunfei Liu
Jinyu Liu
Nihan Liu
Cum Laude
Xinran Liu
Summa Cum Laude
Lukas Daniel Locker
Summa Cum Laude
Aiden Thomas Loeffler
Elizabeth Jane Lombardi
Summa Cum Laude
Aimee J. Lopez Carrillo
Abigail Losiewicz
Magna Cum Laude
Yimin Lou
Cum Laude
Lucia Lubanovich
Magna Cum Laude
Mingqi Luo
Magna Cum Laude
Daniel Allen Lyner
Summa Cum Laude
Kalise Ryel Mack
Allison Maersch
Summa Cum Laude

Mason Robert Maggs
Mathew Anthony Mahan
Robert William Mangan
Ulises Daniel Martinez-Silva
Aaron Wesley Mason
Kadyn Allen Mathews
Cum Laude
Benjamin Riley Mayer
Cum Laude
Matthew Jacob Mayhan
Magna Cum Laude
Rachel Frances Mazurek
Tyler Marshall McArthur
Zoe Marie McFadden
Magna Cum Laude
Nolan Christopher McGraw
John McKenna
Cum Laude
Jacob William McMillen
James Emanuel Mehallis, Jr.
Nikola Derek Memushaj
Cooper Joshua Mendelow
Summa Cum Laude
Damian Arda Merimee
Magna Cum Laude
Matthew G. Metzger
Cum Laude
Connor Michalski
Christian Michael Milatovich
Jackson Cory Milkanin
Cum Laude
Aaron Joseph Miller
Cum Laude
Ashley Miller
Kevin Patrick Miller
Nicholas James Miller
Cum Laude
Paul Michael Miller
Glenn Joseph Mills
Summa Cum Laude
Tanawar Hossain Mim
Aditya Mittal
Justin Joseph Mollette
Tyler Monroe
Hanna Mary Moore
Taryn Ashtyn Moore
Katherine Adrian Moorhead
Summa Cum Laude
with Honors in Accounting
Sarah Jean Morgan
Matthew Joseph Morsfield
Summa Cum Laude
Liberty Alexis Moyers
Magna Cum Laude
Lakshmi Mullapudi
Cum Laude
Matthew Mullee
Amar-Maliq Ramad Murray
Payton Charles Muth
Cameron Myers
Moriah Myers
Summa Cum Laude
Grant James Mylen
Cum Laude
Loganth Natarajan
Mody Ndiade
Ava Catherine Nguyen
Cum Laude
Julie Kathleen Nichols
Summa Cum Laude
Adam Charles Niese
Summa Cum Laude
Noah Andrew Nilsson
Davis Christopher Norris
Tessa Marie Oedy
Summa Cum Laude
Jovany Adolfo Olguin-Acevedo
Taylor Elizabeth Oliver
Benjamin Connor Olivieri
Milan Janene Oppewall
Summa Cum Laude
Jack Orians
Sarah Katherine Ottesen
Summa Cum Laude
Jay Painter
Magna Cum Laude
Weiyi Pan
Magna Cum Laude
Quinn Edward Parlette
Nidhi Bhaveshkumar Patel
Sayali Salil Patil
Magna Cum Laude
with Honors in Accounting
Alexander Joseph Peak
Cum Laude
Elijah Glenn Pearson
Luciano Vincent Pechota
Xiaoqiao Peng
Justin Todd Perry
Summa Cum Laude
Daniel E. Petrus
Jackson Ryan Pettit
Liem Gabriel Phan
Summa Cum Laude
Jingmin Qu Pinkowitz
Kirsten Marcella Poling
Magna Cum Laude
Connor Patrick Powers
Michael Alexander Radonjich
Cum Laude
Jasmine Jade Ransom
Kyrie Ravenel
Shane Allen David Raver
Logan Xavier Rector
Joseph Roger Rees
Summa Cum Laude
Kiera Reese
Alexander Reis
Cum Laude
Tobias Reynolds
Cum Laude
Kaitlyn Rhoades
Sydney Michelle Richards
Zachary Alan Rieman
Summa Cum Laude
Emma Pauline Rittenhouse
Grace Ann Rittenour
David Andres Rive Vales IV
Sivan Roditi
Patrick Aidan Rosebraugh
Cum Laude
Rachael Marie Ruble
Khaleb James Rykard
Danielle Maelen Sabatino
Lashawn David Samuel
Luke William Sanderson
Lauren Grace Sargent
Jeffrey Paul Sauerland
Luke Alexander Schofield
Magna Cum Laude
Tyler Scholl
Jackson Riley Schoolcraft
Cum Laude
Emma Sophia Schrank
Ian Stuart Schupp
Shahel Abdullah Shahel
Vivan Shandilya
Quin Douglas Shephard
Magna Cum Laude
James Ashley Shepherd
Cum Laude
Zachary Tyler Sherman
Summa Cum Laude
Morgan Grace Shupert
Summa Cum Laude
Samuel Tamaro Siburian
Cum Laude
Maria Ranallo Smialek
Courtney Morgan Smith
Cum Laude
Keatten Roe Smith
Kyle Matthew Smith
Magna Cum Laude
Carter Logan Smyke
Cum Laude
Quintin Snyder
Evan Somos
Magna Cum Laude
Ke Song
Magna Cum Laude
Soham Dharmesh Sorathia
Hunter Bryan Sprankle
Kacy Jean Spratt
Magna Cum Laude
Maxine Lelia Springer
Cum Laude
Justin Shamar Stewart
Paige Elizabeth Stiwald
Cum Laude
Ian Heath Stokell
Cum Laude
Allison Nicole Strassberg
Magna Cum Laude
Erin Michelle Suber
Monica Ann Sullivan
Bryce Alexander Summerville
Brandon Sumner
Angelika-Lili Susanto
Magna Cum Laude
H Lukas Swearingen
Hogan Michael Swenski
Jovanpreet Singh Takhar
Andrew Telepak
Magna Cum Laude
Vienna Sylvia Thai
Trinity Darcel Elyse Jordan Thompson
Dylan Tobe
Cum Laude
Christopher Alan Tompkins
Cum Laude
Lucas Edward Trombley
Cum Laude
Adrian Thomas Tucker
Audrey A. Tyo
Magna Cum Laude
Deno Tzagournis
Nicolai Eiliv Vaagenes
Cum Laude
Pranav Tejas Vallam Suresh
Magna Cum Laude
Ashley Rose Van Scyoc
Matthew Trevor Veydt
Cum Laude
Jenna Nicole Vrabel
Cum Laude
with Honors in Accounting
Emil Vulic
Zineb Wadjinny
Rachel Elizabeth Wahl
Cum Laude
Edward James Walker
Maverick Walker
Jiayi Wang
Magna Cum Laude
Jingqi Wang
Magna Cum Laude
Junqi Wang
Yichun Wang
Cum Laude
Yirong Wang
Summa Cum Laude
Yunhang Wang
Zhaobo Wang
Mary Eileen Ward
Vincent James Warren
William Lucas Warren
Hailey Watson
Aryka Alizabeth Watt
Magna Cum Laude
Reese Allen Weinberg
Logan Matthew Wells
Magna Cum Laude
Mia Welms
Makayla Janae Whitfield
Jacob Robert Wild
John Christian Wilks
Magna Cum Laude
Evan Andrew Wilson
Olivia Katherine Winner
Cum Laude
Chenghan Xia
Weitian Xiang
Brian Andrew Yamokoski
Qiliang Yang
Summa Cum Laude
Shuzhen Yang
Cum Laude
Denis Yasyrev
Magna Cum Laude
Spring Wang Ye
Magna Cum Laude
Ko Hsuan Yen
Magna Cum Laude
Ethan Michael Young
Jason Alvin Young
Magna Cum Laude
Owyn Young
Summa Cum Laude
with Honors in Accounting
Ruochen Yu
Magna Cum Laude
Chao Zhang
Summa Cum Laude
Larry Li Zhang
Sitan Zhang
Cum Laude
Teresa Zhang
Magna Cum Laude
Xiaoyu Zhang
Magna Cum Laude
Xinyue Zhang
Cum Laude
Zihao Zhao
Cum Laude
Adrien Tien Zhong
Magna Cum Laude
Zijie Zhou
Ziyu Zhou
Summa Cum Laude
JiaMin Zhuang
Marco William Zingarelli

College of Dentistry

Dean: Carroll Ann Trotman

Doctor of Dental Surgery

De'Andre Rayshawn Evans
B.S. (Centre College)

Bachelor of Science

Julissa Jaimes
Sulki Sarah Kim
Julie Marie McGowan
Lozan Anwar Omer
Megan Renee Trausch

College of Education and Human Ecology

Dean: Donald B. Pope-Davis

Bachelor of Science in Health Promotion, Nutrition, and Exercise Science

Rees Matthew Bowman
Adam Vincent Gintert
Kyle Everett Mason
Randy Wayne McCloskey
Zachary Marcia Ocasio-Miranda
Abbey Christine Stormer
Anjali Wadhwa

Bachelor of Science in Human Development and Family Science

Shellie Renee Anderson
Olivia Rae Blaine
Kennedy Ruth Camp
Christina C. Cherry
Ava Isabella DeAngelis
Cyron Hicks

Morgan Grace Hubbard
Alyssa J'nae Lawson
Chandlyr Quin Letzelter
Cum Laude
Tywone Elijah Malone
Kerrigan Amelia Morrison
Ella Marie Schroeder
Aiden Henry Schuessler
Shaylie Raye Shear Mucklestone
Magna Cum Laude
Hunter Eric Tegenkamp
Magna Cum Laude
Kaitlan Cira Wade
Savannah Monet Youngholm

Bachelor of Science in Human Ecology

Hajjer Abdallah Ahmed
DeVar G. Anderson
Allen Thomas Case
Amy Chen
Shaun Nicholas Domanick
Aidan Duca
Jaila Ranita Fletcher
Trey Alonzo Gardette
Bhumika Gautam
Trinity Hawley
Cum Laude
Mallory Elizabeth Horton
Megan Marie Hoskins
Alivia Renee Illsley
Mihret Alemayehu Mamo
Addison Mae Miller
Cum Laude
Matthew Mullee
Logan Matthew Mullins
Palmer Nathan Neeld
Joli Papillon
Elliana Park
Rea Nirav Patel
Andrew Thomas Pinkins
Sherrae J.M. Porter
Connor Frost Priest
Spencer Rose
Victor Manuel Salinas
Austin James Seibers
Ilham Shire
Aisha Smith
Anna Elaine Sterling
Cum Laude
Matthew Allen Thornton
Magna Cum Laude
Akemi Von Scherr
Christopher P. Wehrum
Cum Laude
Charles Zinamon

Bachelor of Science in Hospitality Management

Amachukwu Akatobi
Jack Michael Anderson
Magna Cum Laude
Abigail Blackburn
Cum Laude
Dominic Christian Brooks
Sydney Nicolette Critser
Olivia Michelle Fernandez
Jessica Paige Giere
Minyi Huang
Clara McKenzie Love
Jazz Alexis Nevaeh Meacham
Ernest Christopher Robinson
Emma Fayth Rowe
Cum Laude
Scott Henry Schmuck
Magna Cum Laude
Brandy Marie Shupert
Cum Laude
Sabrina Lynn Slattery
Sophia Grace Teaman

Bachelor of Science in Nutrition

Claire Joelle Khoury
Summa Cum Laude
Brooke Alyse Reed
Rachel Elizabeth Simmons
Evan Sugar
Victoria Rosette Susi
Lindsay Victoria Tyrpak
Lauryn Williams
Faith Olivia Yoder
Magna Cum Laude

Bachelor of Science in Education

Joseph Frederick Adler
Summa Cum Laude
Tyler Jeffrey Albright
Summa Cum Laude
Kyla Philip Anderson
Magna Cum Laude
Camden Micheal Barcus
Tyler James Bauer
Cum Laude
Rachel Carly Berkebile
Summa Cum Laude
Ashton Brian Bilow
Jalen Wilson Bobo
Ana Marija Boshkovska
Summa Cum Laude
Jasmine Dianne Boyce
Magna Cum Laude
Kaeden Eric Thomas Boyd
Cum Laude
Chandler Storm Brewer
Summa Cum Laude
Jamison Bulger
Mitchell Carnahan
Ethan Lane Castle
Magna Cum Laude
Katelyn Lee Claar
Cum Laude
Anna Clawson
Cum Laude
Shane Lucas Cohen
Jonathan Conway
Taylor Rose Cottrill
Audrey DeSantis
Jonathan Lee Downs
Cum Laude
Jayden Keith Fielding
Olivia Grace Fife
Olivia Rose Fogle
Magna Cum Laude
Mirann Sienna Gacioch
Cum Laude
Samuel Thomas Garber
Cum Laude
Melani Paige Gardner
Brianna Lynn Geisey
Cum Laude
Ella Rose Giannola
Jazzlynn Anne Goldstein
Leah Renee Hall
Magna Cum Laude
Andrew Thomas Harvey
Sarah Jane Hatch
Taylor Skye Henry
Magna Cum Laude
Alexis Paige Herrmann
Summa Cum Laude
Owen Michael Hoehn
Magna Cum Laude
Robert James Hoffman
Hailey Honeycutt
Boston Anthony Hootman
McKayla Lynn Jellison
Summa Cum Laude
Dana Alan Jilani
Magna Cum Laude
Ciara Rose Kanniard
Robert Troy Kesterson II
Cum Laude
Karson David Kimmel
Cum Laude
Nicholas Dylan Kitay
Cum Laude
Arden Joy La Rose
Sangeun Lee
Summa Cum Laude
Adrianna Amara Lehto
Magna Cum Laude
Travis William Leonard
Christopher Sam Li Ludena
Olivia JoAnn Longhenry
Summa Cum Laude
Jack Edward Lovelock
Summa Cum Laude
Evan Jacob Mayfield
Magna Cum Laude
Allie Elizabeth McAdow
Cum Laude
Carleigh Brooke McGee
Ethan Daniel McQuate
Shelby Makayla Mullins
Erin Price Myers
Bryce Andru Newton
Magna Cum Laude
Makena Lynn Northcutt
Summa Cum Laude
Taylor Anne Orr
Trinity Ann Page
Kayla Parks
Madelyn Nicole Prise
Summa Cum Laude
Molly Evans Pritchard
Cum Laude
Corinne June Puchalski
Summa Cum Laude
Jiayun Qi
Cum Laude
Tiffany Rae Radich
Summa Cum Laude
Ronish Rasaily
Summa Cum Laude
Zachary Wendell Rogers
Amber Renee Roth
Summa Cum Laude
Gabriela Marie Rotolo
Summa Cum Laude
Mikayla Ashley Russ
Summa Cum Laude
Jacob Sabato
Cum Laude
Hagen Michael Schiffer
Magna Cum Laude
Noah Ryan Schnipke
Cum Laude
Kaitlyn Bree Schreffler
Summa Cum Laude
Trevor Austin Schwarber
Kelsey Kathryn Seymour
Magna Cum Laude
Cristian Larnell Shedrick
Henry Hopkins Sheperd
Magna Cum Laude
Yifan Shi
Magna Cum Laude
Patrick William Shirey, Jr.
Cum Laude
Margot Kalina Short
Magna Cum Laude
Nicholas Frederick Shroyer
Elizabeth Marie Sims
Magna Cum Laude
Katelynn Smeltzer
Magna Cum Laude
Autumn Paige Steele
Cum Laude
Emma JoElle Stiverson
Cum Laude
Bailey Anne Stranges
Magna Cum Laude
Alexander Styles
Bruce Thornton
Maximiliano Trejo
Kirklin Troup
Drew Venancio
Rachel Kay Villalobos
Thanh Hoangminh Vo
Finley Martin Voss
Magna Cum Laude
Ryleigh Lynn Warner
Bryan Christophor Williams
Jacob Wiseman
Dalisa Pearl Wright
Ella M. Wrobel
Dongfang Yang
Magna Cum Laude
Elizabeth Yorba
Noah Josef Zananiri
Angela Zhuo
Summa Cum Laude

College of Engineering

Dean: Ayanna Howard

Bachelor of Science in Aerospace Engineering

Richard Patrick Kelly
Magna Cum Laude
Ranga Nathan Rutiser Sundar

Bachelor of Science in Architecture
(Austin E. Knowlton School of Architecture)

Keqi Hu

Bachelor of Science in Aviation

Mohamed Abdi Abdulkadir
Cum Laude
Stephanie Boakye Anokye
Ellie Grace Harper
Magna Cum Laude
Michael Mateo Ayala Jones
Joongwon Kim
Magna Cum Laude
Aurora Aryel Kubalski
Cum Laude
Aaron Matthew MaGinn
Cum Laude
Nathan Miller
Cum Laude
Milo Nguyen
Cum Laude
Zakaria A. Nur
Dhruvi Rakesh Patel
Owen Richard Preisler
Bakhahang Rai
Magna Cum Laude
Schuyler Adam Rathburn

Bachelor of Science in Biomedical Engineering

Asmaa Khaled Al-Ibraheem
Magna Cum Laude
Nina Alexandra Echelmeyer
Magna Cum Laude
Lauren Elizabeth Hawkinson
Magna Cum Laude
Sebastian Martinez Hernandez
Magna Cum Laude
Grace Hannah Rocco
with Research Distinction in Biomedical Engineering
Minoy Hiten Shah

Bachelor of Science in Chemical Engineering

James Y. Ahn
Christian Omar Anguiano Negrete
Summa Cum Laude
Gabriella Elise Basile
Cum Laude
Max Beach
Sydney Becher
Eva Marie Boeckl
Summa Cum Laude
with Honors in Engineering
Luke Thomas Brunswick
Tyler James Clark
Cum Laude
Savannah Lynn Conlin
AJ Derosette
Cum Laude
Ethan Noah Dunaway
Cum Laude
Jayce Fitzpatrick
Cum Laude
Gino Raffaele Gentile
Magna Cum Laude
Stephen Gerstner
Cum Laude
Hannah Skye Gleckler
Summa Cum Laude
Charles Simon Glover
Andreas Philip Griesser
Minji Ha
Jacob Todd Hale
Summa Cum Laude
Yao Huang
Mia Kerstyn Hyme
Summa Cum Laude
Timothy Jeun Sheng Keck
Cum Laude
Blake Geordon Keppler
Magna Cum Laude
Kanrawee Kiratikosolrak
Andrew Lorenz Kissel
Magna Cum Laude
Aaron Michael Krabacher
Summa Cum Laude
Rita Kret
Summa Cum Laude
Annie Katherine Kruse
Magna Cum Laude
with Honors in Integrated Business and Engineering
Julie Lim
Morgan Marie Lindow
Summa Cum Laude
Valeria Aylen Lopez Jimenez
Richa Nitin Mahajan
Summa Cum Laude
with Honors in Integrated Business and Engineering
Matthew James McClure
Morgan A. McCoy
Cum Laude
Blake Alexander McMurray
Cum Laude
Sarah Jean Morgan
Heather Trinity Muselin
Sergio Esteban Negroe
Dolapo Philip Daniel Ogbara
Luke Sunghyun Park
Divya Patel
Summa Cum Laude
with Honors in Integrated Business and Engineering
Justin David Perry
Cum Laude
with Honors in Engineering
Joshua Phillips
Mason Lawrence Pierce
Magna Cum Laude
Sarah Elise Porter
Summa Cum Laude
with Honors in Engineering
Vibha Ramesh
Benjamin Emerson Rigney-Carroll
Jamie Nicole Rodriguez
Trevor Scott Ross
Magna Cum Laude
Tyler Robert Rybarczyk
Magna Cum Laude
Katheryn Cynette Sandy
Daniel Lee Sawdai
Magna Cum Laude
Woorim Seo
Magna Cum Laude
Grace Elizabeth Shaw
Magna Cum Laude
Leo Powell Smith
Magna Cum Laude
Dylan Chase Smothers
Abigail Lynn Spangenberg
Cum Laude
Kera Rose Stroski
Cum Laude
Breanna Marie Tabler
Cum Laude
Jonah Robert Taub
Stone Thomas Thole
Cum Laude
Jess Vanek
Meili Barroso Wahl
Connor Jacob Wallace
Brandon Micheal Williams
Summa Cum Laude

Bachelor of Science in City and Regional Planning *(Austin E. Knowlton School of Architecture)*

Yusra Ahmed
Sophia Augello
Magna Cum Laude
Karina Ann Burck
Magna Cum Laude
with Honors in City and Regional Planning
Carter M. Draudt
Cum Laude
Alexia Nicole Gerber
Magna Cum Laude
Ethan Scott Lemr
Ava G. Meredith
Magna Cum Laude
Gabriela Maranatha Putri Petege
Cum Laude
Isabella Louise Throm
Christopher Gables Wojnar
Magna Cum Laude

Bachelor of Science in Civil Engineering

Alex Rajan Chawla
Cum Laude
Joseph Alan Covac
Cum Laude
Emily Rose Donovan
Jacob Marshall Dwyer
Cum Laude
Shawn Nana Yaw Essilfie
Kajal Reddy Gangumalla
Carolyn Ann Kealey
Michael Joseph Kousa
Peter Anthony Lavdas
Gavin Zachary Levine
Summa Cum Laude
with Honors in Engineering
Liangyu Li
Mason William Morris
Laith Salama
Olivia Claire Scavuzzo
Brendan Alexander Sheehan
Wasim Elias Shomar
Adam Michael Siegel
Taylor Lee Tong
Mitchell Allen Weitz
Steve Dave Lorent Wilson
Noah Ligibel Zak
Joseph David Zarba

Bachelor of Science in Computer Science and Engineering

Ahmed Gafaar Abdelmageed
Summa Cum Laude
Abdullah Abdelmagid
Zakarie Adam Abdi
Adewale-Young Emmanuel Adenle
Cum Laude
Johan Nelson Adjomo-Mvoa
Majed Ahmad
Feras Ahmad Hamed Akileh
Sulaiman Ali S Alsaif
Cum Laude
Benton Amon
Magna Cum Laude
Dominic Christopher Artman
Cum Laude
Kennedy Willow Bevan
Rushi Rohit Bhatt
Cum Laude
Arya Jiten Bhavsar
Summa Cum Laude
Christian McCarthy Blue
Eli Mason Bowden
Cum Laude
Hunter William Bradfield
August Maxwell Bramley
Margarita Igorevna Brokhman
Mark Julius Bundschuh
Magna Cum Laude
David Martin Butz
Cum Laude
Emily Marie Carter
Cum Laude
Shayak Chakrabarti
Magna Cum Laude
Brayden Singh Chawla
Summa Cum Laude
Bangyi Chen
Magna Cum Laude
Jiashuo Cheng
Magna Cum Laude
Tiya Chhajed
Cum Laude
Yi You Chiu
Magna Cum Laude
Paul Sung-Chul Choe
Lauren Elisabeth Clar
Summa Cum Laude
with Honors Research Distinction in Aerospace Engineering
William Elias Click
Summa Cum Laude
Maximilian McCain Cook
Summa Cum Laude
Benjamin James Cox
Evan James Csuhran
Matthew William Dannery
Alara Dasdan
Sankalp Deshmukh
Peter Manning Detrick
Kyle Jeffrey Dietrich
Gary Jikang Ding
Summa Cum Laude
with Honors in Engineering
Lewi Getu Duressa
Summa Cum Laude
Martin Sho Eisenhauer
Summa Cum Laude
Benjamin Nataniel Escobar Alfaro
Zachary John Evans
Cum Laude
Hannah Grace Fergus
Cum Laude
Braeden Fichtner
Magna Cum Laude
Ryan T. Fong
Cum Laude
Reed Phillip Foster
Summa Cum Laude
Jemin Gandhi
Summa Cum Laude
Trevor Marcus Gerald
Magna Cum Laude
Jakob Alan Gerhard
Cum Laude
Arun Ghimire
Cum Laude
Prattyush Giriraj
Magna Cum Laude
Jonathan Minoru Goshima
Summa Cum Laude
Robert Edward Greenslade
Summa Cum Laude
Cen Gu
Cum Laude
Vincent Andre Dimaano Guevarra
Sai Dheeraj Gumpalli
Magna Cum Laude
Riddhi Gupta
Summa Cum Laude
with Honors in Engineering
Michael Joseph Gusev
Cum Laude
Dylan Lee Hall
Omar Abdirahman Hassan
Michael Herring
Summa Cum Laude
Kate Audrey Herz
Summa Cum Laude
Jamal Nur Hussein
Magna Cum Laude
Aaron Huwer
Cum Laude
Philip Vinh Huynh
Hyunsuk Hwang
Akshaya G. Iyer
Summa Cum Laude
with Honors in Integrated Business and Engineering
Layton Jin
Parker Johnson
Magna Cum Laude
Sanaa Ma'at Kamau
Ekumjyot Kaur
Pranav Khetarpal
Summa Cum Laude
Khalil R. Khoury
Zachary Ryan Kornspan
Cum Laude
Lucas Alexander Kronenfeld
Summa Cum Laude
Robert Benjamin Langer
Cum Laude
Carlos Miguel Lawler-Alvarez
Jiahao Li
Jae Young Lim
Cum Laude
Yuxi Lin
Summa Cum Laude
Yilian Liu
Summa Cum Laude
Inesh Reddy Loka
Cum Laude
Kathir Maarikarthykeyan
Summa Cum Laude
Nozomi Mae
Magna Cum Laude
Timothy Michael Marek
Magna Cum Laude
Iram Masood
Nolan Peter McCormick
Magna Cum Laude
Nicholas Ryan McCracken
Summa Cum Laude
Christopher McDevitt
Summa Cum Laude
Sidney Stephen McLean
Magna Cum Laude
Collin Michael Meadows
Cum Laude
Rhea Mehta
Adrian Scott Mendonca
Alex Daniel Mitelman
Cum Laude
Andrew Paul Morrill
Harish Mukkapati
with Research Distinction in Computer Science and Engineering
Vaishnavi Vishwanath Nayak
Magna Cum Laude
with Honors in Engineering

Vannarith Ngoc
Akilesh Nimmagadda
Isaac Theodore Nolan
Magna Cum Laude
Raihan Nurrahman
Sri Ananya Rao Paidipelly
Cum Laude
Saijayshuk Pandrangi
Magna Cum Laude
Sriadhav Parameswaran
Magna Cum Laude
Troy Paschal
Jonathan Michael Pater
Summa Cum Laude
Elijah David Paulman
Magna Cum Laude
Paulus Jason Pedavada
Magna Cum Laude
Zhengyang Peng
Summa Cum Laude
Cameron J. Penix
Gabriel Santiago Petrarca Casale
John Lark Powers
Bryce Putman
Summa Cum Laude
Rolina Yuan Qu
Cum Laude
Balaji Radhakrishnan
Magna Cum Laude
Shashank Raghuraj
Magna Cum Laude
Rahul Vasu Rajaram
Summa Cum Laude
Yashna Rana
Summa Cum Laude
Hudson Bryce Reid
Jack Renner
Summa Cum Laude
Darin A. Renusch
Liam Resnick
Avian Reza
Cum Laude
Shrinithi Rhamarao
Kailash Sastry
Summa Cum Laude
Justin Alexander Schmidt
Magna Cum Laude
Andrew Michael Sfeir
Anirudh Shanker
Magna Cum Laude
Sarim Mohd Siddiqui
Cum Laude
Reuben Wandera Simiyu
Magna Cum Laude
Joshua Michael Sims
Summa Cum Laude
Kshitij Gunjankumar Soni
Seth Stemen
Peter Wei Sung
Magna Cum Laude
Sonam Tamang
Cheng Tang
Magna Cum Laude
Jia Hui Tang
Kylan James Teeples
Cum Laude
Blake Alexander Theis
Summa Cum Laude
Caelum Jae Vo
Magna Cum Laude
Van Vo
Jack Douglas Webb
Magna Cum Laude
Caroline Mei Lan Weisgerber
Andrew Joseph White
William Aidan Whitlatch
Summa Cum Laude
Evan Lucas Wise
Baicheng Wu
Summa Cum Laude
with Honors Research Distinction in Computer Science and Engineering
Zhixian Yan
Evan Yiwei Yang
Summa Cum Laude
Chenxi Zhang
Cum Laude
Eric Letian Zhang
Magna Cum Laude
Jason Zhang
Summa Cum Laude
Jianbo Zhao
Tony Zheng

Bachelor of Science in Electrical and Computer Engineering

Adnan Abdallah
Hamza M. Abdirashid
Abraham Dibu Abera
Sankalp Agrawal
Summa Cum Laude
Mohamad Zharfan Bin Ahmad Luqman
Ali Dhafer A Albakri
Cum Laude
Ahmed Aljumaili
Nasser Jamal Alsharaiha
William Cole Appleton
Kunsh Arora
Dana Ayed
Nathan Timothy Ayer
Elijah Gregory Matthew Basey-Fisher
Michael Vincent Biernacki
Sean Patrick Bischoff
Alexander Joseph Brenneman
Joseph Michael Brooks
Jonathon Michael Brown
Todd Alan Carney, Jr.
Cum Laude
Jerome Carr
Michelle Dung
Cum Laude
Peter Christian Erlenbusch
Joseph Benjamin Fong
Summa Cum Laude
Yibo Gan
Isaac Alexander Gardner
Nathan James-Dean George
Brenden Michael Gordon
Yugank Gyawali
Matthew Joseph Harrington
Sabona Darar Hedato
Jiajian Ji
Brian Dean Kahler
Vikas Kakar
Steven Harry Lakatos
Nkemnkeng Collins Lekeaka
Gabriel Nathan Lemons
Calvin Lim
William Gyoonsung Lim
Danica Sara Lipp
Dylan Amado Manguiat
Jason Thomas McDonald
Sadik A. Mohamed
Blake Hayden Morse
Kyle Martin Moyer
Spencer James Munch
Venkat-Saicharan Akshat Nanduri
Brennan O'Brien
Chloe Oh
Cum Laude
Joseph Michael Oliver
Michael Francis Pansari
Aadinath Yogesh Pathak
Cum Laude
Eric Michael Pattison
Andrew Ryan Petersen
Yury Pozdneev
Elizabeth Sue Reichley
Cum Laude
Cole Allen Rife
Christopher Michael Romanek
Mark P. Rubino
John Saa
Angel Eduardo Sanchez
Summa Cum Laude
Cayden Reed Saunders
Adhrit Singh
Videlle Tinashe Sita
Aidan Clark McAvoy Sivak
Jeremy Staigl
Nolan Bohn Stiles
Aining Sun
Eliseos Pavlos Taiganides
Magna Cum Laude
Amanuel Misael Temesgen
Anurag Thokala
Magna Cum Laude
Michael O. Torto
Cum Laude
Zachary Raymond Walker
Levi Jackson Weber
D'Andre Williams
Joshua James Wolfe
Magna Cum Laude
Solomon Hall Wood
Nicholas Clark Young
Rebecca Elise Young
Summa Cum Laude
Teng Zhang
Cum Laude
John Matthew Zumberger

Bachelor of Science in Engineering Physics

Brandon Thomas Carr
Alamusi He
Magna Cum Laude
Alec David Kingsley
Magna Cum Laude
Parker Vaughan
Summa Cum Laude
Jacob David Vovak

Bachelor of Science in Environmental Engineering

Justin Zachariah Dierling
Kaitlyn Rayne Draudt
Samuel Joseph Gill
Summa Cum Laude
with Honors Research Distinction in Environmental Engineering
Sarah Grace Nauer
Paige Adrienne Stauffer
Cum Laude
Jahan Zia Uddin

Bachelor of Science in Food, Agricultural, and Biological Engineering

Stephanie Agyakoma Aboagye-Mensah
Hadley J. Arch
Ama Molo Baba
Chuhang Lin
Sophia Elizabeth McCrary
Sean Christopher McCutcheon
Matthew Robert Mendak
Magna Cum Laude
Rohan Patel
Sophia Gabriella Perry
Salvatore Andrew Schille
Cum Laude

Bachelor of Science in Industrial and Systems Engineering

Ramy Assaf
Magna Cum Laude
Michelle Lee Bohman
Ivory Chuang
Cum Laude
Zander Blake Clark
Cum Laude
Matthew Timothy Clement
Alissa M. Cuffy
Samuel Patrick Enneking
Kyle Ryan Evans
Derek Han
Karsten Vishwa Hansch
Cum Laude
with Honors in Engineering
Alejandro HernandezRodriguez
Andrew Mark Hohenbrink
Zoe Ann Julian
Jonathan Nkongolo Kalala
Michaela Kenney
Hassan Luden Khan
Ryan Dale Kolesar
Jason Adam Kornbluth
Magna Cum Laude
Jonathon Thomas Lee
Paul Jonghyuk Lee
Nolan John Magensky
Jon Memushaj
Mohd Fareed Suffian Bin Mohd Shahrim
Lawrence Bryce Morales
Aditya Mahendra Nair
Magna Cum Laude
Stephen Owusu Ansah
Sahil Khush Pahouja
Sudhaanshu Polavarapu
Stephanie Ann Raab
Magna Cum Laude
with Honors in Engineering
Morelia M. Sanchez
Francis Minseok Sim
Magna Cum Laude
Michael Joseph Spisak
Logan Nathan Reich Stout
Caroline Dianne Sturgill
Cum Laude
Bruce Swainhart
Ethan Charles Torres Wallace
Cum Laude
Maheen Dorri Zaman

Bachelor of Science in Landscape Architecture
(Austin E. Knowlton School of Architecture)

Broc Bey
Joshua Alexander Kraus

Bachelor of Science in Materials Science and Engineering

Christian Demore Allen
Jennifer Marie Bandsuh
Magna Cum Laude
Sidney Isabelle Brisson
Miranda Nicole Bugos
Yan Cai
Magna Cum Laude
Serina Yuisa Deus
Myles Goliday
Jack Kah-wei Lee
Lauren Quynh Nguyen
Daksh Ashish Patel
Cum Laude
Rocco Carmelo Prolizo
Meredith Lynne Stein
Haochen Yan
Maxwell Geovani Yanes Diehl

Bachelor of Science in Mechanical Engineering

Farah Abdulrahman
with Honors Research Distinction in Mechanical Engineering
Saipradeep Andra
Hunter Philip Baldwin
Micaiah Benjamin Barletta
Magna Cum Laude
Angelina Elizabeth Barone
Kevin Richard Beer
Cum Laude
Madeline Ann Bennett
Reagan Lenz Black
Timothy Jack Bulan
Salvatore Giovanni Buonamici
Magna Cum Laude
Christian James Burghy
Jay Chung
Jacob Matthew Class
Jacob Ryan Conching
Carson McCrea Dickey
Nolan William Dunphy
Graham Alwyn Dawson Finlay
Summa Cum Laude
Colin Green Gagne
Shikha Garg
Cum Laude
Thomas Patton Giles
Summa Cum Laude
Jackson Albert Goecke
Nolan Gundling
Kelsey Marie Heacock
Summa Cum Laude
Nathan Hofstetter
Magna Cum Laude
Emma Elaine Horn
Cum Laude
Elek Englund Kayuha
Silas Englund Kayuha
Cum Laude
Gabriel King
Samuel Rian King
Minseong Ko
Cum Laude
Ryan Joseph Loynes
Summa Cum Laude
Ilkhan Lutfiyev
Jonathan Andrew Lynch
Summa Cum Laude
Quentin Jerel Mallory II
Nico Joseph Marella
Cum Laude
Mason Alan May
Russel Mayeran
Cum Laude
Sean Morgan McCarthy
Cum Laude
Travis Kai Mecklenburg
Magna Cum Laude
Blake Michael Moran
Zachary Charles Morgan
Cum Laude
William Jacob Mosher
Arjun Nair
Cum Laude
Ryan Avery Neubauer
Joseph K. Orr
Magna Cum Laude
Robert Franklin Orr
Summa Cum Laude
Eshwar Pamula
with Honors in Engineering
with Honors Research Distinction in Mechanical Engineering
Jayan Ashvin Patel
Arjun Pathe Ajay
Summa Cum Laude
Brandon Michael Paul
Summa Cum Laude
Thomas Robert Polakowski
Summa Cum Laude
Hunter Pollock
Cum Laude
Dario Nickolas Prescenzi
Cum Laude
Zane Alexander Price
Ethan George Walter Quill
Cum Laude
Kaleb Kefyalew Regassa
Magna Cum Laude
Jacob Robert-Whitfield Rudolph
Summa Cum Laude
Nathaniel Corbin Ruehr
Magna Cum Laude
Costantino Michael Sabatino
Andrew Gerald Sagerman
Thomas Saracene
Isaac Stephen Scheel
Jonah David Shupe
Cum Laude
Ary Sisley Henderson
Cum Laude
Rahul Joshua Srinivas
Nicholas Jon Staigl
Brian Wesley Strickland
David Richard Szoke
Summa Cum Laude
Katelyn Grace Titmas
Christopher Wayne Townsley
Eric Wang
Magna Cum Laude
Braeden Henry Weidlich
Emma Kay Wells
Magna Cum Laude
Hiromu Yamamoto
Andrew William Yates
Magna Cum Laude
Grace Anne York
Ashraf A. Zaouia
with Honors Research Distinction in Mechanical Engineering

Bachelor of Science in Welding Engineering

Abdirasaq Adam Abdullahi
Ian Nicholas Carlisle
Arthur Edward Ito Jones
Erick Rolando Martinez Mejia
Austin Tyler Mills
Christina Ellen Rose
Nicholas Beamer Starling
Tyler Michael Stoltman

College of Food, Agricultural, and Environmental Sciences

Dean: Cathann A. Kress

Bachelor of Science in Agriculture

Jessie Abke
Rylee Morgan Ankeney
Gannon Scott Arnett
Brittney Marie Auker
Maura Lynn Baumer
Cum Laude
Nekoe Danielle Baumgartner
Zachary J. Beier
Kierra Lynn Betts
Nathan K. Boerger
Summa Cum Laude
Cara Lynn Brubaker
Cum Laude
Macy AnnMarie Brunswick
Finnegan Silas Cleary
Tyler Joseph Cobb
Abigail Jane Cornelius
Cum Laude
Jonathan Darapheth
Reine-Bertille Leyo Dingui Epse Yapo
Ryan Henry Dorrell
Noah David Edwards
Cum Laude
Riley David Fackler
Cum Laude
Wesley Leonard Casey Fauver
Evan Robert Flory
Jaela R. Foster
Ryan Christopher Gabriel
Morgan Sheilis George
Caitlyn Renae Goneau
Cum Laude
with Honors Research Distinction in Animal Sciences
Rachel Elizabeth Green
Samuael Berhanu Hagos III
Ashely Michelle Hamby
Olivia Ann Hillman
Cum Laude
with Honors Research Distinction in Animal Sciences
Christopher Bradley Hulbert
Evan Thomas Humphrey
Samuel James Irwin
Sydney Grace Kindrat
Summa Cum Laude
Emma Kristen Kiser
Daniel Bismarck Kishler
Mary Susan Landis
Cum Laude
Melanie Diane Lee
Virginia Lynn Lutz
with Research Distinction in Animal Sciences
Shania Lynn Mays
Starla Lee McCoy
Brady James McCumons
Joshua Tyler McLaughlin
Grace Anne Mellott
Summa Cum Laude
Jasmine Marie Miller
Cum Laude
Hannah Elizabeth Milner
Tabarekallah Mousa
Cum Laude
Hailee Newton
Katrina Morgan Obenauf
Lauren Christine Ousman
Cum Laude
Alexis Parker
Magna Cum Laude
Macy Lauren Perry
Magna Cum Laude
Jordan Hope Popovsky
Cum Laude
Abigail Irene Poppe
Magna Cum Laude
Gabriel Thomas Amadeus Reeves
with Research Distinction in Sustainable Plant Systems
Matthew Christopher Ruff
Cum Laude
Breonna J. Shepherd
Shavonna Simpson
Marielle Jacqueline Ann Smith
Cum Laude
Luke Spracklen
Magna Cum Laude
Isabella Marie Suchan
Cum Laude
Parker Jean Swanton
Cum Laude
with Honors Research Distinction in Animal Sciences
Rylee Anne Thayer
Kent William Thomas
Nathan Layne Van Fleet
Summa Cum Laude
Megha Vemparala
Katelyn Marie Walter
Hanna Marie Warnecke
Magna Cum Laude
Cannon Benton Waters
Zachary Monroe Willoughby-Neal
Aujene Sarai Wilson

Bachelor of Science in Construction Systems Management

Luke Anthony Bazan
Joseph D. Confer
Hunter Alan Fox
Kyla Lynn Gill
Colin J. Guagenti
Samuel Alan Howard
Daniel Rylan Klepser
Mason Alexander Lauricella
Lance John Mast
Cum Laude
Patrick David Miller
Bryce Prater
Zachary Allen Prater
Marinda Marie Rotruck
Summa Cum Laude
William Douglas Sawyer

Bachelor of Science in Environment and Natural Resources
(School of Environment and Natural Resources)

Taylor Lynn Bechtel
Summa Cum Laude
Joshua David Bogniard
Kerianne Barbara Bowyer
Magna Cum Laude
Maureen Bradley
Magna Cum Laude
Lyndy Grace Brambilla
Connor Matthew Celce
Magna Cum Laude
Loong Ga Choi
Jayson Charles Dzurilla
Holly Erickson
Quintessa Ann Hammond
Magna Cum Laude
Andrew Zane Hettinga
Mallika Malhotra
Magna Cum Laude
Jack Patrick Manhoff
Leah Catherine McGlynn
Shaye Alexandra Mehls
Anna Marie Menker
Cum Laude
Vasiliki Maria Nicoloulias
Taylor Marie Olshove
Kunj Pandya
Christopher Charles Patterson
Magna Cum Laude
Mary Grace Raker
Cum Laude
with Research Distinction in Environmental Science
Layla Ramsey-Sapp
with Research Distinction in Environmental Science
Vincente Riccobene
Sophia Renee Rosado-Bravo
Lydia Kay Schiopota
Summa Cum Laude
with Research Distinction in Environmental Science
Ethan David Shaw
Cassandra Grace Stachler
Sierra Ashleigh Steinwert
Arianna Michelle Stockard
Teddy Stoyanov Stoychev
Magna Cum Laude

Jake Owen Tefend
Magna Cum Laude
Sevi Rose Tutuncu
Summa Cum Laude
with Honors in Environment and Natural Resources
Craig Michael Upton
Matthew Augustus Ventouris
Miles Withers

Bachelor of Science in Food Science

Angela L. Burdine

Bachelor of Science in Nutrition

Hannah Marie Foraker

Associate in Applied Science
(Agricultural Technical Institute – Wooster)

Emily Katherine Barnes
Claire Louann Blubaugh
Maxwell Scott Bowers
Garrett Michael Brooks
Brianna Morgan Foster
Nicole A. Fuller
Kendall Ryann Hahn
Thomas Charles Holmes III
Wesley Dale Madison
Cum Laude
Charles David Pafford
Cum Laude
Landen Stephen Paulus
Sawyer Michael Reid
Benjamin Steven Rhoads
Nicole Marie Ruckman
Noah A. Sankar
Magna Cum Laude
Wyatt Aaron Schlauch
Cody Matthew Siferd
Alyssa Tackett
Noah Wiggins
Zachary Lee Zimbardi

Associate of Science
(Agricultural Technical Institute – Wooster)

Selena Cecilia Affleck
Rylee Morgan Ankeney
Raymond Edward Beneker IV
Shannon Joanne Benner
Amanda Marie Boring
Brandon William Cole
Alyssa Jade Erb
Ethan Reed Falkinburg
Magna Cum Laude
Breidyn Flinner
Magna Cum Laude
Sara Elizabeth Govea
Summa Cum Laude
Brieanne Michelle Hagans
Dallas David Harner
Leila Joy Jacox
Caurina Perry Janev
Caleb Eugene Layne
Cum Laude
Jordan Lea Marcum
Molly McGuire
Cum Laude
Charles David Pafford
Cum Laude
Seth Alan Richardson
Madyson Marie Ritz
Joseph Paul Shoup
Magna Cum Laude
Cade Rylan Smith
Faith Smith
Kemp Arthur Stief
Ella Elizabeth Streit
Macy Elizabeth Timmons
Emerson Lee Trapp
Summa Cum Laude
Katelyn Marie Walter
Cambell Jane Warrington
Emma Grace Wells
Laura Elaine Wirtz
Wyatt Walker Wood
Stella Kate Young

Michael E. Moritz College of Law

Dean: Kent H. Barnett

Juris Doctor

Rebecca A. Anderson
B.A. (Columbia University)

Mikhael Zelensky
B.Laws, M.Laws (Moscow State University of M.V. Lomonosov)

Master of Laws

Abdul Carew
B.Laws (Fourah Bay College, University of Sierra Leone)

Patrick Martin George
B.A. B.A (St. Paul's Major College)
B.Laws, M.Phil. (Fourah Bay College, University of Sierra Leone)
LL.M. (University of Pretoria)

Maitree Vimal Joshi
B.Pharm. (Narsee Monjee Institute of Management Studies – Deemed University)
LL.B. (SVKM's Jitendra Chauhan College of Law - University of Mumbai)

Nelson Sinencio Mata Aguilera
B.Laws (Universidad Santa Maria)

Juan I. Olivera
B.Laws (Universidad Nacional del Litoral)
M.Laws (Austral University)

Dayanna Quintero Munoz
B. Laws (Universidad Santo Tomas de Aquino de Villavicencio)

Furkan Saglam
B.Laws (Istanbul Universitesi)

College of Medicine

Dean: Carol R. Bradford

School of Health and Rehabilitation Sciences

Bachelor of Science in Health and Rehabilitation Sciences

Naim Isa Abduljalil
Shaymaa Wathiq Al-Saidi
Nelly Asare bediako
Devante Maurice Barnes
Joseph Carter Bauer
Tahj Amir Beasley
Brynn Ruthann Block
Magna Cum Laude
with Research Distinction in Health Sciences
Olivia Braley
Summa Cum Laude
Emily Carrillo
Abaigael Dawson
Cum Laude
Jesse Haven DeVore
Ava Rose Dow
Magna Cum Laude
Alyssa Marie Eblin
Cum Laude
Tristan James Fleckenstein
Cum Laude
Natalie Anne Funge
Magna Cum Laude
Eliana R. Gabbard
Harlee Genovesi
Magna Cum Laude
Jasmyn Nichole Greene
Parish Jamall Harmon-Roach
Caleigh Holtman
Magna Cum Laude
Tzu-Shuan Huang
Magna Cum Laude
Vansh Jani
Magna Cum Laude
Saadhana Ras Karthik
Daniel Scott Keyes
Cum Laude
Mahmoud Hussien Khalil
Carmen Elizabeth Lamberjack
Summa Cum Laude
Chance Large
Brooklynn Jean Laukhuf
Magna Cum Laude
Mia Lobel
Izabella Marie McBride
Cum Laude
Megan Grace McCarthy
Summa Cum Laude
Chloe Mershimer
Brielle Chrystyna Miller
Julia Jo Miller
Magna Cum Laude
Zoey Katherine Miller
Magna Cum Laude
Carmen Alexis Millette
Cum Laude
Saara Adam Mohamed
Caitlyn Mosholder
Ayoub Waleed Ouhammou
Sydney Ferrall Pack
Jensen Payne
Cum Laude
Jennifer S. Perez
Magna Cum Laude
Carter Petry
Cum Laude
Anjana Poudyel
Xavier Woo Privette
Cum Laude
Nevaeh R. Rash
Joshua Ashton Allan Register
Parker Rieske
Luisa Rodriguez
Michael Charles Roux
Cum Laude
Hodan M. Salad
Alexa Scheinkopf
Ryan Nicole Scheper
Aminata Seck
Danielle Rose Shank
Cum Laude
Laney Grace Shiff
Summa Cum Laude
Rehna Renee Shook
Anna Elizabeth Singh
Cum Laude
Sarah Alexis Snoke
Magna Cum Laude
Reagan Olivia Swihart
Cum Laude
Diane Thomas
Janie Wagner
Cum Laude
Patrick Michael Wilson
Jacquenetta Rose Marie Wimbush
Dillon Edward Zaleski

College of Nursing

Dean: Karen M. Rose

Bachelor of Science in Health and Wellness

Emily Ann Hawk

Bachelor of Science in Nursing

Alix Aboussouan
Summa Cum Laude
Mackenzie Allen
Reina Arey
Kathryn Joy Bailey
Leah Baker
Cum Laude
William John Beatty
Marisa JoAnn Bernhardt
Cum Laude
Angelina Rose Boehringer
Cum Laude
Victoria I. Bretz
Maria Elaine Byler
Larissa Marie Carleton
Jodi Michelle Carter
Alexandra Rose Chaudry
Samantha Sreymao Chheng
Jamie Elizabeth Cline
Ling Ding
Virayaphorn Eng
Shasha Emily Evers
Magna Cum Laude
Taylor Nicole Ford
Angela Jiaoxue Ge
Cum Laude
Morgan Kay Gleadle
Cum Laude
Ashaya Griffin
Wendy Michelle Hills
Jordan Howells
Sophie Caroline Janssen
Magna Cum Laude
Peris Kamau
Karuna Karki
Catherine Diane Keller
Jasmine Nicole Kelly
Cum Laude
Katelyn King
Cum Laude
Kaitlin Nikole Kirwin
Christian Knasel
Kyleigh Kossoudji
Lijuan Luo
Magna Cum Laude
Lauren Elizabeth McMillin
Caitlin Mae Miller
Lauren Milosch
Mykala Monae Newell
Elizabeth Parks
Greta Mae Planck
Maria Isabel Ramos
Parker Emerson Reese
Shannon Clare Reilly
Amanda Dawn Roberts
Afwah Nana Sampah

Jamie Schreffler
Terri Sue Shirer
Morgan Ashley Skeen
Adam C. Smeal
Brianna L. Smith
Cum Laude
Kennedy Staniford
Dagmawit T. Taddese
Megan Elizabeth Trainer
Xinlan Chen Wetherill
Alexsandra Witherspoon
Mengtong Zhang
Qiao Zhang

College of Pharmacy

Dean: Deanna L. Kroetz

Doctor of Pharmacy

George Nicholas Kiriakou
B.S.Pharm.Sci. (The Ohio State University)
Magna Cum Laude

Bachelor of Science in Pharmaceutical Sciences

Morgan McKenzie Buck
with Distinction in Pharmaceutical Sciences
Oliver Richard Bundy
Morgan Alexa Burden
Magna Cum Laude
Catherine Grace Cook
with Distinction in Pharmaceutical Sciences
Jesus Angel Cruz
Katelyn Adele DAmore
Madison Sophia Dunkin
Samantha Catherine Dunlap
Cum Laude
Faith Elizabeth Eden
Layla Ayman Fayed
Magna Cum Laude
Andrew Victor Ferrini
Summa Cum Laude
Kacey Marie Flanagan
Jennifer Flores Gonzales
Fatima Iqbal
Samuel James
Cum Laude
Lauren Vitale Licari
Alyssa Marie Manas
Malak Rifat Moustafa
Helen Marie Murphy
Cum Laude
Megan Murtha
with Distinction in Pharmaceutical Sciences
Anas Hussein Musaimi
Moira Rose O'Shea
Cum Laude
Ridha Rahul Pandey
Cum Laude
Yane Park
Magna Cum Laude
Amy Elice Porter
Kathryn Paige Raver
Summa Cum Laude
Brylinn Kari Tuggle

John Glenn College of Public Affairs

Dean: Trevor L. Brown

Bachelor of Arts

Nicholas William Benson
Magna Cum Laude
Paul Shao-Young Huang
Magna Cum Laude

Bachelor of Science

Karina Ann Burck
Magna Cum Laude with Honors in Public Affairs
Kade Edward Focht
Cum Laude
Zachary Thomas Howes
Cum Laude
Alana Paixao Becker
Summa Cum Laude with Honors in Public Affairs

College of Public Health

Dean: Paula H. Song

Bachelor of Science in Public Health

Mohamed Abdi Abdulkadir
Cum Laude
Evangeline Ayoola Adewuyi
Lyndsey Daum
Mariama Diallo
Ashley Mae Eitmontas
Summa Cum Laude with Honors in Public Health
Salmaan Shabaan Haji
Gabrielle Nicole Irving
Branden Geneva Kappes
Sumaya Abdinur Mohamed
Esmeralda Quarteng-Mensah
Viana Cristina Rodrigues
Cum Laude
Maxwell Ramsey Sfeir
Magna Cum Laude
Febi Tsai
Cum Laude
Maleah Webster
Amari Iman Wilson
Shengyue Yang

College of Social Work

Dean: David A. Jenkins

Bachelor of Science in Social Work

Elizabeth Grace Ansel
Emily Baldridge
Magna Cum Laude
Na'Keya Armony Barrett
Alexus Rose Barry
Cum Laude
Chloe Ciupak
Magna Cum Laude
Sean Clancy
Madison Lynne Colopy
Rachel Elizabeth Converse
Magna Cum Laude
Lauren Elizabeth Ellinger
Summa Cum Laude
Sam Aubrey Finch
Magna Cum Laude
Misty Dawn Friel
Cum Laude
Emma Christine Hagerich
Cum Laude
Huda Mohamed Hassan
Jeffrey Raymond Hutchison
Estrella Jacobsen
Magna Cum Laude
Matthew Jenkins
Maia Kover
Magna Cum Laude
Taylor Jordan Kramer
Anisa Lanjani
Peyton Norene Lohr
Anna Lowenstein
Mackenzie Anne Mantenieks
Clayton Edward Menosky
Magna Cum Laude
Ashaila Irene Moore
Brooklynn Gladys Mulvaine
Cum Laude
Jessica Michelle Rolfe
Summa Cum Laude
Yariel Andres Rosario
Paige Skylar Shane
Cum Laude
Abbigail Renae Shook
Magna Cum Laude
Tori M. Shuman
Nadia B. Solomon
Raven Marie VanHouten
Scotiashia Denise Watkins
Ke'Avonna D. Williams
Malik Tysaun Williams
Kayah Rae Wright
Summa Cum Laude
Mary Nicole Yeoman
Summa Cum Laude

College of Veterinary Medicine

Dean: Rustin M. Moore

Doctor of Veterinary Medicine

Aynnalise Kristeen Moore
B.S. (Kent State University)

Candidates to be Commissioned in the Armed Forces

United States Army

Second Lieutenant
United States Army

Armory
Luke VonHolle

Aviation Corps
Sydney Ferrall Pack

Logistics
Michelle Lee Bohman

Signal Corps
Jacob Sabato

Griffin James Getz
Randy Wayne McCloskey

Second Lieutenant
United States Army Reserves

Salvatore Giovanni Buonamici

Second Lieutenant
United States Army National Guard

Robert Marion Linderman
Solomon Hall Wood

United States Air Force

Second Lieutenant
United States Air Force

Alexander J. Feltham
Nicholas J. Miller
Landen A. Moats
Owen R. Preisler
Jonah D. Shupe

United States Navy

Ensign
United States Navy

Gabriel Michael King

Second Lieutenant
United States Marine Corps

Carolyn Ann Kealey
Grace Marie Price
Marco Andrade Seiber

Graduates with Honors

Criteria for graduating with honors are listed below. Grade-point averages (GPA) are based on the student's penultimate semester.

Summa Cum Laude designates those who earned a 3.9 GPA or better.

Magna Cum Laude designates those who earned a 3.7 GPA or better.

Cum Laude designates those who earned a 3.5 GPA or better.

With Honors in the Arts and Sciences requires successful completion of the Arts and Sciences Honors Contract and graduation with a 3.4 GPA or better.

With Honors in Business/ Accounting requires successful completion of a prescribed honors program of study and graduation with a 3.5 GPA or better.

With Honors in Education and Human Ecology requires successful completion of a prescribed honors program of study and graduation with a 3.4 GPA or better.

With Honors in Engineering requires successful completion of an honors experience contract and graduation with a 3.4 GPA or better.

With Honors in Food, Agricultural, and Environmental Sciences requires successful completion of an honors experience contract and graduation with a 3.4 GPA or better.

With Honors in Medicine denotes successful fulfillment of the College of Medicine Honors Program tenets and a 3.4 cumulative GPA or better.

With Honors in Nursing requires the successful completion of a prescribed honors program of study, completion of research culminating in a thesis and presentation of findings, and graduation with a 3.4 GPA or better.

With Honors in Pharmaceutical Sciences requires successful completion of the BSPS Honors Contract and graduation with a 3.5 GPA or better.

With Honors in Public Affairs requires successful completion of an honors experience contract and graduation with a 3.4 GPA or better.

With Honors in Public Health requires successful completion of a prescribed honors program of study and graduation with a 3.4 GPA or better.

With Honors in Social Work requires successful completion of a prescribed honors program of study and graduation with a 3.4 GPA or better.

With Distinction requires successful completion of an undergraduate thesis and a 3.4 GPA or better.

Summary of Degrees and Certificates

Autumn Semester Commencement — 2025

College	Degree/Certificate	Degree/Cert. Total	Autumn Term 2025 College Total
Graduate School	D.M.A.	3	
	Ph.D.	172	175
	D.N.P.	3	Doctoral
	M.Anml.Sci.	2	
	M.Stdy.Law.	5	
	M.Appl.Neurosci.	2	
	M.A.	51	
	M.B.A.	20	
	M.Bus.Op.Excel.	21	
	M.Clin.Res.	11	
	M.Diet.Ntrn.	7	3
	M.Educ.	1	Professional
	M.Eng.Mgt.	7	
	M.E.N.R.	5	
	M.Global Eng.Ldrshp.	4	
	M.Hum.Res.Mgt.	41	
	M.Land.Arch.	1	
	M.Learn.Tech.	3	
	M.Plnt.Hlth.Mgt.	2	
	M.P.A.	4	
	M.P.A.L.	6	559
	M.P.H.	16	Masters
	M.S.	251	
	M.S.W.	97	
	M.Sprt.Coach	2	
	Cert.Adv.Chem.Knwldge.	1	
	Cert.AI Digital Health	1	
	Cert.Asst.Rehab.Tech.	2	
	Cert.Biomed.Inf.	2	
	Cert.Biostat.	1	
	Cert.Clin.Res.Mgt.	4	32
	Cert.Env.Assmt.	4	Certificates
	Cert.Fed.Pol.Mgt.	1	
	Cert.GIS.Tech.	1	
	Cert.Hlth.Wlns.Coach.	1	
	Cert.Nat.Hist.Mus.Cur.	1	
	Cert.Neuroscience.	4	
	Cert.Nutrit.&Hlth.Promot.	1	
	Cert.Pall.EOL.Care	3	
	Cert.Publ.Mgt.	4	
	Cert.Semicond.Dev.Fabr.	1	769
Arts and Sciences, College of	B.A.	588	
	B.A.Journal.	8	
	B.F.A.	17	
	B.Music	1	
	B.Mus.Educ.	6	
	B.S.Design	1	
	B.S.Atmos.Sci.	1	
	B.S.Geog.Info.Sci.	6	
	B.S.	349	
	A.A.	171	
	Cert.Div.Eq.Incl.	3	1151
Business, Fisher College of	B.S.Bus.Adm.	413	413
Dentistry	D.D.S.	1	
	B.S.	5	6
Education and Human Ecology	B.S.H.P.N.E.S.	7	
	B.S.H.D.F.S.	17	
	B.S.Humn.Ecol.	34	
	B.S.Hsp.Mgt.	16	
	B.S.Nutrition	8	
	B.S.Educ.	108	190
Engineering	B.S.Aero.Eng.	2	
	B.S.Arch.	1	
	B.S.Aviation	14	
	B.S.Biomed.Eng.	6	
	B.S.Chem.Eng.	65	
	B.S.C.R.P.	10	
	B.S.Civ.Eng.	22	
	B.S.Cptr.Sci.Eng.	156	
	B.S.Elec.Cptr.Eng.	80	
	B.S.E.P.	5	
	B.S.Env.Eng.	6	
	B.S.F.A.B.E.	10	
	B.S.I.S.E.	37	
	B.S.Land.Arch.	2	
	B.S.Mat.Sci.Eng.	14	
	B.S.Mech.Eng.	77	
	B.S.Weld.Eng.	8	
	Cert.Manufact.Eng.	5	520
Food, Agricultural, and Environmental Sciences	B.S.Agr.	70	
	B.S.C.S.M.	14	
Environment and Natural Resources, School of	B.S.Env.Nat.Res.	35	
	B.S.Food.Sci.	1	
Agricultural Technical Institute	B.S.Nutrition	1	
	A.A.S.	20	
	A.Science	33	
	Cert.Turfgrss.Eq.Mgr.	1	175
Michael E. Moritz College of Law	J.D.	2	
	M.Laws	7	9
Medicine	B.S.Hlth.Reh.Sci.	65	
Health and Rehabilitation Sciences, School of	Cert.Asst.Rehab.Tech.	3	
	Cert.Usabil.User.Exp.Hlth.	1	69
Nursing	B.S.Hlth.Wllness	1	
	B.S.Nurs.	58	59
Pharmacy	Pharm.D.	1	
	B.S.Pharm.Sci.	27	28
Public Affairs, John Glenn College of	B.A.	2	
	B.S.	4	6
Public Health	B.S.Pub.Hlth.	16	16
Social Work	B.S.Soc.Work	37	37
Veterinary Medicine	D.V.M.	1	1
Total Degrees and Certificates		**3,449**	**3,449**

Total Degrees this Term	(not including certificates)	**3,404**
Total Degrees since 1878	(not including certificates)	**901,859**
Total Degrees during Last Decade	(not including certificates)	**170,703**

The Academic Costume

The colorful ceremonies of The Ohio State University commencements derive from practices originating in the Middle Ages. When European universities were taking form in the 12th and 13th centuries, the scholars were usually clerics, and consequently they adopted costumes similar to those of their monastic orders. Cold halls and drafty buildings called for caps and floor-length capes with attached hoods, and the sobering influence of the church probably resulted in the staid character of the caps and gowns.

As the control of the universities gradually passed from the church, some aspects of the costumes took on brighter hues. Old prints and engravings, however, reveal a strong similarity between the regalia worn in early universities and that of the present day.

In light of our nation's English heritage, academic costume has been in use in the United States since colonial times. To establish a standard of uniformity in regard to the practice, an intercollegiate commission was formed to prepare a code for caps, gowns and hoods that has since been adopted by all academic institutions.

Originally round, the shape of the cap is now the familiar mortarboard square — a shape that, according to ballad folklore, resembles a scholar's book. Legend also has it that the privilege of wearing a cap was the initial right of a freed Roman slave; the academic cap, therefore, has become a sign of the freedom of scholarship. The flowing gown has become symbolic of the democracy of scholarship, for it covers any dress that might indicate rank or social status. The hood, reserved at The Ohio State University for those receiving doctoral and master's degrees, not only indicates the type of degree, but also is lined with the official colors of the university.

The Gown

Bachelor: The bachelor gown is black, full-cut with long pointed sleeves.

Master: The master gown is black, long or short sleeves, with an arc-shaped panel extended for each sleeve.

Doctor: The Ohio State University Doctor of Philosophy, Doctor of Musical Arts, Doctor of Nursing Education, and Doctor of Nursing Practice gown is scarlet with gray velvet panels on the front and three velvet bars on each sleeve. Other doctor gowns are black with velvet panels and bars, the color of which is distinctive of the field of study.

Honors Emblem

The Ohio State University honors emblem is a scarlet and gray tasseled braid (honor cord) worn over the gown. Students eligible for this curricular honor are those graduating *summa cum laude*, *manga cum laude*, and *cum laude*. At the discretion of their college, students graduating with distinction or with honors may also be eligible.

The Hood

Bachelor: Three feet long with a two-inch-wide velvet edging.*

Master: Three and one-half feet long with a three-inch-wide velvet edging.

Doctor: Four feet in length with a five-inch-wide velvet edging and panel at the sides.

The lining of all hoods, which is folded out, bears the official colors of the institution granting the degree. The color of the velvet indicates the field of study.

* Not usually worn by candidates for a degree.

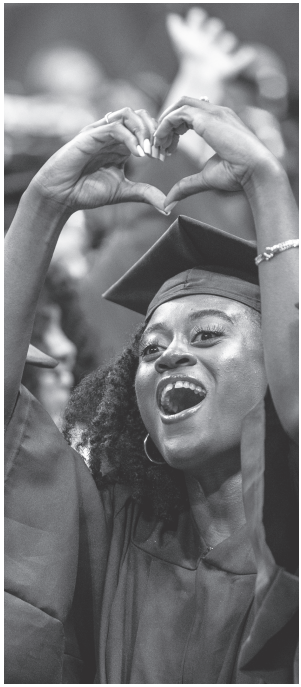
Cap and Tassel

Candidates for degrees at The Ohio State University wear the black mortarboard with a tassel whose color is distinctive of the degree being received. The tassel colors are as follows:

Graduate School (PhD)	Gray
(Others)	Black
College of Arts and Sciences	
BA	White
BA Journalism	Crimson
BAE, BFA	Brown
BM, BME	Pink
BS, BS Design, BS Atmos.Sci., BS Geog.Info.Sci.	White
Fisher College of Business	Drab
College of Dentistry	Lilac
College of Education and Human Ecology	
Education	Light Blue
Human Ecology	Maroon
College of Engineering	Orange
Knowlton School of Architecture	Blue-Violet
College of Food, Agricultural, and Environmental Sciences	Maize
School of Environment and Natural Resources	Blue-Green
Moritz College of Law	Purple
College of Medicine	Green
School of Health and Rehabilitation Sciences	Green
College of Nursing	Apricot
College of Optometry	Seafoam Green
College of Pharmacy	Olive Green
John Glenn College of Public Affairs	Peacock Blue
College of Public Health	Salmon
College of Social Work	Citron
College of Veterinary Medicine	Gray

The gold tassel is worn frequently by those holding the doctoral degree and by college and university administrative officers.





Board of Trustees

(The expiration date of each trustee's term is given in parentheses.)

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Tomislav B. Mitevski (2030)
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Juan Jose Perez (2031)
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Amy Werner Chronis, *charter trustee* (2027)

Jessica A. Eveland, secretary

Photography

Photographs may be taken from the stands at any time during the ceremony. However, only press photographers are permitted on the arena floor. Guests are asked to be courteous and respectful of all those wishing to take photographs.

Complimentary Programs

A limited number of programs are available on a first-come, first-served basis. Requests should be sent to the Office of Commencement and Special Events, 1060 Blankenship Hall, 901 Woody Hayes Drive, Columbus, OH 43210-4016.

The President's Cabinet

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President

Ravi V. Bellamkonda
Executive Vice President and Provost

Ross Bjork
Senior Vice President and
Wolfe Foundation-Eugene Smith
Endowed Athletics Director

JR Blackburn
Chief of Staff, Office of the President

Michael C. Eicher
Senior Vice President for External Affairs
President, The Ohio State University
Foundation

Jessica A. Eveland
Secretary of the Board of Trustees

Anne K. Garcia
Senior Vice President for Legal Affairs
and General Counsel

Katie Hall
Senior Vice President for Talent,
Culture and Human Resources

Chris J. Kabourek
Senior Vice President for
Administration and Planning
Senior Advisor to the President

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Senior Vice President for Business
and Finance and Chief Financial
Officer

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Senior Vice President for Student Life

John J. Warner
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Wexner Medical Center
Executive Vice President
The Ohio State University

Council of Deans

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Dean, Moritz College of Law

Ravi V. Bellamkonda
Executive Vice President and Provost

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Interim Dean, Fisher College of Business

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Dean, College of Arts and Sciences

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Dean, College of Engineering

Damon E. Jaggars
Vice Provost and Dean, University Libraries
Interim Vice Provost for Strategic
Enrollment Management

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Dean, College of Social Work

Norman W. Jones
Vice Provost and Dean,
Undergraduate Education

Cathann A. Kress
Vice President for Agricultural
Administration
Dean, College of Food, Agricultural,
and Environmental Sciences

Deanna L. Kroetz
Dean, College of Pharmacy

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Vice Provost and Dean for
Online Learning

Rustin M. Moore
Dean, College of Veterinary Medicine

Jason M. Opal
Dean and Director, Ohio State
Mansfield

Donald B. Pope-Davis
Dean, College of Education and
Human Ecology

Karen M. Rose
Dean, College of Nursing

Jennifer E. Schlueter
Dean and Director, Ohio State Marion

Matthew J. Smith
Dean and Director, Ohio State Newark

Paula H. Song
Dean, College of Public Health

Mary E. Stromberger
Vice Provost for Graduate Education
Dean, Graduate School

Carroll Ann Trotman
Dean, College of Dentistry

Margaret M. Young
Dean and Director,
Ohio State Lima

Karla Zadnik
Dean, College of Optometry












The Ohio State University



Pomp, circumstance, and other songs of a lifetime

(continued from inside front cover)

I say, rather, the richness of us,
precious difference, the grand multiplicity
of selves that balance this globe
and enable it to spin true. Grandson
of peasant immigrants, I was given

the opportunity to earn a doctorate
in English literature from Ohio State—
because my family labored long nights
around the kitchen table trying to learn
this arduous English. I sat where

you're sitting twenty-six years ago.
Bob Dylan and Smokey Robinson got me
through. Yes, it took a prophet and Miracles!
My son earned an OSU Ph.D. in history.
Now you, graduates, are being honored—

by degrees. We've all come together
around the kitchen table of Ohio State.
Ohio, Round on the ends and high
in the middle. For the years to come
we'll sing together, Beautiful Ohio,

in dreams again I see, Visions of what
used to be. These psalms, sacred thoughts
of our tribes, 78's and 33's, tapes,
CD's—they take up space in shelves
of our skulls, our hearts. They remind us

we want a song beyond the run-
of-the-mill thrill, the moment throbbing
with pleasure or bathed in the blues.
We ache for something grander than
pure selfishness. Songs sung for one

alone are not true music. Arias shared
are music of the spheres, ways of saying
to another something from the soul.
Of course the Buckeye Battle Cry
is there. Drive, drive on down the field,

Men (and women!) of the Scarlet
and Gray. Well, you drove on down
the field, and you drove up and down
the streets, around and around
crowded lots, looking for a place to park,

and you searched our dark, ancient library
for a decent place to study. My wife,
Mary's, father marched in the first
"Script Ohio," in 1936. He's here today
with us, blowing his horn, I can't help

but feel, as is the sweet mother
I lost last year, the one who gave me
the stars. Today's music makes us think
of the debts we owe, and never can repay.
So many of us would not be here

were it not for the lullabyes and songs
of dear parents, their parents, theirs.
Some are here today in the flesh.
Many are not. We mourn them with cadences
of our hearts. Think how many people

sang before us, gave us a name, a voice,
taught us the right words. We must
cherish them by remembering every song.
When we sing to others, we honor
our fathers and mothers, thank them

for this day of profound scarlet and gray
pomp and circumstance. O, come
let's sing Ohio's praise, And songs
to Alma Mater raise. Alma mater.
Ohio State is our sweet, nurturing mother.

We came of age here, with her help.
Well, Mother, we love you, but, like,
it's time we moved out, got a place
of our own. You're standing there,
Mom, gray hair, eyes scarlet

from crying. We won't forget you.
Now, even though this ceremony
means we're being weaned, taken off
the nipple, let's take care to cherish her
all our days. Let's remember

the words to the songs she taught us,
and pass them on. We'll remember
always, Graduation Day. Summer's heat,
and winter's cold, The seasons pass,
the years will roll, Time and change

will surely show How firm thy friendship,
O-hi-O. We call that little number
Carmen Ohio. Carmen means song
in Latin. You've worked hard; she
is your reward; today is your reward.

You're filled to overflowing with
the notes, the poems we've written
together. You know the score.
Continue to work hard for yourselves,
and one another. Find the ones who need

you to sing to, for them, in the world.
Graduates, this joyful litany, this hymn
our ancestors collaborated on with us,
the calling of your name today is music
to our ears. Sing that name proudly

all your days, as if your life depended
on it. It does, you know. It has been
an honor for me to speak—and sing—
to you today. Thank you, graduates,
and, again, Congratulations.

Project Data Sheet for Board of Trustees Approval

East Hospital - Tower - Elevator Renovations

OSU-265016 (REQ ID# WMC240003)

Project Location: East Hospital - Tower (0397)

- **Approval Requested and Amount**

Professional services	$1.7M
Total requested	$1.7M

- **Project Budget**

Professional services	$1.7M
Construction w/contingency	$12.3M
Total project budget	$14.0M

- **Project Funding**
  Auxiliary funds

- **Project Schedule**

BoT professional services approval	12/25
Design	02/26 – 08/26
BoT construction approval	09/26
Construction	10/26 – 12/28
Facility opening	12/28

- **Project Delivery Method**
  Construction Manager at Risk



- **Planning Framework**
  - This project is included in the FY26 Capital Investment Plan and will cash flow over the next two years.

- **Project Scope**
  - This project is a four-phase elevator modernization project at OSU East Tower which will replace all four public elevators sequentially, always maintaining three elevators in service to minimize disruption.
  - Scope includes full replacement of elevator equipment and interior finishes to improve reliability, safety, and user experience.

- **Approval Requested**
  - Approval is requested to enter into professional services contracts.

- **project team**
  University project manager: Jackson, Clay
  AE/design architect: TBD
  CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

East Hospital - Fire Suppression

OSU-220196 (REQ ID# WMC22000001; WMC240001)

Project Location: East Hospital - Main (0398), East Hospital - Tower (0397)



- **Approval Requested and Amount**

Professional services	$0.6M
Construction w/contingency	$6.8M
Total requested	$7.4M

- **Project Budget**

Professional services	$1.4M
Construction w/contingency	$12.2M
Total project budget	$13.6M

- **Project Funding**
  Auxiliary funds

- **Project Schedule**

BoT professional services approval	05/22
Design	10/22 – 06/27
BoT construction approval	11/23
Construction (phased)	05/25 – 06/28
BoT construction approval	12/25
Facility opening	06/28

- **Project Delivery Method**
  Construction Manager at Risk

- **Planning Framework**
  - This project was included in the FY23 Capital Investment Plan with cash flow programmed over several fiscal years.

- **Project Scope**
  - This project will extend the fire suppression system to all non-sprinklered areas of OSU East Hospital bringing the building into compliance.
  - Scope includes the installation of a new fire pump serving the full facility. Work will be phased within occupied hospital areas.
  - This project faced multiple delays and limited contractor interest. Scope and budget have been clarified, resulting in a successful bid with the CMR.

- **Approval Requested**
  - Approval is requested to increase professional services and construction contracts.

- **project team**
  University project manager: Flaherty, Brendan
  AE/design architect: Karpinski Engineering
  CM at Risk or Design Builder: Messer Construction

Project Data Sheet for Board of Trustees Approval

Newton Hall AHU Replacements

OSU-260004 (REQ ID# NURS260002)

Project Location: Newton Hall (0275)



- **Approval Requested and Amount**

Professional services	$3.4M
Construction w/contingency	$8.6M
Total requested	$12.0M

- **Project Budget**

Professional services	$3.4M
Construction w/contingency	$8.6M
Total project budget	$12.0M

- **Project Funding**
  University funds

- **Project Schedule**

BoT professional services approval	12/25
BoT construction approval	12/25
Design	02/26 – 09/26
Construction	09/26 – 05/27

- **Project Delivery Method**
  General Contracting

- **Planning Framework**
  - This project is included in the FY26 Capital Investment Plan.

- **Project Scope**
  - The project addresses deferred maintenance at Newton Hall by replacing aging air handling units (AHUs 1, 5, and 6) in phases to ensure reliable building performance.
  - Work is being coordinated with College of Nursing master planning to align AHU capacities and placement with long-term program growth and facility needs.
  - Additional high-priority electrical and fire safety upgrades are being evaluated for inclusion in the project.

- **Approval Requested**
  - Approval is requested to enter into professional services and construction contracts.

- **project team**
  University project manager: Hyde, Carrie
  AE/design architect: TBD
  CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

VMA - Library Redesign

OSU-260053 (REQ ID#VET260001)

Project Location: Veterinary Medicine Academic (0136)



- **Approval Requested and Amount**

Professional services	$0.7M
Construction w/contingency	$3.8M
Total requested	$4.5M

- **Project Budget**

Professional services	$0.7M
Construction w/contingency	$3.8M
Total project budget	$4.5M

- **Project Funding**
  University funds

- **Project Schedule**

BoT interim approval	09/25
BoT professional services approval	12/25
Design	11/25 – 03/26
BoT construction approval	12/25
Construction	04/26 – 08/26
Facility opening	09/26

- **Project Delivery Method**
  Construction Manager at Risk

- **Planning Framework**
  - Interim board approval to amend the FY26 Capital Plan and to authorize professional services and construction for the project was obtained in September 2025. Per university policy, this action is required to be reported at the next regular meeting.

- **Project Scope**
  - The project will modify 8,300 SF of the second floor of the existing library at the Veterinary Medical Academic Building to create a new classroom & open event space capable of seating an expanded student body.
  - The project will renovate and reduce the library space to accommodate classroom for an occupancy up to 200 individuals.

- **Approval Requested**
  - Approval is requested to amend the FY26 Capital Investment Plan.
  - Approval is requested to enter into professional services and construction contracts.

- **project team**
  University project manager: Munger, Steve
  AE/design architect: TBD
  CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

College Road Rebuild

OSU-250061 (REQ ID# FOD19000122)

*Project Location: **Site-see project information*



- **Approval Requested and Amount**

Construction w/contingency	$0.8M
Total requested	$0.8M

- **Project Budget**

Professional services	$0.8M
Construction w/contingency	$5.5M
Total project budget	$6.3M

- **Project Funding**
  University debt

- **Project Schedule**

BoT professional services approval	08/24
BoT construction approval	08/24
Design	03/25 – 01/26
Construction	06/26 – 02/27
Facility opening	03/27

- **Project Delivery Method**
  General Contracting

- **Planning Framework**
  - This project is included in the FY25 Capital Investment Plan.

- **Project Scope**
  - The proposed increase will be used to restore tunnel infrastructure within the roadway limits.
  - The project will rebuild College Road between 12th Ave and the north edge of the Oval, including hardscape improvements between Page Hall and the Timashev Family Music Building.
  - Utility infrastructure within the limits of the roadway will be replaced.

- **Approval Requested**
  - Approval is requested to increase construction contracts.

- **project team**
  University project manager: Sayer, Dan
  AE/design architect: Korda/Nemeth Engineering
  CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

Dental Simulation Space Modernization

OSU-250312 (REQ ID# DENT240001)

*Project Location: **Site-see project information*

- **Approval Requested and Amount**

Construction w/contingency	$16.0M
Total requested	$16.0M

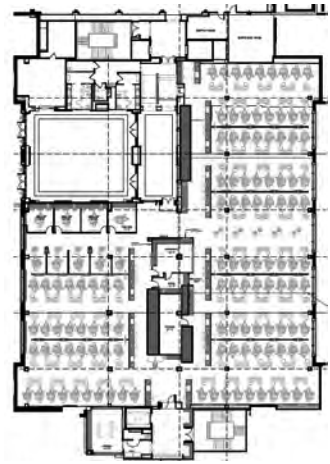
- **Project Budget**

Professional services	$1.4M
Construction w/contingency	$16.0M
Total project budget	$17.4M

- **Project Funding**
  University funds, State funds, University debt

- **Project Schedule**

BoT professional services approval	02/25
Design	06/25 – 02/26
BoT construction approval	12/25
Construction	04/26 – 12/26
Facility opening	01/27



- **Project Delivery Method**
  Construction Manager at Risk

- **Planning Framework**
  - This project is included in the FY25 Capital Investment Plan for Professional Services and FY26 Capital Investment Plan for Construction for a total of $12.0M.
  - The FY26 Capital Investment Plan will be amended to include the remaining $5.4M.

- **Project Scope**
  - The project will build out 16,000 SF of shelled space in the new addition of Postle Hall for a Dental Simulation Lab. Once complete, the lab will simulate a clinical environment for dental and hygiene students.
  - The project scope includes 125 full-size dental chairs, five of which can be utilized for clinics, as well as support space.
  - The project incorporates advanced A/V technology and facility upgrades to deliver high-quality learning environments for students and faculty.

- **Approval Requested**
  - Approval is requested to amend the FY26 Capital Investment Plan.
  - Approval is requested to enter into construction contracts.

- **project team**
  University project manager: Vetrano, Christina
  AE/design architect: DesignGroup
  CM at Risk or Design Builder: Barton Malow

Project Data Sheet for Board of Trustees Approval

Ohio Stadium, WHAC Video Board/Audio Upgrades

OSU-250319 (REQ ID# ABA260006 ABA260011)

Project Location: Ohio Stadium (0082)





- **Approval Requested and Amount**

Construction w/contingency	$6.5M
Total requested	$6.5M

- **Project Budget**

Professional services	$1.7M
Construction w/contingency	$26.8M
Total project budget	$28.5M

- **Project Funding**
  Auxiliary funds, University debt

- **Project Schedule**

BoT professional services approval	05/25
Design	08/25 – 05/26
BoT construction approval	12/25
Construction	02/26 – 07/27
Facility opening	09/27

- **Project Delivery Method**
  Construction Manager at Risk

- **Planning Framework**
  - This project is included in the FY25 Capital Investment Plan.

- **Project Scope**
  - The project will update scoreboard components and audio equipment at Ohio Stadium and Woody Hayes Athletic Center.
  - Approval is requested for procurement and installation of Ohio Stadium north video board replacement, Ohio Stadium east and west ribbon boards, Ohio Stadium B-Deck video boards, WHAC interior and exterior audio replacement and expansion, and WHAC video board replacement. This portion of the overall project will be completed prior to the 2026 season.
  - Approval for the remaining project scope for the Ohio Stadium south video and ribbon boards, Pay Forward Society signage, and audio replacements will be requested at later date for installation prior to the 2027 season.

- **Approval Requested**
  - Approval is requested to enter into construction contracts.

- **project team**
  University project manager: Lytle, Sara
  AE/design architect: Osborn Engineering Company
  CM at Risk or Design Builder: Pepper Construction Co. of Ohio, LLC

Project Data Sheet for Board of Trustees Approval

WMC Outpatient Care Powell

OSU-220880 (REQ ID# WMC229002; WMC240009)

Project Location: Outpatient Care Powell (1046)



- **Approval Requested and Amount**

Construction w/contingency	$4.7M
Total requested	$4.7M

- **Project Budget**

Professional services	$23.0M
Construction w/contingency	$164.7M
Total project budget	$187.7M

- **Project Funding**
  Auxiliary funds

- **Project Schedule**

BoT professional services approval	05/22
Design	06/22 – 09/23
BoT construction approval	02/24
Construction	04/24 – 06/26
Facility opening	08/26

- **Project Delivery Method**
  Construction Manager at Risk

- **Planning Framework**
  - This project was included in the FY23 Capital Investment Plan with cash flow programmed over several fiscal years.
  - Consistent with the strategic plans of the university and Wexner Medical Center to provide medical services within community-based ambulatory facilities.

- **Project Scope**
  - Design and construction of a five-story medical office building and a two-story ambulatory health center which includes imaging, outpatient rehab/PT, endoscopy, and support services.
  - The James added cancer infusion services to the 4th and 5th floors of the facility and work is underway using contingency funds.
  - The proposed funding increase supports an MRI upgrade from 1.5T to 3.0T, and medical and lab equipment for infusion.

- **Approval Requested**
  - Approval is requested to increase construction contracts.

- **project team**
  University project manager: Rice, George
  AE/design architect: DLR Group
  CM at Risk or Design Builder: CK Construction

OSUWMC Adult Level III Trauma Center



Standard 1.1 Administrative Commitment

"In all trauma centers, the institutional governing body, hospital leadership, and medical staff must demonstrate continuous commitment and provide the necessary human and physical resources to properly administer trauma care consistent with the level of verification throughout the verification cycle"

1.1 Administrative Commitment—TYPE I

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, the institutional governing body, hospital leadership, and medical staff must demonstrate continuous commitment and provide the necessary human and physical resources to properly administer trauma care consistent with the level of verification throughout the verification cycle.

Additional Information

Human resources include physicians, registered nurses, advanced practice providers (APPs), physician assistants, coordinators, and so forth.

This standard fully encompasses all staffing needs, physical structures, space allotments, and equipment needed for a trauma center to function optimally.

Measures of Compliance

Documentation that demonstrates compliance, including:

- Hospital Board of Directors (or other administrative governing authority) approval of the establishment of the trauma center at the level specified and of the application for verification
- Commitment to adherence to the standards required for the level of verification
- Commitment to ensuring that the necessary personnel, facilities, and equipment are made available to support adherence to the standards

Resources

None

References

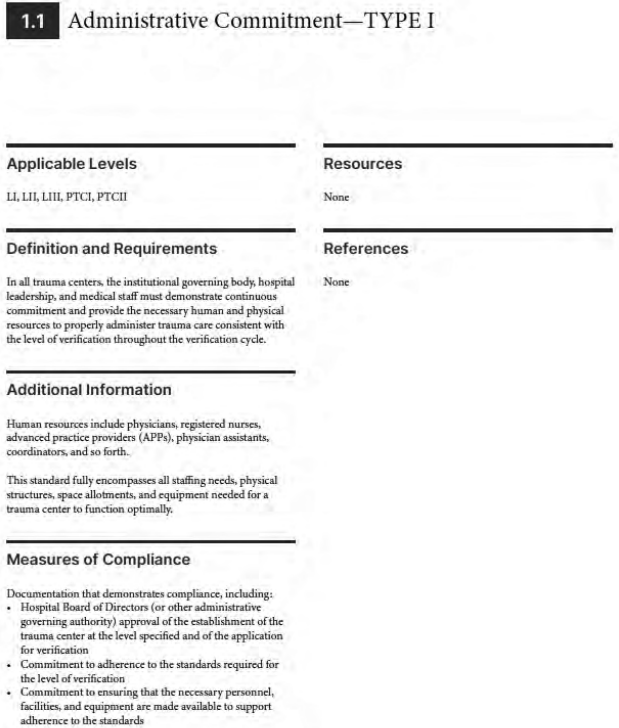
None

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WMC Board Approval Request

Documented Compliance:

- "Hospital Board of Directors (or other administrative governing authority) approval of the establishment of the trauma center at the level specified and of the application for verification"
- "Commitment to adherence to the standards required for the level of verification"
- "Commitment to ensuring that the necessary personnel, facilities, and equipment are made available to support adherence to the standards"



1.1 Administrative Commitment—TYPE I

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Resources

None

Definition and Requirements

In all trauma centers, the institutional governing body, hospital leadership, and medical staff must demonstrate continuous commitment and provide the necessary human and physical resources to properly administer trauma care consistent with the level of verification throughout the verification cycle.

References

None

Additional Information

Human resources include physicians, registered nurses, advanced practice providers (APPs), physician assistants, coordinators, and so forth.

This standard fully encompasses all staffing needs, physical structures, space allotments, and equipment needed for a trauma center to function optimally.

Measures of Compliance

Documentation that demonstrates compliance, including:

- Hospital Board of Directors (or other administrative governing authority) approval of the establishment of the trauma center at the level specified and of the application for verification
- Commitment to adherence to the standards required for the level of verification
- Commitment to ensuring that the necessary personnel, facilities, and equipment are made available to support adherence to the standards

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Joint Bylaws Committee Meeting
University Hospitals and The James

August 21, 2025

Summary of Proposed Amendments

University Hospitals Bylaws

- Proposed changes to 3335-43-04 (Membership) and 3335-43-07 (Categories of the medical staff) describing the required period of active clinical practice from "two" years to "three" to bring in-line with current recredentialing cycles.

- Proposed addition of granting telemedicine privileges by proxy as permitted by Centers for Medicare and Medicaid Services Conditions of Participation and by Joint Commission standards – added at 3335-43-07(K)(11).

University Hospitals Rules and Regulations

- No proposed amendments

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Chapter 3335-43 - *Bylaws of the Medical Staff* of The Ohio State University Hospitals
Updated July 25, 2025

3335-43-01 Medical staff name.

The board of trustees of the Ohio state university, by official action on September 13, 1963, established "the Ohio state university hospitals." In accordance with Chapters 3335-93-01 to 3335-93-03 and 3335-101-04 of the Administrative Code, the Ohio state university Wexner medical center board (herein called Wexner medical center board) has delegated to the medical staff of the Ohio state university hospitals the responsibility to prepare and recommend adoption of these bylaws. "The medical staff of the Ohio state university hospitals" shall be the name of the hospitals' medical staff organization.

(Board approval date: 5/14/2010, 11/7/2014)

3335-43-02 Purpose.

The purpose of the self-governing, democratically organized medical staff, which is accountable to the Ohio state university Wexner medical center board for the quality of care provided to the patients of the Ohio state university hospitals, shall be:

(A) To strive to maintain quality standards of patient care for all patients admitted to the Ohio state university hospitals, consistent with an active teaching environment, realizing that the care and treatment of the individual patient is the medical responsibility of the member of the attending, community affiliate A and community affiliate D medical staff to whose care the patient is admitted or transferred.

(B) To support educational and research programs; elevate and advance the educational standards of our professions, including, but not limited to, pre- and post-M.D. students, nurse students, graduate nurse students, students of the allied medical professions, and students of other health professional colleges; and provide research programs to enhance and advance the educational and patient-care programs.

(C) To provide a means whereby medical problems may be reviewed; policies and procedures discussed; and to provide a means for establishing and maintaining standards of professional, medical and educational performance, organization, and discipline within the medical staff and harmonious cooperation and understanding among the units comprising the Ohio state university hospitals.

(D) To provide service, education and research programs to benefit the mental, physical, and environmental health of the citizens of the state of Ohio; dedicate itself to be responsive to the needs of its patients and to communicate effectively concerning matters of patient care; and encourage dissemination of medical knowledge to health professionals and the public, and conduct research for the prevention and treatment of disease.

(E) To govern medical staff and credentialed practitioners these bylaws are not intended to and shall not create any contractual rights between the Ohio state university Wexner medical center and any practitioner. Any and all contracts of affiliation, association or employment shall control contractual and financial relationships between the Ohio state university Wexner medical center and such practitioners.

(Board approval dates: 6/7/2002, 2/2/2007, 9/19/2008, 4/8/2011, 11/7/2014, 4/6/2018, 8/15/2023)

Chapter 3335-43 - *Bylaws of the Medical Staff* of The Ohio State University Hospitals
Updated August 20, 2024

3335-43-03 Patients.

(A) The continuous care and treatment of individual patients is the medical responsibility of the member of the attending, community affiliate A and community affiliate D medical staff to whose care the patient is admitted or transferred within the Ohio state university hospitals and to licensed health care professionals being granted clinical privileges under these bylaws.

(B) There shall be only one category or classification of patients in the Ohio state university hospitals, and those patients are the private patients of the medical staff under whose care they are admitted. Patients admitted to the Ohio state university hospitals who, at the time of admission, have not requested or selected a member of the medical staff to attend them shall be assigned by the chief of the appropriate clinical division or department or their designees, to a member of the medical staff for their care and treatment.

(C) All patients admitted to the Ohio state university hospitals should cooperate and be an integral part of the teaching program of the college of medicine. Should a patient, or on the behalf of the patient, the patient's representative, refuse to participate or cooperate in the teaching program of the Ohio state university hospitals or the college of medicine, the medical staff member responsible for the care and treatment of the patient will encourage participation in the Ohio state university's teaching programs, but will simultaneously inform patients, or when appropriate, the patient's representative, of their right to refuse participation. Students, including pre- and post-M.D., but not limited thereto, shall be under the direction and control of the members of the medical staff to whom the patient is assigned upon admission to the Ohio state university hospitals or transfer within the Ohio state university hospitals' services. The Ohio state university hospitals respect the patient's right to participate in decisions about his or her care, treatment and services, and further respects the patient's right to refuse care treatment and services, in accordance with law and regulation.

(Board approval dates: 6/7/2002, 2/2/2007, 9/19/2008, 4/8/2011, 11/7/2014, 8/15/2023)

3335-43-04 Membership.

(A) Qualifications.

(1) Membership on the medical staff of the Ohio state university hospitals is a privilege extended to doctors of medicine, osteopathic medicine, dentistry, and to practitioners of psychology and podiatry who consistently meet the qualifications, standards, and requirements set forth in the bylaws, rules and regulations of the medical staff, the Wexner medical center board and the board of trustees of the Ohio state university. Membership on the medical staff is available on an equal opportunity basis without regard to race, color, creed, religion, sexual orientation, national origin, gender, age, handicap, or veteran/military status. Doctors of medicine, osteopathic medicine, dentistry, and practitioners of psychology and podiatry in faculty and administrative positions who desire medical staff membership shall be subject to the same procedures as all other applicants for the medical staff.

(2) All members of the medical staff of the Ohio state university hospitals shall, except as specifically provided in these bylaws, be members of the faculty of the Ohio state university college of medicine, or in the case of dentists, of the Ohio state university college of dentistry. All members, except for physician scholar medical staff, shall be duly licensed or certified to practice in the state of Ohio. Members of the limited staff shall possess a valid training certificate, or an unrestricted license from the applicable state board based on the eligibility criteria defined by that board. All members of the medical staff and limited staff and licensed health care professionals with clinical privileges shall comply with provisions of state law and the regulations of the state medical board or other state licensing board if applicable. Only those physicians, dentists, and practitioners of psychology and podiatry who can document their education, training, experience, competence, adherence to the ethics of their

profession, dedication to educational and research-goals, and ability to work with others with sufficient adequacy to assure the Wexner medical center board and the board of trustees of the Ohio state university that any patient treated by them at university hospitals will be given the high quality of medical care provided at university hospitals, shall be qualified for membership on the medical staff of the Ohio state university hospitals.

All applicants for membership, clinical privileges, and members of the medical staff must provide basic health information to fully demonstrate that the applicant or member has, and maintains, the ability to perform requested clinical privileges. The chief medical officer of the medical center, medical directors, the department chairperson, the credentialing committee, the medical staff administrative committee, the quality and professional affairs committee of the Ohio state university Wexner medical center board, or the Ohio state university Wexner medical center board may initiate and request a physical or mental health evaluation of an applicant or member. Such request shall be in writing to the applicant. All members of the medical staff and licensed health care professionals will comply with medical staff and the Ohio state university policies regarding employee and medical staff health and safety; uncompensated care; and will comply with appropriate administrative directives and policies to avoid disrupting those operations of the Ohio state university hospitals which adversely impact overall patient care or which adversely impact the ability of the Ohio state university hospitals employees or staff to effectively and efficiently fulfill their responsibilities. All members of the medical staff and licensed health care professionals shall agree to comply with bylaws, rules and regulations, and policies and procedures adopted by the medical staff administrative committee and the Wexner medical center board, including but not limited to policies on professionalism, behaviors that undermine a culture of safety. Annual education and training approved by the medical staff administrative committee or as required by the Wexner medical center to meet accreditation standards, federal regulations, or quality and safety goals is required for medical staff members with clinical privileges in addition to conflict of interest disclosure. Medical staff members and licensed health care professionals with clinical privileges must also comply with the university integrity program requirements including but not limited to billing, self-referral, ethical conduct and annual education. Medical staff members and licensed health care professionals with clinical privileges must immediately disclose to the chief medical officer and the department chairperson the occurrence of any of the following events: a licensure action in any state, any malpractice claims filed in any state or an arrest by law enforcement.

(3) All members of the medical staff and credentialed providers must maintain continuous uninterrupted enrollment with all governmental health care programs.

(a) It shall be the duty of all medical staff members and credentialed providers to promptly inform the chief medical officer and the corporate credentialing office of any investigation, action taken, or the initiation of any process which could lead to an action taken by any governmental programs.

(b) Exclusion of any medical staff member or credentialed provider from participation in any federal or state government program or suspension from participation, in whole or part, in any federal or state government reimbursement program, shall result in immediate lapse of membership on the medical staff of the Ohio state university hospitals and the immediate lapse of clinical privileges at the Ohio state university hospitals as of the effective date of the exclusion or suspension. Medical staff members may submit a request to resign their medical staff membership to the Chief Medical Officer in lieu of automatic termination. The resignation in lieu of automatic termination shall be discussed at the next credentialing committee and medical staff administrative committee in order to provide recommendations to the Quality and Professional Affairs Committee of the Wexner Medical Center Board. A final determination should be decided by the Quality and Professional Affairs Committee at its next regular meeting.

(c) If the medical staff member's or credentialed provider's participation in all governmental programs is fully reinstated, the affected medical staff member or credentialed provider shall be eligible to apply for membership and clinical privileges at that time.

(4) An applicant for membership shall at the time of appointment or reappointment, be and remain board certified in his or her primary are of practice at the Ohio state university hospitals. This Board certification must be approved by at least one of the American board of medical specialties, or other applicable certifying boards, including certifying boards if applicable for doctors of osteopathy, podiatry, psychology, and dentistry. All applicants must be and remain certified within the specific areas for which they have requested clinical privileges. Applicants who are not board certified at the time of application but who have completed their residency or fellowship training within the last five years will be eligible for medical staff appointment. However, in order to remain eligible, those applicants must achieve board certification in their primary area of practice within five years from the date of completion of their residency or fellowship training. Applicants must maintain board certification and, to the extent required by the applicable specialty/subspecialty board, satisfy recertification requirements. Recertification will be assessed at reappointment. Failure to meet or maintain board certification shall result in immediate termination of membership on the medical staff of the Ohio state university hospitals.

(5) All applicants must demonstrate recent clinical activity in their primary area of practice during the last ~~two~~three years to satisfy minimum threshold criteria for privileges within their clinical departments.

(6) Waiver requests for the threshold eligibility requirements listed in paragraphs (A)(3) to (A)(5) of this rule may be requested and considered as follows:

(a) A request for a waiver will only be considered if the applicant provides information sufficient to satisfy his or her burden of demonstrating that his or her qualifications are equivalent to or exceed the criterion in question and that there are exceptional circumstances that warrant a waiver. The clinical department chief must endorse the request for waiver in writing to the credentialing committee.

(b) The credentialing committee may consider supporting documentation submitted by the prospective applicant, any relevant information from third parties, input from the relevant department chiefs, and the best interests of the hospital and the communities it serves. The credentialing committee will forward its recommendation, including the basis for such, to the medical staff administrative committee.

(c) The medical staff administrative committee will review the recommendation of the credentialing committee and make a recommendation to the quality and professional affairs committee of the Ohio state university Wexner medical center and the Wexner medical center board regarding whether to grant or deny the request for a waiver and the basis for its recommendation.

(d) The Ohio state university Wexner medical center board's determination regarding whether to grant a waiver is final. A determination not to grant a waiver is not a "denial" of appointment or clinical privileges and does not give rise to a right to a hearing. The prospective applicant who requested the waiver in a particular case is not intended to set a precedent for any other applicant. A determination to grant a waiver does not mean that an appointment will be granted. Waivers of threshold eligibility criteria will not be granted routinely. No applicant is entitled to a waiver or to a hearing if a waiver is not granted.

(e) Waiver requests for the threshold eligibility requirement listed in paragraph (A)(3) of this rule may only be considered for applicants who have voluntarily opted out of governmental health care programs. Applicants who have been excluded or suspended shall be ineligible to request a waiver.

(f) Waivers to requirements prescribed by regulatory accrediting or other external agencies will not be granted.

(7) Any medical staff member whose membership has been terminated pursuant to paragraph (A)(3) or (A)(4) of this rule shall not be entitled to request a hearing and appeal in accordance with rule 3335-43-06 of the Administrative Code. Any licensed health care professional whose clinical privileges have been terminated pursuant to paragraph (A)(4) of this rule may not request an appeal in accordance with paragraph (G)(3) of rule 3335-43-07 of the Administrative Code.

(8) No applicant shall be entitled to medical staff membership and or clinical privileges merely by the virtue of fulfilling the above qualifications or holding a previous appointment to the medical staff.

(B) Application for membership.

Initial application for medical staff membership for all categories of the medical staff shall be made by the applicant to the chief of the clinical department on forms prescribed by the medical staff administrative committee stating the qualifications and references of the applicant and giving an account of the applicant's current licensure, relevant professional training and experience, current competence and ability to perform the clinical privileges requested. All applications for appointment must specify the clinical privileges requested. Applications may be made only if the applicant meets the qualifications outlined in paragraph (A) of this rule. The application shall include written statements of the applicant to abide by the bylaws, rules and regulations and policies and procedures of the medical staff, the Wexner medical center board, and the board of trustees of the Ohio state university. The applicant shall produce a government-issued photo identification to verify his/her identity pursuant to hospital/medical staff policy. The applicant shall agree that membership on the medical staff requires participation in the peer review process of evaluating credentials, medical staff membership and clinical privileges, and that a condition for membership requires mutual covenants between all members of the medical staff to release one another from civil liability in this review process as long as the peer review was taken in the reasonable belief that it was in furtherment of quality health care based upon a reasonable review and appropriate procedural due process. In order to optimize the clinical organization resource utilization and planning of the Ohio state university hospitals, the chief of the clinical department may require that the community affiliate D medical staff member identify categories of diagnosis, extent of anticipated patient activity, and service areas to be utilized and may prepare a statement of participation for the applicant, which shall be made a part of the application for appointment. A separate record shall be maintained for each applicant requesting appointment to the medical staff.

(C) Terms of appointment. Initial appointment to the medical staff shall be for a period not to exceed thirty-six months. During the first six months of the initial appointment, except for medical staff appointments without clinical privileges, appointees shall be subject to focused professional practice evaluation (FPPE) in order to evaluate the privilege-specific competence of the practitioner who does not have documented evidence of competently performing the requested privilege at the organization pursuant to these bylaws. FPPE requires the evaluation by of the chief of the clinical department with oversight by the credentials committee and the medical staff administrative committee. Following the six-month FPPE period, the chief of the clinical department may: 1. recommend the initial appointee to transition to ongoing professional practice evaluation (OPPE), which is described later in these bylaws to the medical staff administrative committee; 2. extend the FPPE period, which is not considered an adverse action, for an additional six months not to exceed a total of twelve months for purposes of further monitoring and evaluation; or 3. terminate the initial appointee's medical staff

membership and clinical privileges. In the event that the medical staff administrative committee recommends that an adverse action be taken against an initial appointee, the initial appointee shall be entitled to the provisions of due process as outlined in these bylaws.

(D) Ethics and ethical relationship. The code of ethics as adopted, or as may be amended, by the American medical association, the American dental association, the American psychological association, American osteopathic association and the American podiatric medical association shall govern the professional ethical conduct of the respective members of the medical staff.

(E) Procedure for appointment.

(1) The written and signed application for membership on the medical staff shall be presented to the applicable chief of the clinical department. The applicant shall include in the application a signed statement indicating the following:

(a) If the applicant should be accepted to membership on the medical staff, the applicant agrees to be governed by the bylaws, rules and regulations of the medical staff, the Wexner medical center board and the board of trustees of the Ohio state university.

(b) The applicant consents to be interviewed in regard to the application.

(c) The applicant authorizes the Ohio state university hospitals to consult with members of the medical staffs of other hospitals with which the applicant has been or has attempted to be associated, and with others who may have information bearing on the applicant's competence, character and ethical qualifications.

(d) The applicant consents to the Ohio state university hospitals' inspection of all records and documents that may be material to the evaluation of the applicant's professional qualifications and competence to carry out the clinical and educational privileges for which the applicant is seeking as well as the applicant's professional ethical qualifications for medical staff membership.

(e) The applicant releases from any liability:

(i) All representatives of university hospitals for acts performed in connection with evaluating the applicant’s credentials or releasing information to other institutions for the purpose of evaluating the applicant’s credentials in compliance with these bylaws performed in good faith; and

(ii) All third parties who provide information, including otherwise privileged and confidential information, to members of the medical staff, the Ohio state university hospitals staff, Ohio state university Wexner medical center board members and members of the Ohio state university board of trustees concerning the applicant’s credentials performed in good faith.

(f) The applicant has an affirmative duty to disclose any prior termination, voluntary or involuntary, current loss, restriction, denial, or the voluntary or involuntary relinquishment of any of the following: professional licensure, board certification, DEA registration, membership in any professional organization or medical staff membership or privileges at any other hospital or health care facility.

(g) The applicant further agrees to disclose to the chief medical officer of the Ohio state university hospitals the initiation of any process which could lead to such loss or restriction of the applicant’s professional licensure, board certification, DEA registration, membership in any professional organization or medical staff membership or privileges at any other hospital or health care facility.

(h) The applicant agrees that acceptance of membership on the medical staff of the Ohio state university hospitals authorizes the Ohio state university hospitals to conduct any appropriate health assessment including but not limited to drug or alcohol screens on a practitioner at any time during the normal pursuit of medical staff duties, based upon reasonable cause as determined by the chief of the practitioner's clinical department or the chief medical officer of the Ohio state university hospitals or their authorized designees.

(2) The purpose of the health assessment shall be to ensure that the member of the medical staff is able to fully perform and discharge the clinical, educational, administrative and research responsibilities which the member is permitted to exercise by reason of medical staff membership. If, at the time of the initial request for a health assessment, and at any time a medical staff member refuses to participate as needed in a health assessment, including but not limited to a drug or alcohol screening, this shall result in automatic lapse of membership, privileges, and prerogatives until remedied by compliance with the requested health assessment. Upon request of the medical staff administrative committee or Wexner medical center board, the applicant will provide documentation the applicant's physical and mental status with sufficient adequacy to demonstrate that any patient treated by the applicant will receive care of a generally professionally recognized level of quality and efficiency. The conditions of this paragraph shall be deemed continuing and may be applicable to issues of continued good standing as a member of the medical staff.

(3) An application for membership on the medical staff shall be considered complete when all the information requested on the application form is provided, the application is signed by the applicant and the information is verified. A completed application must contain:

(a) Peer recommendation from at least three individuals with "first hand" knowledge about the applicant's clinical and professional skills.

(b) Evidence of required immunizations.

(c) Evidence of current professional medical malpractice liability coverage required for the exercise of clinical privileges.

(d) Satisfaction of ECFMG requirements, if applicable. If an individual receives a conceded eminence certificate or a clinical research faculty certificate from the state medical board of Ohio, the requirement for ECFMG certification may be waived at the discretion of the Wexner medical center board.

(e) Verification by primary source documentation of:

(i) Current and previous state licensure;

(ii) Faculty appointment (not required for community affiliate B, community affiliate C, community affiliate D or contracted category);

(iii) DEA registration when required for exercise of clinical privileges;

(iv) Graduation from an accredited medical or professional school;

(v) Successful completion or record of post graduate medical or professional education; and

(vi) Board certification active candidacy for board certification (may not be required for community affiliate B, community affiliate C and community

affiliate D categories). or applicant qualifies for a waiver pursuant to paragraph (A)(6) of rule 3335-43-04 of the Administrative Code.

(f) Information from the national practitioner data bank.

(g) Verification that the applicant has not been excluded from any federally funded health care program.

(h) Complete disclosure by applicant of all past and current claims, suits, and settlements, if any.

(i) Completion of a criminal background investigation that meets the requirements of the Wexner medical center.

(j) Completion of drug testing for substances required for individuals applying for clinical privileges and in accordance with Wexner medical center approved testing protocols.

(k) Verification of completion of annual educational requirements approved by the medical staff administrative committee and maintained in the chief medical officer's office.

(l) Demonstration of recent active clinical practice during the last ~~two~~three years required for exercise of clinical privileges.

(m) Attestation of current Ohio automated Rx reporting system ("OARRS") account for all applicants who have a DEA registration.

(4) The chief of the applicable clinical department shall be responsible for investigating and verifying the character, qualifications, and professional standing of the applicant by making inquiry of the primary source of such information and shall within thirty days of receipt of the complete application, submit a report of those findings along with a recommendation on membership and clinical privileges to the chief medical officer of the Ohio state university hospitals.

(5) The chief medical officer shall receive all initial signed and verified applications from the chief of the clinical department and shall make an initial determination as to whether the application is complete. The credentials committee, the medical staff administrative committee, the quality and professional affairs committee, and the Wexner medical center board have the right to render an application incomplete, and therefore not able to be processed, if the need arises for additional or clarifying information.

The chief medical officer shall forward all complete applications to the credentials committee. The applicant shall have the burden of producing information for an adequate evaluation of applicant's qualifications for membership and for the clinical privileges requested. If the applicant fails to complete the prescribed forms or fails to provide the information requested within sixty days of receipt of the signed application, processing of the application shall cease and the application shall be deemed to have been voluntarily withdrawn which action is not subject to hearing or appeal pursuant to rule 3335-43-06 of the Administrative Code.

If the chief of the applicable clinical department does not submit a report and recommendation on a timely basis, the completed application shall be forwarded to the chief medical officer for presentation to the credentials committee on the same basis as other applicants.

(6) Completed applications shall be acted upon as follows:

(a) By the credentials committee within thirty days after receipt of a completed application from the chief medical officer.

(b) By the medical staff administrative committee within thirty days after receipt of a completed application and the report and recommendation of the credentials committee.

(c) By the quality and professional affairs committee through the expedited credentialing process or Wexner medical center board within sixty days after receipt of a completed application and the report and recommendation of the medical staff administrative committee.

All applications shall be acted upon by the Ohio state university Wexner medical center board within one hundred twenty days of receipt of a completed application. These time periods are deemed guidelines only and do not create any right to have an application processed within these precise periods. These periods may be stayed or altered pending receipt and verification of further information requested from the applicant, or if the application is deemed incomplete at any time. If the procedural rights specified in rule 3335-43-06 of the Administrative Code are activated, the time requirements provided therein govern the continued processing of the application.

(7) The credentials committee shall review the application, evaluate and verify the supporting documentation, references, licensure, the chief of the clinical department's report and recommendation, and other relevant information. The credentials committee shall examine the character, professional competence, professional conduct, qualifications and ethical standing of the applicant and shall determine, through information contained in personal references and from other sources available to the credentials committee, including an appraisal from the chief of the clinical department in which clinical privileges are sought, whether the applicant has established and meets all of the necessary qualifications for the category of medical staff membership and clinical privileges requested.

The credentials committee shall, within thirty days from receipt of a complete application, make a recommendation to the chief medical officer that the application be accepted, rejected, or modified. The chief medical officer shall forward the recommendation of the credentials committee to the medical staff administrative committee. The credentials committee or the chief medical officer may recommend to the medical staff administrative committee that certain applications for appointment be reviewed in executive session. The recommendation of the medical staff administrative committee regarding an appointment decision shall be made within thirty days of receipt of the credentials committee recommendation and shall be communicated by the chief medical officer, along with the recommendation of the chief medical officer to the quality and professional affairs committee of the Wexner medical center board, and thereafter to the Wexner medical center board. When the Ohio state university Wexner medical center board has acted, the chairperson of the board shall instruct the chief medical officer to transmit the final decision to the chief of the clinical department and applicant and, if appropriate, to the director of the applicable clinical division.

(8) At any time the medical staff administrative committee first recommends non-appointment of an initial applicant for medical staff membership or recommends denial of any clinical privileges requested by the applicant, the medical staff administrative committee shall require the chief medical officer to notify the applicant by certified return receipt mail that the applicant may request an evidentiary hearing as provided in paragraph (D) of rule 3335-43-06 of the Administrative Code. The applicant shall be notified of the requirement to request a hearing as provided by paragraph (B) of rule 3335-43-06 of the Administrative Code. If a hearing is properly requested, the applicant shall be subject to the rights and responsibilities of rule 3335-43-06 of the Administrative Code. If an applicant fails to properly request a hearing, the

medical staff administrative committee shall accept, reject, or modify the application for appointment to membership and clinical privileges.

The final recommendation of the medical staff administrative committee shall be directly communicated to the Wexner medical center board by the chief medical officer, who shall make a separate recommendation to the Wexner medical center board.

When the Ohio state university Wexner medical center board has acted, the chairperson of the board shall instruct the chief medical officer to transmit the final decision to the chief of the clinical department and applicant and, if appropriate, to the director of the applicable clinical division. The chairperson of the board shall also notify the dean of the college of medicine and the chief executive officer of the Ohio state university hospitals of the decision of the board.

(F) Procedure for reappointment.

(1) At least ninety days prior to the end of the medical staff member's appointment period, the chief of the clinical department shall provide each medical staff member with an application for reappointment to the medical staff on forms prescribed by the medical staff administrative committee. The reappointment application shall include all information necessary to update and evaluate the qualifications of the medical staff member. The chief of the clinical department shall review the information available on each medical staff member, and the chief of the clinical department shall make recommendations regarding reappointment to the medical staff and for granting clinical privileges for the ensuing appointment period. The chief of the clinical department's recommendation shall be transmitted in writing along with the signed and completed reappointment forms to the chief medical officer at least forty-five days prior to the end of the medical staff member's appointment period.

The terms of paragraphs (A), (B), (C), (D), (E)(1), and (E)(2) of this rule shall apply to all applicants for reappointment. Reappointment to the medical staff shall be done on a regular basis for a period not to exceed thirty-six months. Only completed applications for reappointment shall be considered by the credentials committee. An application for reappointment is complete when all the information requested on the reappointment application form is provided, the reappointment form is signed by the applicant, and the information is verified, and no need for additional or clarifying information is identified. A completed reappointment application form must contain:

(a) Evidence of required immunizations if applicable since last appointment.

(b) Evidence of current professional medical malpractice liability insurance required for the exercise of clinical privileges.

(c) Verification of primary source documentation of:

(i) State licensure;

(ii) DEA registration when required for clinical privileges;

(iii) Successful completion or record of additional post graduate medical or professional education; and

(iv) Board certification, re-certification, or continued active candidacy for certification (may not be required for community affiliate category) or applicant qualifies for a waiver pursuant to paragraph (A) (4) of rule 3335-43-06 of the Administrative Code.

(d) Information from the national practitioner data bank.

(e) Verification that the applicant has not been excluded from any federally funded health care program.

(f) Specific requests for any changes in clinical privileges sought at reappointment with supporting documentation as required by credentialing guidelines.

(g) Specific requests for any changes in medical staff category.

(h) A summary of the member's clinical activity during the previous appointment period.

(i) Patterns of care as demonstrated through quality assurance records.

(j) Verification of completion of annual educational requirements approved by the medical staff administrative committee and maintained in the chief medical officer's office.

(k) Complete disclosure by medical staff members of claims, suits, and settlements, if any.

(l) Continuing medical education and applicable continuing professional education activities. Documentation of category one CME that at least in part relates to the individual medical staff member's specialty or sub-specialty area and are consistent with the licensing requirements of the applicable Ohio state licensing board shall be required.

(m) Attestation of current OARRS account for all applicants who have a DEA registration.

(2) The member for reappointment shall be required to submit any reasonable evidence of current ability to perform the clinical privileges requested. The chief of the clinical department shall review and evaluate the reappointment application and the supporting documentation. The chief of the clinical department shall evaluate all matters relevant to recommendation, including the member's professional competence; clinical judgment; clinical or technical skills; ethical conduct; participation in medical staff affairs; compliance with the bylaws, rules and regulations of the medical staff, the Wexner medical center board, and the board of trustees of the Ohio state university; cooperation with the Ohio state university hospitals' personnel and the use of the Ohio state university hospitals' facilities for patients; relations with other physicians, other health professionals or other staff, and maintenance of a professional attitude toward patients; and the responsibility to the Ohio state university hospitals and the public.

(3) The chief medical officer shall forward the reappointment forms and the recommendations of the chief of the clinical department to the credentials committee. The credentials committee shall review the request for reappointment in the same manner, and with the same authority as an original application for medical staff membership. The credentials committee shall review all aspects of the reappointment application including source verification of the member's quality assurance record for continuing membership qualifications and for clinical privileges. The credentials committee shall review each member's performance-based profile to ensure that the same level of quality of care is delivered by all medical staff members with similar delineated clinical privileges across all clinical departments and across all categories of medical staff membership.

The credentials committee shall forward its recommendations to the chief medical officer at least thirty days prior to the end of the period of appointment. The chief medical officer shall transmit the completed reappointment application and the recommendation of the credentials

committee to the medical staff administrative committee.

Failure of the member to submit a reappointment application shall be deemed a voluntary resignation from the medical staff and shall result in automatic expiration of membership and all clinical privileges at the end of the medical staff member's current appointment period, which action shall not be subject to a hearing or appeal pursuant to rule 3335-43-06 of the Administrative Code. A request for reappointment subsequently received from a member who has been automatically expired shall be processed as a new appointment.

Failure of the chief of the clinical department to act timely on an application for reappointment shall be the same as provided in paragraph (E)(5) of this rule.

(4) The medical staff administrative committee shall review each request for reappointment in the same manner and with the same authority as an original application for medical staff membership. The medical staff administrative committee shall accept, reject, or modify the request for reappointment in the same manner and with the same authority as an original application for medical staff membership. The recommendation of the medical staff administrative committee regarding reappointment of a member shall be communicated by the chief medical officer, along with the recommendation of the chief medical officer, to the quality and professional affairs committee of the Wexner medical center board, and thereafter to the Wexner medical center board. When the Ohio state university Wexner medical center board has acted, the chairperson of the board shall instruct the chief medical officer to transmit the final decision to the chief of the clinical department and applicant and, if appropriate, to the director of the applicable clinical division.

(5) When the decision of the medical staff administrative committee results in a decision of non-reappointment or reduction, suspension or revocation of clinical privileges, the medical staff administrative committee shall instruct the chief medical officer to give written notice to the affected member of the decision, the stated reason for the decision, and the member's right to a hearing pursuant to paragraphs (A) and (B) of rule 3335-43-06 of the Administrative Code. This notification and an opportunity to exhaust the appeal process shall occur prior to an adverse decision unless the provisions outlined in paragraph (D) of rule 3335-43-05 of the Administrative Code apply. The notice by the chief medical officer shall be sent certified return receipt mail to the affected member's last known address as determined by the Ohio state university records.

(6) If the affected member of the medical staff does not make a written request for a hearing to the chief medical officer within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any hearing or appeal as provided in rule 3335-43-06 of the Administrative Code to which the staff member might otherwise have been entitled on the matter.

(7) If a timely, written request for hearing is made, the procedures set forth in rule 3335-43-06 of the Administrative Code shall apply.

(G) Resumption of clinical activities following leave of absence.

(1) A member of the medical staff or credentialed provider shall request a leave of absence in writing for good cause shown such as medical reasons, educational and research reasons or military service to the chief of clinical service and the chief medical officer. Such leave of absence shall be granted at the discretion of the chief of the clinical service and the chief medical officer provided, however, such leave shall not extend beyond the term of the member's or credentialed provider's current appointment. A member of the medical staff or credentialed provider who is experiencing health problems that may impair his or her ability to care for patients has the duty to disclose such impairment to his or her chief of clinical department and the chief medical officer and the member or credentialed provider shall be

placed on immediate medical leave of absence until such time the member or credentialed provider can demonstrate to the satisfaction of the chief medical officer that the impairment has been sufficiently resolved and can request for reinstatement of clinical activities. During any leave of absence, the member or credentialed provider shall not exercise his or her clinical privileges, and medical staff responsibilities and prerogatives shall be inactive.

(2) The member or credentialed provider must submit a written request for the reinstatement of clinical privileges to the chief of the clinical service. The chief of the clinical service shall forward his recommendation to the credentialing committee which, after review and consideration of all relevant information, shall forward its recommendation to the medical staff administrative committee and quality and professional affairs committee of the Wexner medical center board. The credentials committee, the chief medical officer, the chief of the clinical service or the medical staff administrative committee shall have the authority to require any documentation, including advice and consultation from the member's or credentialed provider's treating physician or the committee for practitioner health that might have a bearing on the medical staff member's or credentialed provider's ability to carry out the clinical and educational responsibilities for which the medical staff is seeking privileges. Upon return from a leave of absence for medical reasons the medical staff member or credentialed provider must demonstrate his or her ability to exercise his or her clinical privileges upon return to clinical activity.

(3) All members of the medical staff or credentialed providers who take a leave of absence for medical or non-medical reasons must be in good standing upon resumption of clinical activities. No member shall be granted leave of absence in excess or his or her current appointment and the usual procedures for appointment and reappointment, including deadlines for submission of application as set forth in this rule, will apply irrespective of the nature of the leave. Absence extending beyond his or her current term or failure to request reinstatement of clinical privileges shall be deemed a voluntary resignation from the medical staff and of clinical privileges, and in such event, the member or credentialed provider shall not be entitled to a hearing or appeal.

(Board approval dates: 9/1/1999, 10/1/1999, 10/5/2001, 6/7/2002, 9/6/2002, 3/5/2003, 5/30/2003, 6/4/2004, 5/6/2005, 11/4/2005, 2/2/2007, 2/1/2008, 9/19/2008, 9/18/2009, 10/29/2009, 5/14/2010, 4/8/2011, 8/31/2012, 2/1/2013, 1/31/2014, 11/7/2014, 11/6/2015, 9/2/2016, 4/6/2018, 8/15/2023)

3335-43-05 Peer review and corrective action.

(A) Informal peer review.

(1) All medical staff members agree to cooperate in informal peer review activities that are solely intended to improve the quality of medical care provided to patients at the Ohio state university hospitals.

(2) Information indicating a need for informal review, including patient complaints, disagreements, questions of clinical competence, inappropriate conduct and variations in clinical practice identified by the clinical departments or divisions and medical staff committees shall be referred to the chair of the practitioner evaluation committee.

(3) The practitioner evaluation committee chair or his or her designee may obtain information or opinions from medical staff members or credentialed providers as well as external peer review consultants pursuant to criteria outlined in these bylaws. The information or opinions from the informal peer review may be presented to the practitioner evaluation committee or another designated peer review committee.

(4) Following the assessment by the practitioner evaluation committee chair or his or her designee, the practitioner evaluation committee may make recommendations for educational actions of additional training, sharing of comparative data or monitoring or provide other forms of guidance to the medical staff member to assist him or her in improving the quality of patient care. Such actions are not regarded as adverse, do not require reporting to any governmental or other agency, and do not invoke a right to any hearing.

(5) At the conclusion of the evaluation, the practitioner evaluation committee chair or his or her designee submits a report to the applicable clinical department chief and the chief medical officer. The chief of the clinical department and the chief medical officer shall evaluate the matter to determine the appropriate course of action. They shall make an initial written determination on whether:

(a) The matter warrants no further action;

(b) Informal resolution under this paragraph is appropriate. The chief of the clinical department and the chief medical officer shall determine whether to include documentation of the informal resolution in the medical staff member's file. If documentation is included in the member's file, the affected member shall have an opportunity to review it and may make a written response which shall also be placed in the file. Informal review under this paragraph is not a procedural prerequisite to the initiation of formal peer review under paragraph (B) of this rule; or

(c) Formal peer review under paragraph (B) of this rule is warranted.

(6) In cases where the chief of the clinical department and chief medical officer cannot agree on the need for formal peer review, the matter shall be submitted for formal peer review and determined as set forth in paragraph (B) of this rule.

(B) Formal peer review.

(1) Formal peer review may be initiated when a member of the medical staff of the Ohio state university hospitals:

(a) Fails to adhere to standards of patient care and professional conduct appropriate for a physician practicing in an academic medical center as determined by the medical staff;

(b) Is disruptive to the operation of the Ohio state university hospitals;

(c) Violates the bylaws, rules and regulations of the medical staff, the Ohio state university Wexner medical center board, or the board of trustees of the Ohio state university;

(d) Violates state or federal law; or

(e) Is responsible for acts or omissions detrimental to patient safety or to the quality or efficiency of patient care within the Ohio state university hospitals; or

(f) Is responsible for acts or omissions damaging to the reputation of the medical staff of the Ohio state university hospitals.

Formal peer review may be initiated by a chief of a clinical department, the chief medical officer, any member of the medical staff, the chief executive officer of the Ohio state university hospitals, the dean of the college of medicine, any member of the board of the Ohio state

university hospitals, or the vice president for health services. All requests for formal peer review shall be in writing, shall be submitted to the chief medical officer, and shall specifically state the conduct or activities which constitute grounds for the requested action.

(2) The chief medical officer shall promptly deliver a written copy of the request for formal peer review to the affected member of the medical staff, in a confidential manner. The chief medical officer shall then conduct a preliminary review to verify the facts related to the request for formal peer review, and within thirty days, make a written determination. If the chief medical officer decides that no further action is warranted, the chief medical officer shall notify the person(s) who filed the request for formal peer review and the member accused, in writing, that no further action will be taken.

(3) Whenever the chief medical officer determines that formal peer review is warranted, he or she shall refer the request for formal peer review to the formal peer review committee. The affected member of the medical staff shall be notified of the referral to the formal peer review committee, and be informed that these medical staff bylaws shall govern all further proceedings.

(4) The executive vice president for health sciences or designee shall exercise any or all duties or responsibilities assigned to the chief medical officer under these rules for implementing corrective action and appellate procedure if:

(a) The chief medical officer is the medical staff member charged;

(b) The chief medical officer has a financial interest or a relationship with any person that may have an improper effect on the exercise of his or her judgment in the matter, or may be perceived to have such an effect.

(5) The formal peer review committee shall investigate every request and shall deliver written findings and recommendations for action to the chief of the clinical department. The formal peer review committee may recommend a reduction, suspension or revocation of the medical staff member's clinical privileges or other action as it deems appropriate. In making its recommendation the formal peer review committee may consider, relevant literature and clinical practice guidelines, the opinions and views expressed throughout the review process, information or explanations provided by the member under review, and other relevant information. Prior to making its report, the committee shall afford the medical staff member against whom the action has been requested an opportunity for an interview. At such interview, the medical staff member shall be informed of the specific actions or omissions alleged to constitute grounds for formal peer review and shall be given copies of any statements, reports, opinions or other information compiled at prior stages of the proceedings. The medical staff member may furnish written or oral information to the formal peer review committee at this time and shall be given an opportunity to discuss, explain, or refute the allegations and to respond to any statements, reports or opinions previously compiled in the proceedings. However, such interview shall not constitute a hearing, but shall be investigative in nature. The medical staff member shall not be represented by an attorney at this interview. The written findings and recommendations for action are expected to be submitted within 90 days, unless an extension is deemed necessary by the committee.

(6) Upon receipt of the written report and recommendation from the formal peer review committee, the chief of the clinical department shall make his or her own written recommendation for corrective action and forward that recommendation along with the findings and recommendations of the formal peer review committee to the chief medical officer.

(7) The chief medical officer shall decide whether to accept, reject or modify the recommendation of the chief of the clinical department. If the chief medical officer decides the grounds are not

substantiated, the chief medical officer will notify the formal peer review committee, the chief of the clinical department, the person(s) who filed the complaint and the affected medical staff member, in writing, that no further action will be taken.

If the chief medical officer finds the grounds for the requested corrective action are substantiated, the chief medical officer shall promptly notify the affected medical staff member of that decision and the corrective action that will be taken. This notice shall advise the affected medical staff member of his or her right to request a hearing before the medical staff administrative committee pursuant to rule 3335-43-06 of the Administrative Code and shall also include a statement that failure to request a hearing in the timeframe prescribed in this rule shall constitute a waiver of rights to a hearing and to an appeal on the matter and the affected medical staff member shall also be given a copy of the rule 3335-43-06 of the Administrative Code. This notification and an opportunity to exhaust the administrative hearing and appeal process shall occur prior to the imposition of the proposed corrective action unless the emergency provisions outlined in paragraph (D) of this rule apply. This written notice by the chief medical officer shall be sent certified return receipt mail to the affected medical staff member's last known address as determined by university records.

(8) If the affected member of the medical staff does not make a written request for a hearing to the chief medical officer within thirty-one days after receipt of the adverse decision, he or she shall be deemed to have waived the right to any review by the medical staff administrative committee to which the staff member might otherwise have been entitled on the matter.

(9) If a timely, written request for hearing is made, the procedures set forth in rule 3335-43-06 of the Administrative Code shall apply.

(C) Composition of formal peer review committee.

(1) When the determination that formal peer review is warranted is made, the chief of the clinical department shall select three members of the medical staff to serve on a formal peer review committee.

(2) Whenever the questions raised concern the clinical competence of the member under review, the chief of the clinical department shall select members of the medical staff to serve on the formal peer review committee who shall have similar levels of training and qualifications as the member who is subject to formal peer review.

(3) An external peer review consultant may serve as a member of the peer review committee whenever:

(a) A determination is made by the chief of the clinical department and the chief medical officer that the clinical expertise needed to conduct the review is not available on the medical staff;

(b) The objectivity of the review may be compromised; or

(c) Whenever the chief medical officer determines that an external review is otherwise advisable.

If an external reviewer is recommended, the chief of the clinical department shall make a written recommendation to the chief medical officer for selection of an external reviewer. The chief medical officer shall make the final selection of an external reviewer.

(D) Summary suspension.

(1) Notwithstanding the provisions of this rule, a member of the medical staff shall have all or

any portion of his or her clinical privileges suspended or appointment terminated by the chief medical officer or the chief of the member's clinical department whenever such action must be taken immediately, when there is imminent danger to patients or to the patient care operations. Such summary suspension shall become effective immediately upon imposition and the medical staff member shall be subsequently notified in writing of the suspension by the chief medical officer. Such notice shall be issued by certified return mail to the affected medical staff member's last known address as determined by university records.

(2) A medical staff member whose privileges have been summarily suspended or whose appointment has been terminated shall be entitled to a hearing and appeal of the suspension pursuant to rule 3335-43-06 of the Administrative Code. If the affected member of the medical staff does not make a written request for a hearing to the chief medical officer within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any review by the medical staff administrative committee to which the staff member might otherwise have been entitled on the matter. If a timely, written request for a hearing is made, the procedures of rule 3335-43-06 of the Administrative Code shall apply.

(3) Immediately upon the imposition of a summary suspension, the chief medical officer or the appropriate chief of a clinical department shall have the authority to provide for alternative medical coverage for the patients of the suspended medical staff member who remain in the Ohio state university hospitals at the time of suspension. The wishes of the patient shall be considered in the selection of such alternative medical coverage. While a summary suspension is in effect, the member of the medical staff is ineligible for reappointment to the medical staff. Medical staff and hospital administrative duties and prerogatives are suspended during the summary suspension.

(E) Automatic suspension and termination.

(1) Notwithstanding the provisions of this rule, a temporary lapse of a medical staff member's admitting privileges, effective until medical records are completed, may be imposed automatically by the chief medical officer after a warning, in writing, of delinquency for failure to complete medical records as defined by the rules and regulations of the medical staff. The chief medical officer shall notify the chief executive officer of the Ohio state university hospitals of the action taken.

(2) Action by the Ohio state boards of licensure revoking or suspending a medical staff member's license or placing the member upon probation shall automatically impose the same restrictions to that member's Ohio state university hospitals' privileges.

(3) Failure to maintain the minimum required type and amount of professional liability insurance with an approved insurer, shall result in immediate and automatic suspension of a medical staff member’s appointment and privileges until such time as proof of appropriate insurance coverage is furnished. In the event such proof is not provided within ten days of notice of such suspension, the medical staff member or credentialed provider shall be deemed to no longer comply with medical staff requirements under 3335-43-04 and automatically relinquish his or her appointment and privileges.

(4) Upon exclusion, debarment, or other prohibition from participation in any state or federal health care reimbursement program, or a federal procurement or non-procurement program, the medical staff member’s appointment and privileges shall immediately and automatically terminate, unless resignation in lieu of automatic terminations is permitted to rule 3335-43-04(A)(3).

(5) If a medical staff member pleads guilty to or is found guilty of a felony which involves: violence or abuse upon a person, conversion, embezzlement, or misappropriation of property; fraud, bribery, evidence tampering, or perjury; or a drug offense, the medical staff member’s

appointment and privileges shall be immediately and automatically terminated.

(6) Whenever a medical staff member's drug enforcement administration (DEA) or other controlled substances number is revoked, he or she shall be immediately and automatically divested of his or her right to prescribe medications covered by the number.

(7) When a medical staff member's DEA or other controlled substances number is suspended or restricted in any manner, his or her right to prescribe medications covered by the number is similarly automatically suspended or restricted during the term of the suspension or restriction.

(8) No medical staff member shall be entitled to the procedural rights set forth in rule 3335-43-06 of the Administrative Code as a result of an automatic suspension or termination. As soon as practicable after the imposition of an automatic suspension, the medical staff administrative committee shall convene to determine if further corrective action is necessary. Any further action with respect to an automatic suspension must be taken in accordance with this rule.

(9) Resignation, termination, or non-reappointment to the faculty of the Ohio state university shall result in immediate termination of membership on the medical staff of the Ohio state university hospitals.

(F) Reporting responsibility.

When a decision on corrective action is taken which constitutes a "formal disciplinary action" as may be defined in Ohio state law, or as may be required to be reported pursuant to federal law, including the health care quality improvement act, the chief medical officer shall ensure that a report of said action is made in order to maintain compliance with applicable state or federal law or regulations. The chief medical officer shall ensure that such reports are amended as may be required to reflect subsequent actions taken under the hearing and appeal rights afforded in these bylaws.

When applicable, any recommendations or actions that are the result of a review or hearing and appeal shall be monitored by the chief medical officer on an ongoing basis through the Ohio state university hospitals' quality management activities.

(Board approval dates: 6/7/2002, 5/6/2005, 2/1/2008, 9/19/2008, 9/18/2009, 5/14/2010, 4/8/2011, 11/7/2014, 11/6/2015, 4/6/2018)

3335-43-06 Hearing and appeal process.

(A) Right to hearing and to an appeal.

(1) When a member of the medical staff who has exhausted all remedies under paragraphs (E) and (F) of rule 3335-43-04 of the Administrative Code on appointment or reappointments; or under rule 3335-43-05 of the Administrative Code for corrective action; or who has been summarily suspended under paragraph (D) of rule 3335-43-05 of the Administrative Code, the staff member shall be entitled to an adjudicatory hearing.

(2) A medical staff member shall not be entitled to a hearing under the following circumstances:

(a) Denial by the Wexner medical center board to grant a waiver of board certification for a medical staff member.

(b) Termination of a medical staff member because of exclusion from participation in

any government reimbursement program.

(c) Voluntary withdrawal of a medical staff application.

(d) Failure to submit a reappointment application.

(e) A leave of absence extending beyond current appointment or failure to request reinstatement of clinical privileges following a leave of absence.

(f) Actions or recommendations resulting from an informal peer review.

(g) Termination of community affiliate C medical staff appointments upon approval by the Wexner medical center board.

(3) All hearings and appeals shall be in accordance with the procedural safeguards set forth in this rule to assure that the affected medical staff member is accorded all rights to which the member is entitled.

(B) Request for hearing.

(1) The request for a hearing shall be submitted in writing by the affected medical staff member to the chief medical officer within thirty days of notification by the chief medical officer of the intended action. The chief medical officer shall forward the request to the medical staff administrative committee along with instructions to convene a hearing.

(2) The failure of a medical staff member to request a hearing, to which the member is entitled by these bylaws within the time and in the manner herein provided, shall be deemed a waiver of the right to any review by the medical staff administrative committee. The chief medical officer shall then implement the decision and that action shall become and remain effective against the medical staff member in the same manner as a final decision of the Ohio state university Wexner medical center board as provided for in paragraph (F) of rule 3335-43-05 of the Administrative Code. The chief medical officer shall promptly inform the affected medical staff member that the proposed decision, which had entitled the medical staff member to a hearing, has now become final.

(C) Notice of hearing.

(1) After receipt of a timely request for hearing by the chief medical officer from a medical staff member entitled to such hearing, the medical staff administrative committee shall be notified of the request for hearing by the chief medical officer and shall at the next scheduled meeting take the following action:

(a) Instruct the chief medical officer and chief of staff to jointly appoint within seven days a hearing committee, consisting of five members of the medical staff who are not members of the medical staff administrative committee, are not direct competitors, do not have a conflict of interest, and who have not previously participated in the formal peer review of the matter under consideration.

(b) Instruct the hearing committee to schedule and arrange for a hearing which hearing shall be conducted not less than thirty days nor more than sixty days from the date of the receipt of the request for hearing by the chief medical officer; provided, however, that a hearing for a medical staff member who is under suspension, which is then in effect, shall be held as soon as arrangements may be reasonably made.

(2) The medical staff member shall be given at least ten days prior notice of the scheduled hearing, provided that this notice may be waived in writing by the medical staff member.

Notice shall be by certified return receipt mail to the staff member at the staff member's last known address as reflected by university records. The notice of hearing shall state in concise language the acts or omissions with which the medical staff member is charged; a list of representative medical records or documents being used; names of potential witnesses to be called; and any other reason or evidence that may be considered by the hearing committee during the hearing.

(D) Conduct of hearing.

(1) The hearing committee shall select a chairperson from the committee to preside over the hearing. The chairperson may require a representative for the individual and for the medical staff administrative committee (or the Wexner medical center board) to participate in a pre-hearing conference. At the pre-hearing conference, the chairperson shall resolve all procedural questions, including any objections to exhibits or witnesses, the role of legal counsel, and determine the time to be allotted to each witness's testimony and cross-examination.

The hearing committee shall have benefit of Ohio state university legal counsel. The hearing committee may grant continuances, recesses, and the chairperson may excuse a member of the hearing committee from attendance temporarily for good cause, provided that there shall be at no time less than four members of the hearing committee present unless the affected staff member waives this requirement.

All members of the hearing committee must be present to deliberate and vote. No member may vote by proxy. The person who has taken action from which the affected staff member has requested the hearing shall not participate in the deliberation or voting of the hearing committee. The hearing shall be a de novo hearing, although evidence of the prior recommendations and decisions may be presented.

(2) An accurate record of the hearing shall be kept. The mechanism for taking the record shall be by the use of a professional stenographer. This record shall be available to the affected member of the medical staff upon request at the member's expense.

(3) The personal presence of the medical staff member for whom the hearing has been scheduled shall be required. A medical staff member who fails without good cause to appear and proceed at such hearing shall be deemed to have waived all rights to appear and to have a hearing before the medical staff administrative committee in the same manner as provided in paragraph (B) of this rule, and to have accepted the adverse recommendation or decision involved and the same shall therein become and remain in effect as provided in paragraph (B) of this rule. The medical staff administrative committee may, in its own discretion, order the hearing committee to proceed with the hearing without the medical staff member and impose a sanction which is greater or lesser than that originally imposed.

(4) The hearing need not be conducted strictly according to the rules of law related to the examination of witnesses or presentation of evidence. Any relevant matters upon which responsible persons customarily rely in the conduct of serious affairs shall be considered, regardless of the existence of any common law or statutory rule which might make evidence inadmissible over objection in civil or criminal action. The member of the medical staff for whom the hearing is being held shall, prior to, or during the hearing, be entitled to submit memoranda concerning any issues of procedure or of fact and such memoranda shall become a part of the hearing record.

(5) The affected medical staff member shall have the following rights: to be represented by an attorney at law and to call and examine witnesses; to introduce evidence; to cross-examine any witnesses on any matter relevant to the issue of the hearing; and to challenge any witness and to rebut any evidence. If the medical staff member does not testify in his or her

own behalf, the staff member may be called and examined as if under cross-examination.

(6) The hearing committee shall request the person who has taken the action from which the affected staff member has requested the hearing to present evidence to the hearing committee in support of the adverse recommendation. The hearing committee may proceed to hear evidence and testimony from either party in whatever order the hearing committee deems appropriate. The hearing committee may call its own witnesses, may recall any parties witnesses, and may question witnesses as it deems appropriate. All parties shall be responsible to secure the attendance of their own witnesses. All witnesses and evidence received by the hearing committee shall be open to challenge and cross-examination by the parties. Witnesses shall not be placed under oath. At the close of the evidence the hearing committee may request each party to make summary statements, either oral or written. The hearing committee may request legal representation from the Ohio state university.

(7) The hearing committee may, without special notice, recess the hearing and reconvene the same for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. The hearing committee shall make its best effort to expeditiously determine the issues presented. The hearing committee may elect to limit its proceedings when sufficient material has been received. The parties may be required by the hearing committee to provide evidence in oral or written form. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The committee may thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the medical staff member for whom the hearing was convened.

(8) Within sixty days after its appointment, the hearing committee shall forward its written report and recommendation together with the transcript of the hearing and all other documentation provided by the parties to the medical staff administrative committee. The affected medical staff member shall be notified of the recommendation of the hearing committee including a statement of the basis for the recommendation. The medical staff administrative committee shall accept, reject, or modify the recommendation of the hearing committee. The medical staff administrative committee may conduct further hearings as it deems necessary or may remand the matter back to the hearing committee for further action as directed. The medical staff administrative committee may impose a greater or lesser sanction than that recommended by the hearing committee.

(9) The medical staff administrative committee shall submit a written report, including its recommendation to the chairperson of the Wexner medical center board within fourteen days of the final vote by the medical staff administrative committee. An adverse action which must be reported to the state medical board or the federal government, including the national practitioner data bank, shall entitle an affected medical staff member to the procedures of this rule. The affected member of the medical staff shall be notified of the decision of the medical staff administrative committee by the chief medical officer.

(10) The decision and record of the medical staff administrative committee shall be transmitted to the quality and professional affairs committee of the Wexner medical center board, which shall, subject to the affected member's right to appeal and implementation of paragraph (E) of this rule, consider the matter at its next scheduled meeting, or at a special meeting to be held no less than thirty days following receipt of the transmittal. The quality and professional affairs committee may accept, reject, or modify the decision of the medical staff administrative committee. The quality and professional affairs committee may remand that matter back to the medical staff administrative committee for further action as directed.

(11) The recommendation of the quality and professional affairs committee shall be promptly considered by the Wexner medical center board, at its next scheduled meeting. The Wexner medical center board may accept, reject, or modify the recommendation of the quality and professional affairs committee. The Wexner medical center board may remand the matter

back to the medical staff administrative committee for further action as directed.

(12) A copy of the Wexner medical center board decision shall be sent certified return receipt mail to the affected medical staff member at the member's last known address as determined by university records.

(E) Appeal process.

(1) Within thirty days after receipt of a notice by an affected medical staff member of the decision of the medical staff administrative committee, the member may, by written notice to the chairperson of the Ohio state university Wexner medical center board, request an appeal. The appeal shall only be held on the record before the medical staff administrative committee.

(2) If an appeal is not requested within thirty days, the affected medical staff member shall be deemed to have:

(a) Waived the member's right to appeal, and

(b) Accepted the adverse decision.

(3) The appeal shall be conducted by the quality and professional affairs committee of the Wexner medical center board.

(4) The affected medical staff member shall have access to the reports and records, including transcripts, if any, of the hearing committee and of the medical staff administrative committee and all other material, favorable or unfavorable, that has been considered by the medical staff administrative committee. The staff member shall then submit a written statement indicating those factual and procedural matters with which the member disagrees, specifying the reasons for such disagreement. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the quality and professional affairs committee no later than seven days following the date of the affected member's notice of appeal.

(5) New or additional matters not raised during the hearing or in the medical staff administrative committee hearings shall only be considered on appeal at the sole discretion of the quality and professional affairs committee.

(6) Within fourteen days following submission of the written statement by the affected medical staff member, the quality and professional affairs committee shall recommend to the Ohio state university Wexner medical center board that the adverse decision be affirmed, modified or rejected, or to refer the matter back to the medical staff administrative committee for further review and recommendation. Such referral to the medical staff administrative committee may include a request for further investigation.

(7) Any final decision by the Wexner medical center board shall be communicated by the chief medical officer and by certified return receipt mail to the affected medical staff member at that member's last known address as determined by university records. The chief medical officer shall also notify in writing the executive vice president for health sciences, the dean of the college of medicine, the chief executive officer of the Ohio state university hospitals and the vice president for health services, chief of staff, the chief of the clinical department, and the person(s) who initiated the request for formal peer review. The chief medical officer shall take immediate steps to implement the final decision.

(Board approval dates: 6/7/2002, 5/6/2005, 2/1/2008, 9/19/2008, 9/18/2009, 5/14/2010, 4/8/2011, 11/7/2014, 11/6/2015, 4/6/2018, 8/15/2023, 8/20/2024)

Chapter 3335-43 - *Bylaws of the Medical Staff* of The Ohio State University Hospitals
Updated August 20, 2024

3335-43-07 Categories of the medical staff.

The medical staff of the Ohio state university hospitals shall be divided into nine categories: attending, community affiliate A, community affiliate B, community affiliate C, community affiliate D, consulting, contracted, physician scholar and limited staff. Medical staff members who do not wish to obtain any clinical privileges shall be exempt from the requirements of medical malpractice liability insurance, DEA registration, demonstration of recent active clinical practice during the last ~~two~~ three years and specific annual education requirements but are otherwise subject to the provisions of these bylaws.

(A) Attending.

(1) Qualifications: The attending medical staff shall consist of those faculty members of the colleges of medicine and dentistry to whom clinical teaching responsibilities are assigned in the Ohio state university hospitals and who satisfy the requirements and qualifications for membership set forth in rule 3335-43-04 of the Administrative Code. The assignment of teaching responsibility is the prerogative of the chief of the clinical department or the chief's designee.

(2) Prerogatives.

An attending medical staff member may:

(a) Admit patients consistent with their clinical privileges and the balanced teaching and patient care responsibilities of the Ohio state university hospitals. When, in the judgment of the chief of the clinical department, a balanced teaching program is jeopardized, following consultation with the dean of the college of medicine; and the Ohio state university hospitals' chief executive officer, and with the concurrence of a majority of the medical staff administrative committee, the chief of the clinical department may restrict an attending medical staff member's ability to admit patients. Imposition of such restrictions shall not entitle the attending medical staff member to a hearing or appeal pursuant to rule 3335-43-06 of the Administrative Code.

(b) Be free to exercise such clinical privileges as are granted pursuant to these bylaws.

(c) Vote on all matters presented at general and special meetings of the medical staff and of the department and committees of which he or she is a member unless otherwise provided by resolution of the medical staff, clinical department, or committee and approved by the medical staff administrative committee.

(d) Hold office in the medical staff organization and in the clinical department and committees of which he or she is a member, unless otherwise provided by resolution of the medical staff, clinical department, or committee and approved by the medical staff administrative committee.

(3) Responsibilities.

Each member of the attending medical staff with clinical privileges shall:

(a) Meet the basic responsibilities set forth in rules 3335-43-02 and 3335-43-03 of the Administrative Code.

(b) Retain responsibility within the member's area of professional competence for the continuous care and supervision of each patient in the Ohio state university hospitals for whom the member is providing care, or arrange a suitable alternative for such care and supervision.

(c) Actively participate in such quality evaluation and monitoring activities as required by the medical staff, and discharge such medical staff functions as may be required from time to time.

(d) Satisfy the requirements set forth in rule 3335-43-11 of the Administrative Code for attendance at staff and departmental meetings and meetings of those committees of which he or she is a member and for payment of membership dues.

(e) Supervise members of the limited staff in the provision of patient care in accordance with accreditation standards and policies and procedures of approved clinical training programs. It is the responsibility of the attending physician to authorize each member of the limited staff to perform only those services which the limited staff member is competent to perform under supervision.

(f) Supervise other licensed healthcare professionals as necessary in accordance with accreditation standards and state law. It is the responsibility of the attending physician to authorize each licensed healthcare professional to perform only those services which the licensed healthcare professional is privileged to perform.

(g) Take call as assigned by the chief of the clinical department.

(B) Community Affiliate A.

(1) Qualifications: The community affiliate A medical staff shall consist of physicians and other licensed healthcare professional who do not meet the criteria for attending medical staff appointment. This category includes community physicians and physicians employed by an affiliate entity who have clinical activity required for membership and actively participate in teaching programs.

(2) Prerogatives.

The community affiliate A medical staff may:

(a) Exercise such clinical privileges as are granted pursuant to these bylaws.

(b) Admit, consistent with their clinical privileges, patients who complement the clinical teaching program.

(c) Attend meetings as a member of the medical staff and the clinical department of which he or she is a member and any medical staff or the Ohio state university hospitals education programs. The community affiliate A medical staff member may vote on medical staff policies, bylaws, rules and regulations and for elected officials of the medical staff. Members of the community affiliate A medical staff may be appointed to serve on medical staff committees as provided by these bylaws.

(3) Responsibilities: Each member of the community affiliate A medical staff with clinical privileges shall be required to have a faculty appointment and discharge the basic responsibilities specified in paragraph (B)(3) of this rule.

(C) Community affiliate B.

(1) Qualifications: The community affiliate B medical staff shall consist of those doctors of medicine, osteopathic medicine, dentists and practitioners of podiatry or psychology who are employed by an affiliate entity, do not have patient activity at university hospitals but who are enrolled under institutional managed care contracts or other contractual arrangements and who work at facilities not owned by the Wexner medical center. Community affiliate B medical

staff members shall not be required to obtain appointment to the faculty of the Ohio state university and will not possess clinical privileges. Community affiliate B medical staff shall not be eligible to hold office or required to pay medical staff dues and shall not be eligible to vote on medical staff policies, rules and regulations, or bylaws. Community affiliate B medical staff shall not be assigned to a clinical department under rule 3335-43-08 of the Administrative Code.

(2) Appointment and reappointment: For purposes of processing applications for appointment and reappointment of community affiliate B medical staff, the duties of the chief of the clinical department set forth in rule 3335-43-04 of the Administrative Code shall be assigned by the chief medical officer to be performed by the chief physician of the affiliate entity or authorized designee. To perform these duties on behalf of community affiliate B medical staff, the chief physician or authorized designee must be an active member of the medical staff under these bylaws and will also serve as a voting member on the Medical Staff Administrative Committee.

(3) Termination of medical staff membership: The medical staff membership of a community B affiliate physician shall automatically terminate upon loss of employment with the affiliate entity. This automatic termination shall not entitle the community B affiliate physician to any of the hearing processes set forth in rule 3335-43-06 of the Administrative Code.

(D) Community affiliate C.

(1) Qualifications: The community affiliate C medical staff shall consist of those physicians and other licensed healthcare professionals who do not qualify for attending medical staff appointment and shall not possess clinical privileges. This category is comprised of referring physicians who desire to be associated with the Ohio state university hospitals to refer and follow patients. Community affiliate C medical staff members shall not be eligible to vote on medical staff policies, rules and regulations, or bylaws, shall not be eligible to hold office and are not required to pay medical staff dues.

(2) Prerogatives.

Community affiliate C medical staff members may:

(a) Have access to the Ohio state university hospitals and shall be given notice of all medical staff activities and meetings.

(b) Attend meetings as a member of the medical staff and the clinical departments of which he or she is a member and any medical staff or the Ohio state university hospitals education programs.

(c) The grant of community affiliate C medical staff appointment to physicians is a courtesy only and may be terminated by the Wexner medical center board upon recommendation of the medical staff administrative committee without the right to a hearing or appeal.

(E) Community affiliate D.

This is a closed medical staff category that was created as a one-time historical category for medical staff members of the Ohio state university hospitals east prior to July 1, 2007.

(1) Qualifications: Community affiliate D medical staff shall consist of those doctors of medicine, osteopathic medicine, dentists and practitioners of podiatry or psychology who:

(a) Do not qualify for an attending medical staff appointment; and

(b) Are community affiliate D members seeking reappointment; and

(c) Satisfy the requirements and qualifications set forth in rule 3335-43-04 of the Administrative Code and are already appointed to the community affiliate D medical staff pursuant to these bylaws.

(4) A community affiliate D medical staff member shall meet and maintain the same standards for quality patient care applicable to all members of the medical staff. Community affiliate D medical staff members shall be subject to these bylaws and the rules and regulations of the medical staff except as provided in this paragraph. The community affiliate D medical staff member shall not be required to obtain appointment to the faculty of the Ohio state university. The community affiliate D medical staff member shall not be subject to the requirement for board certification within the community affiliate D medical staff member's respective area of practice if that requirement was waived when he or she became a member of the Ohio state university east medical staff. Teaching and research accomplishments shall not be required in determining the qualifications of applicants to this category of the medical staff.

(5) To optimize the clinical organization, resource utilization, and planning of the hospitals, the chief of the clinical department may require that the applicant for community affiliate D medical staff membership to identify categories of diagnosis, extent of anticipated patient activity, and service areas to be utilized and may prepare a statement of participation for the applicant which will be made a part of the application for appointment.

(4) Prerogatives.

A community affiliate D medical staff member may:

(a) Admit patients consistent with the limitations of bed and service allocations established by the medical directors and approved by the medical staff administrative committee, and the Wexner medical center board. If, in the judgment of the medical directors, a balanced teaching program is jeopardized, following consultation with the chief of the clinical department, and with the concurrence of a majority of the medical staff administrative committee, the medical director may restrict admissions of members of the community affiliate D medical staff. Patients admitted under the care of the community affiliate medical staff D will not be required to participate in the educational mission of the Ohio state university hospitals. Ordinarily, no coverage by the limited medical staff will be afforded, with the exception of emergency medical services.

(b) Exercise the clinical privileges granted, have access to all medical records, and be entitled to utilize the facilities of the Ohio state university hospitals incidental to the clinical privileges granted pursuant to these bylaws.

(c) Attend teaching and educational conferences approved by the Ohio state university, attend medical staff social functions, and participate as providers in the Ohio state university or the Ohio state university hospitals affiliated health plans.

(5) Responsibilities.

Each member of the community affiliate D medical staff shall:

(a) Participate in the management of and represent the interests of the clinical department for which he or she is granted clinical privileges. The community affiliate D medical staff member shall comply with all provisions of these bylaws and rules and regulations of the medical staff, unless expressly exempted under this rule.

(b) The community affiliate D medical staff member shall comply with all the Ohio state university hospitals' policies and accreditation standards, and shall be subject to the same quality evaluation, monitoring, and resource management requirements as other members of the medical staff.

(c) Be responsible within the member's area of professional competence for the continuous care and supervision of each patient in the Ohio state university hospitals for whom the member is providing care, or arrange a suitable alternative for such care and supervision.

(d) Not be eligible to vote on medical staff policies, rules and regulations, or bylaws or to hold office. Members of the community affiliate D medical staff may serve on non-elected medical staff committees as provided by these bylaws.

(e) Be subject to payment of medical staff dues or assessments as approved by the medical staff.

(F) Consulting.

(1) Qualifications. The consulting medical staff shall consist of those faculty members of the colleges of medicine and dentistry who:

(a) Satisfy the requirements and qualifications for membership set forth in rule 3335-43-04 of the Administrative Code.

(b) Are consultants of recognized professional ability and expertise who provide a service not readily available from the attending medical staff. These practitioners provide services at the Ohio state university hospitals only at the request of attending or community affiliate A members of the medical staff.

(c) Demonstrate participation on the active medical staff at another accredited hospital requiring performance improvement/quality assessment activities similar to those of the Ohio state university hospitals. The practitioner shall also hold at such other hospital the same privileges, without restriction, that he/she is requesting at the Ohio state university hospitals. An exception to this qualification may be made by the Wexner medical center board provided the practitioner is otherwise qualified by education, training and experience to provide the requested service.

(2) Prerogatives.

Consulting medical staff members may:

(a) Exercise the clinical privileges granted for consultation purposes on an occasional basis when requested by an attending or community affiliate A medical staff member.

(b) Have access to all medical records and be entitled to utilize the facilities of the Ohio state university hospitals incidental to the clinical privileges granted pursuant to these bylaws.

(c) Not admit patients to the Ohio state university hospitals.

(d) Not vote on medical staff policies, rules and regulations, or bylaws, and may not hold office.

(e) Must actively participate in such quality evaluation and monitoring activities as

required by the medical staff and as outlined in the medical staff policy entitled "Consulting medical staff member policy."

(f) Attend medical staff meetings, but shall not be entitled to vote at such meetings or hold office.

(g) Attend department meetings, but shall not be entitled to vote at such meetings or serve as chief of a clinical department.

(h) Serve as a non-voting member of a medical staff committee; provided, however, that he/she may not serve as a committee chair or as a member of the medical staff administrative committee.

(3) Responsibilities.

Each member of the consulting medical staff shall:

(a) Meet the basic responsibilities set forth in rules 3335-43-02 and 3335-43-03 of the Administrative Code.

(b) Be exempt from all medical staff dues.

(G) Contracted.

(1) Qualifications: contracted medical staff shall consist of those members who meet the requirements for medical staff membership and are providing services to Wexner medical center patients exclusively through a contract with the Wexner medical center. Contracted medical staff members shall meet and maintain the same standards for quality patient care applicable to all members of the medical staff and shall be subject to these bylaws and the rules and regulations of the medical staff except as provided in this paragraph.

Contracted medical staff shall not be required to obtain appointment to the faculty of the Ohio state university. Contracted medical staff shall not be eligible to vote on medical staff policies, rules and regulations, or bylaws, shall not be eligible to hold office or required to pay medical staff dues.

(2) Prerogatives.

Contracted medical staff may:

(a) Exercise such clinical privileges as are granted pursuant to these bylaws.

(3) Any contracted medical staff member whose membership has been terminated due to loss of contract and/or clinical privileges shall not be entitled to request a hearing and appeal in accordance with rule 3335-43-06 of the Administrative Code.

(H) Physician scholar medical staff.

(1) Qualifications: The physician scholar medical staff shall be composed of those faculty members of the colleges of medicine and dentistry who are recognized for outstanding reputation, notable scientific and professional contributions, and high professional stature. This medical staff category includes but is not limited to emeritus faculty members. Nominations may be made to the chair of the credentialing committee who shall present the candidate to the medical staff administrative committee for approval.

(2) Prerogatives: Members of the physician scholar medical staff shall have access to the Ohio

state university hospitals and shall be given notice of all medical staff activities and meetings. Members of the physician scholar medical staff shall enjoy all rights of an attending medical staff member except physician scholar members shall not possess clinical privileges.

(3) Physician scholar medical staff must have either a full license or an emeritus registration by the State Medical Board of Ohio.

(I) Limited staff.

Limited staff are not considered full members of the medical staff, do not have delineated clinical privileges and do not have the right to vote in general medical staff elections. Except where expressly stated, members of the limited staff are bound by the terms of these bylaws, the rules and regulations of the medical staff, and the limited staff agreement.

(1) Qualifications.

(a) The limited staff shall consist of doctors of medicine, osteopathic medicine, dentists and practitioners of podiatry or psychology who are accepted in good standing by a program director into a post-doctoral graduate medical education program and appointed to the limited staff in accordance with these bylaws.

(b) The limited staff shall maintain compliance with the requirements of state law, including regulations adopted by the Ohio state university Wexner medical center board, or the limited staff member's respective licensing board.

(c) Members of the limited staff shall possess a valid training certificate or an unrestricted Ohio license from the applicable state board based on eligibility criteria defined by that state board. All members of the limited staff shall be required to successfully obtain an Ohio training certificate prior to beginning training within a program.

(2) Responsibilities.

Each member of the limited staff shall:

(a) Be responsible to respond to all questions and to complete all forms as may be required by the credentials committee.

(b) Participate fully in the teaching programs, conferences, and seminars of the clinical department in which he or she is appointed in accordance with accreditation standards and policies and procedures of the graduate medical education committee and approved clinical training programs.

(c) Participate in the care of all patients assigned to the limited staff member under the appropriate supervision of a designated member of the attending or community affiliate A medical staff in accordance with accreditation standards and policies and procedures of the clinical training programs. The clinical activities of the limited staff shall be determined by the program director appropriate for the level of education and training. Limited staff shall be permitted to perform only those services that they are authorized to perform by the member of the attending or community affiliate A medical staff based on the competence of the limited staff to perform such services. The limited staff may admit or discharge patients only when acting on behalf of the attending or community affiliate A medical staff. The limited staff member shall follow all rules and regulations of the service to which the limited staff member is assigned, as well as the general rules of the Ohio state university hospitals pertaining to limited staff. Specifically, a limited staff member shall consult with the attending or

community affiliate A member of the medical staff responsible for the care of the patient before the limited staff member undertakes a procedure or treatment that carries a significant, material-risk to the patient unless the consultation would cause a delay that would jeopardize the life or health of the patient.

(d) Serve as a member of various medical staff committees in accordance with established committee composition as described in these bylaws and/or the rules and regulations of the medical staff. The limited staff member shall not be eligible to vote or hold elected office in the medical staff organization but may vote on committees to which the limited staff member is assigned.

(e) Be expected to make regular satisfactory professional progress including anticipated certification by the respective specialty or sub-specialty program of post-doctoral training in which the limited staff member is enrolled. Evaluation of professional growth and appropriate humanistic qualities shall be made on a regular schedule by the clinical departmental chief, program director, teaching faculty or evaluation committee in accordance with accreditation standards and policies and procedures of the approved training programs.

(f) Appeal by a member of the limited staff of probation, lack of promotion, suspension or termination for failure to meet expectations for professional growth or failure to display appropriate humanistic qualities or failure to successfully complete any other competency as required by the accreditation standards of an approved training program will be conducted and limited in accordance with written guidelines established by the respective department or training program and approved by the program director and the Ohio state university hospitals graduate medical education committee as delineated in the limited staff agreement and by the graduate medical education policies. Alleged misconduct by a member of the limited staff, for reasons other than failure to meet expectations of professional growth as outlined above, shall be handled in accordance with rules 3335-43-05 and 3335-43-06 of the Administrative Code.

(3) Failure to meet reasonable expectations.

Termination of employment from the limited staff member's residency or fellowship training program shall result in automatic termination of the limited staff member's appointment pursuant to these bylaws.

(4) Temporary appointments.

(a) Limited staff members who are Ohio state university faculty may be granted an early commencement or an extension of appointment upon the recommendation of the chief of the clinical department, with prior concurrence of the associate dean for graduate medical education, when it is necessary for the limited staff member to begin his or her training program prior to or extend his or her training program beyond a regular appointment period. These appointments shall not exceed sixty days.

(b) Temporary appointments may be granted upon the recommendation of the chief of the clinical department, with prior concurrence of the medical directors, for limited staff members who are not Ohio state university faculty but who, pursuant to education affiliate agreements approved by the university, need to satisfy approved graduate medical education clinical rotation requirements. These appointments shall not exceed a total of one hundred twenty days in any given post-graduate year. In such cases, the mandatory requirement for a faculty appointment may be waived. All other requirements for limited staff member appointment must be satisfied.

(5) Supervision.

Limited staff members shall be under the supervision of an attending or community affiliate A medical staff member. Limited staff members shall have no privileges as such but shall be able to care for patients under the supervision and responsibility of their attending or community affiliate A medical staff member. The care they extend will be governed by these bylaws and the general rules and regulations of each clinical department. The practice of care shall be limited by the scope of privileges of their attending or community affiliate A medical staff member. Any concerns or problems that arise in the limited staff member's performance should be directed to the attending or community affiliate A medical staff member or the director of the training program.

(a) Limited staff members may write admission, discharge and other orders for the care of patients under the supervision of the attending or community affiliate A medical staff member.

(b) All records of limited staff member cases must document involvement of the attending or community affiliate A medical staff member in the supervision of the patient's care to include co-signature of the admission order, history and physical, operative report, and discharge summary.

(J) Temporary medical staff appointment.

(1) External peer review. When peer review activities are being conducted by someone other than a current member of the medical staff, the chief medical officer may admit a practitioner to the medical staff for a limited period of time. Such membership is solely for the purpose of conducting peer review in a particular evaluation and this temporary membership automatically expires upon the member's completion of duties in connection with such peer review. Such appointment does not include clinical privileges, and is for a limited purpose.

(2) Proctoring. Temporary privileges may be extended to visiting medical faculty for special clinical or educational activities as provided by the Ohio state medical or dental board. When medical staff members require proctoring for the purposes of gaining experience to become credentialed to perform a procedure, a visiting physician may apply for temporary privileges per the prescribed medical staff proctoring policy.

(K) Clinical privileges.

(1) Delineation of clinical privileges.

(a) Every person practicing at the Ohio state university hospitals by virtue of medical staff membership, faculty appointment, contract or under authority granted in these bylaws shall, in connection with such practice, be entitled to exercise only those clinical privileges specifically applied for and granted to the staff member or other licensed health care professional by the Ohio state university Wexner medical center board after recommendation from the medical staff administrative committee.

Each clinical department shall develop specific clinical criteria and standards for the evaluation of clinical privileges with emphasis on invasive or therapeutic procedures or treatment which present significant risk to the patient or for which specific professional training or experience is required. Such criteria and standards are subject to the approval of the medical staff administrative committee and the Wexner medical center board.

(b) Requests for the exercise and delineation of clinical privileges must be made as part of each application for appointment or reappointment to the medical staff on the

forms prescribed by the medical staff administrative committee. Every person in an administrative position who desires clinical privileges shall be subject to the same procedure as all other applicants. Requests for clinical privileges must be submitted to the chief of the clinical department in which the clinical privileges will be exercised. Clinical privileges requested other than during appointment or reappointment to the medical staff shall be submitted to the chief of the clinical department and such request must include documentation of relevant training or experience supportive of the request.

(c) The chief of the clinical department shall review each applicant's request for clinical privileges and shall make a recommendation regarding clinical privileges to the chief medical officer. Requests for clinical privileges shall be evaluated based upon the applicant's education, training, experience, demonstrated competence, references, and other relevant information, including the direct observation and review of records of the applicant's performance by the clinical department in which the clinical privileges are exercised. Whenever possible the review should be of primary source information.

(d) The applicant shall have the burden of establishing the applicant’s qualifications and competency in clinical privileges requested and shall have the burden of production of adequate information for the proper evaluation of qualifications.

(e) The applicant's request for clinical privileges and the recommendation of the chief of the clinical department shall be forwarded to the credentials committee and shall be processed in the same manner as applications for appointment and reappointment pursuant to rule 3335-43-04 of the Administrative Code.

(f) Medical staff members who are granted new or initial privileges are subject to FPPE, which is a six-month period of focused monitoring and evaluation of practitioners’ professional performance. Following FPPE medical staff members with clinical privileges are subject to ongoing professional practice evaluation (OPPE), which information is factored into the decision to maintain existing privileges, to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal. FPPE and OPPE are fully detailed in medical staff policies that were approved by the medical staff administrative committee and the Wexner medical center board.

(g) Upon resignation, termination or expiration of the medical staff member’s faculty appointment or employment with the university for any reason, such medical staff appointment and clinical privileges of the medical staff member shall automatically expire.

(h) Medical staff members authorize the Ohio state university hospitals and clinics to share credentialing, quality and peer review information pertaining to the medical staff member’s clinical competence and/or professional conduct. Such information may be shared at initial appointment and/or reappointment and at any time during the medical staff member’s medical staff appointment to the medical staff of the Ohio state university hospitals.

(i) Medical staff members authorize the Ohio state university hospitals to release information, in good faith and without malice, to managed care organizations, regulating agencies, accreditation bodies and other health care entities for the purposes of evaluating the medical staff member’s qualifications pursuant to a request for appointment, clinical privileges, participation or other credentialing or quality matters.

(2) Temporary privileges.

(a) Temporary privileges may be extended to a doctor of medicine, osteopathic medicine, dental surgery, psychologist, podiatry or to a licensed health care professional upon completion of an application prescribed by the medical staff administrative committee, upon recommendation of the chief of the clinical department. All temporary privileges are granted by the chief executive officer or authorized designee. The temporary privileges granted shall be consistent with the applicant's training and experience and with clinical department guidelines.

Prior to granting temporary privileges, primary source verification of licensure and current competence shall be required. Temporary privileges shall be limited to situations which fulfill an important patient-care need, and shall be granted for a period not to exceed one hundred twenty days.

(b) Temporary privileges may be extended to visiting medical faculty or for special activity as provided by the Ohio state medical or dental board.

(c) Temporary privileges granted for locum tenens may be exercised for a maximum of ninety days, consecutive or not, any time during the thirty-six month period following the date they are granted.

(d) Practitioners granted temporary privileges will be restricted to the specific delineations for which the temporary privileges are granted. The practitioner will be under the supervision of the chair of the clinical department while exercising any temporary privileges granted.

(e) Special privileges. Upon receipt of a written request for specific temporary privileges and the approval of the clinical department chief and the chief medical officer, an appropriately licensed practitioner of documented competence, who is not an applicant for medical staff membership, may be granted special privileges for the care of one or more specific patients. Such privileges shall be exercised in accordance with the conditions specified in these bylaws.

(f) Practitioners exercising temporary privileges shall abide by these medical staff bylaws, rules and regulations, and hospital and medical staff policies.

(g) The temporary and special privileges must be in conformity with accrediting bodies' standards and the rules and regulations of the professional boards of Ohio.

(3) Expedited privileges.

If the Wexner medical center board is not scheduled to convene in a timeframe that permits the timely consideration of the recommendation of a complete application by the medical staff administrative committee, applicants may be granted expedited privileges by the quality and professional affairs committee of the Wexner medical center board. Certain restrictions apply to the appointment and granting of clinical privileges via the expedited process. These include but are not limited to: an involuntary termination of medical staff membership at another hospital, involuntary termination of medical staff membership at another hospital, involuntary limitation, or reduction, denial or loss of clinical privileges, a history of professional liability actions resulting in a final judgement against the applicant or a challenge by a state licensing board.

(4) Podiatric privileges.

(a) Practitioners of podiatry may admit patients to the Ohio state university hospitals if such patients are being admitted solely to receive care that a podiatrist may provide

without medical assistance, pursuant to the scope of the professional license of the podiatrist. Practitioners of podiatry must, in all other circumstances, co-admit patients with a member of the medical staff who is a doctor of medicine or osteopathic medicine. A member of the medical staff who is a doctor of medicine or osteopathy shall be responsible for any medical problems that the patient has while an inpatient of the Ohio state university hospitals.

(b) A member of the medical staff who is a doctor of medicine or osteopathy:

(i) Shall be responsible for any medical problems that the patient has while an inpatient of the Ohio state university hospitals; and

(ii) Shall confirm the findings, conclusions and assessment of risk prior to high-risk diagnosis or therapeutic interventions defined by the medical staff.

(c) Practitioners of podiatry shall be responsible for the podiatric care of the patient including the podiatric history and physical examination and all appropriate elements of the patient's record.

(d) The podiatrist shall be responsible to the chief of the department of orthopaedics.

(5) Psychology privileges.

(a) Psychologists shall be granted clinical privileges based upon their training, experience and demonstrated competence and judgment consistent with their license to practice. Psychologists shall not prescribe drugs, or perform surgical procedures, or in any other way practice outside the area of their approved clinical privileges or expertise, unless otherwise authorized by law.

(b) Psychologists may not admit patients to the Ohio state university hospitals, but may diagnose and treat a patient's psychological illness as part of the patient's comprehensive care while hospitalized. All patients admitted for psychological care shall receive the same medical appraisal as all other hospitalized patients. A member of the medical staff who is a doctor of medicine or osteopathic medicine shall admit the patient and shall be responsible for the history and physical and any medical care that may be required during the hospitalization, and shall determine the appropriateness of any psychological therapy based on the total health status of the patient. Psychologists may provide consultation within their area of expertise on the care of patients within the Ohio state university hospitals.

In outpatient settings, psychologists shall diagnose and treat their patients' psychological illness. Psychologists shall ensure that their patients receive referral for appropriate medical care.

(c) Psychologists shall be responsible to the chief of the clinical department in which they are appointed.

(6) Dental privileges.

(a) Practitioners of dentistry, who have not been granted clinical privileges as oral and maxillofacial surgeons, may admit patients to the Ohio state university hospitals if such patients are being admitted solely to receive care which a dentist may provide without medical assistance, pursuant to the scope of the professional license of the dentist. Practitioners of dentistry must, in all other circumstances co-admit patients with a member of the medical staff who is a doctor of medicine or osteopathic medicine. A member of the medical staff who is a doctor of medicine or osteopathy

shall be responsible for any medical problems that the patient has while an inpatient of the Ohio state university hospitals.

(b) A member of the medical staff who is a doctor of medicine or osteopathy:

(i) Shall be responsible for any medical problems that the patient has while an inpatient of the Ohio state university hospitals; and

(ii) Shall confirm the findings, conclusions and assessment of risk prior to high-risk diagnosis or therapeutic interventions defined by the medical staff.

(c) Practitioners of dentistry shall be responsible for the dental care of the patient including the dental history and physical examination and all appropriate elements of the patient's record.

(7) Oral and maxillofacial surgical privileges.

All patients admitted to the Ohio state university hospitals for oral and maxillofacial surgical care shall receive the same medical appraisal as all other hospitalized patients. Qualified oral and maxillofacial surgeons shall admit patients, shall be responsible for the plan of care for the patients, shall perform the medical history and physical examination, if they have such privileges, in order to assess the medical, surgical, and anesthetic risks of the proposed operative and other procedure(s), and shall be responsible for the medical care that may be required at the time of admission or that may arise during hospitalization.

(8) Other licensed health care professionals.

(a) Clinical privileges may be exercised by licensed health care professionals who are duly licensed in the state of Ohio, and who are either:

(i) Members of the faculty of the Ohio state university, or

(ii) Employees of the Ohio state university whose employment involves the exercise of clinical privileges, or

(iii) Employees or members of the medical staff.

(b) A licensed health care professional as used herein, shall not be eligible for medical staff membership but shall be eligible to exercise those clinical privileges granted pursuant to these bylaws and in accordance with applicable Ohio state law. If granted such privileges under this rule and in accordance with applicable Ohio state law, other licensed health care professionals may perform all or part of the medical history and physical examination of a patient. Licensed health care professionals with privileges are subject to FPPE and OPPE.

(c) Licensed health care professionals shall apply and re-apply for clinical privileges on forms prescribed by the medical staff administrative committee and shall be processed in the same manner as provided in rule 3335-43-04 of the Administrative Code subject to the provisions of paragraph (G)(8) of this rule.

(d) Licensed health care professionals are not members of the medical staff, but may write admitting orders for patients of the Ohio state university hospitals when granted such privileges under this rule and in accordance with applicable Ohio state law. If such privileges are granted, the patient will be admitted under the medical supervision of the responsible medical staff member. Licensed health care professionals and shall not be eligible to hold office, to vote on medical staff affairs,

or serve on standing committees of the medical staff unless specifically authorized by the medical staff administrative committee.

(e) Each licensed health care professional shall be individually assigned to a clinical department and shall be sponsored by one or more members of the medical staff. The licensed health care professional's clinical privileges are contingent upon the sponsoring medical staff member's privileges. In the event that the sponsoring medical staff member loses privileges or resigns, the licensed health care professionals whom he or she has sponsored shall be placed on administrative hold until another sponsoring medical staff member is assigned. The new sponsoring medical staff member must be assigned in less than thirty days.

(f) Licensed health care professionals must comply with all limitations and restrictions imposed by their respective licenses, certifications, or legal credentials as required by Ohio law, and may only exercise those clinical privileges granted in accordance with provisions relating to their respective professions.

(g) Only applicants who can document the following shall be qualified for clinical privileges as a licensed health care professional:

(i) Current license, certification, or other legal credential required by Ohio law.

(ii) Certificate of authority, standard care agreement, or utilization plan.

(iii) Education, training, professional background and experience, and professional competence.

(iv) Patient care quality indicators definition for initial appointment. This data will be in a format determined by the licensed health care professional subcommittee and the quality management department.

(v) Adherence to the ethics of the profession for which an individual holds a license, certification, or other legal credential required by Ohio law.

(vi) Evidence of required immunization.

(vii) Evidence of good personal and professional reputation as established by peer recommendations.

(viii) Satisfactory physical and mental health to perform requested clinical privileges.

(xi) Ability to work with members of the medical staff and the Ohio state university hospitals employees.

(h) The applicant shall have the burden to produce documentation with sufficient adequacy to assure the medical staff and the Ohio state university hospitals that any patient cared for by the licensed health care professional seeking clinical privileges shall be given quality care, and that the efficient operation of the Ohio state university hospitals will not be disrupted by the applicant's care of patients in the Ohio state university hospitals.

(i) By applying for clinical privileges as a licensed health care professional, the applicant agrees to the following terms and conditions:

(i) The applicant has read the bylaws and rules and regulations of the medical

staff of the Ohio state university hospitals and agrees to abide by all applicable terms of such bylaws and any applicable rules and regulations, including any subsequent amendments thereto, and any applicable Ohio state university hospitals policies that the Ohio state university hospitals may from time to time put into effect.

(ii) The applicant releases from liability all individuals and organizations who provide information to the Ohio state university hospitals regarding the applicant and all members of the medical staff, the Ohio state university hospitals staff, the Ohio state university Wexner medical center board and the Ohio state university board of trustees for all acts in connection with investigating and evaluating the applicant.

(iii) The applicant shall not deceive a patient as to the identity of any practitioner providing treatment or service in the Ohio state university hospitals.

(iv) The applicant shall not make any statement or take any action that might cause a patient to believe that the licensed health care professional is a member of the medical staff.

(v) The applicant shall not perform any patient care in the Ohio state university hospitals that is not permitted under the applicant's license, certification, or other legal credential required under Ohio law.

(vi) The applicant shall obtain and continue to maintain professional liability insurance in such amounts required by the medical staff.

(j) Licensed health care professionals shall be subject to quality review and corrective action as outlined in this paragraph for violation of these bylaws, their certificate of authority, standard of care agreement, utilization plan, or the provisions of their licensure, including professional ethics. Review may be requested by any member of the medical staff, a chief of the clinical department, or by the chief quality officer or his or her designee. All requests shall be in writing and shall be submitted to the chief quality officer. The chief quality officer shall appoint a three-person committee to review and make recommendations concerning appropriate action. The committee shall consist of at least one licensed health care professional and one medical staff member. The committee shall make a written recommendation to the chief quality officer, who may accept, reject, or modify the recommendation. The chief quality officer forwards his or her recommendation to the chief medical officer for final determination.

(k) Appeal process.

(i) A licensed health care professional may submit a notice of appeal to the chairperson of the quality and professional affairs committee within thirty days of receipt of written notice of any adverse corrective action pursuant to these bylaws.

(ii) If an appeal is not so requested within the thirty-day period, the licensed health care professional shall be deemed to have waived the right to appeal and to have conclusively accepted the decision of the chief medical officer.

(iii) The appellate review shall be conducted by the chief of staff, the chair of the licensed health care professionals subcommittee and one medical staff member from the same discipline as the licensed health care professional under review. The licensed health care professional under review shall have

the opportunity to present any additional information deemed relevant to the review and appeal of the decision.

(iv) The affected licensed health care professional shall have access to the reports and records, including transcripts, if any, of the hearing committee and of the medical staff administrative committee and all other material, favorable or unfavorable, that has been considered by the chief quality officer. The licensed health care professional shall submit a written statement indicating those factual and procedural matters with which the member disagrees, specifying the reasons for such disagreement. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the review committee no later than seven days following the date of the licensed health care professional's notice of appeal.

(v) New or additional matters shall only be considered on appeal at the sole discretion of the quality and professional affairs committee.

(vi) Within thirty days following submission of the written statement by the licensed health care professional, the chief of staff shall make a final recommendation to the chair of the quality and professional affairs committee of the Wexner medical center board. The quality and professional affairs committee of the Wexner medical center board shall determine whether the adverse decision will stand or be modified and shall recommend to the Ohio state university Wexner medical center board that the adverse decision be affirmed, modified or rejected, or to refer the matter back to the review committee for further review and recommendation. Such referral to the review committee may include a request for further investigation.

(vii) Any final decision by the Wexner medical center board shall be communicated by the chief quality officer and by certified return receipt mail to the last known address of the licensed health care professional as determined by university records. The chief quality officer shall also notify in writing the executive vice president for health sciences, the dean of the college of medicine, the chief executive officer of the Ohio state university hospitals and the vice president for health services and the chief of the applicable clinical department or departments. The chief medical officer shall take immediate steps to implement the final decision.

(9) Emergency privileges.

In case of an emergency, any member of the medical staff to the degree permitted by the member's license or certification and regardless of department or medical staff status shall be permitted to do everything possible to save the life of a patient using every facility of the Ohio state university hospitals necessary, including the calling for any consultation necessary or desirable. After the emergency situation resolves, the patient shall be assigned to an appropriate member of the medical staff. For the purposes of this paragraph, an "emergency" is defined as a condition which would result in serious permanent harm to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

(10) Disaster privileges.

Disaster privileges may be granted in order to provide voluntary services during a local, state, or national disaster in accordance with hospital/medical staff policy and only when the

following two conditions are present: the emergency management plan has been activated and the hospital is unable to meet immediate patient needs. Such privileges may be granted by the chief medical officer or his or her designee to fully licensed or certified, qualified individuals who at the time of the disaster are not members of the medical staff. These privileges will be limited in scope and will terminate once the disaster situation subsides or at the discretion of the chief medical officer.

(11) Telemedicine privileges.

Practitioners who provide contracted patient care, treatment, and services via telemedicine shall be credentialed and privileged to provide such services. A grant of telemedicine privileges shall include appointment to the contracted medical staff category as described in paragraph (G) of this rule.

Practitioners providing contracted telemedicine services shall be credentialed and privileged through one of the following mechanisms:

(a) The practitioner shall be credentialed and privileged in accordance with rule 3335-43-04.

(b) The practitioner shall be credentialed and privileged by proxy using the credentialing and privileging decision from the distant site if all of the following requirements are met:

(i) The distant site is also accredited by the Joint Commission.

(ii) The distant site is a Medicare-participating hospital or a facility that qualifies as a distant-site telemedicine entity under federal regulations.

(iii) The Ohio state university hospitals have entered into a written agreement with the distant site.

(iv) If the distant site is a Medicare-participating hospital, the written agreement shall specify that it is the responsibility of the distant-site hospital to meet the Centers for Medicare and Medicaid Services conditions of participation applicable to medical staff credentialing and privileging.

(v) If the distant site is a distant-site telemedicine entity as defined by federal regulations, the written agreement shall specify that the distant-site telemedicine entity is a contractor of services to the Ohio state university hospitals and furnishes the contracted services in a manner that allows the Ohio State university hospitals Hospital to comply with all applicable Centers for Medicare and Medicaid Services conditions of participation for contracted services and for medical staff credentialing and privileging.

(vi) The individual distant-site practitioner is privileged at the distant site for those services to be provided to patients of the Ohio state university hospitals via telemedicine and the distant site provides a current list of the practitioner's privileges at the distant site.

(vii) The individual distant-site practitioner holds an appropriate license, telemedicine certificate, or telemedicine waiver issued by the applicable Ohio licensing board for the practitioner's area of practice.

(viii) The Ohio state university hospitals maintain documentation of all internal reviews of the performance of each distant-site Practitioner and sends the distant site such performance information for use in the distant site's periodic appraisal of the distant-site Practitioner's privileges. At a minimum, this information must include all adverse events that result from the telemedicine services provided by the distant-site practitioner to patients of the Ohio state

university hospitals, and all complaints the Ohio state university hospitals receive about the distant-site practitioner.

(Board approval dates: 6/7/2002, 9/6/2002, 5/30/2003, 6/4/2004, 5/6/2005, 11/4/2005, 2/2/2007, 2/1/2008, 9/19/2008, 9/18/2009, 5/14/2010, 4/8/2011, 8/31/2012, 2/1/2013, 11/07/2014, 11/6/2015, 4/6/2018, 2/8/2022, 8/15/2023, 8/20/2024)

3335-43-08 Organization of the medical staff.

(A) Each member of the attending, community affiliate A, community affiliate C, community affiliate D, limited, and physician scholar medical staff shall be assigned to a clinical department and division, if applicable, upon the recommendation of the applicable chief of the clinical department.

(B) Names of clinical departments.

(1) Anesthesiology.

(2) Dermatology

(3) Emergency medicine.

(4) Family and community medicine.

(5) Internal medicine.

(6) Neurological surgery.

(7) Neurology.

(8) Obstetrics and gynecology.

(9) Ophthalmology and visual science.

(10) Orthopaedics.

(11) Otolaryngology – head and neck surgery.

(12) Pathology.

(13) Pediatrics.

(14) Physical medicine and rehabilitation.

(15) Plastic and reconstructive surgery.

(16) Psychiatry and behavioral health.

(17) Radiation oncology.

(18) Radiology.

(19) Surgery.

(20) Urology.

(21) Dentistry.

(C) The directors of the divisions in the Ohio state university hospitals shall be appointed by the chiefs of the clinical departments in the Ohio state university hospitals in which the divisions are included.

(D) Qualifications and responsibilities of the chief of the clinical department.

The academic department chairperson shall ordinarily serve also as the chief of the clinical department. Each chief of the clinical department shall be qualified by education and experience appropriate to the discharge of the responsibilities of the position. Each chief of the clinical department must be board certified by an appropriate specialty board or must establish comparable competence. The chief of the clinical department must be a medical staff member at the Ohio state university hospitals. Such qualifications shall be judged by the respective dean of the college of medicine or dentistry. Qualifications for chief of the clinical department generally shall include: recognized clinical competence, sound judgment and well-developed administrative skills.

(1) Procedure for appointment and reappointment of the chief of the clinical department.

Appointment or reappointment of chief of the clinical department shall be made by the dean of the respective college of medicine or dentistry in consultation with elected representatives of the medical staff and the chief medical officer.

(2) Term of appointment of the chief of the clinical department.

The term of appointment of the chief of the clinical department shall be concurrent with the chief's academic appointment but shall be no longer than four years. Prior to the end of said four-year term, a review shall be conducted by the dean of the college of medicine and such review shall serve as the basis for the recommendation for reappointment pursuant to paragraph (D)(1) of this rule.

(3) Duties of the chief of the clinical department.

Each chief of the clinical department is responsible for the following:

(a) Clinically related activities of the department;

(b) Administratively related activities of the department, unless otherwise provided by the hospital;

(c) Continuing surveillance of the professional performance of all practitioners in the department who have delineated clinical privileges;

(d) Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department;

(e) Recommending clinical privileges for each practitioner of the department based on relevant training and experience, current appraised competence, health status that does not present a risk to patients, and evidence of satisfactory performance with existing privileges;

(f) Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the

hospital;

(g) The integration of the department or service into the primary functions of the hospital, developing services that complement the medical center's mission and plan for clinical program development;

(h) The coordination and integration of interdepartment and intradepartmental services;

(i) The development and implementation of policies and procedures that guide and support the provision of care, treatment, and services. This includes the development, implementation, enforcement and updating of departmental policies and procedures that are consistent with the hospital's mission. The clinical department chief shall make such policies and procedures available to the medical staff;

(j) The recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services, including ensuring that call coverage provides for continuous high quality and safe care;

(k) The determination of the qualifications and competence of department or service personnel who are not licensed practitioners and who provide patient care, treatment, and services;

(l) The continuous assessment and improvement of the quality of care, treatment, and services;

(m) The maintenance of quality control programs, as appropriate;

(n) The orientation and continuing education of all persons in the department or service;

(o) Hold regular clinical department meetings and ensure open lines of communication are maintained in the clinical department. The agenda for the meetings shall include, but not be limited to, a discussion of the clinical activities of the department and communication of the decisions of the medical staff administrative committee. Minutes of departmental meetings, including a record of attendance, shall be electronically available and/or distributed to all medical staff members in the clinical department, and such minutes shall be kept in the clinical department.

(Board approval dates: 6/7/2002, 7/6/2002, 3/5/2003, 6/4/2004, 5/6/2005, 11/4/2005, 2/1/2006, 2/2/2007, 9/21/2007, 9/19/2008, 9/18/2009, 10/29/2009, 9/17/2010, 4/8/2011, 8/31/2012, 1/31/2014, 5/18/2021, 8/15/2023, 8/20/2024)

3335-43-09 Elected officers of the medical staff of the Ohio state university hospitals.

(A) Chief of staff.

The chief of staff shall:

(1) Serve on those committees of the Ohio state university Wexner medical center board as appointed by the chairperson of that board.

(2) Serve as vice chairperson of the medical staff administrative committee.

(3) Provide for communication between the medical staff and the Ohio state university Wexner medical center board or its committees in matters of quality of care, education, and research.

(4) Serve as liaison between the Ohio state university hospitals administration, medical administration, and the medical staff in all matters of mutual concern within the Ohio state university hospitals.

(5) In consultation with the medical directors and the chief medical officer, seek to ensure that the medical staff is represented and participates as appropriate in any Ohio state university hospitals deliberation which affects the discharge of medical staff responsibilities.

(6) Call, preside, and be responsible for the agenda of all general medical staff meetings.

(7) Make medical staff committee appointments in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code.

(8) Be spokesperson for the medical staff in its external professional and public relations.

(9) Serve as chairperson of the nominating committee of the medical staff.

(B) Chief of staff-elect.

The chief of staff-elect shall:

(1) Serve on those committees of the Ohio state university Wexner medical center board as appointed by the chairperson of the Wexner medical center board.

(2) Carry out all the duties of the chief of staff when the chief of staff is unable to do so.

(3) Oversee the inclusion of changes in the bylaws, rules and regulations of the medical staff.

(4) Assist the Chief of Staff with duties outlined above in paragraph (A)(1) to (A)(9).

(C) Representatives of the medical staff elected at-large.

There shall be six medical staff representatives elected at-large. Each representative shall be a member of the medical staff administrative committee and shall serve on those committees of the Ohio state university Wexner medical center board as appointed by the chairperson of the Wexner medical center board.

(D) Qualifications of officers.

(1) Officers must be members of the attending staff at the time of their nomination and election and must remain members in good standing during the term of their office. Failure to maintain such status shall immediately create a vacancy in the office involved.

(2) Chiefs of the clinical departments shall not be eligible to serve as chief of staff or chief of staff-elect unless they are replaced in their Ohio state university hospitals administrative role during the period of their term of office.

(E) Election of officers.

(1) All officers (other than at-large officers) shall be elected by a majority of those voting by electronic ballot of the attending staff.

(2) The nominating committee shall be composed of five members. The chief of staff shall serve on the committee and shall select four other members for the committee. The chief of staff shall be its chairperson.

(3) Nominations for officers shall be accepted from any member of the medical staff and shall be submitted either electronically or in writing to the nominating committee.

(4) The committee's nominees shall be submitted to all voting members of the attending staff no later than May first of the election year.

(5) Candidates for the office of chief of staff-elect shall be listed and each attending staff member shall be entitled to cast one vote. Candidates for the at-large positions shall be voted upon as a group. Each voting member of the attending staff shall be entitled to vote for three at-large candidates. The three candidates with the highest number of votes shall be elected. A majority of the votes shall not be necessary.

(6) Automatic removal shall be for failure to meet those responsibilities assigned within these bylaws, failure to comply with medical staff rules and regulations, policies and procedures of the medical staff, for conduct or statements that damage the reputation of the Ohio state university Wexner medical center, its goals and missions, or programs, or an automatic termination or suspension of clinical privileges that lasts more than thirty days.

(F) Term of office.

(1) The chief of staff and chief of staff-elect shall each serve two years in office beginning on July first. The chief of staff-elect shall be elected in the odd numbered years. A former chief of staff may not succeed the immediately preceding chief of staff-elect.

(2) The at-large representatives shall each serve two years, beginning July first. The at-large representatives may succeed themselves for three successive terms (six years total), if so elected. Upon completion of the three successive terms, the representative may not serve again without a period of two years out of office as an at-large representative. The representative may be elected chief of staff-elect at any time.

(G) Vacancies in office.

(1) A vacancy in the office of chief of staff shall be filled by the chief of staff-elect. If the unexpired term is one year or less, the new chief of staff shall serve out the remaining term in office and shall then serve as chief of staff for the term for which elected. If the unexpired term is more than one year, the new chief of staff shall serve out the remaining term only.

(2) Vacancies in the office of chief of staff-elect shall be filled by a special election held within sixty days of the vacancy by the nominating and election process set forth in paragraph (F) of this rule. The new chief of staff-elect shall become chief of staff at the end of the term of the incumbent.

(3) Vacancies in the at-large representatives medical staff positions shall be filled by appointment by the chief of staff.

(Board approval dates: 6/7/2002, 3/5/2003, 5/30/2003, 11/4/2005, 2/2/2007, 9/19/2008, 9/18/2009, 4/8/2011, 8/31/2012, 11/7/2014, 9/2/2016, 4/6/2018, 5/18/2021, 8/15/23, 8/20/2024)

3335-43-10 Administration of the medical staff of the Ohio state university hospitals

(A) Chief medical officer.

The chief clinical officer functions as the chief medical officer as referred to herein these bylaws. The chief medical officer is the senior medical officer for the medical center with the responsibility and authority for all health and medical care delivered at the medical center. The chief medical officer is

responsible for overall quality improvement and clinical leadership throughout the medical center, physician alignment, patient safety and medical staff development. The appointment, scope of authority, and responsibilities of the chief medical officer shall be as outlined in the Ohio state university Wexner medical center board bylaws.

(B) Chief quality officer.

The chief quality and patient safety officer of the Ohio state university Wexner medical center is referred to herein these bylaws as the chief quality officer. The chief quality officer reports to the chief medical officer. The chief quality officer works collaboratively with clinical leadership of the medical center, including the director of medical affairs for the James cancer hospital, nursing leadership and hospital administration. The chief quality officer provides leadership in the development and measurement of the medical center's approach to quality, patient safety and reduction of adverse events. The chief quality officer communicates and implements strategic, operational and programmatic plans and policies to promote a culture where patient safety is an important priority for medical and hospital staff.

(C) Medical directors.

The medical directors of the hospitals of the Ohio state university report to the chief executive officer or the executive director of the respective hospital and chief medical officer. Each medical director will collaborate with the chief quality officer, the chief medical officer and the clinical department chiefs to develop, execute and monitor the quality and safety programs of the hospital. The appointment, scope of authority, and responsibilities of the medical directors for the Ohio state university hospitals shall be further outlined in the Ohio state university Wexner medical center board bylaws.

(D) Medical staff committees.

(1) Appointments:

Appointments to all medical staff committees except the medical staff administrative committee, nominating committee and all health system committees, shall be made jointly by the chief of staff, chief of staff-elect, and the hospital medical directors with medical staff administrative committee ratification. Representatives from the Ohio state university hospitals to health system committees shall be appointed jointly by the chief medical officer of the health system and the medical director. Unless otherwise provided by these bylaws, all appointments to medical staff committees shall be for two years and may be renewed. The chief of staff, chief medical officer, medical director, and the chief executive officer of the Ohio state university hospitals may serve on any medical staff committee as an ex-officio member without vote.

(2) Meetings:

Each medical staff committee shall meet at the call of its chairperson and at least quarterly. Committees shall maintain records of proceedings and minutes of meetings and shall forward all recommendations and actions taken to the chief medical officer who shall promptly communicate them to the medical staff administrative committee. The chairperson shall control the committee agenda, attendance of staff and guests, and conduct of the proceedings. A simple majority of appointed voting members shall constitute a quorum.

(3) Peer review committees:

The medical staff as a whole and each committee provided for by these medical staff bylaws is hereby designated as a peer review committee in accordance with the laws of the state of Ohio. The medical staff through its committees shall be responsible for evaluating, maintaining and/or monitoring the quality and utilization of patient care services provided by

the Ohio state university hospitals.

(E) Medical staff administrative committee.

(1) Composition.

(a) This committee shall consist of the following voting members: chief of staff, chief of staff-elect, chiefs of the clinical departments, chief physician for the affiliated entity employing community affiliate B medical staff, six medical staff representatives elected at large, the chief medical officer, and the chief executive officer of the Ohio state university hospitals or designee. Additional members may be appointed to the medical staff administrative committee at the recommendation of the dean or the chief medical officer of the medical center subject to the approval of the medical staff administrative committee and subject to review/renewal on a biennial basis. Any members may be removed from the medical staff administrative committee at the recommendation of the dean, the executive vice president for health sciences or the chief medical officer of the medical center and subject to the review and approval of the medical staff administrative committee. A replacement will be appointed as outlined above to maintain the medical staff administrative committee's constituency. The chief medical officer shall be the chairperson and the chief of staff shall be vice-chairperson.

(b) Any member of the committee who anticipates absence from a meeting of the committee may appoint as a temporary substitute another member of the same category of the medical staff to represent him or her at the meeting. The temporary substitute shall have all the rights of the absent member.

(c) All members of the committee shall attend, either in person, virtual, or by proxy, a minimum of two-thirds of all committee meetings.

(2) Duties.

(a) To represent and to act on behalf of the medical staff, subject to such limitations as may be imposed by these bylaws, by the bylaws of the Ohio state university Wexner medical center board, the bylaws or rules of the board of trustees of the Ohio state university.

(b) To have primary authority for activities related to self-governance of the medical staff. Action approved by the medical staff administrative committee can be reviewed by the quality and professional affairs committee pursuant to section 3335-43-13 of these bylaws.

(c) To receive and act upon committee reports.

(d) To delegate appropriate staff business to committees while retaining the right of executive responsibility and authority over all medical staff committees. This shall include but is not limited to review of and action upon medical staff appointments and reappointments whenever timely action is necessary.

(e) To approve and implement policies of the medical staff.

(f) To provide a liaison between the medical staff, medical director, chief executive officer, and the Wexner medical center board.

(g) To recommend action to the medical directors and chief executive officer of the Ohio state university hospitals on matters of medical-administrative nature.

(h) To fulfill the medical staff's accountability to the Wexner medical center board and the board of trustees of the Ohio state university for medical care rendered to patients in the Ohio state university hospitals, and for the professional conduct and activities of the medical staff, including recommendations concerning:

(i) Medical staff structure;

(ii) The mechanism to review credentials and to delineate clinical privileges;

(iii) The mechanism by which medical staff membership may be terminated;

(iv) Participation in the Ohio state university hospitals' performance improvement activities; and

(v) Corrective action and hearing procedures applicable to medical staff members and other licensed health care professionals granted clinical privileges.

(vi) To ensure the medical staff is kept abreast of the accreditation process and informed of the accreditation status of the Ohio state university hospitals.

(i) To review and act on medical staff appointments, reappointments, and requests for delineation of clinical privileges. Whenever there is doubt of an applicant's ability to perform the privileges requested, the medical staff administrative committee shall have the authority to request an evaluation of the applicant's clinical activities relevant to requested privileges.

(j) To report to the medical staff all actions affecting the medical staff.

(k) To inform the medical staff of all changes in committees, and the elimination of such committees as circumstances shall require.

(l) To create committees (for which membership is subsequently appointed pursuant to rule 3335-43-09 of the Administrative Code) to meet the needs of the medical staff and comply with the requirements of accrediting agencies.

(m) To establish and maintain rules and regulations governing the medical staff.

(n) To perform other functions as are appropriate.

(3) Executive session.

(a) Upon the recommendation of the credentialing committee, the medical staff administrative committee may vote to hold a portion of a regular, special or emergency meeting in executive session with participation limited to voting members of the medical staff administrative committee. Other individuals may be invited to attend any or all portions of an executive session as deemed necessary by the committee chair.

(4) Meetings. The committee shall meet monthly and shall keep detailed minutes which shall be distributed to each committee member and to the Wexner medical center board through the quality and professional affairs committee.

(5) Voting. At a properly constituted meeting, voting shall be by a simple majority of members present except in the case of termination or non-reappointment of medical staff membership

or permanent suspension of clinical privileges, wherein a two-thirds vote of members present shall be required.

(F) Credentialing committee of the hospitals of the Ohio state university:

(1) Composition.

The credentialing responsibilities of medical staff are delegated to the credentialing committee of the hospitals of the Ohio state university, the composition of which shall include representation from the medical staff of each health system hospital.

The credentialing committee of the hospitals of the Ohio state university shall be appointed by the chief medical officer of the health system. The chief of staff, director of medical affairs and medical directors of each hospital shall make recommendations to the chief medical officer for representation on the credentialing committee of the hospitals of the Ohio state university.

The credentialing committee of the hospitals of the Ohio state university shall meet at the call of its chair, who shall be appointed by the chief medical officer of the health system.

(2) Duties.

(a) To review all applications for medical staff and licensed health care professional appointment and reappointment, as well as all requests for delineation, renewal, or amendment of clinical privileges in the manner provided in these medical staff bylaws, including applicable time limits. During its evaluation, the credentialing committee of the hospitals of the Ohio state university will take into consideration the appropriateness of the setting where the requested privileges are to be conducted;

(b) To review triennially all applications for reappointment or renewal of clinical privileges;

(c) To review all requests for changes in medical staff membership;

(d) To assure, through the chairperson of the committee, that all records of formal peer review activity taken by the committee, including committee minutes, are maintained in the strictest of confidence in accordance with the laws of the state of Ohio. The committee may conduct investigations and interview applicants as needed to discharge its duties. The committee may refer issues and receive issues as appropriate from other medical staff committees;

(e) To make recommendations to the medical staff administrative committee through the chairperson of the credentialing committee regarding appointment applications and initial requests for clinical privileges. Such recommendations shall include the name, status, department (division), medical school and year of graduation, residency and fellowships, medical-related employment since graduation, board certification and recertification, licensure status as well as all other relevant information concerning the applicant's current competence, experience, qualifications, and ability to perform the clinical privileges requested;

(f) To recommend to the medical staff administrative committee that certain applications for appointment be reviewed in executive session;

(g) The committee, after review and investigation, may make recommendations to the chief medical officer, chief of staff or the chief of a clinical department, regarding the restriction or limitation of a member’s clinical privileges for noncompliance or any

other matter related to its responsibilities;

(h) To review all grants of special or temporary privileges; and

(i) To review requests made for clinical privileges by other licensed health care professionals as set forth in these bylaws.

(j) To recommend eligibility criteria for the granting of medical staff membership and privileges.

(k) To develop, recommend, and consistently implement policy and procedures for all credentialing and privileging activities.

(l) To review, and where appropriate take action on, reports that are referred to it from other medical staff committees and medical staff members.

(m) To perform such other functions as requested by the medical staff administrative committee, the quality and professional affairs committee or Wexner medical center board.

(3) Licensed health care professionals subcommittee.

(a) Composition.

This subcommittee shall consist of other licensed health care professionals who have been appointed in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code. The subcommittee shall be chaired by a director of nursing who shall serve as chair of the subcommittee.

(b) Duties.

(i) To review, within thirty days of receipt, all completed applications as may be referred by the credentialing committee of the hospitals of the Ohio state university.

(ii) To review and investigate the character, qualifications and professional competence of the applicant.

(iii) To review the applicant's patient care quality indicator definitions on initial granting of clinical privileges and the performance based profile at the time of renewal.

(iv) To verify the accuracy of the information contained in the application.

(v) To request a personal interview with the applicant if deemed appropriate.

(vi) To forward, following review of the application, a written recommendation for clinical privileges to the credentialing committee of the hospitals of the Ohio state university for review at its next regularly scheduled meeting.

(vii) To develop relevant policies and procedures regarding the scope of service and scope of practice to be granted to each licensed health care professional specialty. These policies and procedures shall be ratified by the credentialing committee and medical staff administrative committee, and be approved by the Wexner medical center board.

(G) Committee for practitioner health.

(1) Composition.

The committee shall consist of medical staff members appointed in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code.

(2) Duties.

(a) To consider issues of licensed practitioner health or impairment whenever a self-referral or referral is requested by an affected member or another member or committee of the medical staff, the Ohio state university hospitals staff, or any other individual.

(b) To educate the medical staff and the Ohio state university hospitals staff about illness and impairment recognition issues, including at-risk criteria, specific to licensed practitioners.

(c) To provide appropriate counsel, referral and monitoring until the rehabilitation is complete and periodically thereafter, if required, to enable the medical staff member to obtain appropriate diagnosis and treatment, and to provide appropriate standards of care.

(d) To consult regularly with the chief of staff, chief medical officer and medical director of the Ohio state university hospitals.

(e) To advise credentials or other appropriate medical staff committees on the credibility of any complaint, allegation or concern, including those affecting the quality and safety of patient care.

(f) To assure, through the chairperson of the committee, that all proceedings and records, including the identity of the person referring the case, are handled and maintained in the strictest confidence in accordance with the laws of the state of Ohio.

(g) To initiate appropriate actions when a licensed practitioner fails to complete the required rehabilitation program.

(H) Medical staff bylaws committee.

(1) Composition.

The committee shall consist of those members appointed in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code. The chairperson shall always be the chief of staff-elect.

(2) Duties.

(a) To review and recommend amendments, as appropriate, to these medical staff bylaws to the medical staff administrative committee at least every two years.

(b) To receive from members of the medical staff or the medical staff administrative committee any suggestions that may necessitate amendment of these bylaws.

(I) Infection prevention committee.

(1) Composition.

The medical staff members of the committee shall consist of those members appointed in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code. The committee shall also include representatives of nursing, environmental services, and hospital administration as may be invited from time to time by the chief of staff. The chairperson shall be a physician member of the medical staff with experience or training in infectious diseases.

(2) Duties.

(a) To oversee surveillance and institute any recommendations necessary for the investigation, prevention, containment of nosocomial and clinical infectious diseases of both patients and staff at all facilities owned, operated, or controlled by the Ohio state university hospitals and subject to JCAHO standards.

(b) To take necessary action through the chairperson of the committee, and the Ohio state university hospitals' epidemiologist, in consultation with the medical director of the Ohio state university hospitals, to prevent and control emerging spread or outbreaks of infections; isolate communicable and infectious patients as indicated; and obtain all necessary cultures in emergent situations when the responsible medical staff member is unavailable.

(J) Ethics committee.

(1) Composition.

The committee shall consist of members of the medical staff, nursing, hospital administration, and other persons who by reason of training, vocation, or interest may make a contribution. Members shall be appointed as provided in these bylaws. The chairperson shall be a medical staff member who is a clinically active physician.

(2) Duties.

(a) To make recommendations for the review and development of guidelines or policies regarding ethical issues.

(b) To provide ethical guidelines and information in response to requests from members of the medical staff, patients, patient's family or other representative, and staff members of the Ohio state university hospitals.

(c) To provide a support mechanism for primary decision makers at the Ohio state university hospitals.

(d) To provide educational resources on ethics to all health care providers at the Ohio state university hospitals.

(e) To provide and enhance interaction between hospitals administration and staff, departmental ethics committees, pastoral care services, and members of the medical staff.

(K) Practitioner evaluation committee.

(1) Composition.

This multi-disciplinary peer review committee is composed of clinically-active practitioners. If additional expertise is needed, the practitioner evaluation committee may request the

assistance from any medical staff member or recommend to the chief medical officer an external review.

(2) Duties.

(a) To meet and keep minutes, which describe issues, opportunities to improve patient care, recommendations and actions to the chief quality officer and chair of the clinical department, responsible parties, and expected completion dates. The minutes are maintained in the quality and operations improvement office.

(b) To ensure that ongoing and systematic monitoring, evaluation, and process improvement is performed in each clinical department.

(c) To develop and utilize objective criteria in practitioner peer review activities.

(d) To ensure that the medical staff peer review process is effective.

(e) To maintain confidentiality of its proceedings. These issues are not to be handled outside of PEC by any individual, clinical department, division, or committee.

(L) Quality Leadership Council.

(1) Composition.

The quality leadership council shall consist of members appointed in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code, and shall include the executive vice president for health sciences, the dean of the college of medicine and the chairperson of the quality and professional affairs committee of the Wexner medical center board as ex-officio members without a vote. The chief quality officer shall be the chairperson of the quality leadership council.

(a) To design and implement systems and initiatives to enhance clinical care and outcomes throughout the integrated health care delivery system.

(b) To serve as the oversight council for the clinical quality management and patient safety plan.

(c) To establish goals and priorities for clinical quality, safety and service on an annual basis.

(M) Clinical quality and patient safety committee.

(1) Composition.

The members of this group shall be appointed pursuant to these bylaws and shall include medical staff members from various clinical departments and support services, and shall include the director of the clinical quality management policy group, and representatives of nursing and hospitals administration. The chairperson of the policy group shall be a physician member of the medical staff.

(2) Duties.

(a) To coordinate the quality management related activities of the clinical departments, the medical information management department, utilization review, infection control, pharmacy and therapeutics and drug utilization committee, transfusion and isoimmunization, and other medical staff and the Ohio state university hospitals committees.

(b) To implement clinical improvement programs to achieve the goals of the Ohio state university hospitals quality management plan, as well as assure optimal compliance with accreditation standards and governmental regulations concerning performance improvement.

(c) To review, analyze, and evaluate on a continuing basis the performance of the medical staff and other health care providers; and advise the clinical department clinical quality sub-committees in defining, monitoring, and evaluating quality indicators of patient care and services.

(d) To serve as liaison between the Ohio state university and the Ohio peer review organizations through the chairperson of the policy group and the director of clinical quality.

(e) To make recommendations to the medical staff administrative committee on the establishment of and the adherence to standards of care designed to improve the quality of patient care delivered in the Ohio state university hospitals.

(f) To hear and determine issues concerning the quality of patient care rendered by members of the medical staff and the Ohio state university hospitals staff and make appropriate recommendations and evaluate action plans when appropriate to the chief medical officer, the medical director, the chief of a clinical department, or the Ohio state university hospitals administration.

(g) To appoint ad-hoc interdisciplinary teams to address the Ohio state university hospitals-wide quality management plan.

(h) To annually review and revise as necessary the Ohio state university hospitals-wide clinical quality management plan.

(i) To report and coordinate with the quality leadership council all quality improvement initiatives.

(N) Utilization management committee.

(1) Composition.

The members shall be appointed in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code and shall include medical staff members from various clinical departments and support services the directors of clinical quality and case management, and representatives of nursing and hospitals administration. The chairperson of the committee shall be a physician member of the medical staff.

(2) Duties.

(a) To promote the most efficient and effective use of the hospitals of the Ohio state university health system facilities and services by participating in the review process and continued stay reviews on all hospitalized patients.

(b) To formulate and maintain a written resource management review plan for the hospitals of the Ohio state university health system consistent with applicable governmental regulations and accreditation requirements.

(c) To conduct resource management studies by clinical department or divisions, or by disease entity as requested or in response to variation from benchmark data would indicate.

(d) To report and recommend to the quality leadership council changes in clinical practice patterns in compliance with applicable governmental regulations and accreditation requirements, and when the opportunity exists to improve the resource management.

(e) To oversee evaluation and cost effective utilization of clinical technology.

(f) To oversee the activities of the utilization management committee of the hospitals of the Ohio state university health system. This oversight will include the annual review and approval of the utilization management plan.

(O) Clinical practice guideline committee.

(1) Composition.

The members shall be appointed in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code, and shall include medical staff members from various clinical departments and support services, representatives of nursing, pharmacy, information systems, hospitals administration, and the chair of the clinical quality and management policy group. The chairperson of the policy group shall be a physician member of the medical staff.

(2) Duties.

(a) To oversee the planning, development, approval, implementation and periodic review of evidence-based medicine resources (i.e., clinical practice guidelines, quick reference guides, clinical pathways, and clinical algorithms) for use within the Ohio state university hospitals and its affiliated institutions. Planning should be based on the prioritization criteria approved by the quality leadership council and review should focus on incorporating recent medical practice, literature or developments. Annual review should be done in cooperation with members of the medical staff with specialized knowledge in the field of medicine related to the guideline.

(b) To report and recommend to quality leadership council specific process and outcomes measures for each evidence-based medicine resource.

(c) To oversee ongoing education of medical staff (including specifically limited staff) and other appropriate Ohio state university hospitals staff regarding the fundamental concepts and value of evidence-based practice and outcomes measurement and its relation to quality improvement.

(d) To initiate and support research projects when appropriate in support of the objectives of the quality leadership council.

(e) To oversee the development, approval and periodic review of the clinical elements of computerized ordersets and clinical rules to be used within the information system of the Ohio state university hospitals and its affiliated institutions. Computerized ordersets and clinical rules related to specific practice guidelines should be forwarded to quality leadership council for approval. All other computerized ordersets and clinical rules should be forwarded to the quality leadership council for information.

(f) To regularly report a summary of all actions to the quality leadership council.

(P) Committee for practitioner effectiveness.

(1) Composition.

This multi-disciplinary peer review committee is composed of clinically-active practitioners and other individuals with expertise in professionalism.

(2) Duties.

(a) Receive and review validity of complaints regarding concerns about professionalism of credentialed practitioners;

(b) Treat, counsel and coach practitioners in a firm, fair and equitable manner;

(c) Maintain confidentiality of the individual who files a report unless the person who submitted the report authorizes disclosure or disclosure is necessary to fulfill the institution's legal responsibility;

(d) Ensure that all activities be treated as confidential and protected under applicable peer review and quality improvement standards in the Ohio Revised Code;

(e) Forward all recommendations to the clinical department chief, the chief medical officer or his/her designee and, if applicable, to the chief nursing officer.

(Board approval dates: 4/7/2000, 10/5/2001, 6/7/2002, 5/30/2003, 6/4/2004, 5/6/2005, 11/4/2005, 2/2/2007, 2/1/2008, 9/19/2008, 9/18/2009, 10/29/2009, 4/8/2011, 8/31/2012, 2/01/2013, 1/31/2014, 11/7/2014, 11/6/2015, 9/2/2016, 4/6/2018, 5/18/2021, 8/15/2023, 8/20/2024)

3335-43-11 History and physical

(A) History and physical examination.

(1) A history and physical appropriate to the patient and/or the procedure to be completed shall be documented in the medical record of all patients either:

(a) Admitted to the hospital

(b) Undergoing outpatient/ambulatory procedures requiring anesthesia or sedation

(c) Undergoing outpatient/ambulatory surgery

(d) In a hospital-based ambulatory clinic

(2) For patients admitted to the hospital, the history and physical examination shall include at a minimum:

(a) Date of admission

(b) History of present illness, including chief complaint

(c) Past medical and surgical history

(d) Relevant past social and family history

(e) Medications and allergies

(f) Review of systems

(g) Physical examination

(h) Test results

(i) Assessment or impression

(j) Plan of care

(3) For patients undergoing outpatient/ambulatory procedures requiring anesthesia or sedation or outpatient/ambulatory surgery, the history and physical examination shall include at a minimum:

(a) Indications for procedure or surgery

(b) Relevant medical and surgical history

(c) Medications and allergies or reference to current listing in the chart or electronic medical record

(d) Focused review of systems, as appropriate for the procedure or surgery

(e) Pre-procedure assessment and physical examination

(f) Assessment/impression and treatment plan

(4) For patients seen in a hospital-based ambulatory clinic, the history and physical shall include at a minimum:

(a) Chief complaint

(b) History of present illness

(c) Medications and allergies

(d) Problem-focused physical examination

(e) Assessment or impression

(f) Plan of care

(5) Deadlines and sanctions.

(a) A history and physical examination must be performed by a member of the medical staff, his/her designee or other licensed health care professional, who is appropriately credentialed by the hospital, and be signed, timed and dated.

(b) Patients admitted to the hospital: If the history and physical is performed by the medical staff member's designee or other licensed health care professional who is appropriately credentialed by the hospital, the history and physical must be countersigned by the responsible medical staff member.

(c) The complete history and physical examination shall be dictated, written or updated no later than twenty-four hours after admission for all inpatients.

(d) Admitted patients or patients undergoing a procedure requiring anesthesia or

sedation or surgery, the history and physical examination may be performed or updated up to thirty days prior to admission or the procedure/surgery. If completed before admission or the procedure/surgery, there must be a notation documenting an examination for any changes in the patient's condition since the history and physical was completed. The updated examination must be completed and documented in the patient's medical record within twenty-four hours after admission or before the procedure/surgery, whichever occurs first. It must be performed by a member of the medical staff, his/her designee, or other licensed health care professional who is appropriately credentialed by the hospital, and be signed, timed and dated. In the event the history and physical update is performed by the medical staff member's designee or other licensed health care professional who is appropriately credentialed by the hospital, it shall be countersigned, timed and dated by the responsible medical staff member.

(i) For patients undergoing an outpatient procedure requiring anesthesia or sedation or surgery, regardless of whether the treatment, procedure or surgery is high or low risk, a history and physical examination must be performed by a member of the medical staff, his/her designee, or other licensed health care professional who is appropriately credentialed by the hospital and must be signed or countersigned when required, timed and dated.

(ii) If a licensed health care professional is appropriately credentialed by the hospital to perform a procedure or surgery independently, a history and physical performed by the licensed health care professional prior to the procedure or surgery is not required to be countersigned.

(e) Hospital-based ambulatory clinic: If a history and physical examination is performed by a licensed health care professional who is appropriately credentialed by the hospital to see patients independently, the history and physical is not required to be countersigned.

(f) When the history and physical examination, including the results of indicated laboratory studies and x-rays, is not recorded in the medical record before the time stated for a procedure or surgery, the procedure or surgery cannot proceed until the history, and physical is signed or countersigned when required, by the responsible medical staff member, and indicated test results are entered into the medical record. In cases where such a delay would likely cause harm to the patient, this condition shall be entered into the medical record by the responsible medical staff member, his/her designee or other licensed health care professional, who is appropriately credentialed by the hospital, and the procedure or surgery may begin. When there is a disagreement concerning the urgency of the procedure, it shall be adjudicated by the medical director or the medical director's designee. (B/T 10, 29/2009, 8/31/12)

(g) Ambulatory patients must have a history and physical at the initial visit as outlined in paragraph (A)(4) of this rule.

(h) For psychology, psychiatric and substance abuse ambulatory sites, if no other acute or medical condition is present on the initial visit, a history and physical examination may be performed either:

i. within the past six months prior to the initial visit,

ii. at the initial visit, or

iii. within 30 days following the initial visit.

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Updated August 20, 2024

(Board approval dates: 10/29/2009, 8/31/2012, 1/31/2014, 11/7/2014, 11/6/2015, 8/20/2024)

3335-43-12 Meetings and dues.

(A) Meetings.

The medical staff of the Ohio state university hospitals shall conduct scheduled meetings at least annually. Notice of the meeting shall be sent to all medical staff at least two weeks prior to the meeting. Attendance is encouraged, but shall not be a requirement for continued medical staff membership and clinical privileges. Special and/or electronic meetings of the medical staff may be called at the option of the medical staff administrative committee.

(B) Dues.

The medical staff, by two-thirds vote of those in attendance at a regularly scheduled meeting, may establish dues. Payment of dues is a requirement for continued staff membership.

(Board approval date: 10/29/2009, 4/6/2018, 8/15/2023)

3335-43-13 Amendments and adoption.

(A) Medical staff responsibility.

The medical staff bylaws committee shall have the initial responsibility to formulate, review at least biennially, and recommend to the quality and professional affairs committee of the Wexner medical center board any medical staff bylaws, rules, regulations, policies, procedures, and amendments as needed. Amendments to the bylaws shall be effective when approved by the university board of trustees. Amendments to the rules and regulations shall be effective when approved by the Wexner medical center board.

Such responsibility shall be exercised in good faith, in a timely manner and in accordance with applicable laws and regulatory standards. This applies as well to the review, adoption, and amendment of the related rules, policies, and protocols developed to implement the various sections of these bylaws.

The organized medical staff shall also have the ability to propose amendments to the medical staff bylaws, rules and regulations, and policies and procedures and propose them directly to the quality and professional affairs committee of the Wexner medical center board.

If the voting members of the organized medical staff propose to adopt amendments to the bylaws, rules and regulations or policies, they must first communicate the proposal to the medical staff administrative committee. When the medical staff administrative committee proposes to adopt amendments to the bylaws, rules and regulations or policies, it communicates the proposal to the organized medical staff.

Conflict between the organized medical staff and the medical staff administrative committee will be managed by allowing communication directly from the medical staff to the quality and professional affairs committee of the Wexner medical center board on issues including, but not limited to amendments to the bylaws and the adoption of new rules and regulations or policies. Medical staff members may communicate with the quality and professional affairs committee of the Wexner medical center board by submitting their communication in writing to the chief of staff, who shall then communicate on their behalf to the quality and professional affairs committee of the Wexner medical center board at its next regularly scheduled meeting for final determination.

In cases of urgent need to update the medical staff bylaws or rules and regulations in order to comply with law, statute, federal regulation, or accreditation standard, the medical staff administrative committee and the quality and professional affairs committee of the Wexner medical center board may provisionally approve an urgent amendment without prior notification to the medical staff. The medical staff shall be immediately notified by the medical staff administrative committee. The medical staff shall have the opportunity for review of and vote on the provisional amendment. If the medical staff votes in favor of the provisional amendment, it shall stand. If there is conflict over the provisional amendment, process for resolving conflict between the organized medical staff and the medical staff administrative committee shall be implemented.

(B) Methods of adoption and amendment to these bylaws.

Proposed amendments to these bylaws may be originated by the medical staff bylaws committee, medical staff administrative committee or by a petition signed by twenty-five per cent of attending medical staff members.

Each attending medical staff member will be eligible to vote on the proposed amendment via secure ballot in a manner determined by the medical staff administrative committee. All attending medical staff members shall receive at least fourteen days advance notice of the changes to be adopted:

(1) The medical staff receives a simple majority of the votes cast by those members eligible to vote.

(2) Amendments so adopted shall be effective when approved by the university board of trustees.

(C) Methods of adoption and amendment to medical staff rules, regulations and policies.

The medical staff may adopt additional rules, regulations and policies as necessary to carry out its functions and meet its responsibilities under these bylaws.

Proposed amendments to the rules, regulations and policies may be originated by the medical staff bylaws committee or the medical staff administrative committee.

The medical staff administrative committee shall vote on the proposed language changes at a regular meeting, or at a special meeting called for such purpose. Following an affirmative vote by the medical staff administrative committee, rules and regulations may be adopted, amended or repealed, in whole or in part and such changes shall be effective when approved by the organized medical staff, and the Wexner medical center board. Policies and procedures will become effective upon approval of the medical staff administrative committee.

In addition to the process described above, the organized medical staff itself may recommend directly to the quality and professional affairs committee of the Wexner medical center board an amendment to any rule, regulation, or policy by submitting a petition signed by twenty-five percent of the members of the attending medical staff category. Upon presentation of such petition, the adoption process outlined above will be followed.

(D) The medical staff administrative committee may adopt such amendments to these bylaws, rules, regulations, and policies that are, in the committee's judgment, administrative, technical or legal modifications or clarifications. Such modifications may include reorganization or renumbering, punctuation, spelling, or other errors of grammar or expression. Such amendments need not be approved by the entire Wexner medical center board but must be approved by the vice president of health services. Neither the organized medical staff nor the Wexner medical center board may unilaterally amend the medical staff bylaws or rules and regulations.

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The medical staff bylaws, rules and regulations, Wexner medical center board bylaws, and relevant policies shall not conflict. The medical staff bylaws committee shall assure that there is no conflict.

(Board approval date: 4/8/2011, 11/7/2014, 8/15/2023)

3335-43-14 Rules of construction.

(A) "Shall" as used herein is to be construed as mandatory.

(B) These bylaws should be construed to be gender neutral.

(Effective 6/14/2011 no board date given; was not 4/8/2011)

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APPENDICES

APPENDIX I. COAT OF ARMS OF
THE OHIO STATE UNIVERSITY HOSPITALS

The official coat of arms of The Ohio State University Hospitals shall be as follows:

The blazon of the arms of University Hospitals is a shield, 16th century style, on a field of gray surrounded by an "O" in scarlet with the words, "The Ohio State University Hospitals" in black.

The shield is embattled above the chief, with three azure towers. The shield is divided "fesse cotised," through the "fesse point" by three bars, "gemels of or" (gold), separated each by bars, "gemels of argent" (silver). The chief is "gules" (scarlet), impaled by a charge, "The Ohio State University Crest." The "O" is argent, the center is gules, impaled by a charge with the "or" book of knowledge, and the base of the "O" is impaled by a charge of a "buckeye leaf vert" (green).

The base is quartered per pale.

The dexter base is vertical with a charge, the staff of Aesculapius.

The sinistra base is azure with a charge, the Hospitalier's cross, gules.

The scroll contains the Latin motto: "Hospitale-Academia-Investigatus."

The use of the coat of arms of The Ohio State University Hospitals will be by all who are connected with University Hospitals.

Chapter 3335-43 - *Bylaws of the Medical Staff* of The Ohio State University Hospitals
Updated August 20, 2024

APPENDIX II.

COAT OF ARMS OF THE MEDICAL STAFF
OF THE OHIO STATE UNIVERSITY HOSPITALS

The official coat of arms of the medical staff of The Ohio State University Hospitals shall be as follows: The shield on vertical narrow stripes, alternating silver and white, is square, parted per green (medicine) chevron. The dexter chief contains the golden oak leaf surmounted by the silver acorn representing the practice of medicine; the sinistra chief contains the multiple atomis circles representing research; the center base contains the golden book of knowledge encircled by the gray "O" from the crest of The Ohio State University and represents the teaching obligation of our staff. The scroll is gold, with the black lettering of the motto, "Eruditio A Scientia Exornata Miliorem Valetudinem Mortalibus Praestat" (knowledge enhanced by science assures better health for mankind).

Encircling the achievement are the words, "The Medical Staff" joined by a green buckeye leaf (symbol of the State of Ohio) to the words, "The Ohio State University Hospitals." Impaled in this "coat of arms" are the heritage of the State of Ohio and The Ohio State University with the obligation of teaching and research to provide and improve medical care. The use of this coat of arms of the medical staff shall be limited to duly appointed members of the medical staff and the staff organization.

Joint Bylaws Committee Meeting
University Hospitals and The James

August 21, 2025

Summary of Proposed Amendments

The James Bylaws

- Proposed changes to 3335-43-04 (Membership) and 3335-111-07 (Categories of the medical staff) describing the required period of active clinical practice from "two" years to "three" to bring in-line with current recredentialing cycles.

- Proposed addition of Contracted medical staff category in 3335-111-07(G) to align with Contracted medical staff category in University Hospitals Bylaws and to align with current workflow of Corporate Credentialing.

- Proposed addition of granting telemedicine privileges by proxy as permitted by Centers for Medicare and Medicaid Services Conditions of Participation and by Joint Commission standards – added at 3335-111-07(K)(11).

- Removal of outdated telemedicine privilege language in same paragraph. Telemedicine privileges for health system employed providers are now addressed on delineation of privilege forms.

The James Rules and Regulations

- Proposed deletion of "as verified by the attending medical staff member's signature" from Rule 10 (Medical records) at paragraph (A)(1)(a)(xii)(d) to remove this additional requirement that is not present in UH bylaws.

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Chapter 3335-111 - *Bylaws of the Medical Staff* of the
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

Updated July 25, 2025

3335-111-01 Medical staff name.

The board of trustees of the Ohio state university, by official action, established "the Arthur G. James cancer hospital and Richard J. Solove research institute (CHRI)." Hereinafter, the abbreviation "CHRI" shall mean the Arthur G. James cancer hospital and Richard J. Solove research institute; the term "medical staff" shall refer to the medical staff of the cancer hospital and research institute. "The medical staff of the Arthur G. James cancer hospital and Richard J. Solove research institute" shall be the name of the hospital's medical staff organization. In accordance with rules 3335-109-01 to 3335-109-20 and 3335-104-07 of the Administrative Code, the Ohio state university Wexner medical center board (herein called "Wexner medical center board") has delegated to the medical staff of the CHRI the responsibility to prepare and recommend adoption of these bylaws.

(Board approval dates: 9/1/1993, 2/5/1999, 9/6/2002, 2/6/2004, 11/4/2005, 2/11/2011, 11/7/2014)

3335-111-02 Purpose.

The purpose of the self-governing, democratically organized medical staff, which is accountable to the Ohio state medical center board for the quality of care provided to the patients of the CHRI shall be:

(A) To maintain exemplary standards of medical care for all patients at the CHRI. To assure continuity of care and treatment for the individual patient throughout the course of his or her illness, and to assure ongoing support and care for cancer survivors. To commit to being responsive to the needs of all CHRI patients and to communicate compassionately and effectively concerning matters of patient care.

(B) To support and encourage research, with an emphasis on the prevention and treatment of cancer; to actively encourage patients to participate in clinical trials and other research, and to foster research programs to enhance and advance the educational and patient care programs.

(C) To support educational programs for health care and other professionals, patients and families, and the community, with an emphasis on cancer-related education; to elevate and advance the educational standards of our professions, including pre and post medical or osteopathic students, nursing students, students of the allied medical professions, and students of other health professional colleges.

(D) To provide a means to identify and review medical problems, assure adherence to regulatory and accreditation standards, review and revise policies and procedures; and to provide a means for establishing and maintaining standards of professional, medical and educational performance, evaluation and discipline within the medical staff, and harmonious cooperation and understanding among the units comprising the CHRI.

(E) To govern medical staff credentialed practitioners and these Bylaws are not intended to and shall not create any contractual rights between the Ohio state university Wexner medical center and any practitioner. Any and all contracts of affiliation, association or employment shall control contractual and financial relationships between the Ohio state university Wexner medical center and such practitioners.

(Board approval dates: 9/1/1993, 12/6/1996, 9/1/1999, 12/3/1999, 6/2/2000, 11/4/2005, 9/18/2009, 10/29/2011, 4/8/2011, 4/6/2018)

Chapter 3335-111 - *Bylaws of the Medical Staff* of the
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
Updated August 20, 2024

3335-111-03 Patients.

(A) The continuous care and treatment of individual patients is the medical responsibility of the member of the attending, associate attending, clinical attending or community associate attending medical staff to whose care the patient is treated at or transferred to the CHRI, and to an allied health professional being granted clinical privileges under these bylaws.

(B) There shall be only one category or classification of patients in the CHRI, and those patients are the patients of the medical staff under whose care they are treated. Patients treated at the CHRI who, prior to treatment, have not requested or selected a member of the medical staff to attend them shall be assigned for their care and treatment to a member of the medical staff for their care and treatment.

(C) All patients treated at the CHRI should cooperate in, and, whenever applicable, participate in an approved cancer related protocol and knowingly participate in the teaching program of the college of medicine. Should a patient, or on the behalf of the patient, the patient's representative, refuse to participate or cooperate in the teaching program of the CHRI or the college of medicine, the medical staff member responsible for the care and treatment of the patient will encourage participation in the Ohio state university's teaching programs, but will simultaneously inform patients, or when appropriate, the patients representative, of their right to refuse participation.

(D) Students, including pre and post medical or osteopathic, but not limited thereto, shall be under the direction and control of the members of the medical staff to whom the patient is assigned for treatment within the CHRI. The CHRI respects the patient's right to participate in decisions about his or her care, treatment and services, and further respects the patient's rights to refuse care, treatment and services, in accordance with law and regulation.

(Board approval dates: 9/1/1993, 12/6/1996, 12/3/1999, 9/6/2002, 2/6/2004, 11/4/2005, 9/18/2009, 4/8/2011)

3335-111-04 Membership.

(A) Qualifications.

(1) Membership on the medical staff of the CHRI is a privilege extended to doctors of medicine, osteopathic medicine, dentistry, and to practitioners of psychology and podiatry who consistently meet the qualifications, standards, and requirements set forth in the bylaws, rules and regulations of the medical staff, and the board of trustees of the Ohio state university. Membership on the medical staff is available on an equal opportunity basis without regard to race, color, creed, religion, sexual orientation, national origin, gender, age, handicap, genetic information or veteran/military status. Doctors of medicine, osteopathic medicine, dentistry, and practitioners of psychology and podiatry in faculty and administrative positions who desire medical staff membership shall be subject to the same policies and procedures as all other applicants for the medical staff.

(2) All members of the medical staff of the CHRI, except physician scholar medical staff, shall be members of the faculty of the Ohio state university college of medicine, or in the case of dentists, of the Ohio state university college of dentistry, and shall be duly licensed or certified to practice in the state of Ohio. Members of the limited staff shall possess a valid training certificate, or an unrestricted license from the applicable state board based on the eligibility criteria defined by that board. All members of the medical staff and limited staff and licensed health care professionals with clinical privileges shall comply with provisions of state law and the regulations of the respective state medical board or other state licensing board if applicable. Only those physicians, dentists, and practitioners of psychology and podiatry who can document their education, training, experience, competence, adherence to the ethics of

their profession, dedication to educational and research goals and ability to work with others with sufficient adequacy to assure the Wexner medical center board and the board of trustees of the Ohio state university that any patient treated by them at the CHRI will be given high quality medical care provided at CHRI, shall be qualified for eligibility for membership on the medical staff of the CHRI. CHRI medical staff members shall also hold appointments to the medical staff of the Ohio state university hospitals for consulting purposes. Loss of such appointment shall result in immediate termination of membership on the CHRI medical staff and immediate termination of clinical privileges as of the effective date of the Ohio state university hospitals appointment termination. This consequence does not apply to an individual's suspension for completion of medical records. If the medical staff member regains an appointment to the Ohio state university hospitals medical staff, the affected medical staff member shall be eligible to apply for CHRI medical staff membership at that time. All applicants for membership, clinical privileges, and members of the medical staff must provide basic health information to fully demonstrate that the applicant or member has, and maintains, the ability to perform requested clinical privileges. The director of medical affairs of the CHRI, the medical director of credentialing, the department chairperson, the credentialing committee, the medical staff administrative committee, the quality and professional affairs committee of the Ohio state university Wexner medical center board, or the Ohio state university Wexner medical center board may initiate and request a physical or mental health evaluation of an applicant or member. Such request shall be in writing to the applicant.

(3) All members of the medical staff and licensed health care professionals will comply with medical staff and the CHRI policies regarding employee and medical staff health and safety, provision of uncompensated care, and will comply with appropriate administrative directives and policies which, if not followed, could adversely impact overall patient care or may adversely impact the ability of the CHRI employees or staff to effectively and efficiently fulfill their responsibilities. All members of the medical staff and licensed health care professionals shall agree to comply with bylaws, rules and regulations, and policies and procedures adopted by the medical staff administrative committee and the Wexner medical center board, including but not limited to policies on professionalism, behaviors that undermine a culture of safety. Annual education and training approved by the medical staff administrative committee or as required by the CHRI to meet accreditation standards, federal regulations, or quality and safety goals is required for medical staff members with clinical privileges in addition to conflict of interest disclosures. Medical staff members and licensed health care professionals must also comply with the university integrity program requirements including but not limited to billing, self-referral, ethical conduct and annual education. Medical staff members and licensed health care professionals with clinical privileges must immediately disclose to the chief medical officer and the department chairperson the occurrence of any of the following events: a licensure action in any state, any malpractice claims filed in any state or an arrest by law enforcement.

(4) All members of the medical staff and credentialed providers must maintain continuous uninterrupted enrollment with all governmental healthcare programs. This includes any federal and state government programs.

(a) It shall be the duty of all medical staff members and credentialed providers to promptly inform the chief medical officer and the corporate credentialing office of any investigation, action taken, or the initiation of any process which could lead to an action taken by any governmental program.

(b) Exclusion of any medical staff member or credentialed provider from participation in any federal or state government program or suspension from participation, in whole or in part, in any federal or state government reimbursement program, shall result in immediate lapse of membership on the medical staff of the CHRI and the immediate

lapse of clinical privileges at the CHRI as of the effective date of the exclusion or suspension. Medical staff members may submit a request to resign their medical staff membership to the Chief Medical Officer in lieu of automatic termination. The resignation in lieu of automatic termination shall be discussed at the next credentialing committee and medical staff administrative committee in order to provide recommendations to the Quality and Professional Affairs Committee of the Wexner Medical Center Board. A final determination should be decided by the Quality and Professional Affairs Committee at its next regular meeting.

(c) If the medical staff member's or credentialed provider's participation in all governmental programs is fully reinstated, the affected medical staff member or credentialed provider shall be eligible to apply for membership and clinical privileges at that time.

(5) Board certification.

An applicant for membership shall at the time of appointment or reappointment, be board certified in his or her specialty. This board certification must be approved by the American board of medical specialties, or other applicable certifying boards for doctors of osteopathy, podiatry, psychology, and dentistry. All applicants must be certified within the specific areas for which they have requested clinical privileges. Applicants who are not board certified at the time of application but who have completed their residency or fellowship training within the last five years will be eligible for medical staff appointment. However, in order to remain eligible, those applicants must achieve board certification in their primary area of practice within five years from the date of completion of their residency or fellowship training. Applicants must maintain board certification and, to the extent required by the applicable specialty/subspecialty board, satisfy recertification requirement. Recertification will be assessed at reappointment. Failure to meet or maintain board certification shall result in termination of membership on the medical staff of the CHRI.

(6) All applicants must demonstrate recent clinical activity in their primary area of practice during the last ~~two~~three years to satisfy minimum threshold criteria for privileges within their clinical departments.

(7) Waiver requests for the threshold eligibility requirements listed in paragraphs (A)(4) to (A)(6) of this rule may be requested and considered as follows:

(a) A request for a waiver will only be considered if the applicant provides information sufficient to satisfy his or her burden to demonstrate that his or her qualifications are equivalent to or exceed the criterion in question and that there are exceptional circumstances that warrant a waiver. The clinical department chief must endorse the request for waiver in writing to the credentialing committee.

(b) The credentialing committee may consider supporting documentation submitted by the prospective applicant, any relevant information from third parties, input from the relevant clinical department chiefs, and the best interests of the hospital and the communities it serves. The credentialing committee will forward its recommendation, including the basis for such, to the medical staff administrative committee.

(c) The medical staff administrative committee will review the recommendation of the credentialing committee and make a recommendation to the Wexner medical center board regarding whether to grant or deny the request for a waiver and the basis for its recommendation.

(d) The Wexner medical center board determination regarding whether to grant a waiver is final. A determination not to grant a waiver is not a denial of appointment or clinical privileges and does not give rise to a right to a hearing. The prospective applicant who requested the waiver is not entitled to a hearing. A determination to grant a waiver in a particular case is not intended to set a precedent for any other applicant. A determination to grant a waiver does not mean that an appointment will be granted.

(e) Waivers of threshold eligibility criteria will not be granted routinely. No applicant is entitled to a waiver or to a hearing if a waiver is not granted.

(f) Waivers to requirements prescribed by regulatory, accrediting, or other external agencies will not be granted.

(8) Resignation, termination or non-reappointment to the faculty of the Ohio state university shall result in immediate termination of membership on the medical staff of the CHRI for attending, associate attending and clinical attending staff members.

(9) Any staff member whose membership has been terminated pursuant to paragraph (A)(4) or (A)(5) of this rule shall not be entitled to request a hearing and appeal in accordance with rule 3335-111-06 of the Administrative Code. Any allied health professional whose clinical privileges have been terminated pursuant to paragraph (A)(4) of this rule may not request an appeal in accordance with paragraph (J)(8)(i) of rule 3335-111-07 of the Administrative Code.

(10) No applicant shall be entitled to medical staff membership and or clinical privileges merely by the virtue of fulfilling the above qualifications or holding a previous appointment to the medical staff.

(B) Application for membership.

Initial application for all categories of medical staff membership shall be made by the applicant to the clinical department chief or designee on forms prescribed by the medical staff administrative committee, stating the qualifications and references of the applicant and giving an account of the applicant's current licensure, relevant professional training and experience, current competence and ability to perform the clinical privileges requested. All applications for appointment must specify the clinical privileges requested. Applications may be made only if the qualifications are fulfilled as outlined in paragraph (A) of this rule. See paragraph (E)(1) of rule 3335-111-07 of the Administrative Code for exceptions to signature requirements. The application shall include written statements by the applicant that commit the applicant to abide by the bylaws, rules and regulations and policies and procedures of the medical staff, the Wexner medical center board, and the board of trustees of the Ohio state university. The applicant shall produce a government issued photo identification to verify his/her identity pursuant to hospital/medical staff policy. The applicant for medical staff membership shall agree that membership requires participation in and cooperation with the peer review processes of evaluating credentials, medical staff membership and clinical privileges, and that a condition for membership requires mutual covenants between all members of the medical staff to release one another from civil liability in these review processes as long as the peer review is not conducted in bad faith, with malice, or without reasonable effort to ascertain the accuracy of information being disclosed or relied upon. A separate record shall be maintained for each applicant requesting appointment to the medical staff.

(C) Terms of appointment.

Initial appointment to the medical staff, except for the honorary category, shall be for a period not to exceed thirty-six months. An appointment or grant of privileges for a period of less than twenty-four months shall not be deemed an adverse action. During the first six months of the initial appointment, except medical staff appointments without clinical privileges, appointees shall be subject to focused

professional practice evaluation (FPPE) in order to evaluate the privilege-specific competence of the practitioner who does not have documented evidence of competently performing the requested privilege at the organization pursuant to these bylaws. FPPE requires the evaluation by the clinical department chief with oversight by the credentials committee and the medical staff administrative committee.

The provisional appointee identifies the primary hospital. Following the six month FPPE period, the clinical department chief may:

(1) recommend the initial appointee to transition to ongoing professional practice evaluation (OPPE), which is described later in these bylaws to the medical staff administrative committee;

(2) extend the FPPE period, which is not considered an adverse action, for an additional six months not to exceed a total of twelve months for purposes of further monitoring and evaluation; or

(3) terminate the initial appointee's medical staff membership and clinical privileges. In the event that the medical staff administrative committee recommends that an adverse action be taken against an initial appointee, the initial appointee shall be entitled to the provisions of due process as outlined in these bylaws.

(D) Professional ethics.

The code of ethics as adopted, or as may be amended, by the American medical association, the American dental association, the American osteopathic association, the American psychological association, the American college of surgeons, or the American podiatric medical association shall usually govern the professional ethical conduct of the respective members of the medical staff.

(E) Procedure for appointment.

(1) The completed and signed application for membership of all categories of the medical staff as defined in rule 3335-111-07 of the Administrative Code, shall be presented to the clinical department chief or designee. The applicant shall include in the application a signed statement indicating the following:

(a) If the applicant should be appointed to a category of the CHRI medical staff, the applicant agrees to be governed by the bylaws, rules and regulations of the medical staff, the Wexner medical center board, and the board of the trustees of the Ohio state university.

(b) The applicant consents to be interviewed in regard to the application.

(c) The applicant authorizes the CHRI to consult with members of the medical staffs of other hospitals with which the applicant has been or has attempted to be associated, and with others who may have information bearing on the applicant's competence, character and ethical qualifications.

(d) The applicant consents to the CHRI's inspection of all records and documents that may be material to the evaluation of the applicant's professional qualifications and competence to carry out the clinical and educational privileges which the applicant is seeking as well as the applicant's professional and ethical qualifications for medical staff membership.

(e) The applicant releases from any liability:

(i) All representatives of the CHRI for acts performed in connections with evaluating the applicant's credentials or releasing information to other institutions for the purpose of evaluating the applicant's credentials in compliance with these bylaws performed in good faith and without malice; and

(ii) All third parties who provide information, including otherwise privileged and confidential information, to members of the medical staff, the CHRI staff, the medical center board members, and members of the Ohio state university board of trustees concerning the applicant's credentials performed in good faith and without malice.

(f) The applicant has an affirmative duty to disclose any prior termination, voluntary or involuntary, current loss, restriction, denial, or the voluntary or involuntary relinquishment of any of the following: professional licensure, board certification, DEA registration, membership in any professional organization or medical staff membership or privileges at any other hospital or health care facility.

(g) The applicant further agrees to disclose to the director of medical affairs or the medical director of credentialing the initiation of any process which could lead to such loss or restriction of the applicant's professional licensure, board certification, DEA registration, membership in any professional organization or medical staff membership or privileges at any other hospital or health care facility.

(h) The applicant agrees that acceptance of an appointment to any category of the CHRI medical staff authorizes the CHRI to conduct any appropriate health assessment including, but not limited to, drug or alcohol screens on a practitioner before granting of privileges and at any time during the normal pursuit of medical staff duties, based upon reasonable cause as determined by the chief of the practitioner's clinical department or the director of medical affairs of the CHRI or their authorized designees.

(2) The purpose of the health assessment shall be to ensure that the applicant or appointee to the CHRI medical staff is able to fully perform and discharge the clinical, educational, administrative and research responsibilities which the applicant or appointee would or is permitted to exercise by reason of medical staff appointment. If, at the time of the initial request for a health assessment, and at any time an appointee refuses to participate as needed in a health assessment, including, but not limited to, a drug or alcohol screening, this shall result in automatic lapse of membership, privileges, and prerogatives until remedied by compliance with the requested health assessment. Upon request of the medical staff administrative committee or the Wexner medical center board, the applicant or appointee will provide documentation of their physical/mental status with sufficient adequacy to demonstrate that any patient treated by the applicant or appointee will receive efficient and quality care at a professionally recognized level of quality and efficiency. The conditions of this paragraph shall be deemed continuing and may be applicable to issues of continued good standing as an appointee to the medical staff.

(3) An application for membership on the medical staff shall be considered complete when all the information requested on the application form is provided, the applicant signs the application and the information is verified. A completed application must contain:

(a) Peer recommendations from at least three individuals with first hand knowledge about the applicant's clinical and professional skills within the last year;

(b) Evidence of required immunizations;

(c) Evidence of current professional medical malpractice liability coverage required for the exercise of clinical privileges;

(d) Satisfaction of ECFMG requirements, if applicable. If an individual receives a conceded eminence certificate or a clinical research faculty certificate from the state medical board of Ohio, the requirement for ECFMG certification may be waived at the discretion of the Wexner medical center board.

(e) Verification by primary source documentation of:

(i) Current and previous state licensure, and

(ii) Faculty appointment, when applicable.

(iii) DEA registrations, when required for the exercise of requested clinical privileges;

(iv) Graduation from an accredited professional school, when applicable;

(v) Successful completion or record of post professional graduate medical education;

(vi) Board certification or, active candidacy for board certification or applicant qualifies for a waiver pursuant to paragraph (A)(5) of this rule.

(f) Information from the national practitioner data bank and other JCAHO approved sources;

(g) Verification that the applicant has not been excluded from any federally funded health care program; and

(h) Complete disclosure by the applicant of all past and current claims, suits, verdicts, and settlements, if any.

(i) Completion of a criminal background investigation that meets the requirements of the Wexner medical center.

(j) Completion of drug testing for substances required for individuals applying for clinical privileges and in accordance with Wexner medical center approved testing protocols.

(k) Verification of completion of specific competencies required for clinical privileges, as approved by the Medical Staff Administrative Committee and maintained in the provider's credentials files. All other required annual online learnings must be completed within sixty days of employment.

(l) Demonstration of recent active clinical practice during the last two years required for exercise of clinical privileges.

(m) Attestation of current Ohio automated Rx reporting system ("OARRS") account for all applicants who have a DEA registration.

(4) The clinical department chief shall be responsible for investigating and verifying the character, qualifications and professional standing of the applicants by making inquiry of the

primary source of such information and shall within thirty days of receipt of the completed application, submit a report of those findings along with a recommendation on medical staff membership and clinical privileges to the applicant's respective CHRI department chairperson and/or division director. Licensed allied health professional applicants will have their clinical department chief's report submitted to the subcommittee of the credentials committee charged with review of applications for associates to the medical staff.

(5) The department chairperson and/or division director shall receive all initial signed and verified applications from the appropriate clinical department chief and shall make a recommendation to the medical director of credentialing on each application. The medical director of credentialing shall make an initial determination as to whether the application is complete. The credentials committee, the medical staff administrative committee, the quality and professional affairs committee, and the Wexner medical center board have the right to render an application incomplete, and therefore not able to be processed, if the need arises for additional or clarifying information. The medical director of credentialing shall forward all completed applications to the credentials committee.

(6) The applicants shall have the burden of producing information for an adequate evaluation of his/her qualifications for membership and for the clinical privileges requested. If the applicant fails to complete the prescribed forms or fails to provide the information requested within sixty days of receipt of the signed application, processing of the application shall cease and the application shall be deemed to have been voluntarily withdrawn, action which is not subject to hearing or appeal pursuant to rule 3335-111-06 of the Administrative Code.

(7) If the clinical department chief does not submit a report and recommendation on a timely basis, the completed application shall be forwarded to the medical director of credentialing for presentation to the credentials committee on the same basis as other applicants.

(8) Completed applications shall be acted upon as follows:

(a) By the credentials committee within thirty days after receipt of a completed application from the medical director of credentialing;

(b) By the medical staff administrative committee within thirty days after receipt of a completed application and the report of the recommendation of the credentials committee;

(c) By the quality and professional affairs committee of the Wexner medical center board;

(d) By the Wexner medical center board within one hundred twenty days after receipt of a completed application and the report and recommendation of the medical staff administrative committee; and

(e) By the Wexner medical center board, or a subcommittee of the Wexner medical center board if eligible for expedited credentialing, within one hundred twenty days after receipt of a completed application and the report and recommendation of the medical staff administrative committee.

(9) These time periods are deemed guidelines only and do not periods. These periods may be stayed or altered pending receipt and verification of further information requested from the applicant, or if the application is deemed incomplete at any time. If the procedural rights create any right to have an application processed within these precise specified in rule 3335-111-06 of the Administrative Code are activated, the time requirements provided therein govern the continued processing of the application.

(10) The credentials committee shall review the application, evaluate and verify the supporting documentation, references, licensure, the clinical department chief's report and recommendation, and other relevant information. The credentials committee shall examine the character, professional competence, professional conduct, qualifications, and ethical standing of the applicant and shall determine, through information contained in the personal references and from other sources available, whether the applicant established and met all of the necessary qualifications for the category of the medical staff and clinical privileges requested.

(11) The credentials committee shall, within thirty days from receipt of a completed application, make a recommendation to the medical director of credentialing that the application be accepted, rejected or modified. The medical director of credentialing shall forward the recommendation of the credentials committee to the medical staff administrative committee. The credentials committee or the medical director of credentialing may recommend to the medical staff administrative committee that certain applications for appointment be reviewed in executive session.

(12) The recommendation of the medical staff administrative committee regarding an appointment decision shall be made within thirty days of receipt of the credentials committee recommendation and shall be communicated by the medical director of credentialing, along with the recommendation of the director of medical affairs, to the quality and professional affairs committee of the Wexner medical center board, and thereafter to the Wexner medical center board. When the Wexner medical center board has acted, the chair of the Wexner medical center board shall instruct the director of medical affairs to transmit the final decision to the clinical department chief, the applicant, and the respective department chairperson and/or division director.

(13) At any time, the medical staff administrative committee first recommends non-appointment of an initial applicant for any category of the medical staff or recommends denial of any clinical privileges requested by the applicant, the medical staff administrative committee shall require the medical director of credentialing to notify the applicant by certified return receipt mail that applicant may request an evidentiary hearing as provided in paragraph (D) of rule 3335-111-06 of the Administrative Code. The applicant shall be notified of the requirement to request a hearing as provided by paragraph (B) of rule 3335-111-06 of the Administrative Code. If a hearing is properly requested, the applicant shall be subject to the rights and responsibilities of rule 3335-111-06 of the Administrative Code. If an applicant fails to properly request a hearing, the medical staff administrative committee shall accept, reject, or modify the application for appointment to membership and clinical privileges.

(14) The director of medical affairs, who may make a separate recommendation to the Wexner medical center board, shall directly communicate the final recommendation of the medical staff administrative committee to the Wexner medical center board. When the Wexner medical center board has acted, the director of medical affairs will transmit the final decision to the clinical department chief, the applicant, the respective department chairperson and/or division director, and the Ohio state university board of trustees.

(F) Procedure for reappointment.

(1) Reappointment for all categories of the medical staff shall be for a period not to exceed thirty-six months. An appointment or grant of privileges for a period of less than thirty-six months shall not be deemed an adverse action. At least ninety days prior to the end of the medical staff member' or licensed allied health professional's appointment period, the clinical department chief shall provide each individual with an application for reappointment to the medical staff on forms prescribed by the medical staff administrative committee.

(2) The reappointment application shall include all information necessary to update and evaluate the qualification of the applicant. The clinical department chief shall review the information available on each applicant for reappointment and shall make recommendations regarding reappointment to the medical staff and for granting of privileges for the ensuing appointment period. The clinical department chief's recommendation shall be transmitted in writing along with the signed and completed reappointment forms to the appropriate department chairperson and/or division director at least forty-five days prior to the end of the individual's appointment. The terms of paragraphs (A), (B), (C), (D), (E)(1), and (E)(2) of this rule shall apply to all applicants for reappointment. Only completed applications for reappointment shall be considered by the credentials committee.

(3) An application for reappointment is complete when all the information requested on the reappointment application is provided, the reappointment form is signed by the applicant, and the information is verified, and no need for additional or clarifying information is identified. A completed reappointment application must contain:

(a) Evidence of current professional medical malpractice liability insurance required for the exercise of clinical privileges;

(b) Verification by primary source documentation of state licensure;

(c) DEA registration when required for clinical privileges as requested;

(d) Successful completion or record of any additional post graduate medical or professional education not submitted since initial or last appointment;

(e) Board certification, recertification, or continued active candidacy for certification or applicant qualifies for a waiver pursuant to paragraph (A)(5) of this rule.

(f) Information from the national practitioner data bank;

(g) Verification that the applicant has not been excluded from any federally funded health care program;

(h) Specific requests for any changes in clinical privileges sought at reappointment with supporting documentation as required by credentialing guidelines;

(i) Specific requests for any changes in medical staff category;

(j) A summary of the member's clinical activity during the previous appointment period;

(k) Verification of completion of any annual education requirements approved by the medical staff administrative committee and maintained in the chief medical officer's office;

(l) Complete disclosure by individuals of claims, suits, verdicts and settlements, if any since last appointment; and

(m) Continuing medical education and applicable continuing professional education activities: documentation of category one CME that, at least in part, relates to the individual medical staff member's specialty or subspecialty area and is consistent with the licensing requirements of the applicable Ohio state licensing board shall be required.

(n) Attending physicians only: submit information summarizing clinical research activities with each application.

(o) Attestation of current OARRS account for all applicants who have a DEA registration.

(4) The applicant for reappointment shall be required to submit any reasonable evidence of current ability to perform the clinical privileges requested. The clinical department chief shall review and evaluate the reappointment application and the supporting documentation. The clinical department chief shall evaluate all matters relevant to recommendation, including: the applicant's professional competence; clinical judgment; clinical or technical skills; ethical conduct; participation in medical staff affairs, if applicable; compliance with the bylaws, rules and regulations of the medical staff, the Wexner medical center board, and the board of trustees of the Ohio state university; cooperation with the CHRI hospitals personnel and the use of the CHRI hospital's facilities for patients; relations with other physicians other health professionals or other staff; maintenance of a professional attitude toward patients; and the responsibility to the CHRI and the public.

(5) The clinical department chief shall submit a report of those findings along with a recommendation on reappointment to the applicant's respective CHRI department chairperson and/or division director. Licensed allied health professional applicants will have their clinical department chief's report submitted to the subcommittee of the credentials committee charged with review of application for associates to the medical staff. The department chairperson and/or division director shall review the reappointment application and forward to the medical director of credentialing with a recommendation for reappointment. The medical director of credentialing shall forward the reappointment forms and the recommendations of the clinical department chief and department chairperson and/or division director to the credentials committee. The credentials committee shall review the request for reappointment in the same manner, and with the same authority, as an original application for medical staff membership. The credentials committee shall review all aspects of the reappointment application including source verification of the member's quality assurance record for continuing membership qualifications and for continuing clinical privileges. The credentials committee shall review each member's performance-based profile to ensure that all medical staff members deliver the same level of quality of care with similar delineated clinical privileges across all clinical departments and across all categories of medical staff membership.

(6) The credentials committee shall forward its recommendations to the medical director of credentialing at least thirty days prior to the end of the period of appointment for the individual. The medical director of credentialing shall transmit the completed reappointment application and recommendation of the credentials committee to the medical staff administrative committee.

(7) Failure of the member to submit a reappointment application shall be deemed a voluntary resignation from the medical staff and shall result in automatic termination of membership and all clinical privileges at the end of the medical staff member's current appointment period, action which shall not be subject to a hearing or appeal pursuant to rule 3335-111-06 of the Administrative Code. A request for reappointment subsequently received from a member who has been automatically terminated shall be processed as a new appointment.

(8) Failure of the clinical department chief to act in a timely manner on an application for reappointment shall be the same as provided in paragraph (E)(7) of this rule.

(9) The medical staff administrative committee shall review each request for reappointment in the same manner and with the same authority as an original application for appointment to the medical staff and shall accept, reject, or modify the request for reappointment in the same

manner and with the same authority as an original application. The recommendation of the medical staff administrative committee regarding reappointment shall be communicated by the medical director of credentialing, along with the recommendation of the director of medical affairs, to the quality and professional affairs committee of the Wexner medical center board, and thereafter to the Wexner medical center board. When the Wexner medical center board has acted, the chair of the Wexner medical center board shall instruct the director of medical affairs to transmit the final decision to the clinical department chief, the applicant, and the department chairperson and/or division director.

(10) When the decision of the medical staff administrative committee results in a decision of non-reappointment or reduction, suspension, or revocation of clinical privileges, the medical staff administrative committee shall instruct the medical director of credentialing to give written notice to the affected member of the decision, the stated reason for the decision, and the member's right to a hearing pursuant to rule 3335-111-06 of the Administrative Code. This notification and an opportunity to exhaust the appeal process shall occur prior to an adverse decision unless the provisions outlined in paragraph (C) of rule 3335-111-06 of the Administrative Code apply. The notice by the medical director of credentialing shall be sent certified return receipt mail to the affected member's last known address as determined by the Ohio state university records.

(11) If the affected member of the medical staff does not make a written request for a hearing to the director of medical affairs within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any hearing or appeal as provided in rule 3335-111-06 of the Administrative Code to which the staff member might otherwise have been entitled on the matter. If a timely, written request for hearing is made, the procedures set forth in rule 3335-111-06 of the Administrative Code shall apply.

(G) Resumption of clinical activities following a leave of absence:

(1) A member of the medical staff or credentialed provider shall request a leave of absence in writing for good cause shown such as medical reasons, educational and research reasons or military service to the chief of clinical service and the director of medical affairs. Such leave of absence shall be granted at the discretion of the chief of the clinical service and the director of medical affairs provided, however, such leave shall not extend beyond the term of the member's or credentialed provider's current appointment. A member of the medical staff or credentialed provider who is experiencing health problems that may impair his or her ability to care for patients has the duty to disclose such impairment to his or her chief of clinical department and the director of medical affairs and the member or credentialed provider shall be placed on immediate medical leave of absence until such time the member or credentialed provider can demonstrate to the satisfaction of the director of medical affairs that the impairment has been sufficiently resolved and can request for reinstatement of clinical activities. During any leave of absence, the member or credentialed provider shall not exercise his or her clinical privileges, and medical staff responsibilities and prerogatives shall be inactive.

(2) The member or credentialed provider must submit a written request for the reinstatement of clinical privileges to the chief of the clinical service. The chief of the clinical service shall forward his recommendation to the credentialing committee which, after review and consideration of all relevant information, shall forward its recommendation to the medical staff administrative committee and the quality and professional affairs committee of the Wexner medical center board. The credentials committee, the director of medical affairs, the medical director of credentialing, the chief of the clinical service or the medical staff administrative committee shall have the authority to require any documentation, including advice and consultation from the member's or credentialed provider's treating physician or the committee for practitioner health that might have a bearing on the medical staff member's

or credentialed provider's ability to carry out the clinical and educational responsibilities for which the medical staff is seeking privileges. Upon return from a leave of absence for medical reasons the medical staff member or credentialed provider must demonstrate his or her ability to exercise his or her clinical privileges upon return to clinical activity.

(3) All members or credentialed providers of the medical staff who take a leave of absence for medical or non-medical reasons must be in good standing on the medical staff upon resumption of clinical activities. No member shall be granted leave of absence in excess of his or her current appointment and the usual procedure for appointment and reappointment, including deadlines for submission of application as set forth in this rule will apply irrespective of the nature of the leave. Absence extending beyond his or her current term of failure to request reinstatement of clinical privileges shall be deemed a voluntary resignation from the medical staff and of clinical privileges, and in such event, the member or credentialed provider shall not be entitled to a hearing or appeal.

(Board approval dates: 9/1/1993, 3/3/1995, 4/3/1996, 12/6/1996, 9/1/1999, 12/3/1999, 6/2/2000, 4/5/2002, 2/6/2004, 11/4/2005, 8/6/2007, 2/6/2009, 9/18/2009, 5/14/2010, 10/29/2011, 4/8/2011, 8/31/2012, 2/1/2013, 6/6/2014, 11/7/2014, 11/6/2015, 9/2/2016, 4/6/2018, 8/15/2023)

3335-111-05 Peer review and corrective action

(A) Informal peer review.

(1) All medical staff members agree to cooperate in informal peer review activities that are solely intended to improve the quality of medical care provided to patients at the CHRI.

(2) Information indicating a need for informal review, including patient complaints, disagreements, questions of clinical competence, inappropriate conduct and variations in clinical practice identified by the clinical departments or divisions and medical staff committees shall be referred to the chair of the practitioner evaluation committee.

(3) The practitioner evaluation committee chair or his or her designee may obtain information or opinions from medical staff members or credentialed providers as well as external peer review consultants pursuant to criteria outlined in these bylaws. The information or opinions from the informal peer review may be presented to the practitioner evaluation committee or another designated peer review committee.

(4) Following the assessment by the practitioner evaluation committee chair or his or her designee, the practitioner evaluation committee may make recommendations for educational actions of additional training, sharing of comparative data or monitoring or provide other forms of guidance to the medical staff member to assist him or her in improving the quality of patient care. Such actions are not regarded as adverse, do not require reporting to any governmental or other agency, and do not invoke a right to any hearing.

(5) At the conclusion of the evaluation, the practitioner evaluation committee chair or his or her designee submits a report to the applicable clinical department chief and the director of medical affairs. The clinical department chief and the director of medical affairs shall evaluate the matter to determine the appropriate course of action. They shall make an initial written determination on whether:

(a) The matter warrants no further action;

(b) Informal resolution under this paragraph is appropriate. The clinical department chief and the director of medical affairs shall determine whether to include documentation of the

informal resolution in the medical staff member's file. If documentation is included in the member's file, the affected member shall have an opportunity to review it and may make a written response which shall also be placed in the file. Informal review under this paragraph is not a procedural prerequisite to the initiation of formal peer review under paragraph (B) of this rule; or

(c) Formal peer review under paragraph (B) of this rule is warranted. In cases where the clinical department chief and director of medical affairs cannot agree, the matter shall be submitted and determined as set forth in paragraph (B) of this rule.

(B) Formal peer review.

(1) Formal peer review may be requested in more serious situations or where informal review has not resolved an issue or whenever the activities or professional conduct of a member of the medical staff of the CHRI:

(a) Violates the standards or aims of the medical staff or standards of professional conduct;

(b) Is considered to be disruptive to the operation of the CHRI;

(c) Violates the bylaws, rules and regulations of the medical staff, the Wexner medical center board, or the board of trustees of the Ohio state university;

(d) Violates state or federal law; or

(e) Is detrimental to patient safety or to the delivery of patient care within the CHRI.

(2) Formal peer review may be initiated by the clinical department chief, the department chairperson and/or division director, the director of medical affairs, any member of the medical staff, the chief executive officer of the CHRI, the dean of the college of medicine, any member of the Wexner medical center board, or the vice president for health services. All requests for formal peer review shall be in writing, shall be submitted to the director of medical affairs, and shall be supported by reference to the specific activities or conduct which constitute grounds for the requested action.

(3) The director of medical affairs shall promptly notify the affected member of the medical staff, in a confidential manner, that a request for formal peer review has been made, and inform the member of the specific activities or conduct which constitute grounds for the requested action. The director of medical affairs shall verify the facts related to the request for formal peer review, and within thirty days, make a written determination. If the director of medical affairs decides that no further action is warranted, the director of medical affairs shall notify the person(s) who filed the request for formal peer review and the member accused, in writing, that no further action would be taken.

(4) Whenever the director of medical affairs determines that formal peer review is warranted and that a reduction, suspension or revocation of clinical privileges could result, the director of medical affairs shall refer the request for formal peer review to the formal peer review committee. The affected member of the medical staff shall be notified of the referral to the formal peer review committee, and be informed that these medical staff bylaws shall govern all further proceedings. The executive vice president for health sciences or designee shall exercise any or all duties or responsibilities assigned to the director of medical affairs under these rules for implementing corrective action and appellate procedure only if:

(a) The director of medical affairs is the medical staff member charged;

(b) The director of medical affairs is responsible for having the charges brought against another medical staff member; or

(c) There is an obvious conflict of interest.

(5) The formal peer review committee shall investigate every request and shall report in writing its findings and recommendations for action to the appropriate clinical department chief and notice given to the division director. In making its recommendation the formal peer review committee may consider as appropriate, relevant literature and clinical practice guidelines, all the opinions and views expressed throughout the review process, and any information or explanations provided by the member under review. Prior to making its report, the medical staff member against whom the action has been requested shall be afforded an opportunity for an interview with the formal peer review committee. At such interview, the medical staff member shall be informed of the specific activities alleged to constitute grounds for formal peer review, and shall be afforded the opportunity to discuss, explain or refute the allegations against the medical staff member. The medical staff member may furnish written or oral information to the formal peer review committee at this time. However, such interview shall not constitute a hearing, but shall be investigative in nature. The medical staff member shall not be represented by an attorney at this interview. The written findings and recommendations for action is expected to be submitted within 90 days, unless an extension is deemed necessary by the committee.

(6) Upon receipt of the written report from the formal peer review committee, the appropriate clinical department chief shall make his or her own written determination and forward that determination along with the findings and recommendations of the formal peer review committee to the director of medical affairs, or if required by paragraph (B)(3) of this rule, to the executive vice president for health sciences or designee.

(7) Following receipt of the recommendation from the clinical department chief and the report from the formal peer review committee, the director of medical affairs, or the executive vice president for health sciences or designee, shall approve or modify the determination of the clinical department chief. Following receipt of the report of the clinical department chief, the director of medical affairs or executive vice president for health sciences or designee shall decide whether the grounds for the requested corrective action are such as should result in a reduction, suspension or revocation of clinical privileges. If the director of medical affairs, or executive vice president for health sciences or designee, decides the grounds are not substantiated, the director of medical affairs will notify the formal peer review committee; clinical department chief and if applicable, the academic department chairperson; division director; person(s) who filed the complaint and the affected medical staff member, in writing, that no further action will be taken.

In the event the director of medical affairs or executive vice president for health sciences or designee finds the grounds for the requested corrective action are substantiated, the director of medical affairs shall promptly notify the affected medical staff member of that decision and of the affected medical staff member's right to request a hearing before the medical staff administrative committee pursuant to rule 3335-111-06 of the Administrative Code. The written notice shall also include a statement that the medical staff member's failure to request a hearing in the timeframe prescribed in rule 3335-111-06 of the Administrative Code shall constitute a waiver of rights to a hearing and to an appeal on the matter; a statement that the affected medical staff member shall have the procedural rights found in rule 3335-111-06 of the Administrative Code; and a copy of the rule 3335-111-06 of the Administrative Code. This notification and an opportunity to exhaust the administrative hearing and appeal process shall occur prior to the imposition of the proposed corrective action unless the emergency provisions outlined in paragraph (D) of this rule apply. This written notice by the director of

medical affairs shall be sent certified return receipt mail to the affected medical staff member's last known address as determined by university records.

(8) If the affected member of the medical staff does not make a written request for a hearing to the director of medical affairs within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any review by the medical staff administrative committee to which the staff member might otherwise have been entitled on the matter.

(9) If a timely, written request for hearing is made, the procedures set forth in rule 3335-111-06 of the Administrative Code shall apply.

(C) Composition of the formal peer review committee.

(1) When the determination that formal peer review is warranted is made, the clinical department chief shall select three members of the medical staff to serve on a formal peer review committee.

(2) Whenever the questions raised concern the clinical competence of the member under review, the clinical department chief shall select members of the medical staff to serve on the formal peer review committee who shall have similar levels of training and qualifications as the member who is subject to formal peer review.

(3) An external review consultant may serve as a member of the formal peer review whenever:

(a) A determination is made by the clinical department chief and the director of medical affairs that the clinical expertise needed to conduct the review is not available on the medical staff;

(b) The objectivity of the review may be compromised due to economic considerations; or

(c) Whenever the director of medical affairs determines that an external review is otherwise advisable.

If an external reviewer is recommended, the clinical department chief shall make a written recommendation to the director of medical affairs for selection of an external reviewer. The director of medical affairs shall make the final selection of an external reviewer.

(D) Summary suspension.

(1) Notwithstanding the provisions of this rule, a member of the medical staff shall have all or any portion of clinical privileges immediately suspended or appointment terminated by the chief executive officer or department chairperson and/or division director, whenever such action must be taken when there is imminent danger to patients or to the patient care operations. Such summary suspension shall become effective immediately upon imposition and the chief executive officer will subsequently notify the medical staff member in writing of the suspension. Such notice shall be by certified return receipt mail to the affected medical staff member's last known address as determined by university records.

(2) A medical staff member whose privileges have been summarily suspended or whose appointment has been terminated shall be entitled to appeal the suspension pursuant to rule 3335-111-06 of the Administrative Code. If the affected member of the medical staff does not make a written request for a hearing to the chief executive officer within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the affected member's right to

any review by the medical staff administrative committee of which the member might otherwise been entitled. If a timely, written request for a hearing is made, the procedures set forth in rule 3335-111-06 of the Administrative Code shall apply.

(3) Immediately upon the imposition of a summary suspension, the chief executive officer in consultation with the appropriate department chairperson and/or division director, shall have the authority to provide for alternative medical coverage for the patients of the suspended medical staff member who remain in the hospital at the time of suspension. The wishes of the patient shall be considered in the selection of such alternative medical coverage. While a summary suspension is in effect, the member of the medical staff is ineligible for reappointment to the medical staff. Medical staff and hospital administrative duties and prerogatives are suspended during the summary suspension.

(E) Automatic suspension and termination.

(1) Notwithstanding the provisions of this rule, a temporary lapse of a medical staff member's admitting privileges, effective until medical records are completed, may be imposed automatically by the chief executive officer after a warning, in writing, of delinquency for failure to complete medical records as defined by the rules and regulations of the medical staff.

(2) Action by the state boards of licensure revoking or suspending a medical staff member's licensure or placing the member on probation shall automatically impose the same restrictions to that member's CHRI medical staff privileges.

(3) Failure to maintain the minimum required type and amount of professional liability insurance with an approved insurer, shall result in immediate and automatic suspension of a medical staff member's appointment and privileges until such time as proof of appropriate insurance coverage is furnished. In the event such proof is not provided within ten days of notice of such suspension, the medical staff member or credentialed provider shall be deemed to no longer comply with medical staff requirements under 3335-111-04 and automatically relinquish his or her appointment and privileges.

(4) Upon exclusion, debarment, or other prohibition from participation in any state or federal health care reimbursement program, or a federal procurement or non-procurement program, the medical staff member's appointment and privileges shall immediately and automatically terminate, unless resignation in lieu of automatic termination is permitted pursuant to rule 3335-43-04(A)(4).

(5) If a medical staff member pleads guilty to or is found guilty of a felony which involves violence or abuse upon a person, conversion, embezzlement, or misappropriation of property; fraud, bribery, evidence tampering, or perjury; or a drug offense, the medical staff member's appointment and privileges shall be immediately and automatically terminated.

(6) Whenever a medical staff member's drug enforcement administration (DEA) or other controlled substances number is revoked, he or she shall be immediately and automatically divested of his or her right to prescribe medications covered by the number.

(7) When a medical staff member's DEA or other controlled substances number is suspended or restricted in any manner, his or her right to prescribe medications covered by the number is similarly automatically suspended or restricted during the term of the suspension or restriction.

(8) No medical staff member shall be entitled to the procedural rights set forth in rule 3335-111-06 of the Administrative Code as a result of an automatic suspension or termination. As soon

as practicable after the imposition of an automatic suspension, the medical staff administrative committee shall convene to determine if further corrective action is necessary. Any further action with respect to an automatic suspension must be taken in accordance with this rule.

(Board approval dates: 9/1/1993, 5/2/1997, 9/1/1999, 10/1/1999, 12/3/1999, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 2/6/2009, 9/18/2009, 10/29/2011, 4/8/2011, 11/7/2014, 11/6/2015, 4/6/2018)

3335-111-06 Hearing and appellate review procedure.

(A) Right to hearing before the medical staff administrative committee and to appellate review.

(1) When a member of the medical staff has exhausted remedies under paragraph (F) of rule 3335-111-04 of the Administrative Code on reappointments; or under rule 3335-111-05 of the Administrative Code for corrective action; or who has been summarily suspended under paragraph (D) of rule 3335-111-05 of the Administrative Code, the staff member shall be entitled to an adjudicatory hearing.

(2) A medical staff member shall not be entitled to a hearing under the following circumstances:

(a) Denial of the Wexner medical center board to grant a waiver of board certification for a medical staff member.

(b) Termination of a medical staff member because of exclusion from participation in any government reimbursement program.

(c) Voluntary withdrawal of a medical staff application.

(d) Failure to submit a reappointment application.

(e) A leave of absences extending beyond current appointment or failure to request reinstatement of clinical privileges following a leave of absence.

(f) Actions or recommendations resulting from an informal peer review.

(3) All hearings and appellate reviews shall be in accordance with the procedural safeguards set forth in this rule to assure that the affected medical staff member is accorded all rights to which the member is entitled.

(B) Request for hearing.

(1) The request for a hearing shall be submitted in writing by the affected medical staff member to the chief executive officer within thirty days of notifications by the chief executive officer of the intended action. The chief executive officer shall forward the request to the medical staff administrative committee along with instructions to convene a hearing.

(2) The failure of a medical staff member to request a hearing to which the member is entitled by these bylaws within the time and in the manner herein provided, shall be deemed a waiver of the member's right to any review by the medical staff administrative committee to which the member might otherwise been entitled. The chief executive officer shall then implement the decision and that action shall become and remain effective against the medical staff member in the same manner as a final decision of the Wexner medical center board as provided for in paragraph (E) of this rule. The chief executive officer shall promptly inform the affected medical staff member

that the proposed decision, which had entitled the medical staff member to a hearing, has now become final.

(C) Notice of hearing.

(1) After receipt of a timely request for hearing by the chief executive officer from a medical staff member entitled to such hearing, the medical staff administrative committee shall be notified of the request for hearing by the chief executive officer, and shall at the next scheduled meeting take the following action:

(a) Instruct the director of medical affairs and chief of staff to jointly appoint within seven days a hearing committee, consisting of three to five members of the medical staff who are not members of the medical staff administrative committee, are not direct competitors, do not have a conflict of interest, and who have not previously participated in the peer review of the matter under consideration.

(b) Instruct the hearing committee to schedule and arrange for a hearing which hearing shall be conducted not less than thirty nor more than sixty days from the date of the receipt of the request for a hearing by the chief executive officer. However, an initial hearing or meeting for a medical staff member who is under summary suspension, which is then in effect, shall be held as soon as arrangements may be reasonably made.

(2) The medical staff member shall be given at least ten days prior notice of the scheduled hearing, provided that the medical staff member may waive this notice in writing. Notice shall be by certified return receipt mail to the staff member at the staff member's last known address as reflected by university records. The notice of hearing shall state in concise language the acts or omissions with which the medical staff member is charged; a list of representative medical records or documents being used; names of potential witnesses to be called; and any other reason or evidence that may be considered by the hearing committee during the hearing.

(D) Conduct of hearing.

(1) The hearing committee shall select a chairperson from the committee to preside over the hearing. The chairperson may require a representative for the individual and for the medical staff administrative committee (or the Wexner medical center board) to participate in a pre-hearing conference. At the pre-hearing conference, the chairperson shall resolve all procedural questions, including any objections to exhibits or witnesses, the role of legal counsel, and determine the time to be allotted to each witness's testimony and cross-examination. The hearing committee shall have benefit of Ohio state university legal counsel. The hearing committee may grant continuances, recesses, and the chairperson may excuse a member of the hearing committee from attendance temporarily for good cause, provided that there shall be at no time less than two members of the hearing committee present unless the affected staff member waives this requirement.

All members of the hearing committee must be present to deliberate and vote. No member may vote by proxy. The person who has taken the action from which the affected staff member has requested the hearing shall not participate in the deliberation or voting of the hearing committee. The hearing shall be a de novo hearing, although evidence of the prior recommendations and decisions may be presented.

(2) An accurate record of the hearing shall be kept. The record shall be done by the use of a professional stenographer. This record shall be available to the affected member of the medical staff upon request at the affected member's expense.

(3) The personal presence of the medical staff member for whom the hearing has been scheduled shall be required. A medical staff member who fails without good cause to appear and proceed at such hearing shall be deemed to have waived the right to appear and to have a hearing before the medical staff administrative committee in the same manner as provided in paragraph (B) of this rule, and to have accepted the adverse recommendation or decision involved and the same shall therein become and remain in effect as provided in paragraph (B) of this rule. The hearing committee may, at its own discretion, proceed with the hearing without the medical staff member and impose a sanction.

(4) Postponements of hearings beyond the time set forth in this chapter shall be made only with the approval of the medical staff administrative committee. Granting of such postponement shall be only for good cause shown.

(5) The hearing need not be conducted strictly according to the rules of law related to the examination of witnesses or presentation of evidence. Any relevant matters upon which responsible persons customarily rely in the conduct of serious affairs shall be considered, regardless of the existence of any common law or statutory rule which might make evidence inadmissible over objection in civil or criminal action. The member of the medical staff for whom the hearing is being held shall, prior to, or during the hearing, be entitled to submit memoranda concerning any issues of procedure or of fact and such memoranda shall become a part of the hearing record.

(6) The affected medical staff member shall have the following rights: to be represented by an attorney at law and to call and examine witnesses; to introduce evidence; to cross-examine any witnesses on any matter relevant to the issue of the hearing; and to challenge any witness and to rebut any evidence. If the medical staff member does not testify in his/her own behalf, the member may be called and examined as if under cross-examination.

(7) The hearing committee shall request the person who has taken the action from which the affected medical staff member has requested the hearing to present evidence to the hearing committee in support of the adverse recommendation. The hearing committee may proceed to hear evidence and testimony from either party in whatever order the hearing committee deems appropriate. The hearing committee may call its own witnesses, may recall any party's witnesses, and may question witnesses as it deems appropriate. All parties shall be responsible to secure the attendance of their own witnesses. All witnesses and evidence received by the hearing committee shall be open to challenge and cross-examination by the parties. Witnesses shall not be placed under oath. At the close of the evidence the hearing committee may request each party to make summary statements, either oral or written.

(8) The hearing committee may, without special notice, recess the hearing and reconvene the same for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. The hearing committee shall make its best effort to expeditiously determine the issues presented. The hearing committee may limit its proceedings when sufficient material has been received. The parties may be required to provide evidence in oral or written form. Upon conclusion of the presentation of evidence the hearing shall be closed. The hearing committee may there upon, at a time convenient to itself, conduct its deliberations outside the presence of the medical staff member for whom the hearing was convened.

(9) Within sixty days after its appointment, unless otherwise extended by the medical staff administrative committee, the hearing committee shall forward its written report and recommendation together with the transcript of the hearing and all other documentation presented by the parties to the medical staff administrative committee. The affected member shall be notified of the recommendation of the hearing committee including a statement of

the basis for the recommendation. The medical staff administrative committee shall accept, reject, or modify the recommendation of the hearing committee. The medical staff administrative committee may conduct further hearings as it deems necessary or may remand the matter back to the hearing committee for further action as directed. The medical staff administrative committee may impose a greater or lesser sanction than that recommended by the hearing committee.

(10) Within fourteen days after the conclusion of the taking of all evidence and of all hearings, the medical staff administrative committee shall make a written report of its findings and its recommendation and shall forward the same together with the hearings record and all other documentation to the chairperson of the Wexner medical center board. Notice of that decision shall be sent certified return receipt mail to the affected medical staff member at the member's last known address as determined by university records by the director.

(11) The decision and record of the medical staff administrative committee shall be transmitted to the quality and professional affairs committee of the Wexner medical center board, which shall, subject to the affected member's right to appeal and implementation of paragraph (E) of this rule, consider the matter at its next scheduled meeting, or at a special meeting to be held no less than thirty days following receipt of the transmittal. The quality and professional affairs committee of the Wexner medical center board may accept, reject, or modify the decision of the medical staff administrative committee.

(12) The recommendation of the quality and professional affairs committee of the Wexner medical center board shall be promptly considered by the Wexner medical center board at its next scheduled meeting. The Wexner medical center board may accept, reject, or modify the recommendation of the quality and professional affairs committee of the Wexner medical center board.

(13) A copy of the Wexner medical center board decision shall be sent by certified return receipt mail to the affected medical staff member at the member's last known address as determined by university records.

(E) Appeal process.

(1) Within thirty days after receipt of a notice by an affected medical staff member of the action of the medical staff administrative committee the staff member may, by written notice to the chairperson of the Wexner medical center board, request an appeal. Such appeal shall only be held on the record before the medical staff administrative committee.

(2) If an appeal is not requested within the thirty-day period, the affected medical staff member shall be deemed to have waived the right to an appeal, and to have accepted such adverse decision.

(3) The appeal shall be conducted by the quality and professional affairs committee of the Wexner medical center board.

(4) The affected medical staff member shall have access to the reports and records, including transcripts, if any, of the medical staff administrative committee and all other material, favorable or unfavorable, that have been considered by that committee. The member shall then submit a written factual statement specifying those factual and procedural matters with which the member disagrees, and the reasons for such disagreement. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the quality and professional affairs committee of the Wexner medical center board no later than seven days following the date of the affected member's notice of appeal.

(5) New or additional matters not raised during the hearing procedure or in the medical staff administrative committee hearings shall only be introduced on appeal at the sole discretion of the quality and professional affairs committee of the Wexner medical center board.

(6) Within fourteen days following submission of the written statement by the affected medical staff member, the quality and professional affairs committee shall recommend to the Wexner medical center board that the adverse decision be affirmed, modified or rejected, or to refer the matter back to the medical staff administrative committee for further review and recommendation. Such referral to the medical staff administrative committee may include a request for further investigation.

(7) Any final decision by the Wexner medical center board shall be communicated by the chief executive officer by certified return receipt mail to the affected medical staff member at the member's last known address as determined by university records. The chief executive officer shall also notify in writing the executive vice president for health sciences, the dean of the college of medicine, the chief medical officer of OSU medical center, the vice president for health services, the director of medical affairs, chief of staff, the department chairperson and/or division director, clinical department chief and the academic department chairperson and the person(s) who initiated the request for formal peer review. The chief executive officer shall take immediate steps to implement the final decision.

(Board approval dates: 9/1/1993, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 2/6/2009, 9/18/2009, 10/29/2010, 4/8/2011, 11/7/2014, 11/6/2015, 4/6/2018, 8/15/2023)

3335-111-07 Categories of the medical staff.

The medical staff of the CHRI shall be divided into honorary, physician scholar, attending, associate attending, clinical attending, consulting medical staff and limited designations. All medical staff members with admitting privileges may admit patients in accordance with state law and criteria for standards of care established by the medical staff. Medical staff members who do not wish to obtain any clinical privileges shall be exempt from the requirements of medical malpractice liability insurance, DEA registration, demonstration of recent active clinical practice during the last ~~two~~ three years and specific annual education but are otherwise subject to the provisions of these bylaws.

(A) Honorary staff.

The honorary staff will be composed of those individuals who are recognized for outstanding reputation, notable scientific and professional contributions, and high professional stature in an oncology field of interest. The honorary staff designation is awarded by the Wexner medical center board on the recommendation of the chief executive officer of the CHRI, executive vice president for health sciences, department chairperson and/or division director, or the credentials committee after approval by the medical staff administrative committee. This is a lifetime appointment. Honorary staff are not entitled to patient care privileges.

(B) Physician scholar medical staff.

(1) Qualifications: The physician scholar medical staff shall be composed of those faculty members of the colleges of medicine and dentistry who are recognized for outstanding reputation, notable scientific and professional contributions, and high professional stature. This medical staff category includes but is not limited to emeritus faculty members. Nominations may be made to the chair of the credentialing committee who shall present the candidate to the medical staff administrative committee for approval.

(2) Prerogatives: Members of the physician scholar medical staff shall have access to the CHRI and shall be given notice of all medical staff activities and meetings. Members of the physician scholar medical staff shall enjoy all rights of an attending medical staff member except physician scholar members shall not possess clinical privileges.

(3) Physician scholar medical staff must have either a full license or an emeritus registration by the State Medical Board of Ohio.

(C) Attending medical staff.

(1) Qualifications:

The attending staff shall consist of those regular faculty members of the colleges of medicine and dentistry who are licensed or certified in the state of Ohio, whose practice is at least seventy-five percent oncology and with a proven career commitment to oncology as demonstrated by the majority of the following:

Training, current board certification (as specified in paragraph (A)(5) of rule 3335-111-04 of the Administrative Code), publications, grant funding, other funding and experience (as deemed appropriate by the chief executive officer and the department chairperson and/or division director); and who satisfy the requirements and qualifications for membership set forth in rule 3335-111-04 of the Administrative Code.

(2) Prerogatives:

Attending staff members may:

(a) Admit patients consistent with the balanced teaching and patient care responsibilities of the CHRI. When, in the judgment of the director of medical affairs, a balanced teaching program is jeopardized, following consultation with the chief executive officer, the clinical department chief and with the concurrence of a majority of the medical staff administrative committee, the director of medical affairs may restrict admissions. Imposition of such restrictions shall not entitle the attending staff member to a hearing or appeal pursuant to rule 3335-111-06 of the Administrative Code.

(b) Be free to exercise such clinical privileges as are granted pursuant to these bylaws.

(c) Vote on all matters presented at general and special meetings of the medical staff and committees of which he or she is a member unless otherwise provided by resolution of the medical staff, clinical department or committee and approved by the medical staff administrative committee.

(d) Hold office in the medical staff organization, clinical departments and committees of which they are a member, unless otherwise provided by resolution of the medical staff, clinical department or committee and approved by the medical staff administrative committee.

(3) Responsibilities:

An attending staff member shall:

(a) Meet the basic responsibilities set forth in rules 3335-111-02 and 3335-111-03 of the Administrative Code.

(b) Retain responsibility within the member's area of professional competence for the continuous care and supervision of each patient in the CHRI for whom he or she is providing care, or arrange a suitable alternative for such care and supervision.

(c) Actively participate in such quality evaluation and monitoring activities as required by the medical staff, and discharge such staff functions as may be required from time to time.

(d) Satisfy the requirements set forth in rule 3335-111-13 of the Administrative Code for attendance at medical staff meetings and meetings of those committees of which they are a member.

(e) Supervise members of the limited staff in the provision of patient care in accordance with accreditation standards and policies and procedures of approved clinical training programs. It is the responsibility of the attending physician to authorize each member of the limited staff to perform only those services that the limited staff member is competent to perform under supervision.

(f) Supervise other licensed allied health professionals as necessary in accordance with accreditation standards and state law. It is the responsibility of the attending physician to authorize each licensed allied health professional to perform only those services which the licensed allied health professional is privileged to perform.

(g) Take call as assigned by the clinical department chief.

(D) Associate attending staff.

(1) Qualifications:

The associate attending staff shall consist of those regular faculty members of the colleges of medicine and dentistry who do not qualify for attending staff appointment.

(2) Prerogatives:

The associate attending staff may:

(a) Admit patients consistent with the balanced teaching and patient care responsibilities of the institution. When, in the judgment of the director of medical affairs, a balanced teaching program is jeopardized, following consultation with the chief executive officer, the clinical department chief and with the concurrence of a majority of the medical staff administrative committee, the director of medical affairs may restrict admissions. Imposition of such restrictions shall not entitle the associate attending staff member to a hearing or appeal pursuant to rule 3335-111-06 of the Administrative Code.

(b) Be free to exercise such clinical privileges as are granted pursuant to the bylaws.

(c) Vote on all matters presented at general and special meetings of the medical staff and at committees of which he or she is a member unless otherwise prohibited by these bylaws or by resolution approved by the medical staff administrative committee.

(d) The associate attending staff member may not vote on amendments to the bylaws.

(3) Responsibilities:

Associate attending staff members shall:

(a) Meet the basic responsibilities set forth in rules 3335-111-02 and 3335-111-03 of the Administrative Code.

(b) Retain responsibility within the member's care area of professional competence for the continuous care and supervision of each patient in the CHRI for whom the member is providing care, or arrange a suitable alternative for such care and supervision including the supervision of interns, residents and fellows assigned to their service.

(c) Actively participate in such quality evaluation and monitoring activities as required by the staff and discharge such staff functions as may be required from time to time.

(d) Satisfy the requirements set forth in rule 3335-111-13 of the Administrative Code for attendance at medical staff meetings and meetings of those committees of which they are a member.

(E) Clinical attending staff.

(1) Qualifications:

The clinical attending staff shall consist of those clinical faculty members of the colleges of medicine and dentistry who have training, expertise, and experience in oncology, as determined by the chief executive officer in consultation with the department chairperson and/or division director and who satisfy the requirements and qualifications for membership set forth in rule 3335-111-04 of the Administrative Code.

(2) Prerogatives:

The clinical attending staff may:

(a) Admit patients which complement the research and clinical teaching program. At times when hospital beds or other resources are in short supply, patient admissions of clinical staff shall be subordinate to those of attending or associate attending staff.

(b) Be free to exercise such clinical privileges as are granted pursuant to these bylaws.

(c) Attend meetings as non-voting members of the medical staff and any medical staff or hospital education programs. The clinical attending staff may not hold elected office in the medical staff organization.

(3) Responsibilities:

(a) Meet the basic responsibilities set forth in rules 3335-111-02 and 3335-111-03 of the Administrative Code.

(b) Retain responsibility within the member's area of professional competence for the continuous care and supervision of each patient in the CHRI for whom the member is providing care, or arrange a suitable alternative for such care and supervision including the supervision of interns, residents and fellows assigned to their service.

(c) Actively participate in such quality evaluation and monitoring activities as required by the staff and discharge such staff functions as may be required from time to time.

(d) Satisfy the requirements set forth in rule 3335-111-13 of the Administrative Code for attendance at medical staff meetings and meetings of those committees of which they are a member.

(e) Supervise members of the limited staff in the provision of patient care in accordance with accreditation standards and policies and procedures of approved clinical training programs. It is the responsibility of the attending physician to authorize each member of the limited staff to perform only those services which the limited staff member is competent to perform under supervision.

(f) Supervise other licensed allied health professionals as necessary in accordance with accreditation standards and state law. It is the responsibility of the attending physician to authorize each licensed allied health professional to perform only those services which the licensed allied health professional is privileged to perform.

(F) Consulting medical staff.

(1) Qualifications.

The consulting medical staff shall consist of those faculty members of the colleges of medicine and dentistry who:

(a) Satisfy the requirements and qualifications for membership set forth in rule 3335-111-04 of the Administrative Code.

(b) Are consultants of recognized professional ability and expertise who provide a service not readily available from the attending medical staff. These practitioners provide services to James patients only at the request of attending or associate attending members of the medical staff.

(c) Demonstrate participation on the active medical staff at another accredited hospital requiring performance improvement/quality assessment activities similar to those of the hospitals of the Ohio state university. The practitioner shall also hold at such other hospital the same privileges, without restriction, that he/she is requesting at the James cancer hospital. An exception to this qualification may be made by the Wexner medical center board provided the practitioner is otherwise qualified by education, training and experience to provide the requested service.

(2) Prerogatives:

Consulting medical staff members may:

(a) Exercise the clinical privileges granted for consultation purposes on an occasional basis when requested by an attending or associate attending medical staff member.

(b) Have access to all medical records and be entitled to utilize the facilities of the Ohio state university hospitals and James cancer hospital incidental to the clinical privileges granted pursuant to these bylaws.

(c) Not admit patients to the Ohio state university hospitals or James cancer hospital.

(d) Not vote on medical staff policies, rules and regulations, or bylaws, and may not hold office.

(e) Must actively participate in such quality evaluation and monitoring activities as required by the medical staff and as outlined in the medical staff policy entitled "consulting medical staff member policy."

(f) Attend medical staff meetings, but shall not be entitled to vote at such meetings or hold office.

(g) Attend department meetings, but shall not be entitled to vote at such meetings or serve as clinical department chief.

(h) Serve as a non-voting member of a medical staff committee; provided, however, that he/she may not serve as a committee chair or as a member of the medical staff administrative committee.

(3) Responsibilities.

Each member of the consulting medical staff shall:

(a) Meet the basic responsibilities set forth in rules 3335-111-02 and 3335-111-03 of the Administrative Code.

(b) Be exempt from all medical staff dues.

(G) Contracted.

(1) Qualifications: contracted medical staff shall consist of those members who meet the requirements for medical staff membership and are providing services to CHRI patients exclusively through a contract with the CHRI. Contracted medical staff members shall meet and maintain the same standards for quality patient care applicable to all members of the medical staff and shall be subject to these bylaws and the rules and regulations of the medical staff except as provided in this paragraph.

Contracted medical staff shall not be required to obtain appointment to the faculty of the Ohio state university. Contracted medical staff shall not be eligible to vote on medical staff policies, rules and regulations, or bylaws, shall not be eligible to hold office or required to pay medical staff dues.

(2) Prerogatives.

Contracted medical staff may:

(a) Exercise such clinical privileges as are granted pursuant to these bylaws.

(3) Any contracted medical staff member whose membership has been terminated due to loss of contract and/or clinical privileges shall not be entitled to request a hearing and appeal in accordance with rule 3335-111-06 of the Administrative Code.

~~(G)~~(H) Limited staff.

Limited staff are not considered members of the medical staff, do not have delineated clinical privileges, and do not have the right to vote in general medical staff elections. Except where expressly stated, limited staff are bound by the terms of these bylaws, rules and regulations of the medical staff and the limited staff agreement.

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Chapter 3335-111 - *Bylaws of the Medical Staff* of the
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

Updated August 20, 2024

(1) Qualifications:

The limited staff shall consist of doctors of medicine, osteopathic physicians, dentists and practitioners of podiatry or psychology who are accepted in good standing by a program director into a postdoctoral graduate medical education program and appointed to the limited staff in accordance with these bylaws. The limited staff shall maintain compliance with the requirements of state law, including regulations adopted by the Ohio state medical board, or the limited staff member's respective licensing board.

Members of the limited staff shall possess a valid training certificate or an unrestricted Ohio license from the applicable state board based on eligibility criteria defined by that state board. All members of the limited staff shall be required to successfully obtain an Ohio training certificate prior to beginning training within a program.

(2) Responsibilities:

The limited staff shall:

(a) Be responsible to respond to all questions and complete all forms as may be required by the credentials committee.

(b) Participate fully in the teaching programs, conferences, and seminars of the clinical department in which he or she is appointed in accordance with accreditation standards and policies and procedures of the graduate medical education committee and approved clinical training programs.

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(c) Participate in the care of all patients assigned to the limited staff member under the appropriate supervision of a designated member of the attending medical staff in accordance with accreditation standards and policies and procedures of the clinical training programs. The clinical activities of the limited staff shall be determined by the program director appropriate for the level of education and training. Limited staff shall be permitted to perform only those services that they are authorized to perform by the member of the attending medical staff based on the competence of the limited staff to perform such services. The limited staff may admit or discharge patients only when acting on behalf of the attending, associate attending or clinical attending medical staff. The limited staff member shall follow all rules and regulations of the service to which he or she is assigned, as well as the general rules of the CHRI pertaining to limited staff.

(d) Serve as full members of the various medical staff committees in accordance with established committee composition as described in these bylaws and/or rules and regulations of the medical staff. The limited staff member shall not be eligible to vote or hold elected office in the medical staff organization, but may vote on committees to which the limited staff member is assigned.

(e) Be expected to make regular satisfactory professional progress including anticipated certification by the respective specialty or subspecialty program of post-doctoral training in which the limited staff member is enrolled. Evaluation of professional growth and appropriate humanistic qualities shall be made on a regular schedule by the clinical department chief, program director, teaching faculty or evaluation committee in accordance with accreditation standards and policies and procedures of the approved training programs.

(f) Appeal by a member of the limited staff of probation, lack of promotion, suspension or termination for failure to meet expectations for professional growth or failure to display appropriate humanistic qualities or failure to successfully complete any other competency as required by the accreditation standards of an approved training

program will be conducted and limited in accordance with written guidelines established by the respective academic department or training program and approved by the program director and the Ohio state university's graduate medical education committee as delineated in the limited staff agreement and by the graduate medical education policies.

Alleged misconduct by a member of the limited staff, for reasons other than failure to meet expectations of professional growth as outlined above, shall be handled in accordance with rules 3335-111-05 and 3335-111-06 of the Administrative Code.

(3) Failure to meet reasonable expectations:

Termination of employment from the limited staff member's residency or fellowship training program shall result in automatic termination of the limited staff member's appointment pursuant to these bylaws.

(4) Temporary appointments:

(a) Limited staff members who are Ohio state university faculty may be granted an early commencement or an extension of appointment upon the recommendation of the chief of the clinical department, with prior concurrence of the associate dean for graduate medical education, when it is necessary for the limited staff member to begin his or her training program prior to or extend his or her training program beyond a regular appointment period. The appointment shall not exceed sixty days.

(b) Temporary appointments may be granted upon the recommendation of the chief of the clinical department, with prior concurrence of the associate dean for graduate medical education, for limited staff members who are not Ohio state university faculty but who, pursuant to education affiliate agreements approved by the university, need to satisfy approved graduate medical education clinical rotation requirements. These appointments shall not exceed a total of one hundred twenty days in any given post-graduate year. In such cases, the mandatory requirement for a faculty appointment may be waived. All other requirements for limited staff member appointment must be satisfied.

(5) Supervision:

Limited staff members shall be under the supervision of an attending, associate attending or clinical attending medical staff member. Limited staff members shall have no privileges as such but shall be able to care for patients under the supervision and responsibility of their attending, associate attending or clinical attending medical staff member. The care they extend will be governed by these bylaws and the general rules and regulations of each clinical department. The practice of care shall be limited by the scope of privileges of their attending, associate attending or clinical attending medical staff member. Any concerns or problems that arise in the limited staff member's performance should be directed to the attending, associate attending or clinical attending medical staff member or the director of the training program.

(a) Limited staff members may write admission, discharge or other orders for the care of patients under the supervision of the attending, associate attending or clinical attending medical staff member.

(b) All records of limited staff member cases must document involvement of the attending, associate attending or clinical attending medical staff member in the supervision of the patient's care to include co-signature of the admission order, history and physical, operative report, and discharge summary.

Chapter 3335-111 - *Bylaws of the Medical Staff* of the
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

Updated August 20, 2024

~~(H)~~(I) Associates to the medical staff.

(1) Qualifications:

Licensed health care professionals are those professionals who possess a license, certificate or other legal credential required by Ohio law to provide direct patient care in a hospital setting, but who are not acting as licensed independent practitioners.

(2) Due process:

Licensed health care professionals are subject to corrective action for violation of these rules, their certificate of authority, standard care agreement, utilization plan or the provisions of their licensure, including professional ethics. Corrective action may be requested by any member of the medical staff, the clinical department chief, the chairperson of an academic department, the section chief, the medical director of credentialing or the director of medical affairs. All requests shall be in writing and be submitted to the director of medical affairs.

The director of medical affairs shall appoint a three-person committee to review the situation and recommend appropriate corrective action, including termination or suspension of clinical privileges. The committee shall consist of at least one licensed health care professional licensed in the same field as the individual being reviewed, if available, and one medical staff member. The committee shall make a written recommendation to the director of medical affairs, who may accept, reject or modify the recommendation. The decision of the director of medical affairs shall be final.

~~(I)~~(J) Temporary medical staff appointment.

(1) External peer review. When peer review activities are being conducted by someone other than a current member of the medical staff, the chief medical officer or director of medical affairs may admit a practitioner to the medical staff for a limited period of time. Such membership is solely for the purpose of conducting peer review in a particular evaluation and this temporary membership automatically expires upon the member's completion of duties in connection with such peer review. Such appointment does not include clinical privileges, and is for a limited purpose.

(2) Proctoring. Temporary privileges may be extended to visiting physician or visiting medical faculty for special clinical or educational activities as permitted by the Ohio state medical or dental board. When medical staff members require proctoring for the purposes of gaining experience to become credentialed to perform a procedure, a visiting medical faculty or visiting physician may apply for temporary privileges pursuant to the medical staff proctoring policy.

~~(J)~~(K) Clinical privileges.

(1) Delineation of clinical privileges:

(a) Every person practicing at the CHRI by virtue of medical staff membership, faculty appointment, contract or under authority granted in these bylaws shall, in connection with such practice, be entitled to exercise only those clinical privileges specifically applied for and granted to the staff member or other licensed allied health professional by the Wexner medical center board after recommendation from the medical staff administrative committee.

(b) Each clinical department and CHRI department and/or division shall develop specific clinical criteria and standards for the evaluation of privileges with emphasis on invasive or therapeutic procedures or treatment which represent significant risk to

the patient or for which specific professional training or experience is required. Such criteria and standards are subject to the approval of the medical staff administrative committee and the Wexner medical center board.

(c) Requests for the exercise and delineation of clinical privileges must be made as part of each application for appointment or reappointment to the medical staff on the forms prescribed by the medical staff administrative committee. Every person in an administrative position who desires clinical privileges shall be subject to the same procedure as all other applicants. Requests for clinical privileges must be submitted to the chief of the clinical department in which the clinical privileges will be exercised. Clinical privileges requested other than during appointment or reappointment to the medical staff shall be submitted to the chief of the clinical department and such request must include documentation of relevant training or experience supportive of the request.

(d) The chief of the clinical department shall review each applicant's request for clinical privileges and shall make a recommendation regarding clinical privileges to the medical director of credentialing. Requests for clinical privileges shall be evaluated based upon the applicant's education, training, experience, demonstrated competence, references, and other relevant information including the direct observation and review of records of the applicant's performance by the clinical department in which the clinical privileges are exercised. Whenever possible, the review should be of primary source information. The applicant shall have the burden of establishing qualifications and competence in the clinical privileges requested and shall have the burden of production of adequate information for the proper evaluation of qualifications.

(e) The applicant's request for clinical privileges and the recommendation of the clinical department chief shall be forwarded to the credentials committee and shall be processed in the same manner as applications for appointment and reappointment pursuant to rule 3335-111-04 of the Administrative Code.

(f) Medical staff members who are granted new or initial privileges are subject to FPPE, which is a six-month period of focused monitoring and evaluation of practitioner's professional performance. Following FPPE medical staff members with clinical privileges are subject to ongoing professional practice evaluation (OPPE), which information is factored into the decision to maintain existing privileges, to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal. FPPE and OPPE are fully detailed in medical staff policies that were approved by the medical staff administrative committee and the Wexner medical center board.

(g) Upon resignation, termination or expiration of the medical staff member's faculty appointment or employment with the university for any reason, such medical staff appointment and clinical privileges of the medical staff member shall automatically expire.

(h) Medical staff members authorize the CHRI and clinics to share amongst themselves credentialing, quality and peer review information pertaining to the medical staff member's clinical competence and/or professional conduct. Such information may be shared at initial appointment and/or reappointment and at any time during the medical staff member's medical staff appointment to the medical staff of the CHRI.

(i) Medical staff members authorize the CHRI to release, in good faith and without malice, information to managed care organizations, regulating agencies, accreditation bodies and other health care entities for the purposes of evaluating the medical staff member's qualifications pursuant to a request for appointment, clinical

privileges, participation or other credentialing or quality matters.

(2) Temporary and special privileges:

(a) Temporary privileges may be extended to a doctor of medicine, osteopathic medicine, dental surgery, psychologist, podiatry or to a licensed allied health professional upon completion of an application prescribed by the medical staff administrative committee, upon recommendation of the chief of the clinical department. All temporary privileges are granted by the chief executive officer or authorized designee. The temporary privileges granted shall be consistent with the applicant's training and experience and with clinical department guidelines. Prior to

granting temporary privileges, primary source verification of licensure and current competence shall be required. Temporary privileges shall be limited to situations which fulfill an important patient care need and shall not be granted for a period not to exceed one hundred twenty days.

(b) Temporary privileges may be extended to visiting medical faculty or for special activity as provided by the Ohio state medical or dental boards.

(c) Temporary privileges granted for locum tenens may be exercised for a maximum of one hundred twenty days, consecutive or not, any time during the thirty-six month period following the date they are granted.

(d) Practitioners granted temporary privileges will be restricted to the specific delineations for which the temporary privileges are granted. The practitioner will be under the supervision of the chair of the clinical department while exercising any temporary privileges granted.

(e) Practitioners exercising temporary privileges shall abide by these medical staff bylaws, rules and regulations, and hospital and medical staff policies.

(f) Special privileges -- upon receipt of a written request for specific temporary clinical privileges and the approval of the clinical department chief, the chairperson of the academic department and the director of medical affairs, an appropriately licensed or certified practitioner of documented competence, who is not an applicant for medical staff membership, may be granted special clinical privileges for the care of one or more specific patients. Such privileges shall be exercised in accordance with the conditions specified in rule 3335-111-04 of the Administrative Code.

(g) The temporary and special privileges must also be in conformity with accrediting bodies' standards and the rules and regulations of professional boards of Ohio.

(3) Expedited privileges:

If the Wexner medical center board is not scheduled to convene in a timeframe that permits the timely consideration of the recommendation of a complete application by the medical staff administrative committee, eligible applicants may be granted expedited privileges by the quality and professional affairs committee of the Wexner medical center board. Certain restrictions apply to the appointment and granting of clinical privileges via the expedited process. These include but are not limited to: an involuntary termination of medical staff membership at another hospital, involuntary limitation, or reduction, denial or loss of clinical privileges, a history of professional liability actions resulting in a final judgment against the applicant, or a challenge by a state licensing board.

(4) Podiatric privileges:

(a) Practitioners of podiatry may admit patients to the CHRI if such patients are being admitted solely to receive care that a podiatrist may provide without medical assistance, pursuant to the scope of the professional license of the podiatrist. Practitioners of podiatry must, in all other circumstances co-admit patients with a member of the medical staff who is a doctor of medicine or osteopathic medicine.

(b) A member of the medical staff who is a doctor of medicine or osteopathy.

(i) Shall be responsible for any medical problems that the patient has while an inpatient of the CHRI; and

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(ii) Shall confirm the findings, conclusions and assessment of risk prior to high-risk diagnosis or therapeutic interventions defined by the medical staff.

(c) Practitioners of podiatry shall be responsible for the podiatric care of the patient including the podiatric history and physical examination and all appropriate elements of the patient's record.

(d) The podiatrist shall be responsible to the chief of the department of orthopaedics.

(5) Psychology privileges:

(a) Psychologists shall be granted clinical privileges based upon their training, experience and demonstrated competence and judgment consistent with their license to practice. Psychologists shall not prescribe drugs, or perform surgical procedures, or in any other way practice outside the area of their approved clinical privileges or expertise unless otherwise authorized by law.

(b) Psychologists may not admit patients to the CHRI, but may diagnose and treat a patient's psychological illness as part of the patient's comprehensive care while hospitalized. All patients admitted for psychological care shall receive the same medical appraisal as all other hospitalized patients. A member of the medical staff who is a doctor of medicine or osteopathic medicine shall admit the patient and shall be responsible for the history and physical and any medical care that may be required during the hospitalization, and shall determine the appropriateness of any psychological therapy based on the total health status of the patient. Psychologists may provide consultation within their area of expertise on the care of patients within the CHRI. In ambulatory settings, psychologists shall diagnose and treat their patient's psychological illness. Psychologists shall ensure that their patients receive referral for appropriate medical care.

(c) Psychologists shall be responsible to the chief of the clinical department in which they are appointed.

(6) Dental privileges:

(a) Practitioners of dentistry, who have not been granted clinical privileges as oral and maxillofacial surgeons, may admit patients to the CHRI if such patients are being admitted solely to receive care which a dentist may provide without medical assistance, pursuant to the scope of the professional license of the dentist. Practitioners of dentistry must, in all other circumstances, co-admit patients with a member of the medical staff who is a doctor of medicine or osteopathic medicine.

(b) A member of the medical staff who is a doctor of medicine or osteopathy:

(i) Shall be responsible for any medical problems that the patient has while an inpatient of the CHRI; and

(ii) Shall confirm the findings, conclusions and assessment of risk prior to high-risk diagnoses or therapeutic interventions defined by the medical staff.

(c) Practitioners of dentistry shall be responsible for the dental care of the patient including the dental history and physical examination and all appropriate elements of the patient's record.

(7) Oral and maxillofacial surgical privileges:

All patients admitted to the CHRI for oral and maxillofacial surgical care shall receive the same medical appraisal as all other hospitalized patients. Qualified oral and maxillofacial surgeons shall admit patients, shall be responsible for the plan of care for the patients, shall perform the medical history and physical examination, if they have such privileges, in order to assess the medical, surgical, and anesthetic risks of the proposed operative and other procedure(s), and shall be responsible for the medical care that may be required at the time of admission or that may arise during hospitalization.

(8) Licensed allied health professionals:

(a) Clinical privileges may be exercised by licensed allied health professionals who are duly licensed in the state of Ohio and who are either:

(i) Members of the faculty of the Ohio state university, or

(ii) Employees of the Ohio state university whose employment involves the exercise of clinical privileges, or

(iii) Employees of members of the medical staff.

(b) A licensed allied health professional as used herein, shall not be eligible for medical staff membership but shall be eligible to exercise those clinical privileges granted pursuant to these bylaws and in accordance with applicable Ohio state law. If granted such privileges under this rule and in accordance with applicable Ohio state law, other licensed allied health professionals may perform all or part of the medical history and physical examination of the patient. Licensed health care professionals with privileges are subject to FPPE and OPPE.

(c) Licensed allied health professionals shall apply and re-apply for clinical privileges on forms prescribed by the medical staff administrative committee and shall be processed in the same manner as provided in rule 3335-111-04 of the Administrative Code.

(d) Licensed allied health professionals are not members of the medical staff, but may write admitting orders for; patients of the CHRI when granted such privileges under tis rule and in accordance with applicable Ohio state law. If such privileges are granted, the patient will be admitted under the medical supervision of the responsible medical staff member. Licensed allied health professionals are not members of the medical staff and shall not be eligible to hold office, to vote on medical staff affairs, or to serve on standing committees of the medical staff unless specifically authorized by the medical staff administrative committee.

(e) Each licensed allied health professional shall be individually assigned to a clinical department and shall be supervised by or collaborate with one or more members of the medical staff as required by Ohio law. The licensed health care professional's clinical privileges are contingent upon the collaborating/supervising medical staff member's privileges. In the event that the collaborating/supervising medical staff member loses privileges or resigns, the licensed allied health care professionals whom he or she has supervised shall be placed on administrative hold until another collaborating/ supervising medical staff member is assigned. The new collaborating/supervising medical staff member shall be assigned in less than thirty days.

(f) Licensed allied health professionals must comply with all limitations and restrictions imposed by their respective licenses, certifications, or legal credentials as required by Ohio law, and may only exercise those clinical privileges granted in accordance with provisions relating to their respective professions.

(g) Only applicants who can document the following shall be qualified for clinical privileges as a licensed allied health professional:

(i) Current license, certification, or other legal credential required by Ohio law;

(ii) Certificate of authority, standard care arrangement/agreement, or utilization plan;

(iii) Education, training, professional background and experience, and professional competence;

(iv) Patient care quality indicators definition for initial appointment. This data will be in a format determined by the licensed allied health professional subcommittee and the quality management department of the Ohio state university medical center;

(v) Adherence to the ethics of the profession for which an individual holds a license, certification, or other legal credential required by Ohio law;

(vi) Evidence of required immunization;

(vii) Evidence of good personal and professional reputation as established by peer recommendations;

(viii) Satisfactory physical and mental health to perform requested clinical privileges; and

(ix) Ability to work with members of the medical staff and the CHRI employees.

(h) The applicant shall have the burden to produce documentation with sufficient adequacy to assure the medical staff and the CHRI that any patient cared for by the licensed allied health professional seeking clinical privileges shall be given quality care, and that the efficient operation of the CHRI will not be disrupted by the applicant's care of patients in the CHRI.

(i) By applying for clinical privileges as a licensed allied health professional, the applicant agrees to the following terms and conditions:

(i) The applicant has read the bylaws and rules and regulations of the medical staff of the CHRI and agrees to abide by all applicable terms of such bylaws and any applicable rules and regulations, including any subsequent amendments thereto, and any applicable CHRI policies that the CHRI may from time to time put into effect;

(ii) The applicant releases from liability all individuals and organizations who provide information to the CHRI regarding the applicant and all members of the medical staff, the CHRI staff and the Wexner medical center board and the Ohio state university board of trustees for all acts in connection with investigating and evaluating the applicant;

(iii) The applicant shall not deceive a patient as to the identity of any practitioner providing treatment or service in the CHRI;

(iv) The applicant shall not make any statement or take any action that might cause a patient to believe that the licensed allied health professional is a member of the medical staff; and

(v) The applicant shall obtain and continue to maintain professional liability insurance in such amounts required by the medical staff.

(j) Licensed allied health care professionals shall be subject to quality review and corrective action as outlined in this paragraph for violation of these bylaws, their certificate of authority, standard of care agreement, utilization plan, or the provisions of their licensure, including professional ethics. Review may be requested by any member of the medical staff, a chief of the clinical department, or by the medical director of quality or the chief quality officer. All requests shall be in writing and shall be submitted to the chief quality officer. The chief quality officer, unless delegated to the medical director of quality, shall appoint a three-person committee to review and make recommendations concerning appropriate action. The committee shall consist of at least one licensed allied health care professional and one medical staff member. The committee shall make a written recommendation to the chief quality officer, unless delegated to the medical director of quality, who may accept, reject, or modify the recommendation. The chief quality officer, unless delegated to the medical director of quality shall forward his or her recommendation to the director of medical affairs for final determination.

(k) Appeal process.

(i) A licensed allied health care professional may submit a notice of appeal to the chairperson of the quality and professional affairs committee within thirty days of receipt of written notice of any adverse corrective action pursuant to these bylaws.

(ii) If an appeal is not so requested within the thirty-day period, the licensed allied health care professional shall be deemed to have waived the right to appeal and to have conclusively accepted the decision of the director of medical affairs.

(iii) The appellate review shall be conducted by the chief of staff, the chair of the licensed health care professionals subcommittee and one medical staff member from the same discipline as the licensed allied health care professional under review. The licensed allied health care professional under review shall have the opportunity to present any additional information deemed relevant to the review and appeal of the decision.

(iv) The affected licensed allied health care professional shall have access to the reports and records, including transcripts, if any, of the hearing committee and of the medical staff administrative committee and all other material, favorable or unfavorable, that has been considered by the chief quality officer. The licensed allied health care professional shall submit a written statement indicating those factual and procedural matters with which the member disagrees, specifying the reasons for such disagreement. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the review

committee no later than seven days following the date of the licensed allied health care professional's notice of appeal.

(v) New or additional matters shall only be considered on appeal at the sole discretion of the quality and professional affairs committee.

(vi) Within thirty days following submission of the written statement by the licensed allied health care professional, the chief of staff shall make a final recommendation to the chair of the quality and professional affairs committee of the Wexner medical center board. The quality and professional affairs committee of the Wexner medical center board shall determine whether the adverse decision will stand or be modified and shall recommend to the Ohio state university Wexner medical center board that the adverse decision be affirmed, modified or rejected, or to refer the matter back to the review committee for further review and recommendation. Such referral to the review committee may include a request for further investigation.

(vii) Any final decision by the Wexner medical center board shall be communicated by the chief quality officer and by certified return receipt mail to the last known address of the licensed allied health care professional as determined by university records. The chief quality officer shall also notify in writing the senior vice president for health sciences, the dean of the college of medicine, the chief executive officer of the CHRI and the vice president for health services and the chief of the applicable clinical department or departments. The chief quality officer, unless delegated to the medical director of quality, shall take immediate steps to implement the final decision.

(9) Emergency privileges:

In the case of an emergency, any member of the medical staff to the degree permitted by the member's license or certification and regardless of department or medical staff status shall be permitted to do everything possible to save the life of a patient using every facility of the CHRI necessary, including the calling for any consultation necessary or desirable. After the emergency situation resolves, the patient shall be assigned to an appropriate member of the medical staff. For the purposes of this paragraph, an "emergency" is defined as a condition that would result in serious permanent harm to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

(10) Disaster privileges:

Disaster privileges may be granted in order to provide voluntary services during a local, state or national disaster in accordance with hospital/medical staff policy and only when the following two conditions are present: the emergency management plan has been activated and the hospital is unable to meet immediate patient needs. Such privileges may be granted by the director of medical affairs or the medical director of credentialing to fully licensed or certified, qualified individuals who at the time of the disaster are not members of the medical staff. These privileges will be limited in scope and will terminate once the disaster situation subsides or at the discretion of the director of medical affairs temporary privileges are granted thereafter.

(11) Telemedicine privileges.

Practitioners who provide contracted patient care, treatment, and services via telemedicine shall be credentialed and privileged to provide such services. A grant of telemedicine privileges shall include appointment to the contracted medical staff category as described in paragraph (G) of this rule.

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Practitioners providing contracted telemedicine services shall be credentialed and privileged through one of the following mechanisms:

(a) The practitioner shall be credentialed and privileged in accordance with rule 3335-111-04.

(b) The practitioner shall be credentialed and privileged by proxy using the credentialing and privileging decision from the distant site if all of the following requirements are met:

(i) The distant site is also accredited by the Joint Commission.

(ii) The distant site is a Medicare-participating hospital or a facility that qualifies as a distant-site telemedicine entity under federal regulations.

(iii) The Ohio state university hospitals have entered into a written agreement with the distant site.

(iv) If the distant site is a Medicare-participating hospital, the written agreement shall specify that it is the responsibility of the distant-site hospital to meet the Centers for Medicare and Medicaid Services conditions of participation applicable to medical staff credentialing and privileging.

(v) If the distant site is a distant-site telemedicine entity as defined by federal regulations, the written agreement shall specify that the distant-site telemedicine entity is a contractor of services to the Ohio state university hospitals and furnishes the contracted services in a manner that allows the Ohio State university hospitals Hospital to comply with all applicable Centers for Medicare and Medicaid Services conditions of participation for contracted services and for medical staff credentialing and privileging.

(vi) The individual distant-site practitioner is privileged at the distant site for those services to be provided to patients of the Ohio state university hospitals via telemedicine and the distant site provides a current list of the practitioner's privileges at the distant site.

(vii) The individual distant-site practitioner holds an appropriate license, telemedicine certificate, or telemedicine waiver issued by the applicable Ohio licensing board for the practitioner's area of practice.

(viii) The Ohio state university hospitals maintain documentation of all internal reviews of the performance of each distant-site Practitioner and sends the distant site such performance information for use in the distant site's periodic appraisal of the distant-site Practitioner's privileges. At a minimum, this information must include all adverse events that result from the telemedicine services provided by the distant-site practitioner to patients of the Ohio state university hospitals, and all complaints the Ohio state university hospitals receive about the distant-site practitioner.

~~(11) Telemedicine:~~

~~Telemedicine involves the use of electronic communication or other communication technologies to provide or support clinical care at a distance. Diagnosis and treatment of a patient may now be performed via telemedicine link.~~

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~~(a) A member of the medical staff who wishes to utilize electronic technologies (telemedicine) to render care must so indicate on the application for clinical privileges form.~~

~~(b) A member of the medical staff may request to exercise via telemedicine the same clinical privileges he or she has already been granted. The credentials committee, the chief of the clinical service, medical director of credentialing, the director of medical affairs or the medical staff administrative committee, and the Wexner medical center board shall have the prerogative of requiring documentation or making a determination of the appropriateness of the exercise of a particular specialty/subspecialty via telemedicine.~~

(Board approval dates: 9/1/1993, 3/3/1995, 4/3/1996, 12/6/1996, 9/1/1999, 12/3/1999, 6/2/2000, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 7/7/2006, 8/6/2006, 2/6/2009, 9/18/2009, 5/14/2010, 10/29/2011, 4/8/2011, 8/31/2012, 2/1/2013, 11/7/2014, 11/6/2015, 4/6/2018, 5/18/2021, 2/8/2022, 8/15/2023)

3335-111-08 Organization of the CHRI medical staff.

(A) The chief executive officer.

(1) Method of appointment:

The chief executive officer shall be appointed by the board of trustees of the Ohio state university upon recommendation of the president, executive vice president for health sciences, and the vice president for health services following consultation with the medical center board in accordance with university bylaws, rules and regulations. The chief executive officer shall be a member of the attending medical staff of the CHRI.

(2) Responsibilities:

The chief executive officer shall be responsible for the conduct of teaching, research, and CHRI service activities of the facility, including continuing compliance with all appropriate quality assurance standards, ethical codes, or other monitoring or regulatory requirements. The chief executive officer shall be a member of all committees of the CHRI.

(B) The director of medical affairs (physician-in-chief/chief medical officer of the James cancer hospital).

(1) Method of appointment:

The director of medical affairs shall be appointed by the executive vice president for health sciences upon recommendation by the chief executive officer of the James Cancer Hospital. The director of medical affairs is the physician-in-chief and shall be the chief medical officer of the CHRI and must be a member of the attending medical staff of the CHRI.

(2) Responsibilities:

The director of medical affairs shall report to the chief executive officer and the Wexner medical center board for the quality of patient care provided in the CHRI. The director of medical affairs shall assist the chief executive officer in the administration of medical affairs including quality assurance and credentialing. In addition, the director of medical affairs determines initial medical staff category appointments, reappointments and any changes in categories of the medical staff.

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(C) The chief medical officer of the Ohio state university medical center.

The chief medical officer of the Ohio state university medical center is the senior medical officer for the medical center with the responsibility and authority for all health and medical care delivered at the medical center. The chief medical officer is responsible for overall quality improvement and clinical leadership throughout the medical center, physician alignment, patient safety and medical staff development. The appointment, scope of authority, and responsibilities of the chief medical officer shall be as outlined in the Ohio state medical center board bylaws. The director of medical affairs will work collaboratively with the chief medical officer and medical directors of each hospital of the medical center for the: coordination and supervision of patient care and clinical activities; responsibility for the clinical organization of his or her respective hospital; and to establish priorities, jointly with the chief executive officer or executive director of his or her respective hospital, for capital medical equipment, clinical space, and the establishment of new clinical programs, or the revision of existing clinical programs.

(D) The chief quality officer of the Ohio state university medical center.

The chief quality and patient safety officer of the Ohio state university medical center is referred to herein these bylaws as the chief quality officer. The chief quality officer reports to the chief medical officer. The chief quality officer works collaboratively with clinical leadership of the medical center, including medical director of quality for the CHRI, director of medical affairs for the CHRI, nursing leadership and hospital administration. The chief quality officer provides leadership in the development and measurement of the medical center's approach to quality, patient safety and reduction of adverse events. The chief quality officer communicates and implements strategic, operational and programmatic plans and policies to promote a culture where patient safety is an important priority for medical and hospital staff.

(E) Medical director of credentialing.

The medical director of credentialing for the James cancer hospital oversees the process for the credentialing of practitioners applying for membership and/or clinical privileges at the James cancer hospital. The medical director of credentialing shall provide guidance on specific practitioner application or privileging concerns as raised pursuant to these bylaws and shall recommend practitioners for membership and/or privileges at the James cancer hospital and facilitate the process for approving such membership and granting of clinical privileges.

(F) Medical director, James surgical services.

The medical director, James surgical services has oversight of all James designated perioperative services and procedural suites. Working collaboratively with the administrator of perioperative services, the medical director, James surgical services facilitates the timely sharing of OR resources (including personnel and equipment) across the medical center in order to maximize the efficiency of OR services. The medical director, James surgical services works with clinical service lines and clinical leadership to coordinate OR services in a manner that enhances the quality of care and safety of services for patients. The medical director, James surgical services reports to the director of medical affairs of the James.

(G) Professional assignments.

Each member of the attending, associate attending, clinical, limited, physician scholar and honorary staff shall be assigned to a CHRI division and/or department by the chief executive officer upon the recommendation of the appropriate academic department chairperson and the credentials committee.

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Appointment to a specific department and/or division is based on the clinical specialty of the applicant for medical staff membership. Each department and/or division is headed by a department chairperson or division director who has the responsibility to oversee all research and clinical activities conducted by members of the department and/or division. Specifically, the department chairperson or division director shall be responsible for the following: the development and implementation of policies and procedures that guide and support the provision of service; recommendations re: staffing needs and clinical privileges for all members appointed to the department and/or division; the orientation and continuing surveillance of the professional performance of all department and/or division members; recommendation for space and other resources needed.

(H) Clinical department chief.

(1) Qualifications and responsibilities of the chief of the clinical department. The academic department chair shall ordinarily serve also as the chief of the clinical department. Each clinical department chief shall be qualified by education and experience appropriate to the discharge of the responsibilities of the position. Each clinical department chief must be board certified by an appropriate specialty board or must establish comparable competence. The chief of the clinical department must be a medical staff member at the Ohio state university hospitals. Such qualifications shall be judged by the respective dean of the colleges of medicine or dentistry. Qualifications for chief of the clinical department generally shall include recognized clinical competence, sound judgment and well-developed administrative skills.

(2) Procedure for appointment. Appointment or reappointment of chief of the clinical department shall be made by the dean of the respective colleges of medicine or dentistry in consultation with elected representatives of the medical staff and the chief medical officer of the Ohio state university medical center.

(3) Term of appointment of the chief of the clinical department. The term of the appointment of the chief of the clinical department shall be concurrent with the chief's academic appointment but shall be no longer than four years. Prior to the end of said four-year term, a review shall be conducted by the dean of the college of medicine and such review shall serve as the basis for the recommendation for reappointment pursuant to paragraph (D)(2) of this rule.

(4) Duties of the chief of the clinical department:

Each clinical department chief is responsible for the following:

(a) Clinically related activities of the department;

(b) Administratively related activities of the department, unless otherwise provided by the hospital;

(c) Continuing surveillance of the professional performance of all practitioners in the department who have delineated clinical privileges;

(d) Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department;

(e) Recommending clinical privileges for each practitioner of the department based on relevant training and experience, current appraised competence, health status that does not present a risk to patients, and evidence of satisfactory performance with existing privileges;

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(f) Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the hospital;

(g) The integration of the department or service into the primary functions of the hospital, developing services that complement the medical center's mission and plan for clinical program development;

(h) The coordination and integration of interdepartmental and intradepartmental services;

(i) The development and implementation of policies and procedures that guide and support the provision of care, treatment, and services. This includes the development, implementation, enforcement and updating of departmental policies and procedures that are consistent with the hospital's mission. The clinical department chief shall make such policies and procedures available to the medical staff;

(j) The recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services, including call coverage for continuous high quality and safe care;

(k) The determination of the qualifications and competence of department or service personnel who are not licensed practitioners and who provide patient care, treatment, and services;

(l) The continuous assessment and improvement of the quality of care, treatment, and services;

(m) The maintenance of quality control programs, as appropriate;

(n) The orientation and continuing education of all persons in the department or service;

(o) Recommending space and other resources needed by the department or service; and

(p) Hold regular clinical department meetings and ensure open lines of communication are maintained in the clinical department. The agenda for the meetings shall include, but not be limited to, a discussion of the clinical activities of the department and communication of the decisions of the medical staff administrative committee. Minutes of the departmental meetings, including a record of attendance, shall be kept in the clinical department.

(Board approval dates: 9/1/1993, 3/3/1995, 12/6/1996, 12/3/1999, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 7/7/2006, 2/6/2009, 9/18/2009, 5/14/2010, 2/11/2011, 4/8/2011, 8/31/2012, 2/01/2013, 6/6/2014, 11/6/2015, 4/6/2018, 8/15/2023)

3335-111-09 Elected officers of the medical staff of the CHRI.

(A) Chief of staff.

The chief of staff shall:

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(1) Serve on those committees of the Ohio state medical center board as appointed by the chairperson of the medical center board.

(2) Be a vice chairperson of the medical staff administrative committee and serve as liaison between university administration, CHRI administration, and the medical staff in all matters of mutual concern within the CHRI.

(3) Call, preside, and be responsible for the agenda of all general staff meetings.

(4) Make medical staff committee appointments in accordance with paragraph (A) of rule 3335-111-10 of the Administrative Code.

(5) Be a spokesperson for the medical staff in its external professional and public relations.

(6) Serve as chairperson of the nominating committee of the medical staff.

(B) Chief of staff-elect.

The chief of staff-elect shall:

(1) Serve on those committees of the Ohio state medical center board as appointed by the chairperson of the medical center board.

(2) Serve as the chairperson of the bylaws committee of the CHRI.

(3) Carry out all the duties of the chief of staff when the chief of staff is unable to do so.

(4) Oversee the inclusion of changes in the bylaws, rules and regulations of the medical staff.

(5) Assist the Chief of Staff with duties outlined above in section (A) 1-6.

(C) Delegates at-large.

Up to two additional at-large member(s) may be appointed to the medical staff administrative committee at the recommendation of the chief executive officer of the CHRI, subject to the approval of the medical staff administrative committee and subject to review and renewal every two years.

(D) Qualifications of officers.

(1) Officers must be members of the attending staff at the time of their nomination and election and must remain members in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

(2) The chief executive officer and director of medical affairs, chiefs of the clinical departments, and division directors are not eligible to serve as chief of staff or chief of staff-elect unless they are replaced in their CHRI administrative role during the period of their term of office.

(E) Election of officers.

(1) All officers (other than at-large officers) will be elected by a majority of those voting by electronic ballot after the April meeting of the medical staff. If one candidate does not achieve a majority vote, there will be an election on a second ballot between the two receiving the greatest number of votes.

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(2) The nominating committee will be composed of five members. The chief of staff and the chief of staff-elect will serve on the committee and the chief of staff will be its chairperson. The chief of staff will appoint the three other members of the committee.

(3) Nominations for officers will be accepted from the floor at the March meeting.

(4) The committee's nominees will be submitted by electronic or written ballot to all voting members of the medical staff no later than May.

(5) Candidates for the office of chief of staff-elect will be listed and each attending staff member may vote for one.

(6) Automatic removal shall be for failure to meet those responsibilities assigned within these bylaws, failure to comply with medical staff rules and regulations, policies and procedures of the medical staff, for conduct or statements that damage the reputation of the CHRI, its goal and missions, or programs, or an automatic termination or suspension of clinical privileges that lasts more than thirty days.

(F) Term of office.

(1) The chief of staff and chief of staff-elect will each serve two years in office beginning on the first of July. The chief of staff-elect will be elected in the odd years. The chief of staff may not be elected chief of staff-elect within one year of the end of the chief of staff's term in office.

(2) The at-large representatives shall serve two years, beginning on the first of July. The delegate at large may succeed themselves for three successive terms (six years, total), if so elected. They may not serve again without a period of two years out of office as a delegate at large. The delegate at large may be elected chief of staff-elect at any time if they are members of the attending staff.

(G) Vacancies in office.

(1) Vacancies in the office of chief of staff during the chief's term will be automatically succeeded and performed by the chief of staff-elect. When the unexpired term is one year or less, the new chief of staff will continue in office until the completion of the expected term in that office. When the unexpired term is more than one year, the new chief of staff will serve out the remaining term only.

(2) Vacancies in the office of chief of staff-elect shall be filled by a special election held within sixty days of establishing the vacancy by the nominating and election process set forth in paragraph (F) of this rule. The nominating committee will make nominations and a special meeting of the voting members of the medical staff will be called to add nominations and elect the replacement. The new chief of staff-elect will become chief of staff at the end of the term of the incumbent.

(3) Vacancies in the at-large representatives' positions will be filled by appointment by the chief executive officer.

(Board approval dates: 9/1/1993, 3/3/1995, 12/6/1996, 9/1/1999, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 2/6/2009, 9/18/2009, 2/11/2011, 4/8/2011, 6/6/2014, 9/2/2016, 4/6/2018, 5/18/2021, 8/15/2023. 8/20/2024)

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3335-111-10 Administration of the medical staff of the CHRI.

Medical staff committees.

(A) Appointments: Appointments to all medical staff committees except the medical staff administrative committee (MSAC) and the nominating committee will be made jointly by the chief of staff, chief of staff-elect, and the director of medical affairs with medical staff administrative committee ratification. Unless otherwise provided by the bylaws, all appointments to medical staff committees are for two years and may be renewed. The chairperson shall control the committee agenda, attendance of staff and guests and conduct the proceedings. A simple majority of appointed voting members shall constitute a quorum. All committee members appointed or elected to serve on a medical staff committee are expected to participate fully in the activities of those committees. The chief of staff, director of medical affairs and the chief executive officer of the CHRI may serve on any medical staff committee as an ex-officio member without vote.

(B) The medical staff as a whole and each committee provided for by these medical staff bylaws is hereby designated as a peer review committee in accordance with the laws of the state of Ohio. The medical staff through its committees shall be responsible for evaluating, maintaining and monitoring the quality and utilization of patient care services provided by CHRI.

(C) Medical staff administrative committee:

(1) Composition:

(a) Voting membership includes: chief of staff, chief of staff-elect, immediate past chief of staff, clinical department chief or division director of medical oncology, radiation oncology, anatomic pathology and molecular pathology; department chairperson or division director of hematology, gynecologic oncology, otolaryngology/head and neck, hospital medicine, human genetics, infectious diseases, surgical oncology, thoracic surgery, neurological oncology, orthopaedic oncology/sarcoma pulmonary, critical care, sleep medicine, and urology; medical director of James emergency services; clinical department chiefs of anesthesia, dermatology, physical medicine and rehabilitation, plastic surgery, psychiatry, and radiology; CHRI medical director of quality, CHRI medical director of credentialing, CHRI chief executive officer, CHRI director of medical affairs, director of the division of palliative medicine, chairperson of the cancer subcommittee, CCC director for clinical research, CCC director for cancer control, and medical director of the James surgical services. Up to two additional at-large member(s) may be appointed to the MSAC at the recommendation of the chief executive officer of the CHRI, subject to the approval of the medical staff administrative committee and subject to review and renewal on a yearly basis. If a division director is a member by leadership position, he or she will also fulfill the role of division director appointment. The director of medical affairs shall be the chairperson and the chief of staff shall be the vice-chairperson.

(b) Ex-officio non-voting membership includes: the CHRI executive director, the CHRI chief nursing officer, the CHRI executive director of patient services, the medical director of university hospital and/or the chief medical officer of the medical center, the dean of the Ohio state university college of medicine and the executive vice president for health sciences.

(c) Any member of the committee who anticipates absence from a meeting of the committee may appoint a temporary substitute as a representative at the meeting. The temporary substitute will have all the rights of the absent member.

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(d) All members of the committee shall attend, either in person, virtual, or by proxy, a minimum of two-thirds of all committee meetings.

(e) Any members may be removed from the medical staff administrative committee at the recommendation of the dean of the college of medicine, the director of medical affairs or the executive vice president for health sciences and subject to the review and approval of the medical staff administrative committee. A replacement will be appointed as outlined above to maintain the medical staff administrative committee's composition as stated in this paragraph.

(2) Duties:

(a) To represent and to act on behalf of the medical staff, subject to such limitations as may be imposed by this chapter, and the bylaws or rules of the Ohio state university.

(b) To have primary authority for activities related to self-governance of the medical staff. Action approved by the medical staff administrative committee can be reviewed by the quality and professional affairs committee pursuant to rule 3335-43-13 of the Administrative Code.

(c) To receive and act upon commission and committee reports. To delegate appropriate staff business to committees while retaining the right of executive responsibility and authority over all medical staff committees. This shall include but is not limited to review of and action upon medical staff appointments and reappointments whenever timely action is necessary.

(d) To approve and implement policies of the medical staff.

(e) To recommend action to the chief executive officer on matters of medico-administrative nature.

(f) To fulfill the medical staff's accountability to the Wexner medical center board for medical care rendered to patients in the CHRI, and for professional conduct and activities of the medical staff, including recommendations concerning;

(i) Medical staff structure;

(ii) The mechanism to review credentials and to delineate clinical privileges;

(iii) The mechanism by which medical staff membership may be terminated or suspended;

(iv) Participation in the CHRI's performance improvement, quality and patient safety activities; and

(v) Corrective action and hearing procedures applicable to medical staff members and other licensed allied health professionals granted clinical privileges.

(g) To ensure the medical staff is kept abreast of the accreditation process and informed of the accreditation status of the CHRI.

(h) To review and act on medical staff appointments and reappointments.

(i) To report to the medical staff all actions affecting the medical staff.

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(j) To inform the medical staff of all changes in committees, and the creation or elimination of such committees as circumstances shall require.

(k) To create committees (for which membership is subsequently appointed pursuant to rule 3335-111-10 of the Administrative Code) to meet the needs of the medical staff and comply with the requirements of accrediting agencies.

(l) To establish and maintain rules and regulations governing the medical staff.

(m) To oversee functions related to performance improvement of professional services provided by individuals with clinical privileges.

(n) To perform other functions as are appropriate.

(3) Executive session.

Upon the recommendation of the credentialing committee, the medical staff administrative committee may vote to hold a portion of a regular, special or emergency meeting in executive session with participation limited to voting members of the medical staff administrative committee. Other individuals may be invited to attend any or all portions of an executive session as deemed necessary by the committee chair.

(4) Meetings:

The committee shall meet monthly and keep detailed minutes, which shall be distributed to each committee member before or at the next meeting of the committee.

(5) Voting:

At a properly constituted meeting, voting shall be by a simple majority of members present except in the case of termination or non-reappointment of medical staff membership or permanent suspension of clinical privileges, wherein two-thirds of members present shall be required.

(D) Credentialing committee of the hospitals of the Ohio state university:

(1) Composition:

The credentialing responsibilities of the medical staff are delegated to the credentialing committee of the hospitals of the Ohio state university, the composition of which shall include representation from the medical staff of each hospital.

The chief medical officer of the medical center shall appoint the credentialing committee of the hospitals of the Ohio state university. The director of medical affairs and medical director of credentialing shall make recommendation to the chief medical officer for representation on the credentialing committee of the hospitals of the Ohio state university.

The credentialing committee of the hospitals of the Ohio state university shall meet at the call of its chair, whom shall be appointed by the chief medical officer of the medical center.

(2) Duties:

(a) To review all applications for medical staff and licensed allied health professional appointment and reappointment, as well as all requests for delineation, renewal, or

amendment of clinical privileges in the manner provided in these medical staff bylaws, including applicable time limits. During its evaluation, the credentialing committee of the hospitals of the Ohio state university will take into consideration the appropriateness of the setting where the requested privileges are to be conducted;

(b) To review triennially all applications for reappointment or renewal of clinical privileges;

(c) To review all requests for changes in medical staff membership;

(d) To assure, through the chairperson of the committee, that all records of peer review activity taken by the committee, including committee minutes, are maintained in the strictest of confidence in accordance with the laws of the state of Ohio. The committee may conduct investigations and interview applicants as needed to discharge its duties. The committee may refer issues and receive issues as appropriate from other medical staff committees;

(e) To make recommendations to the medical staff administrative committee through the medical director of credentialing regarding appointment applications and initial requests for clinical privileges. Such recommendations shall include the name, status, department (division and/or department), medical school and year of graduation, residency and fellowships, medical-related employment since graduation, board certification and recertification, licensure status as well as all other relevant information concerning the applicant's current competence, experience, qualifications, and ability to perform the clinical privileges requested;

(f) To recommend to the medical staff administrative committee that certain applications for appointment be reviewed in executive session;

(g) The committee, after review and investigation, may make recommendations to the director of medical affairs, chief of staff, or the chief of a clinical department, regarding the restriction or limitation of any medical staff member's clinical privileges, noncompliance with the credentialing process, or any other matter related to its responsibilities;

(h) To review requests made for clinical privileges by other licensed allied health professionals as set forth in this chapter.

(i) To recommend eligibility criteria for the granting of medical staff membership and privileges.

(j) To develop, recommend, and consistently implement policy and procedures for all credentialing and privileging activities.

(k) To review, and where appropriate take action on, reports that are referred to it from other medical staff committees and medical staff members.

(l) To perform such other functions as requested by the medical staff administrative committee, quality and professional affairs committee or Wexner medical center board.

(3) Licensed health care professionals subcommittee:

(a) This subcommittee shall consist of other licensed health care professionals who have been appointed in accordance with paragraph (A) of rule 3335-111-10 of the Administrative Code. This subcommittee shall be chaired by a director of nursing.

(b) Duties:

(i) To review, within thirty days of receipt, all completed applications as may be referred by the credentialing committee of the hospitals of the Ohio state university;

(ii) To review and investigate the character, qualifications and professional competence of the applicant;

(iii) To review the applicant's patient care quality indicator definitions on initial granting of clinical privileges and the performance based profile at the time of renewal;

(iv) To verify the accuracy of the information contained in the application; and

(v) To forward, following review of the application, a written recommendation for clinical privileges to the credentialing committee of the hospitals of the Ohio state university for review at its next regularly scheduled meeting.

(vi) To develop relevant policies and procedures regarding the scope of service and scope of practice to be granted to each licensed allied health care professional specialty. These policies and procedures shall be ratified by the credentialing committee, and medical staff administrative committee and be approved by the Wexner medical center board.

(E) Medical staff bylaws committee:

(1) Composition.

The committee shall be composed of at least four members of the attending staff pursuant to paragraph (A) of rule 3335-111-10 of the Administrative Code. The chairperson shall always be the chief of staff-elect.

(2) Duties.

To review and recommend amendments to the medical staff administrative committee as necessary to maintain bylaws that reflect the structure and functions of the medical staff but not less than every two years. This committee will recommend changes to the medical staff administrative committee.

(F) Committee for practitioner health.

(1) Composition:

The committee shall consist of medical staff members appointed in accordance with paragraph (A) of rule 3335-111-10 of the Administrative Code.

(2) Duties:

(a) To consider issues of licensed practitioner health or impairment whenever a self-referral or referral is requested by an affected member or another member or committee of the medical staff, CHRI hospital staff, or any other individual.

(b) To provide appropriate counsel, referral, and monitoring until the rehabilitation is complete and periodically thereafter, if required, to enable the medical staff member to obtain appropriate diagnosis and treatment, and to provide appropriate standards of care.

(c) To consult regularly with the chief of staff, medical director of credentialing and director of medical affairs of the CHRI.

(d) To advise credentials and/or other appropriate medical staff committees on the credibility of a complaint, allegation or concern, including those affecting the quality and safety of patient care.

(e) It will be the responsibility of the chairperson of the committee to assure that all proceedings and records, including the identity of the person referring the case, are handled and maintained in the strictest of confidence in accordance with the laws of the state of Ohio.

(f) To educate CHRI hospital and the medical staff about illness and impairment recognition issues, including at risk criteria specific to licensed practitioners.

(G) Cancer subcommittee:

(1) Composition:

Required to be included as members of the cancer subcommittee are physician representatives from surgery, medical oncology, radiology, radiation oncology, anesthesia, plastic surgery, urology, otolaryngology/head and neck, hematology, gynecologic oncology, thoracic surgery, orthopaedic oncology, neurological oncology, emergency medicine, palliative medicine and pathology, the cancer liaison physician and non-physician representatives from the cancer registry, administration, nursing, social services, and quality assurance. Other disciplines should be included as appropriate for the institution. The chairperson is appointed at the recommendation of the chief executive officer of the CHRI and the director of medical affairs, subject to the approval of the medical staff administrative committee and subject to review and renewal on a yearly basis.

(2) Duties:

(a) Develop and evaluate the annual goals and objectives for the clinical, educational, and programmatic activities related to cancer.

(b) Promote a coordinated, multidisciplinary approach to patient management.

(c) Ensure that educational and consultative cancer conferences cover all major site and related issues.

(d) Ensure that an active supportive care system is in place for patients, families, and staff.

(e) Monitor quality management and improvement through completion of quality management studies that focus on quality, access to care, and outcomes.

(f) Promote clinical research.

(g) Supervise the cancer registry and ensure accurate and timely abstracting, staging, and follow-up reporting.

(h) Perform quality control of registry data.

(i) Encourage data usage and regular reporting.

(j) Ensure content of the annual report meets requirements.

(k) Publishes the annual report by November first of the following year.

(l) Upholds medical ethical standards.

(m) Serve as cancer committee for commission on cancer program of the American college of surgeons.

(3) Meetings:

(a) The subcommittee shall meet in collaboration with the medical staff administrative committee as a policy-advisory and administrative body with documentation of activities and specialties in attendance.

(b) Any member anticipating an absence from the meeting should designate a representative to attend in their place.

(H) Ethics committee.

(1) Composition.

The committee is a joint committee and shall consist of members of the medical staff, nursing, hospital administration, and other persons representing both the CHRI and UH who, by reason of training, vocation, or interest, may make a contribution. Appointments will be made as provided by in this chapter. The chairperson shall be a physician who is a clinically active member of the medical staff of UH or the CHRI.

(2) Duties

(a) To make recommendations for the review and development of guidelines or policies regarding ethical issues.

(b) To provide ethical guidelines and information in response to requests from members of the medical staff, patients, patient's family or other representative, and staff members of the CHRI.

(c) To provide a support mechanism for primary decision makers at the CHRI.

(d) To provide educational resources on ethics to all health care providers at the CHRI.

(e) To provide and enhance interaction between CHRI administration and staff, departmental ethics committees, pastoral care services, and members of the medical staff.

(I) Practitioner evaluation committee.

(1) Composition.

This multi-disciplinary peer review committee is composed of clinically-active practitioners. If additional expertise is needed, the practitioner evaluation committee may request the assistance from any medical staff member or recommend to the director of medical affairs an external review.

(2) Duties:

(a) To meet regularly and keep minutes, which describe issues, opportunities to improve patient care, recommendations and actions to the chief quality officer, unless delegated to the medical director of quality and the chair of the clinical department, responsible parties, and expected completion dates. The minutes are maintained in the quality and patient safety office.

(b) To ensure that ongoing and systematic monitoring, evaluation and process improvement is performed in each clinical department.

(c) To develop and utilize objective criteria in practitioner peer review activities.

(d) To ensure that the medical staff peer review process is effective.

(e) To maintain confidentiality of its proceedings. These issues are not to be handled outside of the practitioner evaluation committee by any individual, clinical department, division, or committee.

(J) Committee for practitioner effectiveness.

(1) Composition.

This multi-disciplinary peer review committee is composed of clinically-active practitioners and other individuals with expertise in professionalism.

(2) Duties.

(a) Receive and review validity of complaints regarding concerns about professionalism of credentialed practitioners;

(b) Treat, counsel and coach practitioners in a firm, fair and equitable manner;

(c) Maintain confidentiality of the individual who files a report unless the person who submitted the report authorizes disclosure or disclosure is necessary to fulfill the institution's legal responsibility;

(d) Ensure that all activities be treated as confidential and protected under applicable peer review and quality improvement standards in the Ohio Revised Code;

(e) Forward all recommendations to the clinical department chief, director of medical affairs or his/her designee and, if applicable, to the chief nursing officer.

(Board approval dates: 9/1/1993, 3/3/1995, 12/6/1996, 9/1/1999, 10/1/1999, 12/3/1999, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 7/7/2006, 2/6/2009, 9/18/2009, 5/14/2010, 2/11/2011, 4/8/2011, 8/31/2012, 2/1/2013, 11/7/2014, 11/6/2015, 9/2/2016, 4/6/2018, 5/18/2021, 8/15/2023, 8/20/2024)

Chapter 3335-111 - *Bylaws of the Medical Staff* of the
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
Updated August 20, 2024

3335-111-11 History and physical.

(A) History and physical examination.

(1) A history and physical appropriate to the patient and/or the procedure to be completed shall be documented in the medical record of all patients either:

(a) Admitted to the hospital

(b) Undergoing outpatient/ambulatory procedures requiring anesthesia or sedation

(b) Undergoing outpatient/ambulatory surgery

(d) In a hospital-based ambulatory clinic

(2) For patients admitted to the hospital, the history and physical examination shall include at a minimum:

(a) Date of admission

(b) Chief complaint and/or indication for procedure

(c) History of present illness

(d) Past medical and surgical history

(e) Relevant past social and family history

(f) Medications and allergies

(g) Review of systems

(h) Physical examinations

(i) Test results

(j) Assessment or impression

(k) Plan of care

(3) For patients undergoing outpatient/ambulatory procedures requiring anesthesia or sedation or outpatients/ambulatory surgery, the history and physical examination shall include at a minimum:

(a) Indication for procedure/surgery

(b) Relevant medical or surgical history

(c) Medications and allergies or reference to current listing in the electronic medical record

(d) Focused review of systems, as appropriate

(e) Pre-procedure assessment and physical examination

(f) Assessment/impression and treatment plan

(4) For patients seen in a hospital-based ambulatory clinic, the history and physical shall include at a minimum:

(a) Chief complaint

(b) History of present illness

(c) Medications and allergies

(d) Problem-focused physical examination

(e) Assessment or impression

(f) Plan of care

(B) Deadlines and sanctions

(1) A history and physical examination must be performed by a member of the medical staff, his/her designee or other licensed healthcare professional, who is appropriately credentialed by the hospital, and be signed, dated and timed.

(2) Patients admitted to the hospital: If the history and physical is performed by the medical staff member's designee or other licensed healthcare professional who is appropriately credentialed by the hospital, the history and physical must be countersigned by the responsible medical staff member.

(3) The complete history and physical examination shall be dictated, written or updated no later than twenty-four hours after admission for all inpatients.

(4) Admitted patients or patients undergoing a procedure requiring anesthesia or sedation or surgery, the history and physical examination may be performed or updated up to thirty days prior to admission, or the procedure/surgery. If completed before admission or the procedure, there must be a notation documenting an examination for any changes in the patient's condition since the history and physical was completed. The updated examination must be completed and documented in the patient's medical record within twenty-four hours after admission, or before the procedure/surgery, whichever occurs first. It must be performed by a member of the medical staff, his/her designee, or other licensed health care professional who is appropriately credentialed by the hospital, and be signed, dated and timed. In the event the history and physical update is performed by the medical staff member's designee or other licensed health care professional who is appropriately credentialed by the hospital, it shall be countersigned, dated and timed by the responsible medical staff member.

(a) For patients undergoing an outpatient procedure requiring anesthesia or sedation or surgery, regardless of whether the treatment, procedure or surgery is high or low risk, a history and physical examination must be performed by a member of the medical staff, his/her designee, or other licensed health care professional who is appropriately credentialed by the hospital and must be signed or countersigned when required, timed and dated.

(b) If a licensed health care professional is appropriately credentialed by the hospital to perform a procedure or surgery independently, a history and physical performed by the licensed health care professional prior to the procedure or surgery is not required

to be countersigned.

(5) Hospital-based ambulatory clinic: If a history and physical examination is performed by a licensed health care professional who is appropriately credentialed by the hospital to see patients independently, the history and physical is not required to be countersigned.

(6) When the history and physical examination including the results of indicated laboratory studies and x-rays is not recorded in the medical record before the times stated for a procedure or surgery, the procedure or surgery cannot proceed until the history and physical is signed or countersigned, when required, by the responsible medical staff member, and indicated test results are entered into the medical record. In cases where such a delay would likely cause harm to the patient, this condition shall be entered into the medical record by the responsible medical staff member, his/her designee, or other licensed health care professional who is appropriately credentialed by the hospital, and the procedure or surgery may begin. When there is disagreement concerning the urgency of the procedure, it shall be adjudicated by the medical director or the medical director's designee.

(7) Ambulatory patients must have a history and physical at the initial visit.

(8) For psychology, psychiatric and substance abuse ambulatory sites, if no other acute or medical condition is present on the initial visit, a history and physical examination may be performed either:

(a) Within the past six months prior to the initial visit,

(b) At the initial visit, or

(c) Within thirty days following the initial visit.

(Board approval dates: 5/14/2010, 6/6/2014, 11/7/2014, 11/6/2015, 8/20/2024)

3335-111-12 Amendments and adoption.

(A) Medical staff responsibility.

The medical staff bylaws committee shall have the initial responsibility to formulate, review at least biennially, and recommend to the quality and professional affairs committee of the Wexner medical center board any medical staff bylaws, rules, regulations, policies, procedures, and amendments as needed. Amendments to the bylaws shall be effective when approved by the university board of trustees. Amendments to the rules and regulations shall be effective when approved by the Wexner medical center board.

Such responsibility shall be exercised in good faith, in a timely manner and in accordance with applicable laws and regulatory standards. This applies as well to the review, adoption, and amendment of the related rules, policies, and protocols developed to implement the various sections of these bylaws.

The organized medical staff shall also have the ability to propose amendments to the medical staff bylaws, rules and regulations and policies and procedures and propose them directly to the quality and professional affairs committee of the Wexner medical center board.

If the voting members of the organized medical staff propose to adopt amendments to the bylaws, rules and regulations or policies, they must first communicate the proposal to the medical staff administrative committee. When the medical staff administrative committee proposes to adopt

amendments to the bylaws, rules and regulations or policies, it communicates the proposal to the organized medical staff.

Conflict between the organized medical staff and the medical staff administrative committee will be managed by allowing communication directly from the medical staff to the quality and professional affairs committee of the Wexner medical center board on issues including, but not limited to: amendments to the bylaws and the adoption of new rules and regulations or policies. Medical staff members may communicate with the quality and professional affairs committee of the Wexner medical center board by submitting their communication in writing to the chief of staff, who shall then communicate on their behalf to the quality and professional affairs committee of the Wexner medical center board at its next regularly scheduled meeting for final determination.

In cases of urgent need to update the medical staff bylaws or rules and regulations in order to comply with law, statute, federal regulation, or accreditation standard, the medical staff administrative committee and the quality and professional affairs committee of the Wexner medical center board may provisionally approve an urgent amendment without prior notification to the medical staff. The medical staff shall be immediately notified by the medical staff administrative committee. The medical staff shall have the opportunity for review of and vote on the provisional amendment. If the medical staff votes in favor of the provisional amendment it shall stand. If there is conflict over the provisional amendment, process for resolving conflict between the organized medical staff and the medical staff administrative committee shall be implemented.

(B) Methods of adoption and amendment to these bylaws.

Proposed amendments to these bylaws may be originated by the medical staff bylaws committee, medical staff administrative committee or by a petition signed by twenty-five percent (25%) of attending medical staff members.

Each attending medical staff member will be eligible to vote on the proposed amendment via secure ballot in a manner determined by the medical staff administrative committee. All attending medical staff members shall receive at least fourteen days advance notice of the changes to be adopted:

(1) The medical staff receives a simple majority of the votes cast by those members eligible to vote.

(2) Amendments so adopted shall be effective when approved by the university board of trustees.

(C) Methods of adoption and amendment to medical staff rules, regulations and policies.

The medical staff may adopt additional rules, regulations and policies as necessary to carry out its functions and meet its responsibilities under these bylaws.

Proposed amendments to the rules, regulations and policies may be originated by the medical staff bylaws committee or the medical staff administrative committee.

The medical staff administrative committee shall vote on the proposed language changes at a regular meeting, or at a special meeting called for such purpose. Following an affirmative vote by the medical staff administrative committee, rules and regulations may be adopted, amended or repealed, in whole or in part and such changes shall be effective when approved by the organized medical staff, and the Wexner medical center board. Policies and procedures will become effective upon approval of the medical staff administrative committee.

In addition to the process described above, the organized medical staff itself may recommend directly to the quality and professional affairs committee of the Wexner medical center board an amendment

to any rules, regulation, or policy by submitting a petition signed by twenty-five per cent of the members of the attending medical staff category. Upon presentation of such petition, the adoption process outlined above will be followed.

(D) The medical staff administrative committee may adopt such amendments to these bylaws, rules, regulations, and policies that are, in the committee's judgment, administrative, technical or legal modifications or clarifications. Such modifications may include reorganization or renumbering, punctuation, spelling, or other errors of grammar or expression. Such amendments need not be approved by the entire Wexner medical center board but must be approved by the vice president of health services. Neither the organized medical staff nor the Wexner medical center board may unilaterally amend the medical staff bylaws or rules and regulations.

The medical staff bylaws, rules and regulations, Wexner medical center board bylaws, and relevant policies shall not conflict. The medical staff bylaws committee shall assure that there is no conflict.

(Board approval dates: 9/1/1993, 3/3/1995, 12/3/1999, 9/6/2002, 2/6/2004, 9/18/2009, 5/14/2010, 2/11/2011, 4/8/2011, 11/7/2014, 8/15/2023)

3335-111-13 Meetings and dues.

(A) Meetings.

The medical staff of the CHRI shall conduct scheduled meetings semi-annually. Notice of the meetings will be sent to all medical staff at least two weeks prior to the meeting. Attendance is encouraged, but shall not be a requirement for continued medical staff membership and clinical privileges. Special or electronic meetings may be called at the option of the medical staff administrative committee.

(B) Dues. The medical staff, by two-thirds vote of those in attendance at a regularly scheduled meeting, may establish dues. Payment of dues is a requirement for continued medical staff membership except honorary, clinical, and limited staff.

(Board approval date: 4/8/2011)

3335-111-14 Rules of construction.

(A) "Shall" as used herein is to be construed as mandatory.

(B) These bylaws should be construed to be gender neutral.

(Board approval dates: 9/1/1993, 12/6/1996, 9/1/1999, 9/6/2002, 5/14/2010, 4/8/2011)

Joint Bylaws Committee Meeting
University Hospitals and The James

August 21, 2025

Summary of Proposed Amendments

The James Bylaws

- Proposed changes to 3335-43-04 (Membership) and 3335-111-07 (Categories of the medical staff) describing the required period of active clinical practice from "two" years to "three" to bring in-line with current recredentialing cycles.

- Proposed addition of Contracted medical staff category in 3335-111-07(G) to align with Contracted medical staff category in University Hospitals Bylaws and to align with current workflow of Corporate Credentialing.

- Proposed addition of granting telemedicine privileges by proxy as permitted by Centers for Medicare and Medicaid Services Conditions of Participation and by Joint Commission standards – added at 3335-111-07(K)(11).

- Removal of outdated telemedicine privilege language in same paragraph. Telemedicine privileges for health system employed providers are now addressed on delineation of privilege forms.

The James Rules and Regulations

- Proposed deletion of "as verified by the attending medical staff member's signature" from Rule 10 (Medical records) at paragraph (A)(1)(a)(xii)(d) to remove this additional requirement that is not present in UH bylaws.

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

MEDICAL STAFF RULES AND REGULATIONS
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
as of August 15, 2023

01 Ethical pledge.

(A) Each member of the medical staff and health care providers with clinical privileges shall pledge adherence to standard medical ethics, including:

(1) Refraining from fee splitting or other inducements relating to patient referral;

(2) Providing for continuity of patient care;

(3) Refraining from delegating the responsibility for diagnosis or care of hospitalized patients to a medical or dental practitioner or other licensed healthcare professional who is not qualified to undertake this responsibility or who is not adequately supervised;

(4) Seeking consultation whenever necessary; and

(5) Never substituting physicians without the patient's knowledge or appropriate consent.

(Board approval dates: 7/7/2006, 8/31/2012, 4/6/2016)

02 Admission procedures.

(A) Except in an emergency, in the interest of assignment to the appropriate service, no patient shall be admitted to the hospital until after a provisional diagnosis has been stated by the patient's attending physician a member of the attending staff, limited staff member or other licensed healthcare professional who is appropriately credentialed by the hospital and under the supervision of the responsible medical staff member. The request for admission shall also include the following information:

(1) Any facts essential for the protection of the general hospital population against unnecessary exposure to infectious and other communicable diseases.

(2) Any information which will warn responsible hospital personnel of any tendency of any patient to commit suicide or to injure others because of mental disturbance.

(3) Any information concerning physical condition or personality idiosyncrasy which might be objectionable to other patients who might be occupying the same or adjoining rooms.

(B) It shall be the responsibility of the attending physician to notify hospital or medical staff personnel of the existence of mental or substance disorders and to order such precautionary measures as may be necessary to assure protection of the patient and the protection of others whenever a patient might be a source of danger. The attending physician is responsible to provide a comprehensive plan of care, including emergency care.

(Board approval dates: 9/18/2009, 4/6/2016)

MEDICAL STAFF RULES AND REGULATIONS
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
Updated August 15, 2023

03 Attending assignment.

(A) All patients entering the Arthur G. James cancer hospital and Richard J. Solove research institute (CHRI) who have not requested the services of a member of the medical staff to be responsible for their care and treatment while a patient therein shall be assigned to a member of the attending staff of the service concerned with the treatment of the disease, injury, or condition which necessitated the admission of the patient to the CHRI. This shall also apply to the transfer of patients within the services of the CHRI.

(B) Alternative attending medical staff member coverage.

Each division shall have a plan for medical coverage. Each member of the medical staff shall designate on his or her medical staff application one or more members of the attending or limited medical staff who have accepted this responsibility and who shall be called to attend his or her patients if the responsible attending medical staff member is not available, the director of medical affairs, section chiefs, department chair or his designee shall have authority to contact any member of the medical staff and arrange for coverage should the attending medical staff member and the alternate be unavailable.

(C) In the case of a medical or psychiatric emergency involving a patient, visitor or CHRI staff member in an inpatient or outpatient setting, any individual who is a member of the medical staff or who has been delineated privileges is permitted to do everything possible to save the life or prevent serious harm regardless of the individual's staff status or clinical privileges.

(Board approval dates: 11/4/2005, 2/11/2011, 4/6/2016)

04 Consultations.

(A) Consultation requirements.

When a patient care problem is identified that requires intervention during the hospital stay that is outside the medical staff member's area of training and experience, it is the responsibility of the medical staff member or his or her designee (with appropriate credentials) to obtain consultation by the appropriate specialist. The consultation may be ordered by the responsible medical practitioner, a member of the limited staff, or another licensed healthcare professional with appropriate clinical privileges as designated in these rules and regulations. If a consultation is ordered prior to 10:00 a.m., the consult shall occur on the same business day. If a consultation is ordered after 10:00 a.m., the consult shall occur within twenty-four hours. Each patient is continuously assessed and his or her plan for care if modified as necessary.

(B) Responsibility to monitor consultations.

It is the duty of the medical staff, through its clinical section chief and the medical staff administrative committee, to assure that members of the staff comply in the matter of requesting consultations as needed.

(C) Consultation contents.

A satisfactory consultation shall be rendered within one day of the request and shall include examination of the patient, examination of the medical record, and a written opinion signed by the consultant that is made a part of such record. If operative procedures are involved, the consultation note, except in an emergency, shall be recorded prior to the operation.

(Board approval dates: 11/4/2005, 7/7/2006, 2/6/2009, 9/18/2009, 4/8/2011, 4/6/2016)

MEDICAL STAFF RULES AND REGULATIONS
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
Updated August 15, 2023

05 Order writing privileges.

(A) Definition of "patient orders".

(1) A patient order(s) is a prescription for care or treatment of patients. An order can be given verbally, electronically or in writing to qualified personnel identified by category in paragraph (C) of this rule and shall be authenticated by the licensed medical practitioner, a member of the limited staff, or another licensed healthcare professional with appropriate clinical privileges. Patient orders may be given initially, renewed, discontinued or cancelled. Throughout these rules and regulations, the word “written” and its grammatical derivatives, as used to describe a nonverbal order, refer to both written and electronically entered orders.

(2) Electronic orders are equivalent and have the same authority as written orders. Electronic orders have been expressly structured to mirror these rules and regulations and all policy guidelines adopted by the medical staff and hospital administration.

(B) Responsible medical practitioner.

All patient care is the responsibility of the attending, associate attending, clinical attending, or community associate attending staff. Coverage may be provided by the limited staff or another licensed healthcare professional with appropriate clinical privileges under supervision. The licensed physician, dentist, podiatrist, or psychologist (under medical doctor supervision) with appropriate clinical privileges responsible for the hospitalization or outpatient care, and treatment of the patient is responsible for all orders for the patient. Attending, associate attending and clinical medical staff may designate members of the limited staff, or other licensed healthcare professionals with appropriate clinical privileges to write or electronically enter orders under their direction. The attending staff member may also designate members of the pre-M.D. medical student group to write or electronically enter orders, but in all cases these orders shall be signed by the physician, dentist, psychologist, podiatrist, or designated limited staff member who has the right to practice medicine, dentistry, psychology, or podiatry and who is responsible for that patient’s care prior to the execution of the order. Supervising physicians may delegate to a medical staff member (who is appropriately credentialed) the ability to relay, enter, transcribe or write orders for routine laboratory, radiologic and diagnostic studies under their direction, but, in all cases, the order shall be co-signed by the supervising physician within twenty-four hours of the order being written. Community associate staff coverage may be provided by the limited staff under supervision.

(C) Telephone and verbal orders may be given by the responsible attending physician, dentist, podiatrist, psychologist, member of the limited medical staff, or other licensed healthcare professionals with appropriate clinical privileges only to health care providers who have been approved in writing by title or category by the director of medical affairs and each chief of the clinical service where they will exercise clinical privileges, and only where said health care provider is exercising responsibilities which have been approved and delineated by job description for employees of the hospital, or by the customary medical staff credentialing process when the provider is not an employee of the hospital. Lists of the approved titles or categories of providers shall be maintained by the director of medical affairs. Verbal orders should be utilized infrequently. The individual giving the verbal or telephone order must verify the complete order by having the person receiving the information record and “read back” the complete order to assure the quality and safety of patient care. The job description or delineated privileges for each provider must indicate each provider’s authority to receive telephone or verbal orders, including but not limited to the authority to receive orders for medications. The order is to be recorded and authenticated by approved health care provider to whom it is given as “verbal order by _____,” or “V.O. or T.O. by _____,” giving the licensed healthcare practitioner’s name and the time of the order, followed by the approved health care provider’s signature and date, and read back in its entirety to the ordering physician, dentist, psychologist, podiatrist, designated limited staff member, or other licensed healthcare professionals with appropriate clinical privileges. All verbal orders for DEA schedule II controlled substances, patient seclusion, or patient restraint must be

authenticated within twenty-four hours by signature of a licensed physician, dentist, podiatrist, psychologist, or designated limited staff member or other licensed healthcare professionals with appropriate clinical privileges. Verbal orders for directives of urgent issues that cannot be addressed by the prescriber's order entry are encouraged to be signed electronically within forty-eight hours, but must be authenticated within twenty-one days by signature by a licensed physician, dentist, podiatrist, psychologist, limited staff member, or other licensed healthcare professionals with appropriate clinical privileges.

(D) Standing orders.

Standing orders for medications are only approved in emergency situations. All other standing orders must be developed, approved, used and monitored in strict compliance with the standing orders medical staff policy approved by the medical staff administrative committee and hospital administration.

(E) Preprinted orders.

Preprinted order forms for patients must be reviewed, dated, timed and signed by a responsible medical practitioner, a limited staff member, or other licensed healthcare professionals with appropriate clinical privileges before becoming effective.

(F) Investigational drug orders.

Evidence of informed patient consent must be available to a nurse or pharmacist before an investigational agent is ordered and administered. Investigational drugs may be ordered only upon authorization of the principal or co-investigator or other delegated physician, dentist, or podiatrist named in FDA forms 1572 or 1573. Registered nurses or pharmacists who are knowledgeable about the investigational agents may administer the drugs to patients.

(G) Change of nursing service.

Level of care is defined as the type and frequency of medical and nursing interventions required to appropriately manage the medical and nursing care requirements of the patient. "Change of level of care" means official and physical movement (transfer) of a patient from an inpatient or observation care unit providing one level of care to another providing a different level of care, with or without change in attending physician, dentist, psychologist or podiatrist or clinical service. Orders effective before transfer must be reviewed, renewed or rewritten upon transfer by signature of a responsible medical practitioner. The new or renewed orders may be written or electronically entered before or when the patient arrives on the receiving unit and may become effective immediately.

In each case of "change of nursing service," it is the responsibility of the receiving nurse to establish the availability of renewed or new written or electronically entered orders. Prior orders will remain in effect until new orders are available. This should be done within eight hours of transfer.

(H) "Transfer of clinical service" means transfer of full patient responsibility from one attending physician, dentist, psychologist or podiatrist to another; the patient may remain on the same unit or a change in patient care area may also occur. Admission of a patient from an emergency service to the hospital as an inpatient involves "transfer of clinical service."

For the purposes of order writing or electronically entering orders, two essentials of "transfer of clinical service" are necessary:

(1) The initial transfer order must indicate the release of responsibility and control of the patient, pending acceptance by the receiving service. The order may read "transfer (or admit) to Dr., head and neck service."

(2) Transfer of service may be completed only by the receiving service writing an order to the effect "accept in transfer (or admission) to Dr., head and neck service."

Orders effective before the transfer must be renewed or rewritten upon transfer by signature of a responsible medical practitioner, a limited staff member, or other licensed healthcare professionals with appropriate clinical privileges. The new or renewed orders may be written or electronically entered before or at the time of transfer, and may become effective immediately. It is the responsibility of the receiving nurse to establish the availability of new or renewed orders. If new orders are unavailable, then the nurse may continue previous orders and immediately notify the responsible medical practitioner, a limited staff member, or other licensed healthcare professionals with appropriate clinical privileges.

(I) Patient orders and the "covering" medical practitioner.

"Coverage" of patient responsibilities for another physician, dentist or podiatrist for a brief period of time does not constitute or require "transfer of clinical service" unless so desired and agreed upon by the physician, dentist, or podiatrist and patient.

(J) Hospital discharge/readmission orders.

Hospital discharge from standard inpatient units or day care unit to outpatient status requires appropriate discharge orders. Readmission to any inpatient unit requires new, rewritten/reentered or renewed orders by signature of the responsible medical practitioner, limited staff member, or other licensed healthcare professional with appropriate privileges and under the supervision of the responsible medical staff member.

(K) Do not resuscitate orders.

The order for do not resuscitate indicating that the patient should not undergo cardiopulmonary resuscitation may be written only by the attending physician or his delegate. Verbal orders for do not resuscitate will not be accepted under any circumstances. The order for do not resuscitate may be rescinded only by the attending physician or delegate and an order must be written to annul said order. Please refer to hospital policy 03-24 do not resuscitate orders for further details.

(L) Hospital admission/observation orders.

Hospital admission/observation requires an appropriate level of care (ALOC) order designating the patient as inpatient or outpatient (observation). The appropriate level of care (ALOC) order may be written a signed by the attending physician. If the ALOC order for inpatient admission is written by a member of the limited staff or other licensed healthcare practitioner with appropriate clinical privilege, it must be co-signed by the attending physician prior to the patient being discharged from the hospital. Admission to any inpatient unit or placing a patient in observation status requires new, rewritten/reentered or renewed orders by the responsible medical practitioner or limited staff member or other licensed healthcare professional with appropriate privileges and under the supervision of the responsible medical staff member.

(Board approval dates: 4/6/2016, 9/2/2016)

06 Death procedures.

(A) Every member of the medical staff shall be actively interested in securing necropsies in every death on their service. No autopsy shall be performed without written consent, permission, or direction as prescribed by the laws of Ohio.

(B) The death of a patient in the hospital within twenty-four hours of admission must be reported to the proper legal authorities under the laws of Ohio.

(C) When a necropsy is performed, provisional anatomic diagnosis should be recorded in the medical record within three days and the complete protocol should be made a part of the record within sixty days.

(D) Criteria for autopsy requests include the following:

(1) Coroner's cases when the coroner elects not to perform an autopsy. The county coroner has jurisdiction for performing an autopsy when death is the result of violence, casualty, or suicide, or occurs suddenly in a suspicious or unusual manner. Deaths occurring during surgery or within twenty-four hours of admission to the hospital are also coroner's cases, and the decision whether to autopsy is the coroner's responsibility. When the coroner elects not to perform an autopsy, a request of an autopsy shall be made pursuant to paragraph (A) of this rule.

(2) Unexpected or unexplained deaths, where apparently due to natural causes or due to those occurring during or following any surgical, medical, or dental diagnostic procedures or therapies.

(3) Undiagnosed infections disease where results may be of value in treating close contacts.

(4) All deaths in which the cause of death is not known with certainty on clinical grounds.

(5) Cases where there is question of disease related to occupational exposure.

(6) Organ donors (to rule out neoplastic or infectious disease).

(7) Cases in which autopsy may help to allay the concerns of the family or public regarding the death and to provide assurance to them regarding the same.

(8) Deaths in which autopsy may help to explain unknown or unanticipated medical complications to the attending.

(9) Deaths of patients who have participated in investigational therapy protocols.

(10) Deaths in which there is a need to enhance the education and knowledge of the medical staff and house staff. The attending practitioner shall be notified of the autopsies performed by the pathology department.

(E) When an autopsy is performed, provisional anatomic diagnosis should be recorded in the medical record within three days and the complete protocol should be made a part of the record within sixty days.

(Board approval dates: 11/4/2005, 4/6/2016)

07 Emergency preparedness.

(A) Emergency care.

Emergency care is considered to be treatment rendered to stabilize the patient prior to transport to the Ohio state university hospital's emergency department or other appropriate facility as the patient's condition dictates.

(B) Disaster preparedness.

In case of a civil, military, natural emergency or disaster, patients may be discharged from the CHRI, moved to other community hospitals, or moved to other facilities made available for the care and treatment of patients, by the order of the director of medical affairs of the CHRI or the director of medical affairs designated agent, to preserve life and health, to make room for more critically ill or injured patients sent to the hospitals from a disaster area or for the purpose of saving lives and to provide adequate medical care and treatment.

(Board approval dates: 11/4/2005, 2/6/2009, 4/6/2016)

08 Surgical case review (tissue committees).

Surgical case review shall be performed on an on-going basis by each department regularly doing surgical procedures in conjunction with the clinical quality management committee. The review shall include indications for surgery and all cases in which there is a major discrepancy between preoperative and postoperative (including pathologic) diagnoses. Discrepancies between the clinical impression and tissue removed during a surgical procedure are identified by pathology and then referred to the appropriate department for review. A screening mechanism based on predetermined criteria may be established for cases involving no specimens. Written records of the evaluations and any action taken shall be maintained in the quality and operations improvement department, and be available to the director of medical affairs, the CHRI section chief, department chairperson or their designees.

(Board approval dates: 11/4/2005, 4/6/2016)

09 Tissue disposition.

All tissue and foreign bodies removed during a surgical procedure shall be sent to the pathology laboratory for examination except for the following categories. These exceptions may be invoked by the attending surgeon only when the quality of care is not compromised by the exception when another suitable means of verification of the removal is routinely employed and when there is an authenticated operative or other official report that documents the removal. The categories of specimens that may be exempted from pathological examination are the following:

(A) Specimens that by their nature or condition do not permit fruitful examination, such as cataract, orthopedic appliance, foreign body, or portion of rib removed only to enhance operative exposure;

(B) Therapeutic radioactive sources, the removal of which shall be guided by radiation safety monitoring requirements;

(C) Traumatically injured members that have been amputated and for which examination for either medical or legal reasons is not deemed necessary;

(D) Foreign bodies (for example bullets) that for legal reasons are given directly in the chain of custody to law enforcement representatives.

(E) Specimens known to rarely if ever show pathological change, and removal of which is highly visible postoperatively.

(F) Teeth, provided the number including fragments is recorded in the medical record.

(G) Specimens for gross only examination.

(H) Medical devices. Soft tissue accompanying medical devices may be submitted for microscopic examination if deemed appropriate by the pathologist.

(I) Foreign bodies that are hard and cannot be decalcified. Accompanying soft tissue may be submitted for microscopic examination if deemed appropriate by the pathologist.

(J) Portions of bone removed from feet for bunions/hammer toes, if microscopic exam deemed unnecessary by pathology.

(K) Portions of rib removed for operative exposure only and not designated "disposal only." At the pathologist's discretion, marrow samples from such ribs may be submitted for microscopic examination.

(L) Nasal bone and cartilage removed for deviated septum (does not apply if deviation due to neoplastic or inflammatory process). If soft tissue accompanies nasal bone and cartilage, it may be examined at pathologist's discretion.

(Board approval dates: 11/4/2005, 4/6/2016)

10 Medical records.

(A) Each member of the medical staff shall conform to the following medical information management department policies:

(1) Medical record contents.

(a) The attending physician is ultimately responsible for the preparation of a complete medical record for each patient. The medical record may contain information collected and maintained by members of the medical staff, limited staff, other licensed healthcare professionals, medical students or providers who participate in the care of the patient. This record shall including the following elements as it applies to the patient encounter:

(i) Identification demographic data including the patient’s race and ethnicity.

(ii) The patient’s language and communication needs.

(iii) Emergency care provided to the patient prior to arrival, if any.

(iv) The legal status of patients receiving mental health services.

(v) Evidence of known advance directives.

(vi) Statement of present complaint.

(vii) History and physical examination.

(viii) Any patient generated information.

(ix) Provisional diagnosis.

(x) Documentation of informed consent when required.

(xi) Any and all orders related to the patient’s care.

(xii) Special reports, as those from:

(a) The clinical laboratory, including examination of tissues and autopsy findings, when applicable.

(b) Signed and dated reports of nuclear medicine interpretations, consultations, and procedures.

(c) The radiology department.

(d) Consultants ~~as verified by the attending medical staff member's signature~~.

(xiii) Medical and surgical treatments.

(xiv) Progress notes.

(xv) Pre-sedation or pre-anesthesia assessment and plans of care for patients receiving anesthesia.

(xvi) An intra-operative anesthesia record.

(xvii) Postoperative documentation records, the patient's vital signs and level of consciousness; medications, including IV fluids, blood and blood components; any unusual events or postoperative complications; and management of such events.

(xviii) Postoperative documentation of the patient's discharge from the post-sedation or post-anesthesia care area by the responsible licensed independent practitioner or according to discharge criteria.

(xix) A post anesthesia follow-up report written within forty-eight hours after surgery by the individual who administers the anesthesia.

(xx) All reassessments and any revisions of the treatment plan.

(xxi) Every dose of medication administered and any adverse drug reaction.

(xxii) Every medication dispensed to an inpatient at discharge.

(xxiii) Summary and final diagnosis as verified by the attending physician's signature.

(xxiv) Discharge disposition, condition of patient at discharge, instructions given at that time and the plan for follow up care.

(xxv) Any referrals and communications made to external or internal providers and to community agencies.

(xxvi) Any records of communication with the patient made by telephone or email or patient electronic portal.

(xxvii) Memorandum copy of the death certificate when applicable.

(2) Deadlines and sanctions.

(a) A procedure note shall be entered in the record by the responsible attending medical staff member or the medical staff member's designee (who is appropriately credentialed) immediately upon completion of an invasive procedure. Procedure notes must be written for any surgical or medical procedures, irrespective of their repetitive nature, which involve material risk to the patient. Notes for procedures performed in the operating rooms must be finalized in the operating room information system by the attending surgeon. For any formal operative procedures, a note shall include pre-operative and post-operative diagnoses, procedure(s) performed and description of each procedure, surgeon(s), resident(s), anesthesiologist(s), surgical service, type of anesthesia (general or local), complications, estimated blood loss, any pertinent information not included on the O.R./anesthesia record, preliminary surgical findings, and specimens removed and disposition of each specimen. Where a formal operative procedure report is appropriate, the report must be completed immediately following the procedure. The operative/procedure report must be signed by the attending medical staff member. Any operative/procedure report not completed or any procedure note for procedures completed in the operating rooms not completed in the operating room information system by 10:00 a.m. the day following the procedure shall be deemed delinquent and the attending medical staff member responsible shall lose operating/procedure room and medical staff privileges the following day. The operating rooms and procedure rooms will not cancel cases scheduled before the suspension occurred. Effective with the suspension, the attending medical staff member will lose all privileges to schedule elective cases. Affected medical staff members shall receive telephone calls from the medical information management department indicating the delinquent operative/procedure reports.

(b) Progress notes must provide a pertinent chronological report of the patient's course in the hospital and reflect any change in condition or results of treatment. A progress note must be completed by the attending medical staff member or his or her designated member of the limited medical staff or practitioner with appropriate privileges at least once every day. Each medical student or other licensed health care professional progress note in the medical records should be signed or counter-signed by a member of the attending, courtesy, or limited staff.

(c) Medical staff members with more than twenty-five verbal orders that remain unsigned greater than twenty-one days after the date of the order will be subject to corrective action including administrative suspension which may include suspension of admitting and operating room scheduling privileges until the orders are signed. Medical staff members shall be notified electronically prior to suspension for unsigned verbal orders.

(d) Birth certificates must be signed by the medical staff member who delivers the baby within one week of completion of the certificate. Fetal death certificates and death certificates must be signed and the cause of death must be recorded by the medical staff member with a permanent Ohio license within twenty-four hours of death.

(e) Office visit encounters shall be closed within ten days of the patient’s visit.

(f) All entries not previously defined must be signed within ten days of completion.

(g) Queries by clinical documentation specialists requesting clarification of a patient’s diagnoses and procedures will be resolved within five business days of confirmed notification of request.

(3) Discharges.

(a) Patients may not be discharged without a written or electronically entered discharge order from the appropriately credentialed, responsible medical staff member, a limited staff member or other licensed healthcare professional.

(b) At the time of discharge, the appropriately credentialed attending medical staff member, limited staff member, or other licensed healthcare professional is responsible for certifying the principal diagnosis, secondary diagnosis, the principal procedure, if any, and any other significant invasive procedures that were performed during the hospitalization. If a principal diagnosis has not yet been determined, then a "provisional" principal diagnosis should be used instead.

(c) The discharge summary must be available to any facility receiving the patient before the patient arrives at the facility. Similarly, the discharge summary must be available to the care provider before the patient arrives at any outpatient care visit subsequent to discharge. The discharge summary should be available within forty-eight hours of discharge for all patients. The discharge summary should be signed by the responsible attending medical staff member within forty-eight hours of availability.

(d) The discharge summaries must contain the following elements:

i. hospital course including reason for hospitalization and significant findings upon admission;

ii. principal and secondary diagnoses or provisional diagnosis;

iii. relevant diagnostic test results;

iv. procedures performed and care, treatment and services provided;

v. condition on discharge;

vi. medication list and medication instructions;

vii. plan for follow-up of tests and studies for which results are pending at discharge;

viii. coordination and planning for follow-up testing and physician appointments;

ix. plans for follow-up care and communication, and the instructions provided to the patient.

(e) All medical records must be completed by the attending medical staff member or, when applicable, the limited staff member or other licensed healthcare professional who is appropriately credentialed by the hospital, within twenty-one days of discharge of the patient.

(f) Attending medical staff members shall be notified prior to suspension for all incomplete records. After notification, attending medial staff members shall have their admitting and operative scheduling privileges suspended until all records are completed. Attending medical staff members shall receive electronic notification of delinquent records. If an attempt is made by the attending medical staff member, or the attending medical staff member's designee, who is appropriately credentialed by

the hospital, when applicable, to complete the record, and the record is not available electronically for completion, the record shall not be counted against the attending medical staff member. Medical staff members who are suspended for a period of longer than one hundred twenty consecutive days are required to appear before the practitioner evaluation committee.

(g) Records which are incomplete greater than twenty-one days after discharge or the patient's visit are defined as delinquent.

(4) Confidentiality.

Access to medical records is limited to use in the treatment of patients, research, and teaching. All medical staff members are required to maintain the confidentiality of medical records. Improper use or disclosure of patient information is subject to disciplinary action.

(5) Ownership.

Medical records of hospital sponsored care are the property of the hospital and shall not be removed from the hospital's jurisdiction and safekeeping except in accordance with a court order, subpoena, or statute.

(6) Records storage, security, and accessibility.

All patient's records, pathological examinations, slides, radiological films, photographic records, cardiographic records, laboratory reports, statistical evaluations, etc., are the property of the CHRI and shall not be taken from the CHRI except on court order, subpoena or statute duly filed with the medical record administrator or the hospital administration. The hospital administration may, under certain conditions, arrange for copies or reproductions of the above records to be made. Such copies may be removed from the hospital after the medical record administrator or the proper administrative authority has received a written receipt thereof. In the case of readmission of the patient, all previous records or copies thereof shall be available for the use of the attending medical staff member.

In general, medical records shall be maintained by the hospital. Records on microfilms, paper, electronic tape recordings, magnetic media, optical disks, and such other acceptable storage techniques shall be used to maintain patient records for twenty-one years for minors and ten years for adults. In the case of readmission of the patient, all records or copies thereof from the past ten/twenty-one years shall be available for the use of the attending medical staff member or other health care providers.

(7) Informed consent documentation.

(a) Where informed consent is required for a special procedure (such as surgical operation), documentation that such consent has been obtained must be made in the hospital record prior to the initiation of the procedure.

(b) In the case of limb amputation, a limb disposition form, in duplicate, must be signed prior to the operation.

(8) Sterilization consent.

Prior to the performance of an operative procedure for the expressed purpose of sterilization of a (male or female) patient, the attending medical staff member shall be responsible for the completion of the legal forms provided by the hospital and signed by the patient. Patients who are enrolled in the Medicaid program must have their forms signed at least thirty days

prior to the procedure. Informed consent must also be obtained from one of the parents or the guardian of an unmarried minor.

(9) Criteria changes.

The medical information management department shall make recommendations for changes in the criteria for record completion with approval of the medical staff.

(10) Entries and authentication.

(a) Entries in the medical record can only be made by staff recommended by the medical information management department subject to the approval of the medical staff.

(b) All entries must be legible and complete and must be authenticated, dated and timed promptly by the person, identified by name and credentials, who is responsible for ordering, providing, or evaluating the service furnished.

(c) The electronic signature of medical record documents requires a signing password. At the time the password is issued, the individual is required to sign a statement that she/he will be the only person using the password. This statement will be maintained in the department responsible for the electronic signature.

(d) Signature stamps may not be used in the medical record.

(11) Abbreviations.

Abbreviations, acronyms and symbols appearing on the non-approved abbreviations list may not be used in the medical record.

(Board approval dates: 9/18/2009, 4/8/2011, 8/31/2012, 4/6/2016, 9/2/2016, 4/6/2018, 5/31/2019, 2/8/2022)

11 Committees.

In addition to the medical staff committees, the medical staff shall participate in the following hospital and monitoring functions: infection control, clinical quality management, safety, and disaster planning and in other quality leadership council policy groups.

Operating Room Committee

(A) The operating room committee shall have representation from all clinical departments utilizing the operating room. Representation will include: medical director of the CHRI operating room, the section or division chief, or their designee, of: surgery, gynecologic oncology, urology, otolaryngology, radiation oncology, thoracic surgery, surgical oncology, neurological surgery, orthopedic surgery, anesthesia, and plastic surgery; epidemiology/infection control, the medical director of perioperative services for the Ohio state university, the CHRI medical director of quality, the director of perioperative services of the CHRI operating room, the manager of perioperative services, the director of admitting, the operating room coordinator, and the CHRI director of operations. The committee chair will be a CHRI surgeon selected by the nominating committee and shall serve a two-year term beginning on the first of July. The committee shall meet monthly and carry out the following duties:

(1) Develop written policies and procedures concerning the scope and provision of care in the surgical suite in cooperation with the departments and services concerned, including allocation of operating room resources. Allocation of operating room time will be done by the director of medical affairs and approved by the operating room committee.

(2) Monitor quality concerns and consider problems and improvements in operating room functions brought to its attention by any of its members.

(3) Monitor medical staff compliance with operating room policies established for patient safety, infection control, access and throughput, and smooth functioning of the operating rooms.

(4) Maintain written records of actions taken, and results of those actions, and make these available to each committee member, the vice president of health services, the director of medical affairs, and the executive director of the CHRI.

(B) Each member of the medical staff shall conform to the policies established by the operating room committee, including the following:

A member of the surgical attending staff and a member of the anesthesiology staff shall be present in person for crucial periods of surgical procedures and anesthetization, shall be familiar with the progress of the procedure, and be immediately available at all times during the procedure.

Pharmacy and Therapeutics Committee (P & T Committee)

The P & T committee shall be appointed in conformity with the medical staff bylaws and have representation from medical staff, nursing, pharmacy department, and the hospital administration. The majority of members shall be members of the medical staff. The committee shall meet at least quarterly and carry out the following duties:

(A) Review the appropriateness, safety, and effectiveness of the prophylactic empiric and therapeutic use of drugs, including antibiotics, through the analysis of individual or aggregate patterns of drug practice.

(B) Consider the welfare of patients as well as education, research and economic factors when analyzing the utilization of drugs and related products.

(C) Advise on the use and control of experimental drugs.

(D) Develop or approve policies and procedures relating to the selection, distribution, use, handling, and administration of drugs and diagnostic testing materials.

(E) Review all significant untoward drug reactions.

(F) Maintain the Formulary of Accepted Drugs with review of proposed additions and deletions and review of use of non-formulary drugs within the institution.

(G) Maintain written reports of conclusions, recommendations, actions taken, and the results of actions taken, and report these at least quarterly to the medical staff administrative committee.

(H) Create sub-committees with defined responsibilities and scope and appoint members with expertise in specified areas.

Transfusion and Isoimmunization Committee

(A) The transfusion and isoimmunization committee has representation from physicians of the clinical departments frequently using blood products, nursing, transfusion service, and hospital administration. The majority of members shall be members of the medical staff. The committee shall meet at least quarterly and carry out the following duties:

(1) Evaluate the appropriateness of all transfusions, including the use of whole blood and blood components.

(2) Evaluate all confirmed or suspected transfusion reactions.

(3) Develop and recommend to the medical staff administrative committee policies and procedures relating to the distribution, use, handling, and administration of blood and blood components.

(4) Review the adequacy of transfusion services to meet the needs of patients.

(5) Review ordering practices for blood and blood products.

(6) Provide a liaison between the clinical departments, nursing services, hospital administration, and the transfusion service.

(7) Use clinically valid criteria for screening and more intensive evaluation of known or suspected problems in blood usage.

(8) Keep written records of meetings, conclusions, recommendations, and actions taken, and the results of actions taken, and make these available to each committee member and to the medical staff administrative committee.

(B) Each member of the medical staff shall conform to the policies established by the transfusion committee, including the following:

(1) All pregnant patients admitted for delivery or abortion shall be tested for Rh antigen.

(2) No medication may be added to blood or blood products.

Infection Control Committee

(A) The committee members shall be appointed and shall also include representation from nursing, environmental services, and hospital administration. The chairperson will be a physician with experience and/or training in infectious diseases and carry out the following duties.

(1) Oversee surveillance and institute any recommendations necessary for investigation, prevention, and containment of nosocomial and clinical infectious diseases of both patients and staff at all facilities operated by CHRI and subject to TJC standards.

(2) The chairperson of the committee and the hospital epidemiologist, in consultation with the director of medical affairs of the CHRI, will take necessary actions to prevent and control emerging spread or outbreaks of infections; isolate communicable and infectious patients as indicated; and obtain all necessary cultures in emergent situations when the responsible medical staff member is unavailable.

Quality Leadership Council

The quality leadership council shall consist of members appointed pursuant to the university hospital's medical staff bylaws, and shall include the senior vice president for health sciences, the dean of the college of medicine and the chairperson of the professional affairs committee of the Wexner medical center board as ex officio members without a vote, and the director of medical affairs and chief of staff as voting members. The chief quality officer shall be the chairperson of the quality leadership council. The quality leadership council shall authorize policy groups to be formed to accomplish necessary hospital and medical staff functions on behalf of the CHRI and university hospitals.

MEDICAL STAFF RULES AND REGULATIONS
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
Updated August 15, 2023

CHRI representatives on the quality leadership council shall be appointed as provided in the CHRI bylaws.

(A) Duties include:

(1) To design and implement systems and initiatives to enhance clinical care and outcomes throughout the integrated health care delivery systems.

(2) To serve as the oversight council for the clinical quality management and patient safety plan.

(3) To establish goals and priorities for clinical quality, safety and service on an annual basis.

(B) James Quality, Safety and Experience Council (Q-SEC).

(1) Composition.

The members shall include physicians from various clinical areas and support services, the director of clinical quality management policy group, and representation from nursing and hospitals administration. The chairperson of the policy group will be a physician.

(2) Duties.

(a) Coordinate the quality management related activities of the clinical sections or departments, the medical information management department, utilization review, infection control, pharmacy and therapeutics and drug utilization committee, transfusion and immunization, and other medical staff and hospital committees.

(b) Implement clinical improvement programs to achieve the goals of the CHRI quality management plan, as well as assure optimal compliance with accreditation standards and governmental regulations concerning performance improvement.

(c) Review, analyze, and evaluate on a continuing basis the performance of the medical staff and other health care providers; and advise the clinical section or department clinical quality sub-committees in defining, monitoring, and evaluating quality indicators of patient care and services.

(d) Serve as liaison between the CHRI and the Ohio peer review organizations through the chairperson of the policy group and the director of clinical quality.

(e) Make recommendations to the medical staff administrative committee on the establishment of and the adherence to standards of care designed to improve the quality of patient care delivered in the CHRI.

(f) Hear and determine issues concerning the quality of patient care rendered by members of the medical staff and hospitals staff, make appropriate recommendations and evaluate action plans when appropriate to the director of medical affairs, the chief of a clinical section or department, or hospitals administration.

(g) Appoint ad-hoc interdisciplinary teams to address hospital-wide quality management plan.

(h) Annually review and revise as necessary the hospital-wide clinical quality management plan.

(i) Report and coordinate with the quality leadership council all quality improvement initiatives.

(C) Clinical resource utilization policy group.

(1) Composition.

The members shall include physicians from various areas and support services, the director of clinical resource utilization policy group, and representation from nursing and hospitals administration. The chairperson of the policy group will be a physician.

(2) Duties.

(a) Promote the most efficient and effective use of hospital facilities and services by participating in the review process and continued stay reviews on all hospitalized patients.

(b) Formulate and maintain a written resource management review plan for hospitals consistent with applicable governmental regulations and accreditation requirements.

(c) Conduct resource management studies by clinical service or by disease entity as requested or in response to variation from benchmark data would indicate.

(d) Report and recommend to the quality leadership council changes in clinical practice patterns in compliance with applicable governmental regulations and accreditation requirements when the opportunity exists to improve the resource management.

(D) Clinical Practice Guideline Committee.

(1) Composition.

The members shall include physicians from various areas and support services, the director of the practice guidelines policy group, and representation from nursing and hospitals administration. The chairperson of the policy group will be a physician.

(2) Duties.

(a) Oversee the planning, development, approval, implementation and periodic review of evidence-based medicine resources (i.e. clinical practice guidelines, quick reference guides, clinical pathways, and clinical algorithms) for use within the CHRI. Planning should be based on the prioritization criteria approved by the leadership council and review should focus on incorporating recent medical practice, literature or developments. Annual review should be done in cooperation with members of the medical staff with specialized knowledge in the field of medicine related to the guidelines.

(b) To report regularly to the quality leadership council for approval of all new and periodically reviewed evidence-based medicine resources for use within the CHRI.

(c) Oversee the development, approval and periodic review of the clinical elements of computerized ordersets and clinical rules to be used within the information system of the CHRI. Computerized ordersets and clinical rules related to specific practice guidelines should be forwarded to the quality leadership council for approval. All other computerized value enhancement for approval. All other computerized

ordersets and clinical rules should be forwarded to the quality leadership council for information.

(d) To initiate and support research projects when appropriate in support of the objectives of the quality leadership council.

(e) Oversee ongoing education of the medical staff (including specifically limited staff) and other appropriate hospital staff on the fundamental concepts and value of evidence-based practice and outcomes measurement and its relation to quality improvement.

(f) Regularly report a summary of all actions to the quality leadership council.

(Board approval dates: 11/4/2005, 7/7/2006, 2/6/2009, 9/18/2009, 5/14/2010, 2/11/2011, 4/8/2011, 4/6/2016, 5/18/2021, 8/15/2023)

12 Standards of practice.

(A) Surgical schedules shall be reviewed by the attending surgeon prior to the day of surgery. Attending surgeons must notify the operating room prior to the first scheduled case that they are physically present in the hospital and immediately available to participate in the case. Attending surgeons may accomplish this by being physically present in the operating room or by calling the operating room to notify the staff of such immediate availability. The operating room must be informed of the attending surgeon's availability prior to anesthetizing the patient. The only exception is an emergency situation, where waiting might compromise the patient's safety.

(B) All medical staff members must abide by the quality and safety protocols that may be defined by the medical staff administrative committee and the Wexner medical center board.

(C) Inpatients must be seen daily by an attending physician, with no exceptions, to provide the opportunity of answering patient and family questions.

(Board approval dates: 4/8/2011, 4/6/2016)

13 Mechanism for changing rules and regulations.

(A) These rules and regulations may be amended pursuant to rule 3335-111-12 of the Administrative Code.

(B) Amendments so accepted shall become effective when approved by the Ohio state university Wexner medical center board.

(C) These rules and regulations shall not conflict with the rules and regulations of the board of trustees of the Ohio state university.

(D) Each member of the medical staff and those having delineated clinical privileges shall have access to an electronic copy of the rules and regulations upon finalization of the approved amendment changes.

(Board approval dates: 11/4/2005, 9/18/2009, 2/11/2011, 4/8/2011, 4/6/2016)

14 Adoption of the rules and regulations.

MEDICAL STAFF RULES AND REGULATIONS
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
Updated August 15, 2023

These rules and regulations shall be adopted by the medical staff administrative committee and forwarded for approval in successive order to the following: the professional affairs committee of the Wexner medical center board if it meets prior to the next scheduled Wexner medical center board meeting, and the Wexner medical center board.

(Board approval dates: 7/7/2006, 9/18/2009, 2/11/2011, 4/8/2011, 4/6/2016)

15 Sanctions.

Each member of the medical staff shall abide by policies approved by the medical staff administrative committee of the CHRI. Failure to abide may result in suspension of some or all hospital privileges.

(Board approval dates: 9/18/2009, 2/11/2011, 4/8/2011, 4/6/2016)

APPROVAL FOR ACQUISITION OF REAL PROPERTY
941 CHATHAM LANE
COLUMBUS, FRANKLIN COUNTY, OHIO
BOARD BACKGROUND

Background

The Ohio State University seeks to purchase 2.646 acres located at 941 Chatham Lane from The Ohio State University Foundation. The property is considered a strategic land asset that is located contiguous to the existing Columbus campus footprint. It is located at the northeast corner of Kenny Road and Ackerman Road, just west of the State Route 315/Ackerman Road interchange, where the university already has significant land holdings. The property will be held in the name of the Board of Trustees.

Location and Description

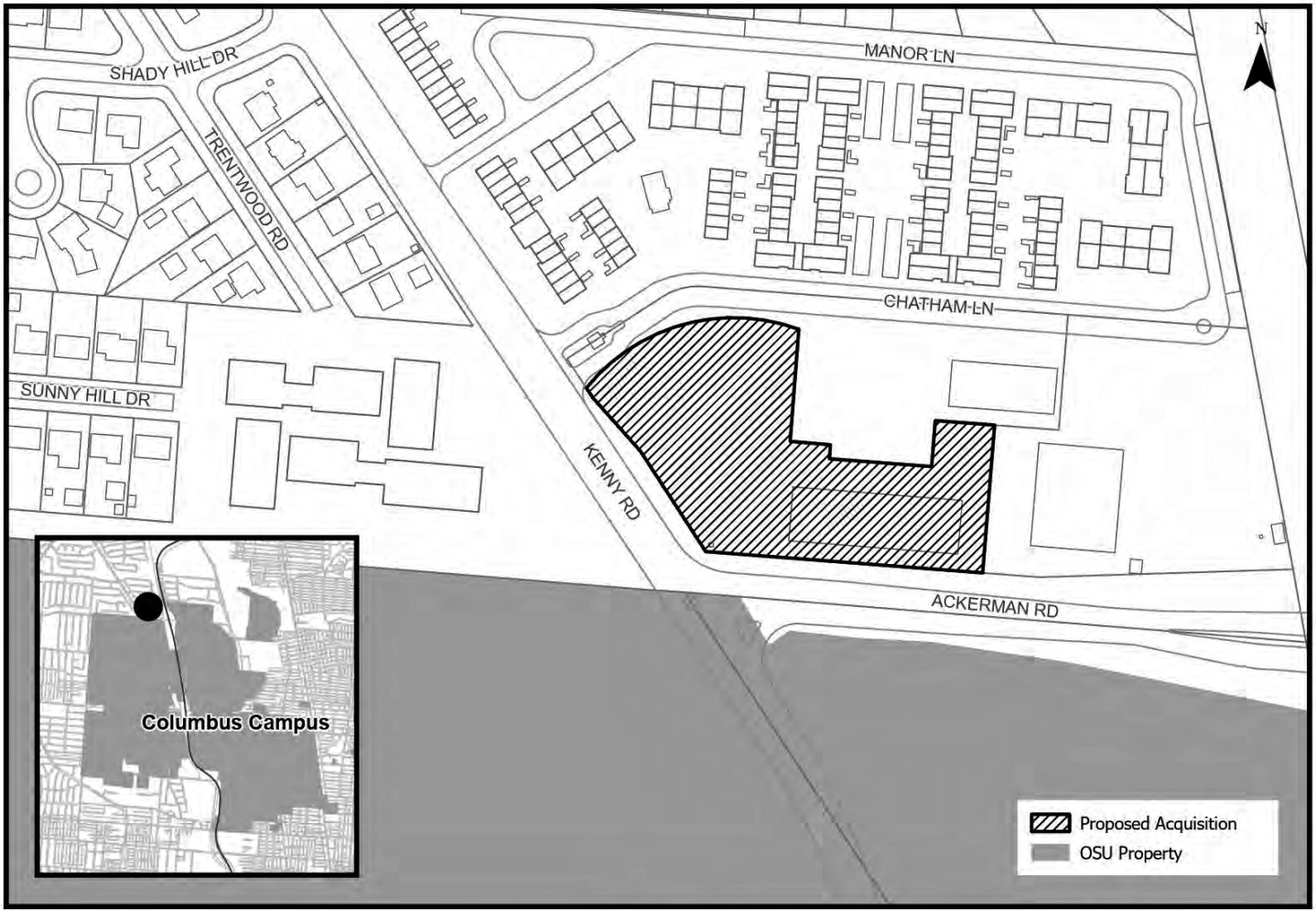
The subject property is located at 941 Chatham Lane, Columbus, Ohio 43221 and is identified as Franklin County parcel number 010-003322. The site includes an 18,530 square foot, three story brick commercial building and asphalt pavement parking lot.

Property History

In December 2022, the property was gifted to The Ohio State University Foundation. The proceeds from the sale of the property are to be used by the Foundation to establish the Peter H. Edwards, Sr. Endowment in the Max M. Fisher College of Business at The Ohio State University.

Acquisition of Property

Planning, Architecture and Real Estate (PARE), recommends that the +/- 2.646 acres of improved real property be acquired under terms and conditions that are deemed to be in the best interest of the university.



THE OHIO STATE UNIVERSITY

2.646 Acres
941 Chatham Lane Acquisition
Columbus, Franklin County, Ohio

Prepared By: The Ohio State University
Office of Planning, Architecture and Real Estate
Issue Date: September 24, 2025
The Ohio State University Board of Trustees

FY25 Efficiency Reporting Template

Introduction:

Ohio Revised Code section 3333.95 requires the chancellor of the Ohio Department of Higher Education (DHE) to maintain an "Efficiency Advisory Committee" that includes an "efficiency officer" from each state institution of higher education (IHE). Each IHE must then provide an "**efficiency report**" updated annually to DHE, which is compiled by the chancellor into a statewide report shared at year end with the governor and legislature. The committee itself meets at the call of the chancellor.

There are a number of topics that are required to be addressed per the Ohio Revised Code. Specifically, ORC Section 3333.951(C) requires IHEs to report on their annual study to determine the cost of textbooks for students enrolled in the institution. ORC 3333.951(B) requires Ohio's co-located colleges and universities to annually review best practices and shared services and report their findings to the Efficiency Advisory Committee. ORC 3345.59(E) requires information on efficiencies gained as a result of the "regional compacts" created in 2018.

The reporting template also requests information regarding college debt and debt collection practices, among other things.

Your Efficiency Report Contact: Alex Penrod, Special Assistant to the Chancellor for External Affairs, 614-995-7754 or apenrod@highered.ohio.gov. Please provide your institution's efficiency report by **Friday, November 21, 2025** via email.

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As in previous years, the Efficiency Reporting Template is structured into the following sections:

- **Section I: Efficiency and Effectiveness –** This section captures information on progress made from strategic partnerships and practices that are likely to yield significant savings and/or enhance program offerings.
- **Section II: Academic Practices –** This section covers areas more directly related to instruction, with an emphasis on actions taken to reduce the costs to students of textbooks, including the options of Inclusive Access and Open Educational Resources.
- **Section III: Additional Practices** – This section requests information about ways to create efficiencies that have not been captured in the previous sections.

For purposes of this report, efficiency is defined on a value basis as a balance of quality versus cost:

- Direct cost savings to students (reducing costs)
- Direct cost savings to the institution (reducing costs)
- Cost avoidance for students (reducing costs)
- Cost avoidance to the college/university (reducing costs)
- Enhanced advising, teaching (improving quality)
- IP commercialization (improving quality)
- Graduation/completion rates (improving quality)
- Industry-recognized credentials (improving quality)
- Experiential learning (improving quality)

These are examples only. Please consider your responses to address broader measures of efficiency, quality, cost and value. Please also note that this is only a template. Feel free to respond in any additional way you believe is helpful.

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The Ohio State University

Section I: Efficiency and Effectiveness

Benchmarking

Each institution should regularly identify and evaluate its major cost drivers, along with priority areas that offer the best opportunities for efficiencies. Institutions should also track their progress in controlling costs and improving effectiveness.

The Ohio State University has partnered with HelioCampus, a national benchmarking consortium, since FY19. HelioCampus specializes in analyzing the administrative spend of 70+ colleges and universities, providing peer comparisons that help identify opportunities to improve process efficiency and optimize administrative costs. Their analyses align with NACUBO and IPEDS standards and categorize administrative activities across multiple key areas: Academics, Administrative Student Employees, Athletics, Communications, Development, Facilities, Finance, Human Resources, Information Technology, Research Administration, and Student Services.

Within each of these functional areas, HelioCampus evaluates sub-activities (for example, Accounts Payable within Finance) to pinpoint where resources are most heavily concentrated, providing insight at a granular level. Normalization factors, including student enrollment, campus square footage, employee counts, research expenditures, and annual operating budget, are applied to create meaningful, equitable comparisons across institutions of varying size, complexity, and mission.

FY24 peer institutions were selected based on consortium membership and R1 public research status, and include the following: UNC Chapel Hill, University of Wisconsin – Madison, University of Utah, University of California – Davis, University of Illinois at Urbana–Champaign, University of Arizona, and Rutgers University – New Brunswick + RBHS. Areas of opportunity are being reviewed by the University Efficiency Committee to validate potential for increased operational efficiency and to inform considerations for budget adjustments where appropriate.

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Facilities Planning

1. Has your institution changed the use of campus space to reduce costs and increase efficient use of capital resources? If so, please describe. Approximately how many buildings have been affected and what is the projected average annual savings of the efforts?

   University space is a valuable institutional resource that must be managed prudently and efficiently. All space belongs to the university and is assigned based on institutional priorities and the functional requirements of each user group. Decisions regarding the allocation of space are based on campus and program priorities, academic and strategic plans, the master plan for the campus, and overall need. The university's standards for office and research spaces were updated in October 2021 to reflect the need for greater flexibility, consistency in the allocation of space, and to ensure optimal utilization. A space governance committee was established in 2023 to serve as the stewards of the university's space standards and ensure efficient, equitable, and strategic use of space to support the academic, student life, research, and administrative needs of the university.

   To better understand the condition of our physical assets, the university recently completed updated building assessments. These assessments were used, along with other data, to identify buildings for demolition. The top five demolition targets will reduce the overall square footage on campus by approximately 208,000 square feet and reduce annual operating costs by more than $6M. Enabling projects are needed to decant the target buildings before demolition can occur.

2. What benchmarks or data sources does your institution use to assess demand for physical space?

   While we routinely benchmark and share best practices with our peers, demand assessments are based on university-specific data sources such as enrollment figures and projections, course offerings/requirements, faculty and staff hiring plans, space utilization data, and strategic program growth. Facility Master Plans for each college are also underway with expected completion in FY27. These plans will consider the programmatic needs of each college along with space efficiency and deferred maintenance strategies to provide a more detailed roadmap for investment.

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Regional Compacts

ORC Section 3345.59 requires regional compacts of Ohio's public institutions, with an executed agreement in place by June 30, 2018, for institutions to collaborate more fully on shared operations and programs. The section identifies areas to be addressed to improve efficiencies, better utilize resources and enhance services to students and their regions. Per paragraph E of that section:

> (E) Each state institution of higher education shall include in its annual efficiency report to the chancellor the efficiencies produced as a result of each compact to which the institution belongs.

Specific to the Regional Compact in which your institution is a member, please describe collaborations that have occurred within the regional compacts and the efficiencies or enhanced services provided in any of the relevant categories below.

Category	Description
Reducing duplication of academic programming	There remains no academic program duplication within the Central Ohio region where there is one public university and a set of two-year institutions with different missions and program offerings.
Implementing strategies to address workforce education needs of the region	Completed a 5-year $7 million grant from JP Morgan Chase with Columbus City Schools (CCS) and Columbus State Community College (CSCC) on career pathways in two high need workforce development areas: Information Technology (IT) and Health Services. Found the need for a new pathway between OSU and CSCC in the IT area. A new pathway in IT- Cybersecurity is being developed this academic year, designed by colleagues from both institutions. We are enhancing a pathway in Construction Systems Management, and identifying other areas such as Advanced Manufacturing for workforce needs. Developed a pathway in Social Work at OSU Lima with Rhodes State College. Lima campus working on online offerings with other colleges in Columbus.
Sharing resources to align educational pathways and to increase access within the region	See above.
Reducing operational and administrative costs to provide more learning opportunities and collaboration in the region	N/A

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Enhancing career counseling and experiential learning opportunities for students	As an outgrowth of the Chase grant, all three (OSU, CCS and CSCC) institutions are committed to enhancing experiential learning. OSU is now working with all its colleges and regional campuses to coordinate ongoing activities and identify next steps. University President is strongly supportive. Office of Academic Affairs just created a Center of Excellence to help coordinate and lead such efforts. In September 2025, the Buckeye Bridge was announced where, for qualifying students, all students who graduate from CSCC with an Associate's degree will have tuition and fees covered by OSU – starting with SP26 CSCC graduates. This is a major initiative for access and college completion.
Collaboration and pathways with information technology centers, adult basic and literacy education programs and school districts	With CSCC and CCS, completed Year 4 of STEAMM Rising – a one week K-12 Summer Institute to show teachers STEAMM areas at OSU and establish partnerships with OSU faculty. 100 teachers planned each year. In 2025, Career Technical Education (CTE) teachers were included. In June 2026, at the request of CCS, the emphasis will shift completely to CTE teachers and those teaching in the new high school "Academies". This is a strong new aspect to the partnership with attention to regional workforce needs. OSU remains an active participant in the Central Ohio Compact.
Enhancing the sharing of resources between institutions to expand capacity and capability for research and development	As a major research institution, OSU is adding a research dimension to its ongoing work in the activities identified above. The University established a Center for Software Innovation that will help bring research and educational opportunities to the whole region.
Identifying and implementing the best use of regional campuses	Each of the regional campuses is committed to workforce development programming rooted in the cities in which they are located. Plans are being developed. Our President announced an important new program to cover tuition and fees for students who begin at a regional campus before campus-changing to Columbus. For the first time, there is a Vice Provost position in the Office of Academic Affairs specifically to help guide the future development of the regional campuses.
Other initiatives not included above	Within the Office of Academic Affairs, a major initiative on workforce development programming is underway led by the Vice Provost for Academic Programs and a new position, Assistant Vice Provost for Workforce Development and Innovation. All 15 colleges and the four regional campuses are participating. There are three pillars of activity:

	• Programming – offering certificates, stackable certificates, and micro credentials in emerging workforce areas. This includes enhancing experiential learning and continuing education. • Pathways – focus initially on Central Ohio, enhancing the pathways with CCS and CSCC. Particular attention is being given to strengthening the academic program partnership with CCS. This approach is easily scalable to our regional campus cities and the other regions of the State. • Partners – the University is establishing connections with workforce development organizations – One Columbus, Ohio Manufacturing Association, Ohio Life Sciences – to strengthen the working relationships and if needed play a convening role.

Co-located Campuses

ORC Section 3333.951(B) requires Ohio's co-located colleges and universities to annually review best practices and shared services in order to improve academic and other services and reduce costs for students, and to report their findings to the Efficiency Advisory Committee.

> (B) Each state institution of higher education that is co-located with another state institution of higher education annually shall review best practices and shared services in order to improve academic and other services and reduce costs for students. Each state institution shall report its findings to the efficiency advisory committee established under section 3333.95 of the Revised Code. The committee shall include the information reported under this section in the committee's annual report.

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Co-located campus: ___OSU Newark Campus/Central Ohio Technical College_____

Type of Shared Service or Best Practice (IE: Administrative, Academic, etc.)	Please include an explanation of this shared service.	Monetary Impact from Shared Service
Physical Facilities Operations (includes physical facilities leadership, grounds keeping, building maintenance and environment services, campus custodial, and scheduling of campus facilities)	Cost sharing for physical facilities leadership, building maintenance and environment services, utilities, and campus custodial services is done on a student FTE basis. Cost sharing for groundskeeping is shared equally.	Estimated savings to university: $444,674
Academic Support Services (includes libraries)	Cost sharing for library services for personnel, materials and equipment is done on a full-time equivalent (FTE) method of calculation. Cost sharing for library collection costs is done by direct cost collections unique to each institution. Also included here is a small Career Services department, which is shared by FTE as well.	Estimated savings to university: $209,071
Campus Security and Public Safety (includes public safety administration; traffic management; and police and emergency responses)	Cost sharing for Campus Security and Public Safety services for personnel, materials, and equipment is done on an on-campus full-time equivalent (FTE) method of calculation.	Estimated savings to university: $228,829
Student Life and Campus Events (includes student engagement; recreation and intramural sports and athletics)	Cost sharing for the personnel and operation expenses is done on an on-campus headcount (HC) method of calculation.	Estimated savings to university: $97,346
Administrative Services (includes Office of Advancement, Business and Finance, Marketing, Chief of Staff, Services Center, Student Financial Services, IT and telecommunications.	Cost sharing for the personnel and operation expenses is done on an FTE method of calculation, as well as a 50/50 factor based on the different departments' cost drivers.	Estimated savings to university: $384,249
Auxiliary Services	Not material	

Co-located campus: Marion Technical College

Type of Shared Service or Best Practice (IE: Administrative, Academic, etc.)	Please include an explanation of this shared service.	Monetary Impact from Shared Service
Physical Facilities Operations includes operations, FTE, management, utilities, maintenance, custodial, grounds, roads, real estate lease(s), space rental, and energy management	This shared service operation supports efficient use of the limited resources of both institutions for preservation of the facilities, operational improvements, and savings. Total revenue and expense are equally split across two cost pools, which are differentially allocated based on the institution's percentage ownership of on-campus assignable square footage (ASF) and faculty/staff/student full-time equivalent (FTE).	Estimated savings to the university: $936,616
Academic Support Services Library collections and operations	Expense is split 50/50 to cost pools and differentially allocated based on each institution's percent ownership of on-campus assignable square footage (ASF) and faculty/staff/student full-time equivalent (FTE). Some testing, mental health, and disabilities services are shared between the institutions on a no-cost exchange basis.	Estimated savings to the university: $64,735
Campus Security and Public Safety includes public safety administration, traffic management, and police and emergency responses	Expense is split 50/50 to cost pools and differentially allocated based on each institution's percent ownership of on-campus assignable square footage (ASF) and faculty/staff/student full-time equivalent (FTE).	Estimated savings to the university: $59,867
Student Life and Campus Events includes student engagement, recreation and intramural sports and athletics; student center	Cost sharing for these services allocates 75% of the cost to Ohio State Marion and 25% of the cost to Marion Technical College in recognition of comparative use by each institution's student population.	Estimated savings to the university: $5,500
Administrative Services Administrative management and overhead	Administrative management of business operations.	Estimated savings to the university: $9,399
Auxiliary Services Includes vending services	Bricks & Mortar bookstore closed, no sharing of copying or printing services at this time. Vending services are outsourced, and revenue generated through this outsourced agreement is shared between institutions following a	$-4,430 revenue distribution

	revenue-based allocation of 50/50 to ASF/FTE cost pools and allocated based on percent ownership of pools. Farmland lease and shared room/space rental revenue is shared.	
Technology Services Includes core IT services	Provides IT services to FTE in cost-shared areas, including computer, support, file storage, network, and software OSU employees need to perform their job. Methodology of cost allocation is the same as for physical facilities.	Estimated savings to the university: $14,690
Approach and Process to Sharing Services with Co-located Campus	In accordance with state policy and by mutual accord, the University and Marion Technical College share resources and connect programs to benefit the students of both institutions. This collaboration allows for multiple pathways for student education, reducing unnecessary duplication of services, and promotes the effective use of state fiscal, physical, and personnel resources. The University and Marion Technical College continue to cultivate shared services opportunities wherever possible with the goal of heightening academic quality, operational transparency, and economic efficiency. By administering the model through OSU Marion, Marion Technical College benefits from sourced and contracted cost agreements with vendors at rates lower than available to them otherwise. Resources from both institutions are combined for some infrastructure and building renovation projects through the capital budget allocation.	

Co-located campus: _____North Central State College_____

Type of Shared Service or Best Practice (IE: Administrative, Academic, etc.)	Please include an explanation of this shared service.	Monetary Impact from Shared Service
Physical Facilities Operations (includes physical facilities leadership, grounds keeping, building maintenance, and environment services; campus custodial; and scheduling of campus facilities)	Cost sharing is managed generally by a formula based on assigned square feet for each co-located institution. Changes in course offerings between campuses changed the percent allocation for credit hours on-campus vs off-campus. Capital projects for the entire campus are agreed to via monthly shared services meetings.	Estimated savings to university: $727,521

Academic Support Services (includes libraries)	Cost sharing for library services changed due to classes on campus versus remote.	Estimated savings to university: $75,554
Campus Security and Public Safety (includes public safety administration, traffic management, and police and emergency responses)	Cost sharing for public safety admin, traffic management personnel, and police and emergency response services is generally on a 50/50 basis for the University and for the co-located institution.	Estimated savings to university: $183,528
Student Life and Campus Events (includes student engagement, recreation and intramural sports and athletics)	Cost sharing for student engagement and recreation and intramural sports is 75% for the University and 25% for the co-located institution. The new position of Director of Student Engagement oversees events open to students from both institutions.	Estimated savings to university: $88,654
Administrative Services (includes Office of Advancement and shared marketing agency)	N/A	
Auxiliary Services (includes childcare center, cafeteria and vending services; shared copying and printing services; and campus bookstore/gift shop)	Cost for the childcare center is supported by revenue generated from user fees and grants. Cafeteria and vending services have proceeds from contracts directed to a Campus Improvement Fund to benefit shared improvements. Cost for shared copying and printing services is managed and paid by the co-located institution and provided on a cost basis to the University. Cafeteria, vending, copying, and printing are no longer applicable.	Estimated savings to university: $273,440
Approach and Process to Sharing Services with Co-located Campus	In accordance with state policy and by mutual accord, the University and the co-located institution share resources and connect programs to benefit the students of both institutions. This collaboration allows for multiple pathways for student education, reducing unnecessary duplication of services, and promotes the effective use of state fiscal, physical, and personnel resources. Academic programs are deliberately designed to be non-duplicative.	

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Co-located campus: Rhodes State College

Type of Shared Service or Best Practice (IE: Administrative, Academic, etc.)	Please include an explanation of this shared service.	Monetary Impact from Shared Service
Physical Facilities Operations (includes physical facilities leadership, grounds keeping, building maintenance and environment services, campus custodial, and scheduling of campus facilities)	Cost sharing for physical facilities leadership, building maintenance, environmental services, and campus custodial services is done on a building square feet method of calculation. Cost sharing for grounds keeping is done on an aggregate square feet method of calculation. Utilities and building-specific costs are charged by the respective building's expenses.	Estimated savings to university: $705,000
Academic Support Services (includes libraries)	Cost sharing for library services for personnel, materials, and equipment is done on an on-campus full-time equivalent (FTE) method of calculation. Cost sharing for library collection costs is done by direct cost collections unique to each institution. Borra Center students (RSC downtown building) are included in FTE	Estimated savings to university: $144,723
Campus Security and Public Safety (includes public safety administration, traffic management; and police and emergency responses)	Cost sharing for Campus Security and Public Safety services for personnel, materials, and equipment is done on an on-campus full-time equivalent (FTE) method of calculation.	Estimated savings to university: $156,000
Student Life and Campus Events (includes student engagement, recreation and intramural sports and athletics)	Cost sharing for the personnel and operation expenses is done on an on-campus full-time equivalent (FTE) method of calculation.	Estimated savings to university: $40,000
Administrative Services (includes Office of Advancement and shared marketing agency)	N/A	
Auxiliary Services (includes childcare center, cafeteria and vending services; shared copying and printing services; and campus bookstore / gift shop)	The cafeteria and vending service is outsourced through a contract with external service providers. Cost sharing for contract is done on a full time equivalent (FTE) method of calculation. Cost sharing for shared copying and printing services on a cost-share reconciliation method each quarter. The bookstore and gift shop service is outsourced through a contract with external service providers. Cost sharing for contract is done on a full time equivalent (FTE) method of calculation.	Estimated savings to university: $-19,000 revenue share

Section II: Academic Practices

This section covers areas more directly related to instruction, with an emphasis on savings strategies related to the cost of textbooks, and the expanded use of alternative instructional materials.

Textbook Affordability

Textbook Cost Study and Reducing Textbook Costs for Students

ORC Section 3333.951(D) requires Ohio's public colleges and universities to do the following on an annual basis:

> (D) Each state institution of higher education shall conduct a study to determine the current cost of textbooks for students enrolled in the institution, and shall submit the study to the chancellor of higher education annually by a date prescribed by the chancellor.

ORC Section 3333.951(C) requires Ohio's public colleges and universities to report their efforts toward reducing textbook costs for students.

> (C) Each state institution of higher education annually shall report to the efficiency advisory committee on its efforts to reduce textbook costs to students.

Your institution's submission of information via the annual Efficiency Report is used to satisfy these statutory requirements. **Please attach one spreadsheet with two tabs.** The first tab should include the analysis of textbook costs developed by your institution as shown in Table 1 below. The second tab should include the analysis of the number of courses that utilized other sources of information as shown in Table 2 below.

Table 1	
Category	Amount
Average cost for textbooks that are new	$62.68
Average cost for textbooks that are used	$45.09
Average cost for rental textbooks	$39.56
Average cost for eBook	$41.18

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Table 2	
Category	Number of Courses
Did not require students to purchase course materials; includes OER and/or institutionally provided materials	N/A
Exclusively used OER materials	N/A
Used OER materials together with purchased course materials	N/A
Provided course materials through inclusive access	446

Other Textbook Affordability Practices

What other practices, if any, does your institution utilize to improve college textbook affordability?

- Syllabus Review Grants, CarmenBooks (inclusive access) (see table below)

Please provide contact information for the person completing this section of the Efficiency Report, so that we may follow up if we have questions.

Syllabus Review Grant: Amanda Larson, AERI Program Coordinator, larson.581@osu.edu
CarmenBooks: Mike Shiflet, Textbook Affordability Coordinator, shifllet.16@osu.edu

Syllabus Review Grants	Instructors commit to a cost reduction of their course materials by at least 25%.	$59,820 for the most recent cohort, $332,416.80 cumulative savings through AU 2025.
CarmenBooks	Ohio State's inclusive access initiative	AY25: delivered 142,642 titles, $7,099,861.29 savings.

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		Cumulative savings to date: 659,142 titles, $38,741,224.02 savings.

Section III: Additional Practices

Some IHE's may implement practices that make college more affordable and efficient, but which have not been the topic of a specific question in this reporting template. This section invites your institution to share any positive practices you have implemented that benefit student affordability and/or institutional efficiency.

1. Please share any additional best practices your institution is implementing or has implemented.

Ohio State University has a long history of prioritizing cost containment strategies across the university using targeted financial efficiency goals. Executive leadership sets forth guidelines defining what counts as achieved efficiency and how those savings will be reallocated to support the university's strategic initiatives. Each time we embark on an efficiency project with new multiyear targets, we look back at prior endeavors for lessons learned to integrate changes in the process and targets. The institution has employed the use of targeted financial efficiency goals as part of its annual budget process since FY2015. FY2025 efficiency savings totaled $227.5 million: university, $48.7 million; Ohio State University Wexner Medical Center, $131.5 million; and capital, $47.3 million.

Thank you for completing the FY25 Efficiency Reporting Template. We appreciate the important role Ohio's colleges and universities play in supporting Ohio students, economic growth, world-class research and the overall success for our state.

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Table 1 - Analysis of Textbook Costs	
Category	Amount
Average cost for textbooks that are new	$62.68
Average cost for textbooks that are used	$45.09
Average cost for rental textbooks	$39.56
Average cost for eBook	$41.18

Completed by Name, Title, Email: **Erin Sandona, General Manager Barnes & Noble, ESandona@bncollege.com**

Table 2 - Number of Courses that Utilized OER Materials	
Category	Number of Courses
Did not require students to purchase course materials; includes OER and/or institutionally provided materials	N/A
Exclusively used OER materials	N/A
Used OER materials together with purchased course materials	N/A
Provided course materials through inclusive access	446

Completed by Name, Title, Email: **Amanda Larson, AERI Program Coordinator, larson.581@osu.edu**

THE OHIO STATE UNIVERSITY BOARD OF TRUSTEES
FINANCE AND INVESTMENT COMMITTEE

December 4, 2025

TOPICS: Golf Course Membership Dues and Fees

CONTEXT:

The Ohio State University Department of Athletics remains among the select few self-sustaining collegiate athletics programs nationwide. The department currently supports over 1,000 student-athletes, fostering their academic excellence, athletic performance, and personal and professional growth. Notably, it achieves a Graduation Success Rate of 94% and a career placement rate of 97%. In addition, the Department of Athletics transfers approximately $56 million each year to the University, which covers contributions and payments for goods and services provided, including $35 million allocated for student-athlete grant-in-aid.

The Ohio State University Golf Club Green Committee and Athletics administration propose raising membership dues and initiation fees to cover rising costs, maintain financial stability, and fund club improvements in 2026. These changes have been reviewed and are recommended for approval by the Athletic Council and university administrators.

RECOMMENDATION:

For Golf Course Membership Dues and Daily Green Fees:

- For the 2026 calendar year, increase the initiation fee for new members to $25,000 and increase membership dues and daily green fees as indicated in the attached table.

CONSIDERATIONS:

Golf Course Membership Dues and Green Fees:

- Due to increasing demand for golf and service expectations from our members and guests, coupled with rising costs of labor, fuel, fertilizers, and other supplies, the club is proposing a 2% increase in membership dues and daily fees for all membership categories.

- The club is seeking to increase the initiation fee for new members from $20,000 to $25,000. The club has approximately 422 individuals on the waiting list and feels the increase in the initiation fee is warranted and supported by a comparison of market fees.

- Students converting to full membership receive a discounted initiation fee, similar to the discount applied to membership dues for young professionals. Young professionals between the ages of 21

and 26 pay 65% of the alumni membership dues, and the initiation fee for converting students would be set at $16,250. Students who convert to full membership are not subject to the current waitlist.

- Initiation fees are payable upon membership acceptance into the club and are allocated to the capital reserve account for deferred maintenance and future projects.

Golf Course Membership Dues and Daily Green Fees – 2026 Calendar Year			
	Annual	Green Fees	
Category / Affiliation	Membership	Scarlet	Gray
Student	$ 1,225	$ 80	$ 60
Faculty / Staff	$ 3,492	$ 100	$ 60
With Spouse	$ 5,238		
Full Family	$ 6,110		
Alumni / Buckeye Club	$ 4,363	$ 125	$ 80
With Spouse	$ 6,542		
Full Family	$ 7,634		
Young Professional (21-26yo)	$ 2,836	$ 125	$ 80
With Spouse	$ 5,015		
Young Professional (27-32yo)	$ 3,272	$ 125	$ 80
With Spouse	$ 5,452		

REQUESTED OF FINANCE AND INVESTMENT COMMITTEE:

Approval

	Amount Establishing Endowment*	Total Commitment
Establishment of Named Endowed Professorship (University)		
The William E. and Charlotte Curtis Hunt Professorship in the Department of Neurosurgery Established March 7, 1986, with gifts in honor of William E. Hunt (M.D. 1945) from friends and colleagues. Significant contributions were made after the death of Charlotte Curtis Hunt, former Associate Editor of The New York Times and daughter of Dr. George Morrice Curtis, first Professor of Research Surgery at Ohio State. Supports a professorship position in the Department of Neurosurgery whose focus is maintaining and enhancing joint teaching and research activities in clinical neurosurgery and the basic neurosciences. If the position is vacant, the annual distribution may be used to support faculty in the College of Medicine. With a fund transfer from the Department of Neurosurgery, college; the required funding level for a professorship has been reached. Revised and position established December 4, 2025.	$1,288,906.02	$1,288,906.02
Establishment of Named Endowed Funds (University)		
Entrepreneurial Business Law Clinic Endowed Support Fund Established December 4, 2025, as a quasi-endowment, with a fund transfer by the Michael E. Mortiz College of Law of unrestricted gifts from John Thomas Mills (JD 1973) and R. Jeffrey Harris (JD 1980); supports current needs of the Entrepreneurial Business Law Clinic. The fund may support research, faculty, fellowships, or other needs associated with the clinic.	$370,839.75	$370,839.75
Colonel Peter R. Mansoor World War II History Excellence Fund Established December 4, 2025, with gifts from friends of the Department of History; supports faculty, program and student initiatives to enhance the World War II Program at The Ohio State University.	$102,818.00	$102,818.00
Change in Name and Description of Named Endowed Funds (University)		
From: The William A. Behnke Associates, Inc., Minority Scholarship To: The William A. Behnke Associates, Inc., Scholarship		
From: Keith B. Key Buckeye Social Entrepreneurship Program Investment Quasi-Endowed Fund To: Keith B. Key Fund to Support Social Entrepreneurship		
From: The Martin Krumm Korean Students Scholarship Fund To: The Martin Krumm Scholarship Fund		
Change in Description of Named Endowed Funds (University)		

BEWEL Leadership in Innovation Award Fund		
The Frank W. Hale, Jr., Endowed Scholarship		
Samuel G. Huber Undergraduate Teaching Assistant Award		
The Stanley W. Joehlin Award in Agricultural Engineering		
Establishment of Named Endowed Chairs (Foundation)		
Seth Andre Myers Chair in Global Military History Established December 4, 2025, with gifts from Stephen Myers; supports a chair position in the Department of History focused on global military history. The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment. If the position is vacant, the annual distribution may be used to support the faculty in the College of Arts and Sciences, Department of History. The required funding level for a chair has been reached. Revised and position established December 4, 2025.	$3,510,744.25	$3,510,744.25
Eric Byron Fix-Monda Endowed Chair Established November 21, 2019, with gifts from Keith Monda (BS 1968, MA 1971) and Linda Monda; supports a chair position in behavioral finance and economics. It is the donors' preference that the appointee has global perspective and that they will be committed to embracing and encouraging students to seek experiences that prepare them to be citizens of the world. If the position is vacant, the annual distribution may be used to support faculty who are focused on behavioral finance and economics. With additional gifts from Keith and matching funds as part of the Provost's Endowed Chair Matching Program, the required funding level for a chair has been reached. Revised and position established December 4, 2025.	$3,500,000.00	$3,500,000.00

Weary Foundation Endowed Chair in Social Psychology Established by the Board of Trustees of The Ohio State University February 22, 2024, with gifts from the Weary Family Foundation; supports a chair position in Social Psychology within the Department of Psychology focused on a multidisciplinary approach to the science of polarization and misinformation. Candidates should be external scholars who are highly regarded in the field of social psychology, whose primary research focus includes but is not limited to polarization and misinformation. Annual distribution shall be allocated as outlined below: •13% of the annual distribution shall be used to support the social psychology program of the department. •20% of the annual distribution shall be used to support the salary of the chair holder. •67% of the annual distribution shall be used to support the chair holder's research efforts. If the chair is vacant as a result of nonrenewal, resignation, or retirement, the donor desires the Department of Psychology prioritize attracting an eminent external hire in Social Psychology to fill the chair and use the endowment to support the research and the academic program of the chair holder. If, however, the chair is vacant and there is a need to retain an exceptional faculty member in the social psychology program working in the appropriate area of research, due to a competitive external offer, then the funds may be used to recognize and retain that senior faculty member at the discretion of the highest ranking official in the College of Arts and Sciences or his/her designee. The donor desires to enhance faculty funding in the social psychology program of the department rather than replace existing faculty funding. Revised and position established December 4, 2025.	$3,500,000.00 As of November 30, 2025	$3,500,000.00
<u>Establishment of Named Endowed Chair Fund (Foundation)</u>		
Horticulture and Crop Science Chair Fund for Future Molecular Plant Scientists - Bridging University Research and High School Classrooms Established December 4, 2025, with gifts from an anonymous donor and matching funds as part of the Provost's Endowed Chair Matching Program; supports a chair position in the College of Food, Agricultural, and Environmental Sciences, Department of Horticulture and Crop Science who is committed to bridging University research and high school classrooms and whose research should be focused on molecular plant-microbe interactions if the gifted principal balance reaches $3,500,000 by July 31, 2031. Expenditures may include, but are not limited to, research initiatives (including student salaries and/or expenses for participation in said initiatives), equipment expenses, marketing and publication costs, and compensation. Prior to full funding, if the position is vacant for two consecutive years, or if full funding is not reached, the annual distribution may be used to support faculty in the department who are focused on molecular plant-microbe interactions, including but not limited to hosting high school age students to participate in research. If at any time this specific research is not being conducted in the department, the annual distribution may support other research initiatives as similar to plant molecular microbiology as possible in the department.	$100,000.00	$3,500,000.00

Establishment of Named Endowed Professorships (Foundation)		
The Daniel H. Reigle Endowed Professorship in Sarcoma Research and Care Established December 4, 2025, with gifts from Beverly S. Reigle; supports a professorship position in The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC – James) focused on sarcoma research and treatment, with a preference for soft tissue sarcomas. If the position is vacant, the annual distribution may be used to support sarcoma research and treatment with a preference for soft tissue sarcomas.	$1,011,963.75	$1,011,963.75
Elizabeth McKeever Ross Professorship Established February 20, 2025, with gifts from Sarah Ross Soter; supports a three-year rotating professorship position for early-career clinicians and/or scientists in the College of Medicine focused on improving women's health. If the position is vacant, the annual distribution may be used to support faculty in the college focused on improving women's health. If at any time there are no faculty in the college focused on improving women's health, the annual distribution shall be used to support all faculty in the college. The required funding level for a professorship has been reached. Revised and position established December 4, 2025.	$1,000,000.00	$1,000,000.00
Establishment of Named Endowed Funds (Foundation)		
Donald E. Jessup Scholarship Fund Established December 4, 2025, with an estate gift from Donald E. Jessup (BS 1950, MS 1951); provides one or more scholarships to students who are studying geology.	$4,653,518.29	$4,653,518.29
Weary Foundation Endowed Program Fund in Social Psychology Established December 4, 2025, with a gift from the Weary Family Foundation; the annual distribution provides program support for the Department of Psychology's multidisciplinary approach to the science of polarization and misinformation ("Collaborative"). Funds may be used for salary support for staff to provide programming and media outreach for the work of the collaborative. The donor recognizes that over time the title or focus of the collaborative and the Program Fund could change as the specific focus of the Department of Psychology and the collaborative evolves to focus on different societal issues. In the event that the collaborative ceases to exist or the Social Psychology program is no longer part of the collaborative, this fund shall remain in and be used to support the Social Psychology program of the department within the College of Arts and Sciences.	$1,339,312.34 As of November 30, 2025	$1,500,000.00
Charles M. Shearer and Marcia Catherine Shearer Fund Established December 4, 2025, with gifts from the estate of Marcia C. Shearer (BS 1956); provides one or more scholarships to worthy students at the University.	$750,000.00	$750,000.00

Irvin J. Nisonger Endowed Fund Established December 4, 2025, with gifts from Thomas E. Nisonger and Claire W. Nisonger; supports the purchase, restoration, and/or preservation of books, other print materials, e-books and electronic content, and other media related to public school education and administration of educational institutions at the discretion of the highest ranking official in University Libraries or his/her designee. First preference shall be given for print materials. Second preference shall be given to e-books and electronic content.	$600,000.00	$600,000.00
Alice Jean Boyer Matuszak Pharmacy Scholarship Fund Established December 4, 2025, with gifts from Dr. Charles A. Matuszak (PhD 1957) in memory of his wife, Alice Jean Boyer Matuszak; provides one or more scholarships to undergraduate students who are enrolled in the College of Pharmacy and demonstrate academic merit and excellence. First preference shall be given to candidates who graduated from a high school in Licking County, Ohio. If no students meet the selection criteria, the scholarship(s) will be open to graduate and/or professional degree students who are enrolled in the college.	$500,000.00	$500,000.00
Michael and Deborah George Endowed Scholarship Fund Established December 4, 2025, with gifts from Michael George (BS 1978) and Deborah George; provides one or more scholarships to undergraduate students. The donors desire to provide three, equal scholarships annually based on the criteria below: One scholarship to a candidate who graduated from Hamilton Township High School; One scholarship to a candidate who graduated from Columbus South High School or Columbus Marion-Franklin High School; One scholarship to a candidate who graduated from one of the following high schools - Bishop Hartley High School, St. Francis DeSales High School, Bishop Watterson High School, Bishop Ready High School. If at any time, Columbus South High School and Columbus Marion-Franklin High School close, then the donors desire that a scholarship(s) be awarded to a candidate who graduated from any Columbus Public High School. If there are no eligible students from any one of the groups listed above, the donors desire that the scholarship(s) be awarded to a candidate from the other two groups listed above.	$375,000.00	$375,000.00
Ruth Dunlap Will Scholarship Fund Established December 4, 2025, with gifts from Ruth Dunlap Will (BA 1951); provides one or more scholarships to undergraduate students who are enrolled in the College of Arts and Sciences and are majoring in economics. Preference shall be given to candidates who graduated from a high school in Vinton County or Ross County in the state of Ohio. It is the donor's desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients.	$272,777.00	$300,000.00

Dr. William Watson II and Linda Watson Endowed Scholarship in Medicine Established December 4, 2025, with gifts from Dr. William D. Watson II (MD 1976) and Linda Watson (MS 1986); provides one or more scholarships to MD students who are enrolled in the College of Medicine. First preference shall be given to candidates who graduated from Wooster High School in Ohio. Second preference shall be given to candidates who graduated from any high school in Wayne County, Ohio. Third preference shall be given to candidates who graduated from any high school in contiguous counties of Wayne County, Ohio. Scholarships may be renewable as long as recipients remain in good academic standing.	$251,663.15	$251,663.15
The Patricia Kunz Brundige Fund: Endowing the Future of Ohio 4-H Established December 4, 2025, with gifts from Patricia Kunz Brundige; designated to OSU Extension, Ohio 4-H Program. Funds shall support county and state level personnel positions within Ohio 4-H. If in any given year, there are any remaining funds and/or additional needs, funds shall support traditional programing for Ohio 4-H.	$250,000.00	$5,000,000.00
Billy Ireland Cartoon Library & Museum Collections Preservation Endowment Fund Established December 4, 2025, with gifts from an anonymous donor; supports the collections preservation activities of the Billy Ireland Cartoon Library & Museum. Expenditures shall be used for activities and expenses related to collections conservation, physical preservation, and digitization.	$250,000.00	$1,000,000.00
Ritenour Family Scholarship Fund Established December 4, 2025, with gifts from Michael Louis Ritenour (BS 1991) and Karen Bauer Ritenour (BS 1990) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; provides one or more scholarships to undergraduate students who are enrolled in the Max M. Fisher College of Business, demonstrate financial need, and graduated from a high school in the state of Ohio. Scholarships are renewable as long as the recipients are in good standing with the University and meet the selection criteria.	$240,000.00	$240,000.00
Sheldon M. Berman Memorial Endowed Fund Established December 4, 2025, with gifts from the estate of Judith Ann Berman (BA 1985, JD 1988); provides support to students who are majoring in public affairs journalism in the School of Communication and demonstrate financial need. If no students meet the selection criteria, the support will be open to all students who are enrolled in the school and demonstrate financial need.	$206,753.30	$206,753.30

The Kimmel Family Scholarship Fund Established December 4, 2025, with gifts from Joseph W. Kimmel (BME 1967) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; provides one or more scholarships to second-, third-, or fourth-year undergraduate students who are enrolled in the College of Engineering and are majoring in mechanical engineering. Special consideration will be given to students who participate in activities to increase the participation of underrepresented groups in the field of engineering.	$203,975.00	$203,975.00
The Michael and LeAnn Gillette Scholarship Fund for the John Glenn College of Public Affairs Established December 4, 2025, with gifts from Dr. Michael L. Gillette and LeAnn Gillette and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; provides one or more scholarships to stellar undergraduate students who are enrolled in the John Glenn College of Public Affairs and demonstrate financial need. Scholarships are renewable for up to four years as long as recipients maintain good academic standing.	$175,000.00	$175,000.00
The William and Jean VanCuren Scholarship Established December 4, 2025, with gifts from William T. VanCuren (BS 1984) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; provides one or more scholarships to undergraduate students from Hocking or Pickaway counties in Ohio who are enrolled in the Max M. Fisher College of Business. If no students meet the selection criteria, the scholarship(s) will be open to all students from counties in southeastern Ohio who are enrolled in the college.	$150,000.00	$150,000.00
Hamilton County 4-H Youth Development Endowment Fund Established December 4, 2025, with gifts from Colonel David Edwin Bull (MS 1967) and Dr. Nancy Bull (PhD 1992), as well as community partners and friends of former Hamilton County Extension personnel, in particular Marguerite “Marge” Warren, former Home Economics Agent for the Hamilton County Extension Office from 1961 to 1979, and others like her, whose passion and dedication helped shape the county extension program as it is today. Supports the 4-H Youth Development program in Hamilton County. If the 4-H Youth Development program ceases to exist, the annual distribution shall support the OSU Extension Hamilton County Office.	$122,723.58	$122,723.58

Lawson Burns Scholarship Fund Established December 4, 2025, with gifts from Christa L. Lawson (BS 1997) and Timothy H. Burns (BS 1998) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; provides one or more scholarships to undergraduate students who are enrolled in the College of Engineering, have a minimum 3.3 grade point average on a 4.0 scale, graduated from a high school in a rural area of Ohio, and are currently employed. If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who are enrolled in the college with a preference for students who are majoring in mechanical engineering or welding engineering. The donors' desire to provide up to three scholarships annually. Scholarships may be awarded in varying numbers and amounts based on student enrollment, available funding, and other factors. Scholarships are renewable as long as recipients continue to meet the selection criteria.	$120,000.00	$120,000.00
The George and Barbara Serian Endowed Engineering Scholarship Fund Established December 4, 2025, with gifts from Dale Serian (BS 1973) and Mary Serian (BS 1978); provides one or more scholarships to students who are enrolled in the College of Engineering, are studying in the William G. Lowrie Department of Chemical and Biomolecular Engineering, and demonstrate financial need. If no students meet the selection criteria, the scholarship(s) will be open to all students who enrolled in the college and are studying in the department. Scholarships may be renewable as long as recipients maintain a minimum 2.5 grade point average on a 4.0 scale. It is the Donors' desire to provide as significant financial support as possible to one eligible recipient, up to 50% of the cost of tuition and fees. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients, up to 50% of the cost of tuition and fees.	$112,000.00	$112,000.00
Rosemary D. Platt Endowed Scholarship Fund Established December 4, 2025, with gifts from Dr. Benjamin Dickerson Caton III (MA 1972, PhD 1982); provides one or more scholarships to graduate and DMA students who are enrolled in the School of Music, majoring in piano performance, and have a minimum 3.0 grade point average on a 4.0 scale. If no students meet the selection criteria, scholarship(s) will be open to students who are enrolled in the school and are majoring in piano performance. It is the donor's desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. Scholarships are renewable for one additional year as long as recipients continue to meet the selection criteria above. If in any given year, there are no students who are eligible to receive this scholarship, the annual distribution may be used for emerging needs in the piano program in the school.	$106,593.31	$106,593.31
Marjorie Flanagan Laboratory Support Fund Established December 4, 2025, with gifts from Marjorie Flanagan (BS 1967); supports the Clinical Diagnostic Laboratories including hematology, clinical chemistry, cytology, urinalysis, hemostasis, microbiology, parasitology, and surgical pathology.	$101,429.34	$101,429.34

Don and Peg Brown Journalism Fund Established December 4, 2025, with gifts from Terrence Alan Brown (BS 1979); provides one or more scholarships to undergraduate students who are enrolled in the College of Arts and Sciences, majoring in journalism, and demonstrate financial need. Preference shall be given to candidates who demonstrate an interest in copy editing. If no students meet the selection criteria, the scholarship(s) shall be open to all undergraduate students who are enrolled in the college and are studying a major in the School of Communication.	$100,575.00	$100,575.00
Williamson Scholarship Fund in Family Medicine Established December 4, 2025, with gifts from Dr. Jay Curtis Williamson (MD 1973) and Janice Ann Williamson; provides one or more scholarships to third- or fourth-year MD students who are enrolled in the College of Medicine, are in good academic standing and demonstrate a strong interest in pursuing a career in family medicine. First preference shall be given to candidates who graduated from a high school in Summit County, Ohio. Second preference shall be given to candidates who graduated from high schools in the contiguous counties. Scholarships may be used for, but are not limited to, tuition and fees, travel and transportation costs associated with away rotations or other academic opportunities and other education-related expenses.	$100,559.65	$100,559.65
College of Arts and Sciences STEM Student Travel and Professional Development Fund Established December 4, 2025, with gifts from Dr. Sarah Jean Rockey (BS 1980, MS 1982, PhD 1985) and Dr. James Bentley Stribling (MS 1982, PhD 1986); supports costs associated with travel to conferences and events, professional development, and other career opportunities for students who are enrolled in the College of Arts and Sciences and are studying a science, technology, engineering, and/or mathematics discipline. First preference shall be given to graduate students. Second preference shall be given to undergraduate students who demonstrate high academic merit and are active in research and/or pursuing an undergraduate thesis. The donors desire to support multiple students annually, as opposed to supporting only one eligible recipient. Support may be awarded in varying numbers and amounts based on student enrollment, available funding, and other factors. Additionally, the donors desire to support students who lack access to other financial resources, such as stipends or grants, to help support costs associated with travel to conferences and events, professional development, and other career opportunities.	$100,400.00	$100,400.00

College of Food, Agricultural, and Environmental Sciences STEM Student Travel and Professional Development Fund Established December 4, 2025, with gifts from Dr. Sarah Jean Rockey (BS 1980, MS 1982, PhD 1985) and Dr. James Bentley Stribling (MS 1982, PhD 1986); supports costs associated with travel to conferences and events, professional development, and other career opportunities for students who are enrolled in the College of Food, Agricultural, and Environmental Sciences and are studying a science, technology, engineering, and/or mathematics discipline. First preference shall be given to graduate students. Second preference shall be given to undergraduate students who demonstrate high academic merit and are active in research and/or pursuing an undergraduate thesis. The donors desire to support multiple students annually, as opposed to supporting only one eligible recipient. Support may be awarded in varying numbers and amounts based on student enrollment, available funding, and other factors. Additionally, the donors desire to support students who lack access to other financial resources, such as stipends or grants, to help support costs associated with travel to conferences and events, professional development, and other career opportunities.	$100,400.00	$100,400.00
The Robert Hirschl, MD Neurological Surgery Residency Support Fund Established December 4, 2025, with gifts from Dr. Robert A. Hirschl (MD 2004); supports the Neurosurgery Residency Program in the Department of Neurosurgery. First priority shall be given to supporting the needs of residents in the program. Expenditures may include, but are not limited to, educational purposes, travel to conferences, research awards for Resident Research Day, cadavers and equipment. Second priority shall be given to program enhancements such as call rooms and dedicated resident spaces.	$100,237.50	$200,000.00
The William H. Cameron Scholarship Fund in Chemical Engineering Established December 4, 2025, with gifts from Patricia J. Denman (BS 1977); provides one or more scholarships to students who are enrolled in the College of Engineering, are studying chemical engineering, and are in good academic standing. Preference shall be given to candidates who demonstrate financial need and graduated from a high school in the state of Ohio.	$100,061.50	$100,061.50
Haywood Family CDME Student Support Fund Established December 4, 2025, with gifts from James W. Haywood (BS 1978) and Lynn P. Haywood; provides salary support for students who are student employees of the Center for Design and Manufacturing Excellence. If no students meet the selection criteria, the annual distribution may be used to support student programming at the discretion of the highest ranking official in the center or his/her designee.	$100,000.00	$100,000.00

R. Scott Henningsen Endowed Fund Established December 4, 2025, with a grant from the Mooney-Henningsen Fund of the Columbus Foundation as recommended by R. Scott Henningsen (BS 1986, MArch 2010); supports non-traditional graduate students who are pursuing graduate degrees in architecture in the Austin E. Knowlton School of Architecture. Candidates shall be seeking to pivot from established careers in business, construction, or other professional fields and be committed to reshaping their future through the study of architecture. It is the donor's hope that recipients will bring a wealth of real-world experience and a fresh perspective to the discipline. If no students meet the selection criteria, support will be open to all graduate students who are enrolled in the school.	$100,000.00	$100,000.00
Carolyn Tilley Hill Undergraduate Primary Education Scholarship Fund Established December 4, 2025, with gifts from James Russell Hill (BME 1969) and family, in memory of Carolyn Tilley Hill (BS 1942); provides one or more scholarships to undergraduate students who are enrolled in the College of Education and Human Ecology, are studying primary education (preschool through fifth grade), graduated from a high school in the state of Ohio, and demonstrate financial need. If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who are enrolled in the college. It is the donor's desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients.	$100,000.00	$100,000.00
The James and Nancy Hui Endowed Graduate Student Award Established December 4, 2025, with a gift from Dr. James Hui (PhD 1988) and Nancy Hui; provides support to graduate students who are enrolled in a PhD program in the College of Pharmacy and are engaged in pharmaceutical research. Preference shall be given to international students.	$100,000.00	$100,000.00
The Dr. William P. Lafuse Basic Research Fund Established December 4, 2025, with gifts from Dr. William Perry Lafuse; supports research grants to faculty or undergraduate students within the Department of Microbial Infection and Immunity who are conducting innovative, preliminary basic science research in immunity to microbial pathogens such as bacteria, viruses, fungi, and parasites. If at any time this specific research is not being conducted in the department, the annual distribution may support other research initiatives at the discretion of the highest ranking official in the department or his/her designee.	$100,000.00	$100,000.00
Larry and Barbara Margolis First-Generation Student Endowed Scholarship Fund Established December 4, 2025, with gifts from Lawrence William Margolis (MS 1973); provides one or more scholarships to students who are enrolled in the College of Public Health and demonstrate financial need. Preference shall be given to candidates who are first-generation college students.	$100,000.00	$100,000.00

Meyer, Bayer Family SPAWS Endowment Fund Established December 4, 2025, with grants from The Columbus Foundation as recommended by Jennifer P. Meyer; supports the sport psychology and wellness services efforts within the Department of Athletics and provides student-athletes support for mental health services to improve patient outcomes. Preference for support shall be given to student-athletes whose treatment is not covered by their insurance provider.	$100,000.00	$100,000.00
Kathleen A. Murphy Endowed Fund in the College of Optometry Established December 4, 2025, with gifts from Kathleen Ann Murphy (OD 1982); provides one or more scholarships to students who are enrolled in the College of Optometry and are members in good standing with Epsilon Psi Epsilon. It is the donor's desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. If at any time Epsilon Psi Epsilon is no longer active at the University, or no eligible members can be identified, scholarships will be open to all students who are enrolled in the college.	$100,000.00	$100,000.00
Molly Hamrick Schiff Fund Established December 4, 2025, with a gift from David L. Schiff; supports cardiopulmonary hypertension and pulmonary hypertension research. If at any time, the need for cardiopulmonary hypertension and pulmonary hypertension research diminishes or ceases to exist, the annual distribution may support faculty in the Dorothy M. Davis Heart and Lung Research Institute.	$100,000.00	$100,000.00
Dr. Jacob Thompson Endowed Residency Support Fund Established December 4, 2025, with gifts from Dr. Jacob Thompson (MS 2010) and Dr. Kristen Thomas (MD 2004); supports graduate students who are enrolled in the Master of Science Health-System Pharmacy Administration & Leadership (MS/HSPAL) program in the College of Pharmacy, for professional development opportunities that will further their education and preparation for hospital and health system pharmacy leadership positions. Support may be used for, but is not limited to, research projects, travel to present research, advanced leadership development, and more. If at any time the MS/HSPAL program ceases to exist and there is no clear successor program, or if no students meet the selection criteria, support will be open to any student who is enrolled in the college for professional development opportunities focused on hospital system pharmacy administration and leadership.	$100,000.00	$100,000.00

Irene Tramonte Family Scholarship Fund Established December 4, 2025, with gifts from Michael A. Tramonte; provides one or more scholarships to first-year undergraduate students who are enrolled in the University and graduated from a high school in Medina County, Ohio. Candidates must be current or former Ohio 4-H members who demonstrated achievement through awards, competitions, or other accolades, either at the local, state, or national level. Preference shall be given to candidates who demonstrate financial need. If no students meet the selection criteria, the scholarship(s) shall be open to all undergraduate students who are current or former Ohio 4-H members. The donor desires to award scholarships in an amount as close to 25% of tuition and fees as possible.	$100,000.00	$100,000.00
Dr. Frank J. Zidonis Scholarship Fund Established December 4, 2025, with gifts from Margaret A. Zidonis (MA 1978), in memory of her husband, Dr. Frank J. Zidonis (BS 1955, MA 1958, PhD 1961); provides one or more scholarships to undergraduate, graduate or PhD students who are enrolled in the College of Education and Human Ecology. First preference shall be given to candidates who are studying integrated language arts/English education (or successor program(s)).	$100,000.00	$100,000.00
Change in Name and Description of Named Endowed Fund (Foundation)		
From: The Sara (Sally) E. and Robert (Bob) C. Delaney Endowed Scholarship Fund in Mental Retardation and Developmental Disabilities To: The Sara (Sally) E. and Robert (Bob) C. Delaney Endowed Scholarship Fund in Intellectual and/or Developmental Disabilities		
Change in Description of Named Endowed Funds (Foundation)		
Charlie's Angels Student Endowed Fund		
The Katherine Miles Durst University Scholars in Early Childhood Development Fund		
Surendra and Karen Gupta ARC Foundation Endowed Physics Student Support Fund		
Dr. Charles R. Hancock Graduate Scholarship Fund in Urban Education		
Donald R. and Allen R. White Mechanical Engineering Undergraduate Student Professional Enrichment Support Fund		
Total	$26,968,250.73	

*Amounts establishing endowments as of October 31, 2025, unless notated otherwise.