



UTAH VALLEY UNIVERSITY Policies and Procedures

Proposed Policy Number and Title: 548 Academic Rights and Responsibilities of Healthcare and Counseling Clinical Program Students	
Existing Policy Number and Title: 548 Academic Rights and Responsibilities of Healthcare and Counseling Clinical Program Students	
Approval Process*	
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*See UVU Policy 101 *Policy Governing Policies* for process details.

Draft Number and Date: <u>Stage 1 and 2, Regular Process, Limited Scope Revision</u>
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Policy Steward: <u>Allison Ensign</u> Ext. _____

POLICY APPROVAL PROCESS DATES	
<p>Policy Drafting and Revision</p> <p>Entrance Date: <u>01/09/2025</u></p> <p>University Entities Review</p> <p>Entrance Date: <u>01/09/2025</u></p> <p>Close Feedback: <u>03/06/2025</u></p> <p>University Community Review</p> <p>Entrance Date: _____</p> <p>Open Feedback: _____</p> <p>Close Feedback: _____</p> <p>Board of Trustees Review</p> <p>Entrance Date: _____</p> <p>Approval Date: _____</p>	<p style="text-align: center;">POST APPROVAL PROCESS</p> <p>Verify:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Policy Number <input type="checkbox"/> Section <input type="checkbox"/> Title <input type="checkbox"/> BOT approval <input type="checkbox"/> Approval date <input type="checkbox"/> Effective date <input type="checkbox"/> Proper format of Policy Manual posting <input type="checkbox"/> TOPS Pipeline and Archives update <p>Policy Office personnel who verified and posted this policy to the University Policy Manual</p> <p>Name: _____</p> <p>Date posted and verified: _____</p>



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POLICY TITLE	Academic Rights and Responsibilities of Healthcare and Counseling Clinical Program Students	Policy Number	548
Section	Student Affairs	Approval Date	April 29, 2021
Subsection	Student Rights	Effective Date	April 29, 2021
Responsible Office	Office of the Provost/ Senior Vice President of Academic Affairs		

1.0 PURPOSE

1 **1.1** This policy establishes requirements for the conduct and behavior of healthcare and
 2 counseling clinical students and outlines due process procedures for addressing alleged student
 3 violations of this policy, delineates the range of disciplinary sanctions for violations and
 4 establishes procedures for appeal of disciplinary sanctions.

2.0 REFERENCES

- 5 **2.1** *Health Insurance Portability and Accountability Act of 1996 (HIPAA)*
- 6 **2.2** *UVU Policy 114 Conflict of Interest*
- 7 **2.3** *UVU Policy 152 Accommodations for Individuals with Disabilities*
- 8 **2.4** *UVU Policy 155 Alcohol- and Drug-Free Workplace*
- 9 **2.5** *UVU Policy 162 Sexual Misconduct*
- 10 **2.6** *UVU Policy 165 Discrimination, Harassment, and Affirmative Action*
- 11 **2.7** *UVU Policy 510 Graduate Admissions and Continuation*
- 12 **2.8** *UVU Policy 521 Undergraduate Academic Standards*
- 13 **2.9** *UVU Policy 541 Student Code of Conduct*
- 14 **2.10** *UVU Policy 542 FERPA (Student Record Privacy)*
- 15 **2.11** *UVU Policy 704 Minors on Campus and at University-sponsored Events*



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3.0 DEFINITIONS

16 **3.1 Conflict of interest:** ~~A conflict of interest exists when a university employee or student owes~~
17 ~~a professional obligation to the University, which is or could be compromised by the pursuit of~~
18 ~~outside interests. A conflict of interest exists when a student clinician's professional judgement~~
19 ~~or performance is biased or compromised by the student's non-university activities or interests,~~
20 ~~or positions in outside organizations that could cause unsatisfactory performance or bias in the~~
21 ~~student clinician's university responsibilities."~~

22 **3.2 Clinical program:** An academic program that requires a healthcare or counseling clinical
23 component. For the purposes of this policy, a clinical program encompasses both a didactic
24 (classroom) component and a clinical component. For graduate clinical programs, all courses in
25 the program are considered a part of the didactic or clinical component of the program. For
26 undergraduate clinical programs, courses taught by clinical faculty are considered part of the
27 didactic or clinical component of the program.

28 **3.3 Director of clinical program:** Individual with overall responsibility for the didactic and
29 clinical components of a specific clinical program.

30 **3.4 Director of clinical education:** Individual responsible specifically for providing support and
31 oversight of preceptors and trainees in the clinical component of a program. This individual
32 might also be known as the field education director. In some clinical programs, the director of
33 clinical program may also fulfill this role.

34 **3.5 UVU Director of Clinical Studies:** Individual with overall university oversight and
35 responsibility for all university clinical programs.

36 **3.6 Dismissal:** Dismissal is a disciplinary measure that results in a student's termination from the
37 clinical program.

38 **3.7 Circumstances requiring immediate action:** For the purposes of this policy, timely safety
39 concerns that reasonably prohibit the director of clinical program from first consulting with the
40 UVU Director of Clinical Studies and Office of General Counsel before imposing certain interim
41 measures, including interim suspension from the clinical program.

42 **3.8 Intentional or serious misconduct:** For the purposes of this policy, intentional or serious
43 misconduct is conduct that presents a significant risk of harm to the University, university
44 community, or clinical site community by posing physical or psychological damage, injury,
45 financial loss, or exposure to legal liability. This could include violations of university policy or
46 the *UVU Code of Conduct*, UVU Clinical Education Council guidelines, clinical program
47 guidelines, or clinical facility policies or codes; or local, state, or federal law.



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48 **3.9 Arbitrary and capricious:** A decision is arbitrary and capricious if it so substantially departs
49 from accepted academic norms as to demonstrate that the academic decision-maker did not
50 actually exercise professional judgment. Arbitrary and capricious review focuses on the decision-
51 making process, rather than the “quantum and quality” of information upon which a decision is
52 based. A decision is arbitrary and capricious- This could be the case, for example, if the decision
53 maker relied on improper or irrelevant factors, entirely failed to consider an important aspect of
54 the problem, offered an explanation for their decision that runs counter to the evidence, or is so
55 implausible that it could not be ascribed to a difference in view or a product of the decision
56 maker’s expertise.

57 **3.10 Clinical program probation:** For the purposes of this policy, this action provides a student
58 a final opportunity to remediate performance or conduct issues before facing possible dismissal
59 from the program. Clinical program probation (probation), as regulated under this policy, is
60 distinct from academic sanctionsprobation from the University, as regulated under UVU Policy
61 510 Graduate Admissions and Continuation and UVU Policy 521 Undergraduate Academic
62 Standards.

63 **3.11 Preceptor:** An experienced clinical practitioner who supervises, trains, and mentors
64 students in clinical settings. Preceptors must be credentialed and state licensed to practice their
65 specialization. Full-time clinical program faculty may also serve as preceptors.

4.1 POLICY

66 4.2 Scope of this Policy

67 **4.2.1** All students shall fulfill the responsibilities and behavioral expectations outlined in UVU
68 Policy 541 *Student Code of Conduct*; all students are subject to that policy’s disciplinary
69 processes. Policy 548 establishes additional standards of behavior for students in academic
70 clinical programs and disciplinary processes for student disputes applicable to the didactic
71 (classroom) and clinical components of a clinical student’s education.

72 **4.2.1.1** If a clinical student is dismissed from the University for violating UVU Policy 541
73 *Student Code of Conduct*, then the student is automatically dismissed from their academic
74 clinical program.

75 **4.2.1.2** If an undergraduate clinical student is dismissed from their academic clinical program for
76 violating Policy 548, they are not necessarily dismissed from the University.

77 **4.2.1.3** Graduate students are admitted to the University for a specific program; therefore, if a
78 graduate clinical student is dismissed from their academic clinical program for violating Policy
79 548, then the student is also automatically dismissed from the University.



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80 **4.2.1.4** Informal remediation, formal remediation, probation, and dismissal actions laid out in
81 sections 5.2, 5.3, 5.4, and 5.5, respectively, are considered academic sanctions under Policy 548
82 and Policy 541; however, this policy and its procedures have precedence over Policy 541.



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83 4.3 Eligibility to Participate in Clinical Programs

84 4.3.1 In order to be admitted to a clinical program, applicants must meet the following minimum
85 requirements:

86 4.3.1.1 Must pass a criminal background check and drug test;

87

88 4.3.1.2 Must obtain certain immunizations specified by the Clinical Education Council (CEC),
89 clinical program, and clinical site in accordance with Center for Disease Control (CDC)
90 guidelines; and

91

92 4.3.1.3 Adhere to the dress code and conduct guidelines and processes of the CEC, clinical
93 program, and clinical site.

94 4.4 Unsatisfactory Performance or Conduct

95 4.4.1 Unsatisfactory performance or conduct occurs when a student violates any of the following
96 standards:

97 4.4.1.1 Legal requirements, whether local, state, or federal;

98 4.4.1.2 Utah Valley University Policy 541 *Student Code of Conduct* policies and procedures;

99 4.4.1.3 University Clinical Education Council guidelines;

100 4.4.1.4 University clinical program guidelines, standards, practices, or expectations;

101 4.4.1.5 Clinical training site policies, procedures, guidelines, standards, practices, or
102 expectations;

103 4.4.1.6 Professional ethical standards for the student's field of clinical study;

104 4.4.1.7 Any other expectations communicated to the student verbally or in writing by a
105 supervisor; or

106 4.4.1.8 Other behaviors engaged by a student that a reasonable clinical professional would
107 believe to be in violation of expectations, whether these expectations are defined in policy,
108 practice, guidelines, standards, or expectation.

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5.0 PROCEDURES

110 **5.1 Academic Misconduct and Sanctions–Student Dispute and Disciplinary Matters**

111 **5.1.1** Except for intentional or serious misconduct, or actions that endanger the health or safety
112 of others, a pattern of misconduct or underperformance should be evident before imposing an
113 academic sanction on a student. The disciplinary processes in this policy provide a means for
114 remediating inadequate clinical performance and, ideally, should represent a constructive
115 problem-solving collaboration between the student, program director, and faculty/preceptor.

116 **5.1.2** Corrective actions are typically progressive in nature, beginning with the least severe
117 action necessary to correct the undesirable situation and increasing in severity if the condition is
118 not corrected. However, it is important that the degree of discipline be related directly to the
119 seriousness of the offense and the trainee’s record; therefore, it is possible that the following
120 corrective actions may not necessarily follow the order listed below, and/or may be repeated.
121 Under a progressive disciplinary approach, dismissal should not be the first disciplinary measure
122 unless the trainee’s misconduct poses a significant risk of harm to the University, university
123 community, or clinical site community by posing physical or psychological damage, injury,
124 financial loss, or exposure to legal liability.

125 **5.1.3** In assessing the severity of the academic sanction to be imposed, the clinical program may
126 consider any of the following factors, including, but not limited to:

127 **5.1.3.1** Physical or psychological safety issues;

128 **5.1.3.2** Clinical service impact;

129 **5.1.3.3** Financial impact on the patients, clinical site, clinical program, or University;

130 **5.1.3.4** Resultant disruption level to the clinical site, clinical program, or University;

131 **5.1.3.5** Violation of federal, state, or local law;

132 **5.1.3.6** Impact on the University’s affiliation relationships with hospitals and other health care
133 providers; or

134 **5.1.3.7** History of performance or conduct issues, including previous violations of Policy
135 *541 Student Code of Conduct*.

136 **5.1.4** When a program determines that a student’s performance or conduct is unsatisfactory, the
137 program may impose one or more of the following actions: informal remediation, formal
138 remediation, probation, and dismissal.



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139 **5.1.5** A clinical site's reprimand or discipline of a clinical student's performance or behavior
140 does not necessarily amount to a violation of this policy. The clinical program shall assess
141 separately the disciplinary measure taken by the clinical site before determining the need for any
142 informal or formal academic sanction under this policy.

143 **5.1.6** When a record of reprimand or discipline result from a clinical student's behavior, this
144 record will also be submitted to the Office of Student [Rights and Accountability Conduct](#), who
145 will provide feedback as to any relevant history of behavior concerns regarding that student (in
146 accordance with FERPA) and, if appropriate, recommendations regarding remediation.

147 **5.2 Informal Remediation**

148 **5.2.1** The University encourages informal remediation between the clinical program and the
149 student for minor misconduct issues or deficiencies in the student's didactic or clinical
150 performance. The goal of informal remediation is to improve performance in the student's
151 clinical didactic or clinical education.

152 **5.2.2** Informal remediation decisions are made within the clinical program. The clinical program
153 shall memorialize in writing the informal remediation plan, provide a copy of the remediation
154 plan to the student, and keep the memorialized informal remediation plan in a designated, secure
155 physical or electronic recordkeeping location, and submit a copy to the Office of Student [Rights
156 and Accountability Conduct](#) in the case of behavior misconduct. The informal remediation plan
157 shall set a timeline for completion of the informal remediation objectives. These objectives will
158 be outlined in the plan in concrete, and understandable detail. The objectives in the informal
159 remediation plan will be tailored to facilitate student success. The required action(s) must be
160 achievable by the student at their current stage within the training program in the time available.
161 Informal remediation of the misconduct or performance deficiency of the student shall occur
162 within 14 days after the clinical program receives notice.

163 **5.2.3** The written informal remediation plan shall:

164 **5.2.3.1** List each performance and/or conduct problem;

165 **5.2.3.2** List what the student needs to do to address each problem,

166 **5.2.3.3** State a timeline for addressing each problem; and

167 **5.2.3.4** If applicable, list what the clinical program can and will do to help the student address the
168 problem.

169 **5.2.4** When possible, remediation actions should be addressed in person with the student;
170 however, emails or letters are also considered official forms of communication.



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171 **5.2.5** The director of clinical program and/or director of clinical education shall schedule
172 frequent meetings with the student to discuss progress and to provide adequate and timely
173 feedback. Meeting frequency should be no less than monthly until the performance or behavior
174 issue has been fully resolved to the satisfaction of the clinical program director and/or director of
175 clinical education.

176 **5.2.6** After the performance or behavior issues have been fully resolved to the satisfaction of the
177 clinical program director and/or director of clinical education, the satisfactory resolution of the
178 academic or behavioral issue shall be documented in the student's training record. If the
179 performance or behavior issues have not been fully resolved to the satisfaction of the clinical
180 faculty within the timeline provided in the informal remediation plan, the lack of satisfactory
181 completion of the plan shall be documented in the student's training record for performance or
182 behavior issues and with the Office of Student [Rights and Accountability](#) ~~Conduct~~ for behavior
183 misconduct issues.

184 **5.2.7** Informal remediation is managed within the clinical program and is not reportable on
185 future reference letters. The memorialized informal remediation plan constitutes a record of the
186 discussion between the clinical program and student.

187 **5.2.8** Informal remediation actions are not appealable. However, a student may submit a written
188 response to the informal remediation plan to the director of clinical program within five business
189 days of the student's receipt of the informal remediation plan. This response will be kept with the
190 student's training record.

191 **5.3 Formal Remediation**

192 **5.3.1** Formal remediation is the next step when

193 **5.3.1.1** Informal remediation has failed to resolve the misconduct or performance deficiency;

194 **5.3.1.2** The student has a history of one or more instances of misconduct or performance
195 deficiency;

196 **5.3.1.3** When the misconduct at issue is more than minor but less than serious; or

197 **5.3.1.4** When a student is not meeting the clinical program's performance expectations.

198 **5.3.2** Formal remediation may extend training beyond the original graduation date. It may
199 include repeating a rotation or a portion of a rotation or requiring a special program such as
200 additional supervision or additional didactic study.

201 **5.3.3** Formal remediation decisions are made within the clinical program. The clinical program
202 shall memorialize in writing the formal remediation plan, provide a copy of the plan to the
203 student, keep the plan in a designated, secure physical or electronic recordkeeping location, and



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204 submit a copy to the Office of Student [Rights and Accountability](#) ~~Conduct~~ for behavioral
205 misconduct issues. The formal remediation plan shall set a timeline for completion of the formal
206 remediation objectives, which will be outlined in the plan in concrete and understandable detail.
207 The objectives in the formal remediation plan will be tailored to facilitate student success. The
208 required action(s) must be achievable by the student at their current stage within the training
209 program in the time available. Formal remediation of the misconduct or performance deficiency
210 of the student shall take place within 14 days after the clinical program receives notice.

211 **5.3.4** The written formal remediation plan shall

212 **5.3.4.1** List each performance and/or conduct problem;

213 **5.3.4.2** List what the student needs to do to address each problem;

214 **5.3.4.3** State a timeline for addressing each problem; and

215 **5.3.4.4** If applicable, list what the clinical program can and will do to help the student address the
216 problem.

217 **5.3.5** When possible, remediation actions should be addressed in person with the student;
218 however, emails or letters are also considered official forms of communication.

219 **5.3.6** The director of clinical program and/or director of clinical education shall schedule
220 frequent meetings with the student to discuss progress and to provide adequate and timely
221 feedback. Meeting frequency should be no less than monthly until the performance or behavior
222 issue has been fully resolved to the satisfaction of the director of clinical program and/or director
223 of clinical education.

224 **5.3.7** After the performance or behavior issues have been fully resolved to the satisfaction of the
225 director of clinical program and/or director of clinical education, the satisfactory completion of
226 the academic or behavioral issue shall be documented in the student's training record. If the
227 performance or behavior issues have not been fully resolved to the satisfaction of the clinical
228 faculty within the timeline provided in the formal remediation plan, the lack of satisfactory
229 completion of the plan shall be documented in the student's training record, and with the Office
230 of Student [Rights and Accountability](#) ~~Conduct~~ for behavior misconduct issues.

231 **5.3.8** Formal remediation is administered and coordinated within the clinical program.

232 **5.3.9** Formal remediation decisions are appealable to the director of clinical program, as outlined
233 in section 5.7 below. There is no right to escalate an appeal from formal remediation beyond the
234 director of clinical program.



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235 **5.3.10** Before a formal remediation action is taken, the director of clinical program shall consult
236 with the UVU Director of Clinical Studies. If the UVU Director of Clinical Studies is
237 unavailable, the consultation may be made with the UVU Director of Clinical Studies' designee.

238 **5.3.11** Formal remediation may be reportable on future reference letters and will be reported to
239 the Office of Student [Rights and Accountability](#) ~~Conduct~~ for behavior misconduct issues.

240 **5.4 Probation**

241 **5.4.1** Probation serves as a final warning to a student of unacceptable performance and/or
242 conduct.

243 **5.4.2** Probation is appealable as outlined in section 5.7 below.

244 **5.4.3** Probation decisions are made within the clinical program. Absent circumstances requiring
245 immediate action, before a student is placed on probation, the clinical program director shall
246 consult with the UVU Director of Clinical Studies. If the UVU Director of Clinical Studies is
247 unavailable, the consultation may be made with the UVU Director of Clinical Studies' designee.

248 **5.4.4** The clinical program shall memorialize in writing the probation plan, provide a copy of the
249 plan to the student, and keep the plan in a secure physical or electronic recordkeeping location
250 designated by the clinical program. Probation involves a formal correction plan to correct
251 unacceptable student performance or conduct. The plan shall state that the student is on
252 probation. The plan shall outline specific behavioral criteria for the student to satisfy before the
253 student may be removed from probation status. The required action(s) must be achievable by the
254 student at their current stage within the training program.

255 **5.4.5** The written probation correction plan shall

256 **5.4.5.1** State that the student is on probation;

257 **5.4.5.2** List each performance and/or conduct problem;

258 **5.4.5.3** List what the student needs to do to address each problem;

259 **5.4.5.4** State a timeline for addressing each problem; and

260 **5.4.5.5** If applicable, list what the clinical program can and will do to help the student address the
261 problem.

262 **5.4.6** Corrective actions should be addressed in person with the student when possible; however,
263 emails or letters are also considered official forms of communication.

264 **5.4.7** The director of clinical program and/or director of clinical education shall schedule
265 frequent meetings with the student to discuss progress and to provide adequate and timely



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266 feedback. Meeting frequency should be no less than monthly until the performance or behavior
267 issue has been fully resolved to the satisfaction of the clinical program.

268 **5.4.8** After the performance or behavior misconduct issues have been fully resolved to the
269 satisfaction of the clinical program, the satisfactory resolution of the academic or behavioral
270 misconduct issue shall be documented in the student's training record. If the performance or
271 behavior issues have not been fully resolved to the satisfaction of the clinical faculty within the
272 timeline provided in the probation correction plan, the lack of satisfactory completion of the plan
273 shall be documented in the student's training record, and with the Office of Student [Rights and](#)
274 [Accountability](#) ~~Conduct~~ for behavior misconduct issues.

275 **5.4.9** Probation is reportable on future reference letters and to licensing boards.

276 **5.5 Dismissal**

277 **5.5.1** Dismissal results in the student's termination from the clinical program. Dismissal is
278 appealable to the Clinical Student Appeal Committee as outlined in sections 5.7 and 5.8. No
279 further appeals from dismissal are available beyond the Clinical Student Appeal Committee's
280 review as outlined in section 5.8.

281 **5.5.2** Dismissal decisions are made within the clinical program. Before dismissing or inviting the
282 student to resign from the program, the clinical program shall consult with the UVU Director of
283 Clinical Studies and Office of General Counsel.

284 **5.5.3** The UVU Director of Clinical Studies and Office of General Counsel shall review and
285 approve dismissal letters [before delivery by the program](#).

286 **5.5.4** Dismissal actions will be reported on future reference letters and to licensing boards.

287 **5.5.5** Before being formally dismissed from their clinical program, students may be offered the
288 opportunity to resign from the clinical program. Resignation shall not be permitted after
289 dismissal. Generally, resignation is not an option in cases of intentional or serious misconduct.
290 Care should be taken not to coerce or appear to coerce students to resign rather than appeal the
291 dismissal decision.

292 **5.5.6** Students cannot appeal their decision to resign.

293 **5.6 Clinical Student Appeal Committee**

294 **5.6.1** The Clinical Student Appeal Committee is an ad hoc committee that considers dismissal
295 appeals.

296 **5.6.2** The UVU Director of Clinical Studies shall appoint the Clinical Student Appeal
297 Committee.



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298 **5.6.3** The Clinical Student Appeal Committee shall consist of the committee chair, one clinical
299 faculty member, and one clinical student with no substantial prior involvement in the dispute.
300 However, knowledge of the matter involved does not preclude any individual from serving as a
301 member of the Committee. The faculty member and student may come from any of the
302 University's clinical programs.

303 **5.6.4** The UVU Director of Clinical Studies shall serve as the chair. If the UVU Director of
304 Clinical Studies has a conflict of interest with the dismissal appeal or is otherwise unable to
305 participate in the hearing in a timely manner, the UVU Director of Clinical Studies may appoint
306 a clinical faculty member who does not have a conflict of interest to serve as committee chair.

307 **5.7 Appeals Process**

308 **5.7.1** Students may challenge an academic sanction as unfair first through informal resolution
309 discussions with appropriate individuals within the clinical program. If informal resolution is not
310 successful, the student may address the academic sanction in accordance with the following
311 procedures.

312 **5.7.2** Formal remediation, probation, and dismissal appeals must be in writing and must be
313 submitted to the director of clinical program within five business days after the student's receipt
314 of notification of the formal remediation, probation, or dismissal action. If the student does not
315 file a written appeal within this timeframe, the student shall have waived the right to appeal the
316 action. The student may submit written materials to the director of clinical program in support of
317 the written appeal.

318 **5.7.3** If the director of clinical program participated in the academic sanction decision, then the
319 UVU Director of Clinical Studies may designate a third-party (e.g., associate dean) to respond to
320 the student's appeal in place of the director of clinical program.

321 **5.7.35.7.4** The director of clinical program (or designee ~~for formal remediation~~) shall respond in
322 writing to the student's written appeal within 15 business days of the director's receipt of the
323 appeal.

324 **5.7.45.7.5** To recommend overturning the original academic sanction, the director of clinical (or
325 designee) program must determine that the academic sanction was arbitrary or capricious.

326 **5.7.55.7.6** The decision of the director of clinical program is final for formal remediation ~~of~~
327 academic sanctions and probation.

328 **5.7.65.7.7** A second level of appeal is available in ~~probation and~~ dismissal actions. The student
329 may appeal the decision of the director of clinical program's ~~(or designee)-decision~~ to the UVU
330 Director of Clinical Studies by filing a written appeal within five business days of the student's
331 receipt of the written decision of the director of clinical program. If the student does not file a



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332 written appeal within this timeframe, the student shall have waived the right to further appeal the
333 academic sanction.

334 ~~5.7.7.5.7.8~~ The student's written appeal to the UVU Director of Clinical Studies must contain the
335 following elements:

336 ~~5.7.7.15.7.8.1~~ Description of the matter in dispute;

337 ~~5.7.7.25.7.8.2~~ A brief statement as to why the student considers the action ~~unfair or~~
338 ~~inappropriate arbitrary or capricious~~;

339
340 ~~5.7.7.35.7.8.3~~ A statement of the requested remedy;

341
342 ~~5.7.7.45.7.8.4~~ A copy of the student's original written appeal to the director of clinical program
343 for this dispute; and

344 ~~5.7.7.55.7.8.5~~ A copy of the director of clinical program's response to the original written
345 appeal.

346 ~~5.7.8 For probation appeals, the UVU Director of Clinical Studies shall respond in writing to the~~
347 ~~student's written probation appeal within 15 business days of the director's receipt of the appeal.~~
348 ~~The decision of the UVU Director of Clinical Studies is final for probation actions.~~

349 **5.7.9** For dismissal appeals, the student is entitled to a formal hearing before the Clinical Student
350 Appeal Committee. Within ten (10) business days of receiving a notice of appeal from a
351 dismissal action, the UVU Director of Clinical Studies shall contact the Clinical Student Appeal
352 Committee to schedule a hearing.

353 **5.8 Clinical Student Appeal Committee Hearing**

354 **5.8.1** The UVU Director of Clinical Studies shall formally notify the trainee and director of
355 clinical program (parties) through a Notice of Hearing containing the date of the hearing to the
356 Clinical Student Appeal Committee, the names of the Clinical Student Appeal Committee
357 members, and the hearing procedures at least ten business days prior to the date of the hearing.

358 **5.8.2** Any member of the Clinical Student Appeal Committee with any actual conflict of interest
359 in the appeal shall be recused and replaced by an individual chosen by the UVU Director of
360 Clinical Studies. If a committee member is accused by a party of an actual or perceived conflict
361 of interest, the remaining members of the Committee shall determine whether the committee
362 member must recuse. If there are not enough members of the Committee after all conflicts of
363 interest have been addressed, the UVU Director of Clinical Studies shall create a list of
364 acceptable members to serve.



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365 **5.8.4** The UVU Director of Clinical Studies shall make available to both parties and the
366 Committee the appeal documentation submitted by the student at least ten business days prior to
367 the date of the hearing.

368 **5.8.5** A representative from the clinical program whose decision is being reviewed by the
369 Clinical Student Appeal Committee may deliver a response to the student's appeal to the chair of
370 the Committee, with a copy to the appealing student, at least five business days prior to the date
371 of the hearing.

372 **5.8.6** At least three business days prior to the date of the hearing, the parties shall make available
373 to each other and to the Clinical Student Appeal Committee: (1) a list of their witnesses; (2) a
374 copy of the documents to be offered at the hearing; (3) a list of proposed questions each party
375 would like the committee chair to ask their witnesses; and (4) a brief summary of the party's
376 position on the issues being grieved. In exceptional circumstances and pursuant to the Clinical
377 Student Appeal Committee's discretion, a party may be permitted to call witnesses not
378 previously listed or to submit additional documents at the hearing. At least 24 hours prior to the
379 date of the hearing the parties shall make available to each other and to the Clinical Student
380 Appeal Committee a list of proposed questions each party would like the committee chair to ask
381 the opposing party's witnesses.

382 **5.8.7** A member of the Office of General Counsel or Utah Attorney General's Office shall serve
383 as a resource to the Clinical Student Appeal Committee and may be present at the hearing and
384 post-hearing deliberations to provide guidance on this policy, substantive law, and procedural
385 matters. The attorney advising the Committee shall have no conflict of interest.

386 **5.8.8** A member of the Office of Student [Rights and Accountability](#) ~~Conduct~~ may serve as a
387 resource to the Clinical Student Appeal Committee for behavioral misconduct issues and may be
388 present at the hearing and post-hearing deliberations to provide guidance on this policy and
389 procedural matters. The member of the Office of Student [Rights and Accountability](#) ~~Conduct~~
390 shall have no conflict of interest.

391 **5.8.9** Hearings shall be closed to the public.

392 **5.8.9.1.1** Hearings shall be audio-recorded, and copies of the recording shall be made available
393 to any party upon request. Clinical Student Appeal Committee deliberations and voting shall take
394 place in closed, off-the-record sessions that shall not be recorded.

395 **5.8.10** At the hearing, the parties shall have the right to present written questions to witnesses
396 through the Committee chair and to present relevant evidence and call witnesses in accordance
397 with the Committee's established internal procedures. Cross-examination of witnesses is allowed
398 only through the Committee Chair.

399 **5.8.11** The hearing shall not be bound by strict rules of legal evidence or procedure.



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400 **5.8.12** To recommend overturning a dismissal decision, the Committee must find that the
 401 academic sanction was arbitrary or capricious. The parties shall be notified in writing of the
 402 Committee’s final decision within 15 business days after the hearing concludes. A copy of the
 403 final decision shall be sent to the Office of Student [Rights and Accountability](#) ~~Conduct~~ for
 404 behavior misconduct issues.

405 **5.8.13** The Committee must have a quorum present to hold a hearing. A quorum consists of three
 406 members of the Clinical Student Appeal Committee. All decisions of the Committee shall require
 407 a majority vote of the Committee members present at the hearing. All committee members must
 408 be in good standing with the University.

409 **5.8.14** If either party to the appeal fails to attend the hearing without good cause, the Committee
 410 may proceed with the hearing, take testimony and evidence, and reach a decision.

POLICY HISTORY		
April 29, 2021	New policy approved.	UVU Board of Trustees
May 9, 2023	Non-substantive change: Policy 324 <i>Drug-free Workplace</i> updated to Policy 155 <i>Alcohol- and Drug-free Workplace</i> .	UVU General Counsel
	Policy approved with limited scope revisions in the regular policy process.	UVU Board of Trustees

○ EXECUTIVE SUMMARY:

Policy 548 Academic Rights and Responsibilities of Healthcare and Counseling Clinical Program Students

Date: December 3, 2024
Sponsor: Wayne Vaught, Provost
Steward(s): Allison Ensign, UVU Director of Clinical Programs
Policy Process: Regular
Policy Action: Revision--Limited Scope
Policy Office Editor: Cara O’Sullivan
Embedded Attorney: Jeremy Knee

Issues/Concerns (including fiscal, legal, and compliance impact):

Outdated office nomenclature; a critical term defined in a way that’s misaligned with the definition in other policies; addressing a practical need for a backup appeals decision-maker for clinical program directors who participate in an initial decision to impose an academic sanction; overly exhaustive appeals rights for students receiving the academic sanction of probation.

Suggested Changes: (1) update name of “Office of Student Conduct” to “Office of Student Rights and Accountability” throughout, (2) align definition of “arbitrary or capricious” with the definition of that term in UVU Policy 646, (3) clarify that a designee can consider student appeals of academic sanctions in place of a program director when the program director was involved in the initial academic sanction decision, (4) modify the right of students to appeal an academic sanction of probation to one level of written appeal instead of two.

Requested Approval from President’s Council: Entry to Stage 2

Proposed Drafting Committee: Allison Ensign, Karen Mulitalo, Jeremy Knee

Target Date for Stage 1 Draft to Enter Stage 2: [Click here to enter a date.](#)

Target Date for Board of Trustees Review: [Click here to enter a date.](#)

Projected Timeline: [Leave blank. To be filled in by the Policy Office.]

Equity Assessment Committee (EAC) Worksheet

NOTE: This form is for internal use only by the EAC and policy sponsors/stewards/coordinators. This form captures general equity concerns and those that impact the specific groups listed. The Equity Assessment Findings and Reponses Summary form accompany the Stage 1 draft.

Policy Number: 548	Policy Title: Academic Rights and Responsibilities of Healthcare and Counseling Clinical Program Students
EAC Review Date: 12/5/24	Policy Sponsor: Wayne Vaught
Date Completed by Policy Sponsor/Steward/Coordinator:	Policy Steward: Allison Ensign

UVU Scope (Groups impacted):

- | | |
|---|--|
| <ul style="list-style-type: none"> Adult learners Age (40+) Color First-generation student status Individuals with apparent or non-apparent disabilities National origin and citizenship status | <ul style="list-style-type: none"> Pregnancy, pregnancy-related conditions Race and ethnicity Religion, spirituality, and worldviews Sex, gender identity, and gender expression Sexual orientation Socioeconomic status Veteran status (including uniformed military status) |
|---|--|

Section	Groups Impacted	General Equity	Equity Concern	Equity Recommendation	Policy Sponsor/Steward/Coordinator Proposed Solution
3.1		X	The phrase “university employee or student owes a professional obligation” seems too slippery to which to base a claim of conflict. This definition should be more specific. Also: "University employee or student"--this should be a "student clinician."	The committee, including Cathy Jordan, Associate General Counsel. Recommended that the definition from Policy 114 be used, with the indicated revisions: “A conflict of interest exists when a University employee's student clinician's professional judgement or performance is biased or compromised by the employee's student's non-university activities or interests, or positions in outside organizations that could cause unsatisfactory performance or bias in the employee's student clinician's university responsibilities.”	Allison Ensign, policy steward, agrees with the suggested revision.



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