

February Board of Trustees Meeting - Board of Trustees Meeting Schedule

The Ohio State University
Board of Trustees

February 1, 2013

BOARD OF TRUSTEES MEETING SCHEDULE

THURSDAY, JANUARY 31, 2013 LONGABERGER ALUMNI HOUSE 2200 OLENTANGY RIVER ROAD

8:30-12:30pm	Executive Session (Rockow Room)
12:30-1:00pm	Lunch
1:00-2:30pm	Advancement Committee Meeting (Sanders Grand Lounge)
1:00-2:30pm	Medical Affairs Committee Meeting (Mount Leadership Room)
2:45-4:15pm	Audit and Compliance Committee Meeting (Sanders Grand Lounge)
2:45-4:15pm	Governance Committee Meeting (Mount Leadership Room)
4:30-6:00pm	Academic Affairs and Student Life Committee Meeting (Mount Leadership Room)
4:30-6:00pm	Finance Committee Meeting (Sanders Grand Lounge)
6:30pm	Trustees Dinner

FRIDAY, FEBRUARY 1, 2013 LONGABERGER ALUMNI HOUSE 2200 OLENTANGY RIVER ROAD

9:00-9:20am	Board Photo (Klevay Gallery)
9:30am	Board Meeting Reconvenes (Sanders Grand Lounge) Student Recognition Awards Recognition of Football Team – Mr. Smith, Mr. Meyer President's Report Partners Achieving Community Transformation (PACT) – Judge Marbley, Ms. Bartley, Mr. Culley Committee Reports Consent Agenda 1. Amendments to the <i>Bylaws and Rules and Regulations of the Medical Staff of The Ohio State University Hospitals</i> 2. Amendments to the <i>Bylaws and Rules and Regulations of the Medical Staff of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute</i> 3. Amendments to the <i>Bylaws of The Ohio State University Medical Center Board</i> 4. Amendments to the <i>Rules of the University Faculty</i> 5. Resolutions in Memoriam 6. Approval of committee charters 7. University Seal Revision 8. Approval to establish a Master in Animal Sciences degree program, College of Food, Agricultural, and Environmental Sciences

The Ohio State University
Board of Trustees

February 1, 2013

BOARD OF TRUSTEES MEETING SCHEDULE

FRIDAY, FEBRUARY 1, 2013
LONGABERGER ALUMNI HOUSE
2200 OLENTANGY RIVER ROAD

- 9:30am **Board Meeting Reconvenes** (Sanders Grand Lounge)
- Consent Agenda (cont'd)
- 9. Approval to establish a Master of Science degree within the Integrated Biomedical Science Graduate Program, College of Medicine
 - 10. Approval to establish a Bachelor of Science in Health Promotion, Nutrition, and Exercise Sciences tagged degree program, College of Education and Human Ecology
 - 11. Honorary Degrees
 - 12. Personnel Actions
 - 13. Distinguished Service Awards
 - 14. University Foundation Report
 - 15. Naming of the Multi-Sport Arena
 - 16. Naming of the Practice Fields
 - 17. Naming of the Home Team Tunnel
 - 18. Naming of Alumni Conference Room 136
 - 19. Naming of the Office of Alumni Career Management
 - 20. Naming of the Oncology Rehabilitation Suite
 - 21. Naming of the Baseball Field
 - 22. Naming of Multiple Spaces in the Varsity Indoor Tennis Center
 - 23. Naming of Multiple Spaces located at the Varsity Tennis Courts
 - 24. Naming of the Pedestrian Walkway
 - 25. Naming of Spaces in the Les Wexner Football Complex
 - 26. Re-naming of Harold L. Enarson Hall and Central Classroom Building
 - 27. Authorization for Establishment of a New University Affiliate:
Partners Achieving Community Transformation (PACT)
 - 28. Authorization to approve athletic ticket prices and fees
 - 29. Approval of new 350 block meal plan and its related fee
 - 30. Approval of fiscal year 2013 May Session and Summer Session room and board rates
 - 31. Authorization to enter into and/or increase Construction Contracts
 - 32. Lease of Real Estate: BioHio Research Park Corporation
 - 33. Lease of Real Estate: Roadway Easement

The Ohio State University
Board of Trustees

February 1, 2013

AGENDA SUMMARY

LONGABERGER ALUMNI HOUSE
2200 OLENTANGY RIVER ROAD

**COMMITTEE WORK SESSIONS
THURSDAY, JANUARY 31, 2013**

8:30am-12:30pm **Executive Session** (Rockow Room)

1:00-2:30pm

Advancement Committee Meeting (Sanders Grand Lounge)

G. Gilbert Cloyd, Linda S. Kass, John C. Fisher, Clark C. Kellogg, Timothy P. Smucker, Michael J. Gasser, Benjamin T. Reinke, John W. Kessler, Philip J. Duncan, Nancy J. Kramer, John B. Gerlach, David T. Kollat, Christopher A. Ito, Larry Moore, Robert H. Schottenstein (*ex officio*)

University Foundation Report – Mr. Eicher

Naming of the Multi-Sport Arena – Mr. Eicher

Naming of the Practice Fields – Mr. Eicher

Naming of the Home Team Tunnel – Mr. Eicher

Naming of Alumni Conference Room 136 – Mr. Eicher

Naming of the Office of Alumni Career Management – Mr. Eicher

Naming of the Oncology Rehabilitation Suite – Mr. Eicher

Naming of the Baseball Field – Mr. Eicher

Naming of Multiple Spaces in the Varsity Indoor Tennis Center – Mr. Eicher

Naming of Multiple Spaces located at the Varsity Tennis Courts – Mr. Eicher

Naming of the Pedestrian Walkway – Mr. Eicher

Naming of Spaces in the Les Wexner Football Complex – Mr. Eicher

Re-naming of Harold L. Enarson Hall and Central Classroom Building – Mr. Eicher

Distinguished Service Awards – Mr. Eicher

Campaign Regional Event Strategy Update – Ms. Halloran

Advancement Framework Plan Update – Mr. Eicher

Advancement Scorecard Update – Ms. Wolford

Advancement Scorecard Discussion (Commitment to Brand Equity/Institutional Position Statement) – Ms. Church

Executive Session

1:00-2:30pm

Medical Affairs Committee Meeting (Mount Leadership Room)

Alan W. Brass, Corbett A. Price, Brian K. Hicks, Algenon L. Marbley, Janet B. Reid, William G. Jurgensen, Jeffrey Wadsworth, Cheryl L. Krueger, Evann K. Heidersbach, Robert H. Schottenstein (*ex officio*)

Medical Center Initiatives Scorecard – Dr. Gabbe

Executive Session

Medical Center Financial Scorecard – Mr. Geier

Wexner Medical Center Expansion Project Status Update – Mr. Kasey

Partners Achieving Community Transformation (PACT) – Ms. Bartley, Mr. Culley

Amendments to the *Bylaws and Rules and Regulations of the Medical Staff of The Ohio State University Hospitals* – Dr. Gabbe

Amendments to the *Bylaws and Rules and Regulations of the Medical Staff of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute* – Dr. Gabbe

Amendments to the *Bylaws of The Ohio State University Medical Center Board* – Dr. Gabbe

The Ohio State University
Board of Trustees

February 1, 2013

AGENDA SUMMARY

LONGABERGER ALUMNI HOUSE
2200 OLENTANGY RIVER ROAD

COMMITTEE WORK SESSIONS THURSDAY, JANUARY 31, 2013

- 2:45-4:15pm **Audit and Compliance Committee Meeting** (Sanders Grand Lounge)
Algenon L. Marbley, John C. Fisher, Ronald A. Ratner, William G. Jurgensen, Clark C. Kellogg, Cheryl L. Krueger, Michael J. Gasser, Benjamin T. Reinke, James Gilmour, Lawrence A. Hilsheimer, Amy Chronis, Craig S. Morford, Robert H. Schottenstein (*ex officio*)
Compliance Report – Mr. Garrity-Rokous
External Audit Status Presentation – Mr. Stover
Authorization for Establishment of a New University Affiliate:
 Partners Achieving Community Transformation (PACT)
 – Ms. Bartley, Mr. Culley
Executive session
- 2:45-4:15pm **Governance Committee Meeting** (Mount Leadership Room)
Alex Shumate, Janet B. Reid, Alan W. Brass, Linda S. Kass, Jeffrey Wadsworth, Timothy P. Smucker, Evann K. Heidersbach, G. Gilbert Cloyd, Robert H. Schottenstein (*ex officio*)
Talent Scorecard – Mr. Kaplan
Approval of Committee Charters – Mr. Shumate
University Seal Revision – Dr. Gee
Executive session
- 4:30-6:00pm **Academic Affairs and Student Life Committee Meeting** (Mount Leadership Room)
Jeffrey Wadsworth, John C. Fisher, Algenon L. Marbley, Linda S. Kass, Janet B. Reid, Clark C. Kellogg, Timothy P. Smucker, Cheryl L. Krueger, Benjamin T. Reinke, Kevin G. Boyle, Robert H. Schottenstein (*ex officio*)
Academic Initiatives Scorecard – Dr. Wadsworth
Retention and Graduation – Mr. Evanovich
Online education – Mr. Hofherr
Amendments to the *Rules of the University Faculty* – Dr. Alutto
Approval to establish a Master in Animal Sciences degree program, College of Food, Agricultural, and Environmental Sciences – Dr. Alutto
Approval to establish a Master of Science degree within the Integrated Biomedical Science Graduate Program, College of Medicine – Dr. Alutto
Approval to establish a Bachelor of Science in Health Promotion, Nutrition, and Exercise Sciences tagged degree program, College of Education and Human Ecology – Dr. Alutto
Honorary Degrees – Dr. Alutto
Personnel Actions – Dr. Alutto
Executive session

The Ohio State University
Board of Trustees

February 1, 2013

AGENDA SUMMARY

LONGABERGER ALUMNI HOUSE
2200 OLENTANGY RIVER ROAD

**COMMITTEE WORK SESSIONS
THURSDAY, JANUARY 31, 2013**

4:30-6:00pm	<p>Finance Committee Meeting (Sanders Grand Lounge)</p> <p>William G. Jurgensen, Ronald A. Ratner, Brian K. Hicks, Alan W. Brass, Alex Shumate, Michael J. Gasser, Evann K. Heidersbach, G. Gilbert Cloyd, Corbett A. Price, Jo Ann Davidson, Robert H. Schottenstein (<i>ex officio</i>)</p> <p><i>University Financial Scorecard – Mr. Chatas</i> <i>Fiscal Year 2013 Interim Financial Update – Mr. Chatas</i> <i>Quarterly Waiver Report – Mr. Chatas</i> <i>Project Status Report – Ms. Readey</i> <i>Physical Environment Scorecard – Mr. Kasey</i> Authorization to approve athletic ticket prices and fees – Mr. Chatas, Mr. Smith Approval of new 350 block meal plan and its related fee – Mr. Chatas Approval of fiscal year 2013 May Session and Summer Session room and board rates – Mr. Chatas Authorization to enter into and/or increase Construction Contracts – Ms. Readey, Ms. Hoffsis Lease of Real Estate: BioHio Research Park Corporation – Ms. Hoffsis Lease of Real Estate: Roadway Easement – Ms. Hoffsis</p>
6:30pm	Trustee Dinner

The Ohio State University
Board of Trustees

February 1, 2013

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- 9:30am **Board Meeting Reconvenes** (Sanders Grand Lounge)
Student Recognition Awards
Recognition of Football Team – Mr. Smith, Mr. Meyer
President's Report
Partners Achieving Community Transformation (PACT)
– Judge Marbley, Ms. Bartley, Mr. Culley
Committee Reports
Consent Agenda
1. Amendments to the *Bylaws and Rules and Regulations of the Medical Staff* of The Ohio State University Hospitals
 2. Amendments to the *Bylaws and Rules and Regulations of the Medical Staff* of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
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 5. Resolutions in Memoriam
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The Ohio State University
Board of Trustees

February 1, 2013

**THURSDAY, JANUARY 31, 2013
ADVANCEMENT COMMITTEE MEETING**

G. Gilbert Cloyd
Linda S. Kass
John C. Fisher
Clark C. Kellogg
Timothy P. Smucker
Michael J. Gasser
Benjamin T. Reinke
John W. Kessler
Philip J. Duncan
Nancy J. Kramer
John B. Gerlach
David T. Kollat
Christopher A. Ito
Larry Moore
Robert H. Schottenstein (*ex officio*)

Location: Longaberger Alumni House
Sanders Grand Lounge

Time: 1:00-2:30pm

ITEMS FOR ACTION

1. University Foundation Report – Mr. Eicher 1:00-1:15pm
2. Naming of the Multi-Sport Arena – Mr. Eicher
3. Naming of the Practice Fields – Mr. Eicher
4. Naming of the Home Team Tunnel – Mr. Eicher
5. Naming of Alumni Conference Room 136 – Mr. Eicher
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14. Distinguished Service Awards – Mr. Eicher

The Ohio State University
Board of Trustees

February 1, 2013

THURSDAY, JANUARY 31, 2013
ADVANCEMENT COMMITTEE MEETING

ITEMS FOR DISCUSSION

- | | |
|--|-------------|
| 15. <i>Campaign Regional Event Strategy Update – Ms. Halloran</i> | 1:15-1:25pm |
| <i>Advancement Framework Plan Update – Mr. Eicher</i> | 1:25-1:35pm |
| 16. <i>Advancement Scorecard Update – Ms. Wolford</i> | 1:35-1:40pm |
| 17. <i>Advancement Scorecard Discussion (Commitment to Brand Equity/Institutional Position Statement) – Ms. Church</i> | 1:40-1:50pm |
| Executive Session | 1:50-2:30pm |

The Ohio State University
Board of Trustees

February 1, 2013

UNIVERSITY FOUNDATION REPORT

Synopsis: The University Foundation Report as of December 31, 2012, is presented for Board acceptance.

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 Development Fund and The Ohio State University Foundation; and

WHEREAS this report includes the establishment of the Monte Ahuja Endowed Dean's Chair, the Henry L. Cox Endowed Professorship, the establishment of twenty-three (23) named endowed fund, and the revision of six (6) named endowed funds:

NOW THEREFORE

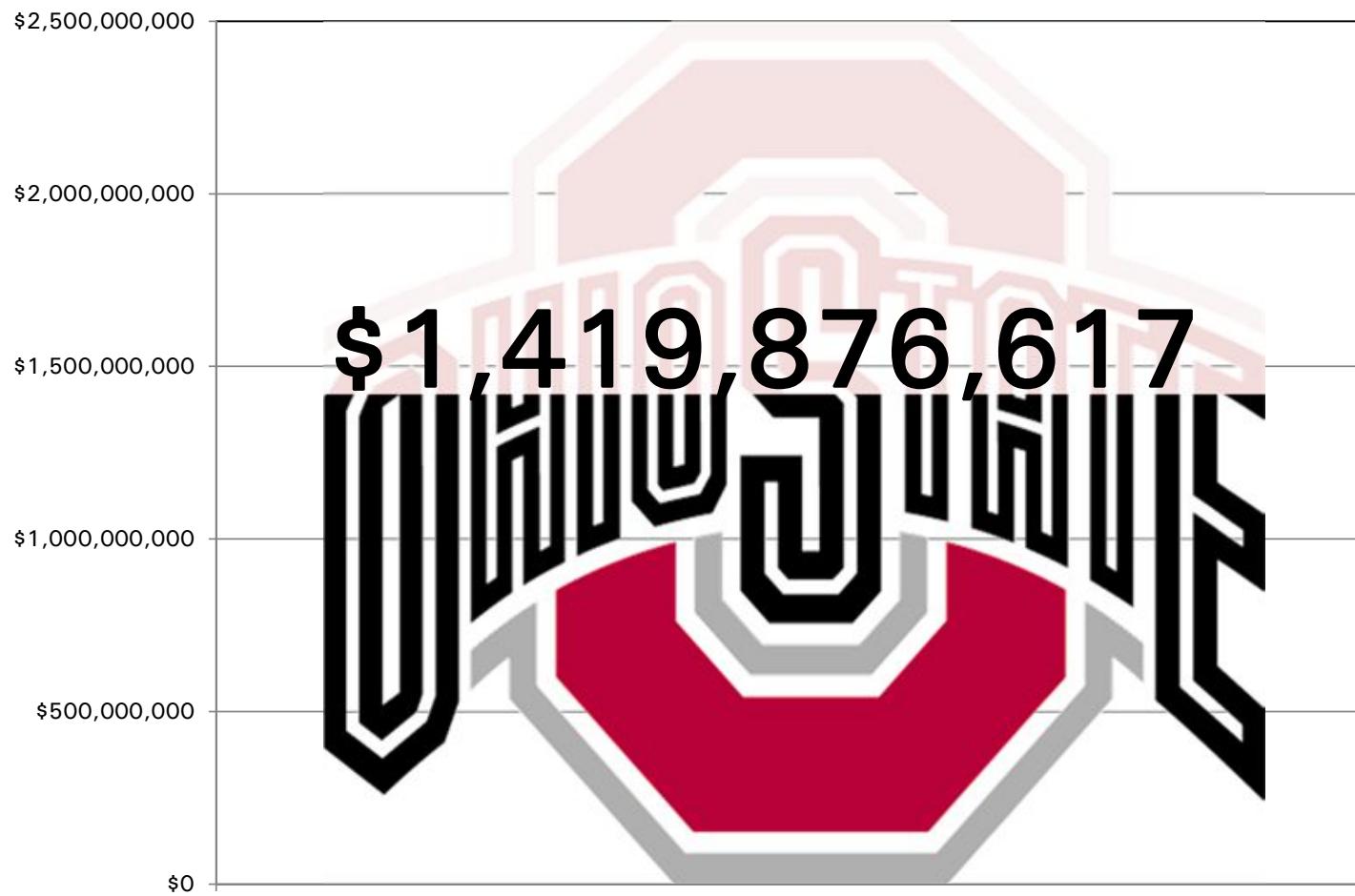
BE IT RESOLVED, That the acceptance of the report from The Ohio State University Foundation as of December 31, 2012, be approved.



The Ohio State University Foundation
But for Ohio State Campaign
Dashboard Report
1/1/2009 through 12/31/2012 = \$1,419,876,617

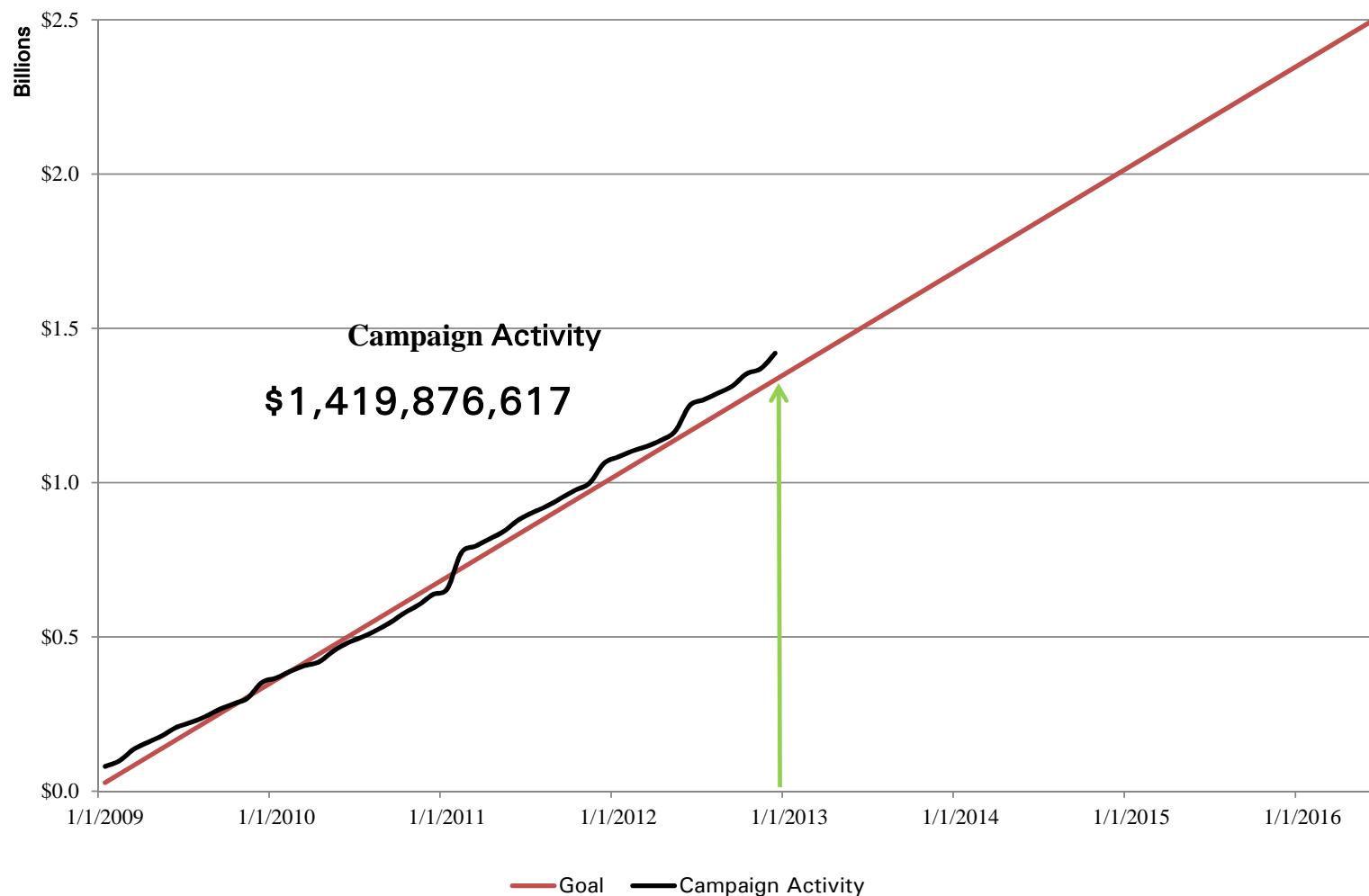


I. Campaign Progress



BUT FOR
OHIO
STATE

The Ohio State University Foundation
But for Ohio State Campaign
Campaign Progress vs. Time
1/1/2009 through 12/31/2012 = \$1,419,876,617





The Ohio State University Foundation
But for Ohio State Campaign

Campaign Activity

1/1/2009 through 12/31/2012



	Campaign Activity	Working Goal	% Achieved	vs. Time Elapsed
Outright Gifts and Pledges				
Cash and Securities	\$496,802,903			
Real Estate	\$5,334,436			
Gifts-in-Kind	\$26,668,966			
Pledges	<u>\$365,330,616</u>			
Total Outright Gifts and Pledges	\$894,136,921	\$1,350,000,000	66.23%	12.89%
Planned Gifts				
Revocable Planned Gifts	\$130,187,454			
Irrevocable Planned Gifts	<u>\$25,300,985</u>			
Total Planned Gifts	\$155,488,438	\$375,000,000	41.46%	-11.88%
Private Grants (OSP)	\$370,251,258	\$775,000,000	47.77%	-5.57%
Total Campaign Activity	\$1,419,876,617	\$2,500,000,000	56.80%	3.45%
		Time Elapsed		53.34%

Report Notes

Counting is done consistent with the Campaign Counting Guidelines

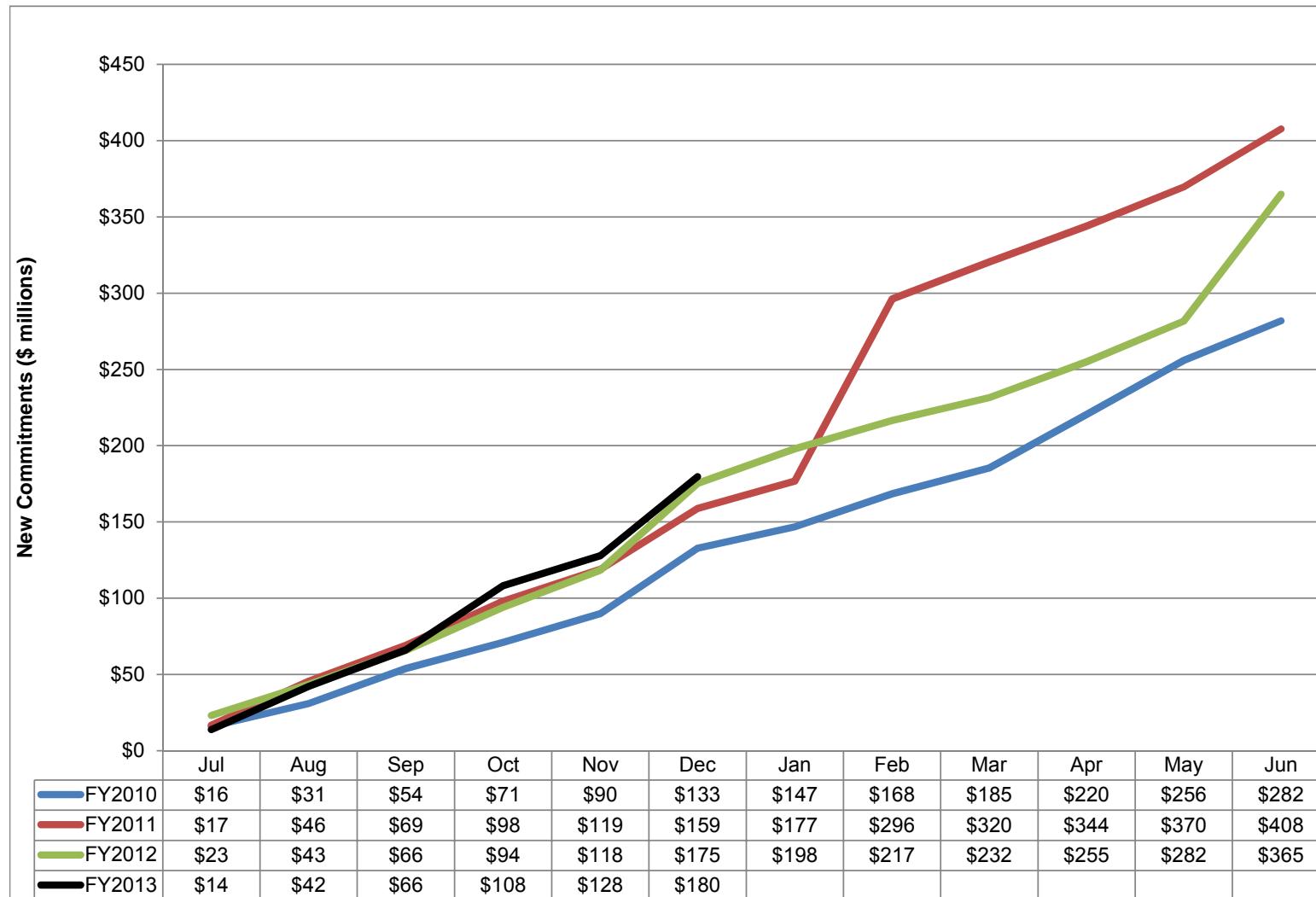
Totals include \$57.25 million in commitments made prior to January 1, 2009



The Ohio State University Foundation
FY 2013 New Fundraising Activity Report

New Fundraising Activity by Fiscal Year

7/1/2012 through 12/31/2012





The Ohio State University Foundation
 FY 2013 New Fundraising Activity Report
New Fundraising Activity Progress
 7/1/2012 through 12/31/2012

	Activity	Goal	% Achieved	7/1/2011 through 12/31/2011	% Change
Outright Gifts and Pledges					
Cash and Securities	\$62,415,928			\$54,124,444	15.32%
Real Estate	\$0			\$2,850,000	-100.00%
Gifts-in-Kind	\$2,886,918			\$3,214,313	-10.19%
Pledges	\$44,733,668			\$36,985,372	20.95%
Matching Gift	\$792,871			\$754,971	5.02%
Recurring	\$1,514,656			\$1,438,126	5.32%
Total Outright Gifts and Pledges	\$112,344,042	\$213,287,753	52.67%	\$99,367,226	13.06%
Planned Gifts					
Irrevocable Planned Gifts	\$4,822,090			\$5,520,188	-12.65%
Revocable Planned Gifts	\$23,906,831			\$19,363,724	23.46%
Total Planned Gifts	\$28,728,921	\$54,321,747	52.89%	\$24,883,911	
Private Grants (OSP)	\$38,687,158	\$92,390,500	41.87%	\$51,095,772	-24.29%
Total Fundraising Activity	\$179,760,121	\$360,000,000	49.93%	\$175,346,909	2.52%
Time Elapsed			50.27%		



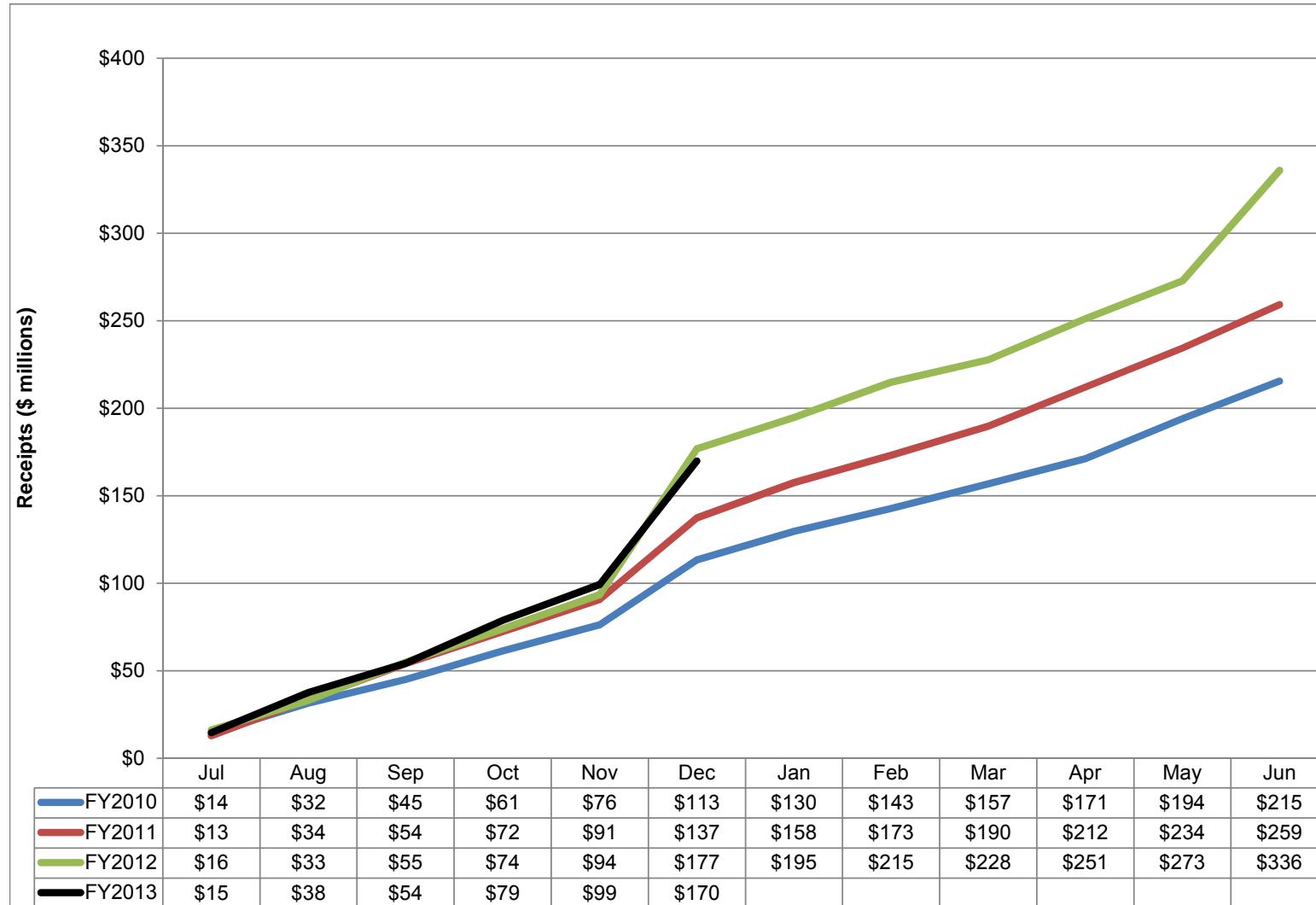
The Ohio State University Foundation
 FY 2013 New Fundraising Activity Report
New Fundraising Activity Progress - Unit
 7/1/2012 through 12/31/2012

Unit	Outright Gifts and Pledges	Planned Gifts	OSU Foundation Activity	Private Grants (OSP)	Total Fundraising Activity	Goal	% Achieved
Academic Affairs	\$4,448,640	\$3,882,595	\$8,331,235	\$139,058	\$8,470,293	\$9,017,992	93.93%
Alumni Association	\$600,588	\$320,000	\$920,588	\$0	\$920,588	\$1,600,000	57.54%
Arts and Sciences (Colleges of the)	\$3,589,636	\$6,790,835	\$10,380,471	\$5,556,121	\$15,936,592	\$24,775,000	64.33%
Athletics	\$25,466,879	\$505,634	\$25,972,513	\$0	\$25,972,513	\$42,000,000	61.84%
Business (Fisher College of)	\$6,867,982	\$1,220,384	\$8,088,365	\$0	\$8,088,365	\$17,000,000	47.58%
Cancer (James / Solove)	\$23,147,330	\$4,518,055	\$27,665,385	\$6,004,524	\$33,669,909	\$60,000,000	56.12%
Dentistry (College of)	\$591,534	\$37,500	\$629,034	\$93,843	\$722,877	\$2,769,000	26.11%
Education and Human Ecology (College of)	\$1,119,721	\$704,918	\$1,824,639	\$871,030	\$2,695,669	\$7,750,615	34.78%
Engineering (College of)	\$10,446,260	\$1,209,108	\$11,655,368	\$10,888,811	\$22,544,179	\$38,024,000	59.29%
Food, Agricultural and Enviro Sciences (College of)	\$6,122,939	\$1,081,150	\$7,204,089	\$3,921,778	\$11,125,867	\$20,551,080	54.14%
Heart (Ross)	\$953,932	\$0	\$953,932	\$1,455,064	\$2,408,996	\$10,277,000	23.44%
Kirwan Institute	\$555,000	\$0	\$555,000	\$0	\$555,000	\$1,400,000	39.64%
Law (Michael E. Moritz College of)	\$2,046,078	\$300,000	\$2,346,078	\$100,000	\$2,446,078	\$5,100,000	47.96%
Medical Center (Wexner)	\$4,351,813	\$1,426,203	\$5,778,016	\$3,660,352	\$9,438,368	\$18,748,000	50.34%
Medicine (College of)	\$5,052,587	\$681,575	\$5,734,162	\$1,277,826	\$7,011,988	\$10,400,000	67.42%
Neurosciences	\$4,416,163	\$25,000	\$4,441,163	\$2,569,121	\$7,010,284	\$13,174,000	53.21%
Nursing (College of)	\$251,215	\$696,000	\$947,215	\$186,886	\$1,134,101	\$1,500,000	75.61%
Optometry (College of)	\$226,041	\$1,017,470	\$1,243,511	\$113,790	\$1,357,301	\$1,843,000	73.65%
OSU Lima	\$199,924	\$0	\$199,924	\$0	\$199,924	\$727,700	27.47%
OSU Mansfield	\$74,265	\$0	\$74,265	\$100,358	\$174,623	\$3,500,000	4.99%
OSU Marion	\$703,445	\$0	\$703,445	\$0	\$703,445	\$1,583,609	44.42%
OSU Newark	\$588,218	\$0	\$588,218	\$0	\$588,218	\$331,000	177.71%
Pharmacy (College of)	\$581,820	\$107,510	\$689,330	\$418,523	\$1,107,853	\$1,881,000	58.90%
Public Health (College of)	\$149,522	\$0	\$149,522	\$107,259	\$256,781	\$1,333,000	19.26%
Social Work (College of)	\$167,095	\$146,844	\$313,939	\$25,000	\$338,939	\$1,400,000	24.21%
Student Life	\$685,573	\$229,897	\$915,470	\$5,000	\$920,470	\$1,000,000	92.05%
University-wide Fundraising	\$2,105,200	\$2,924,578	\$5,029,777	\$376,818	\$5,406,595	\$35,284,004	15.32%
Veterinary Medicine (College of)	\$2,127,969	\$774,165	\$2,902,134	\$811,996	\$3,714,130	\$11,500,000	32.30%
Wexner Center for the Arts	\$2,634,409	\$0	\$2,634,409	\$4,000	\$2,638,409	\$8,780,000	30.05%
WOSU Public Stations	\$2,072,265	\$129,500	\$2,201,765	\$0	\$2,201,765	\$6,750,000	32.62%
Total	\$112,344,042	\$28,728,921	\$141,072,963	\$38,687,158	\$179,760,121	\$360,000,000	49.93%

Time Elapsed 50.27%



The Ohio State University Foundation
 FY 2013 Philanthropic Receipts Report
Philanthropic Receipts by Fiscal Year
 7/1/2012 through 12/31/2012





The Ohio State University Foundation
 FY 2013 Philanthropic Receipts Report
Philanthropic Receipts
 7/1/2012 through 12/31/2012

	7/1/2012 through 12/31/2012	7/1/2011 through 12/31/2011	% Change
Outright Gift Receipts			
Cash and Securities	\$64,715,976	\$56,316,744	14.91%
Real Estate	\$0	\$0	0.00%
Gifts-in-Kind	<u>\$2,886,918</u>	<u>\$3,214,313</u>	-10.19%
Outright Gift Receipts	<u>\$67,602,895</u>	<u>\$62,381,057</u>	8.37%
Pledge Receipts	\$53,260,054	\$51,422,904	3.57%
Planned Gift Receipts			
Revocable Planned Gifts	\$5,553,190	\$6,468,222	-14.15%
Irrevocable Planned Gifts	<u>\$4,822,090</u>	<u>\$5,520,188</u>	-12.65%
Planned Gift Receipts	<u>\$10,375,280</u>	<u>\$11,988,409</u>	-13.46%
Private Grant (OSP) Receipts	\$38,687,158	\$51,095,772	-24.29%
Philanthropic Receipts Total	<u>\$169,925,386</u>	<u>\$176,888,142</u>	-3.94%

The Ohio State University
Board of Trustees

February 1, 2013

UNIVERISTY FOUNDATION REPORT

	<u>Amount Establishing Endowment *</u>	<u>Total Commitment</u>
<u>Change in Description of Named Endowed Fund</u>		
The Maria A. Melnyk Franks Memorial Scholarship Fund		
The Shepherd Scholarship Award Fund		
<u>Change in Name and Description of Named Endowed Fund</u>		
From: The Mary Lundie Stewart Vorman Scholarship Fund		
To: The Mary Lundie Stewart Vorman Loan Fund		
From: The Glendine Huggins Wadlington Memorial Fund		
To: The George and Glendine Wadlington Memorial Scholarship Fund		
<u>Establishment of Named Endowed Dean's Chair</u>		
Monte Ahuja Endowed Dean's Chair (Is being established February 1, 2013 with gifts from Monte Ahuja and The Ahuja Foundation; used to support a named, endowed dean in the College of Engineering who will have the privilege to allocate the annual distribution at his/her sole discretion for the continued growth and development of the College. The dean shall use the title "Monte Ahuja Endowed Dean's Chair" and his/her office will be known as the "Office of the Dean, Endowed by Monte Ahuja.")	\$1,700,000.00	\$3,500,000.00
<u>Establishment of Named Endowed Professorship</u>		
Henry L. Cox Endowed Professorship (Is being established February 1, 2013 with an estate gift from Dr. Henry L. Cox; used to provide an endowed professorship position in the College of Arts and Sciences.)	\$780,000.00	\$780,000.00
<u>Establishment of Named Endowed Funds</u>		
Michael and Judith Heschel Undergraduate Scholarship Fund (Is being established February 1, 2013 with a gift from Michael and Judith Heschel; used to provide scholarship support to recruit and retain undergraduate student(s) pursuing a business major/minor with a major/minor in an area of Science, Technology, Engineering, or Mathematics.)	\$500,000.00	\$500,000.00
Wrestling Head Coach Support Fund (Is being established February 1, 2013 with a gift from Alex Porter; used to support the wrestling program: ninety percent shall be used to offset the cost of the head coach's salary and ten percent shall be used at the discretion of the head coach of the wrestling team.)	\$500,000.00	\$1,000,000.00

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Ransom Family Scholarship Fund (Is being established February 1, 2013 with gifts from Buss and Eric Ransom; used to equally support three Ransom Scholars who are Ohio residents born in the State of Ohio, enrolled in the Knowlton School of Architecture, majoring in Architecture, and demonstrating strong growth potential, leadership skills, and evidence of breadth of capabilities beyond the classroom; preference given to students admitted to the School's Honors and Scholars Program.)	\$300,000.00	\$300,000.00
The E. Gordon Gee Ohio State Scholarship Fund (Is being established February 1, 2013 with gifts from E. Gordon Gee; used to provide up to four renewable scholarships equal to the cost of in-state tuition for full-time undergraduate students attending the Columbus Campus with the intent to support one student at each class level.)	\$256,000.00	\$1,000,000.00
The Earle and Ann Klosterman Endowed Graduate Award Fund (Is being established February 1, 2013 with a gift from Earle Klosterman; used to support graduate students in the Department of Animal Sciences in the College of Food, Agricultural, and Environmental Sciences who are in good academic standing and conducting their research with beef cattle at the Ohio Agricultural Research and Development Center.)	\$200,000.00	\$200,000.00
The Pat and Bobby Moser Scholars Endowment Fund (Is being established February 1, 2013 with gifts from friends and colleagues in honor of the Mosers; used to support the Moser Scholars Program in the College of Food, Agricultural, and Environmental Sciences including, but not limited to, scholarships for cost of education and for study abroad, assistantships and internships in OSU Extension, enrichment beyond the classroom activities, visiting scholars, research awards, and operations.)	\$89,023.30	\$50,000.00+
Heit Family Physical Activity and Outreach Initiative Endowment Fund (Is being established February 1, 2013 with gifts from Philip and Sheryl W. Heit; used only for collaborative undertakings between Sports Health and Performance Institute and the Comprehensive Cancer Center, the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, the Richard M. Ross Heart Hospital, and the OSU Heart and Vascular Center to support projects related to women's health focusing on the prevention and education of cancer and heart disease.)	\$80,000.00	\$250,000.00

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The Anthem Blue Cross Blue Shield Of Ohio Athletic Scholarship Fund (Is being established February 1, 2013 with a gift from Anthem Blue Cross Blue Shield of Ohio; used to supplement the grant-in-aid scholarship costs of an intercollegiate student-athlete who is a member of the women's swimming team and is pursuing an undergraduate degree at The Ohio State University with preference given to a student-athlete pursuing a career in the health/allied medical profession.)	\$60,000.00	\$150,000.00
The Holly and Greg Cush Family Women's Swimming Support Fund (Is being established February 1, 2013 with a gift from Dr. and Mrs. Greg Cush; used to supplement the discretionary budget of the women's swimming program.)	\$60,000.00	\$150,000.00
The Allan R. Millett Scholarship Fund (Is being established February 1, 2013 with gifts from several donors and friends in honor of Allan R. Millett; used to support a study abroad scholarship for history majors with preference given to undergraduate students.)	\$56,885.00	\$50,000.00+
Lowe Family-Marion County GoBuck\$ Challenge Fund (Is being established February 1, 2013 with gifts from Ann and Arthur Lowe; used to support an incentive program that provides tuition vouchers for students attending the Marion County District Schools, exclusive of Marion City Schools, who meet attendance and/or achievement goals.)	\$56,748.00	\$275,000.00
The Ken Jameson Memorial Cheerleading Scholarship Fund (Is being established February 1, 2013 with a gift from Betsy Jameson; shall supplement the grant-in-aid scholarship costs of an intercollegiate student-athlete who is a member of the spirit squad and is pursuing an undergraduate degree at The Ohio State University.)	\$54,581.12	\$50,000.00+
The Timothy Joseph Paskell Undergraduate Scholarship Fund (Is being established February 1, 2013 with gifts from friends, family, and colleagues in memory of Timothy Paskell; used to provide scholarship support to undergraduate student(s) at the Max M. Fisher College of Business with preference given to residents of Ohio.)	\$50,283.20	\$50,000.00+
Nurturing Nursing Profession Fund (Is being established February 1, 2013 with gifts from Tara Lancione, family, and friends; used to provide scholarship support to undergraduate students enrolled in the College of Nursing who demonstrate financial need and have a minimum 3.0 grade point average.)	\$50,036.84	\$50,000.00+

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The Acarology Department Foundation Endowment Fund (Is being established February 1, 2013 with gifts from the Acarology Development Foundation and its donors; used to provide up to three need-based scholarships per year to students training in acarology with preference given to those focusing on taxonomy.)	\$50,000.00	\$50,000.00+
The Dr. William M. Busey Endowed Summer Research Fund (Is being established February 1, 2013 with a gift from his wife, Mrs. Betty Hamilton Busey, and their children, Mrs. Lee Busey Crain and Mr. Samuel Hamilton Busey; used to provide support for a student enrolled in the College of Veterinary Medicine Summer Research Program pursuing projects related to pathology.)	\$50,000.00	\$50,000.00
The Mark Eisenman '72 Endowed Scholarship Fund in Civil Engineering (Is being established February 1, 2013 with a gift from Dorie- Ellen Eisenman; used to provide scholarship support for an undergraduate student enrolled in the College of Engineering majoring in Civil Engineering who displays leadership skills, diplomacy, and a dedication to the profession with preference given to students with financial need.)	\$50,000.00	\$50,000.00
The Barbara K. Fergus Women in Leadership Lecture Series (Is being established February 1, 2013 with gifts from Barbara Koch Fergus; used to host an annual lecture that will bring in leading women from all walks – corporate, political, not-for-profit, et al., to educate and enlighten on the global challenges and leadership roles associated with women's and world issues with the intent of bringing the community together in a free and open exchange of ideas and ideologies, creating a dialogue that is informative and inspirational.)	\$50,000.00	\$250,000.00
The Malcolm D. Jeffrey Glioblastoma Research and Caregiver Support Fund (Is being established February 1, 2013 with gifts given in his memory from his daughter, Lynne M. Jeffrey; used by the Department of Neurological Surgery for medical research to improve treatment of glioblastoma, provide outreach programs/activities for patients, and support for caregivers including, but not limited to, research supplies, equipment, personnel, lab space, research awards to fellows, cost of fees/travel for educational conferences or other training, patient/caregiver education, referral mechanisms to respite or hospice resources in the community, etc.)	\$50,000.00	\$50,000.00+
Ruth Little Strader and Jack D. Strader Alumnae Scholarship Housing Fund (Is being established February 1, 2013 with a gift from Ruth Little Strader and Jack D. Strader; used to provide living expenses for the Alumnae Scholarship House Scholars.)	\$50,000.00	\$50,000.00

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Grayce Sills Archive Endowment Fund (Is being established February 1, 2013 with gifts from Grayce Sills and her friends and colleagues; used to support improvements and special events for the Grayce Sills records located at the Medical Heritage Center.)	\$38,666.00	\$25,000.00+
The Dr. Bob Murphy Athletic Fund (Is being established February 1, 2013 with gifts from family and friends of Dr. Bob Murphy; used to supplement the budget of the Athletic Training Program.)	\$25,000.00	\$25,000.00
Musser Endowed Fund (Is being established February 1, 2013 with gifts from Dr. Jon Brian Musser; used to support the Technology Center in the College of Dentistry.)	\$25,000.00	\$25,000.00

Change in Description of Named Endowed Fund

The Milton H. and Karen L. Hendricks Scholarship Fund

The Wolfe Study Abroad Scholarships Endowed Fund

TOTAL

\$5,182,223.46

* Reflects gifts received as of December 31, 2012

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The Maria A. Melnyk Franks Memorial Scholarship Fund

The Maria A. Melnyk Franks Memorial Scholarship Fund was established August 30, 1995, by the Board of Trustees of The Ohio State University with gifts from Richard L. Franks (BA 1977) and friends, in memory of Maria A. Melnyk Franks. The description was revised August 30, 2000, and May 14, 2010, and is being revised again February 1, 2013.

The annual distribution shall provide three \$250 scholarships for students actively involved in music and music study: one for an outstanding undergraduate or graduate piano major; one for an outstanding undergraduate or graduate music major who is an active member of The Ohio State University Men's Glee Club; and one for an outstanding undergraduate or graduate student who is an active member of The Ohio State University Marching Band from any school or department. If there are no candidates majoring in piano, it is the desire of the donor that the award is given to a student majoring in French horn. Scholarship recipients must maintain a minimum grade point average as stipulated by School of Music and University policies; scholarships may be renewed up to four years as long as the recipients maintain eligibility. Scholarship recipients shall be selected by the director of the School of Music with recommendations from the directors of The Ohio State University Marching Band and The Ohio State University Men's Glee Club, in consultation with Student Financial Aid.

The University may modify any selection criteria 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 shall 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 donors 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 University's Board of Trustees. In making this alternate designation, the Board shall seek advice from members of the Franks family (Richard L. Franks, Charles R. Franks, Charles A. Franks, and Stacey R. Franks, or their heirs) and the director of the School of Music with recommendations from the directors of The Ohio State University Marching Band and The Ohio State University Men's Glee Club.

The Shepherd Scholarship Award Fund

The J. M. Shepherd Scholarship Fund was established April 3, 1987, by the Board of Trustees of The Ohio State University, with gifts from J. M. Shepherd (BCerE 1958; MBA 1959). The name and description were revised December 1, 1989. The description is being further revised on February 1, 2013.

The annual distribution shall be used to provide one scholarship award to a graduate of Withrow High School (Cincinnati, Ohio) who intends to enroll in the College of Engineering. The recipient shall have evidence of financial need for the first year's selection only and promise of academic achievement in any engineering discipline. This scholarship can be renewed annually until graduation as long as each recipient maintains progress toward a degree and a grade point average of 3.0. If there are no eligible Withrow graduates, the award should be made available to any deserving engineering student, with preference to a graduate of any other Cincinnati public high school. The award recipient shall be selected by the dean of the College of Engineering or his or her designee, in consultation with Student Financial Aid.

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The Ohio State University's mission and admissions policy supports educational diversity. 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 held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the dean of the College of Engineering or his/her designee.

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 Engineering, in consultation with Student Financial Aid.

The Mary Lundie Stewart Vorman Loan Fund

The Mary Lundie Stewart Vorman Scholarship Fund was established March 5, 2004, by the Board of Trustees of The Ohio State University with a gift from the estate of Helen Vorman Anderson (BS in Ed 1923, MA 1931) formerly of Salinas, California, in memory of her mother, Mary Lundie Stewart Vorman. The name and description are being revised on February 1, 2013.

The annual distribution from this fund shall provide undergraduate or graduate awards, on a loan basis, for the study of Celtic literature with an emphasis on Scottish literature, to candidates who demonstrate financial need. It is the hope of the donor that the award will provide at least 25%, but not more than 90%, of the recipient's financial needs. Each award should be limited to one academic year. The award may be extended for a second academic year if the chair of the Department of English determines that the recipient exhibits outstanding academic achievement and ambition.

Award recipients and loan terms shall be determined by the Department of English, in consultation with Student Financial Aid and with approval by the executive dean of the College of Arts and Sciences. The College of Arts and Sciences shall monitor the recipients to ensure compliance with the terms of the loan and notify the Bursar's Office regarding collection of the loans. Loan repayments will be collected and processed by the Bursar's Office. All loan payments will be returned to the principal of the endowment.

The Ohio State University's mission and admissions policy supports educational diversity. 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.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the executive dean of the College of Arts and Sciences, in consultation with the chair of the Department of English.

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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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, per the donor's wishes, the market value of the principal shall be transferred to University of Edinburgh in Scotland.

The George and Glendine Wadlington Memorial Scholarship Fund

The Glendine Huggins Wadlington Memorial Fund was established June 6, 1996, by the Board of Trustees of The Ohio State University with gifts from family, friends, and co-workers in memory of Glendine Huggins Wadlington. The description was revised May 14, 2010. The name and description are being revised on February 1, 2013.

The annual distribution from this fund shall be divided, with 50% going to the Ohio 4-H Foundation for service to developmentally disabled youth; and 50% going to the College of Education and Human Ecology to provide scholarships or financial aid to one or more students with financial need from Preble County, Ohio, who are preparing for teacher certification in special education of, but not limited to, developmentally challenged or gifted youth. Scholarship recipients should have demonstrated strong character and outstanding service to school and community. Recipients will be administered by the College of Education and Human Ecology, in consultation Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. 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 donors 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 University's Board of Trustees. In making this alternate designation, the Board shall seek advice from the dean of the College of Education and Human Ecology and from the director of Ohio 4-H.

Monte Ahuja Endowed Dean's Chair

It is proposed that the Monte Ahuja Endowed Dean's Chair in the College of Engineering be established February 1, 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, with gifts from Monte Ahuja and The Ahuja Foundation.

The annual distribution from this fund shall support a named, endowed dean in the College of Engineering who will have the privilege to allocate the annual distribution at his/her sole discretion, for the continued growth and development of the College. The College of Engineering's Office of the Dean will be known as the "Office of the Dean, Endowed by Monte Ahuja" with the name displayed at the office entrance. The dean shall use the title "Monte Ahuja Endowed Dean's Chair" on all correspondence, external publications, and student recruitment and marketing material appropriate for the College and University after consultation with The Ahuja Foundation. Appointment to the position shall be recommended by the Provost and approved by the University's Board of Trustees.

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Any unused distribution from this endowed fund shall be held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the dean.

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 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 a representative of the donors, if possible, and the Provost.

Amount Establishing Endowment: \$1,700,000.00
Total Commitment: \$3,500,000.00

Henry L. Cox Endowed Professorship

It is proposed that the Henry L. Cox Endowed Professorship in the College of Arts and Sciences be established February 1, 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, with an estate gift from Dr. Henry L. Cox (MS 1951, PhD 1955).

The annual distribution from this fund shall be used to provide an endowed professorship position in the College of Arts and Sciences. To qualify, a candidate must be a faculty member in the Department of Astronomy and the Department of Physics performing exceptional, cutting-edge research.

Appointment to the position shall be approved by the University's Board of Trustees as recommended by the executive dean of the College of Arts and Sciences, in consultation with the chair of the Department of Astronomy and the chair of the Department of Physics. The term of appointment shall be five years. During that time, the recipient shall be known as *The Henry L. Cox Professor*.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the executive dean of the College of Arts and Sciences, in consultation with the chair of the Department of Astronomy and the chair of the Department of Physics.

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 executive dean of the College of Arts and Sciences, in consultation with the chair of the Department of Astronomy and the chair of the Department of Physics.

Amount Establishing Endowment: \$780,000.00 (grandfathered)
Total Commitment: \$780,000.00

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Michael and Judith Heschel Undergraduate Scholarship Fund

It is proposed that the Michael and Judith Heschel Undergraduate Scholarship Fund be established February 1, 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, with a gift from Michael (BS 1964, MS 1965, MS 1967) and Judith Heschel of Marco Island, Florida.

The annual distribution from this fund shall provide scholarship support to recruit and retain undergraduate student(s) pursuing a business major (or minor) with a major (or minor) in an area of STEM (Science, Technology, Engineering, Mathematics). If no candidates meet the selection criteria, the scholarship(s) can be awarded to undergraduate student(s) enrolled in the Max M. Fisher College of Business. Scholarship recipients shall be selected by the College's dean, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. 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 held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the dean of the Max M. Fisher College of Business.

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 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 donors, if possible, and the dean of the Max M. Fisher College of Business.

Amount Establishing Endowment: \$500,000.00

Total Commitment: \$500,000.00

Wrestling Head Coach Support Fund

It is proposed that the Wrestling Head Coach Support Fund be established February 1, 2013, by the Board of Trustees of The Ohio State University in accordance with guidelines approved by the Board of Directors of The Ohio State University Foundation with a gift from Alex Porter of New York, New York.

The annual distribution from this fund shall be used to support the wrestling program. Ninety percent (90%) shall be used to offset the cost of the head coach's salary. Ten percent (10%) shall be used at the discretion of the head coach of the wrestling team.

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 endowed 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 cost of development and fund management.

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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 director of Athletics.

Amount Establishing Endowment: \$500,000.00
Total Commitment: \$1,000,000.00

Ransom Family Scholarship Fund

It is proposed that the Ransom Family Scholarship Fund be established February 1, 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, with gifts from Buss and Eric Ransom, long-time friends and supporters of the Knowlton School of Architecture from Columbus, Ohio.

A 1961 Ohio State graduate (BS Engineering/Architecture), Horace Russell "Buss" Ransom is founder and president of HR Ransom, Inc. After graduation, Buss worked for a number of architectural firms before forming his own company in 1972. The firm was known for designing and building high-quality developments, including land development; offices; commercial, single and multi-family residences; and condominiums. His innovative designs led the way for riverfront development in and around Columbus. He received the Building Industries' Washburn-Schofield Award, and the Honor Award from the American Institute of Architects. Some of his notable developments include the Quarry on the Scioto, Scioto Pointe, Quarry Place, and The Woods at Muirfield Village. He has been an industry spokesman for the building community presiding over the local and state associations representing the home building industry. Buss received a Distinguished Alumni Award from Ohio State's College of Engineering and has been a member of the Knowlton School of Architecture Advisory Committee and the College of Engineering External Advisory Council.

The annual distribution from this fund shall be used to equally support three (3) Ransom Scholars who are enrolled in the Knowlton School of Architecture and majoring in architecture. To qualify, candidates must have been born in the state of Ohio and be a resident of Ohio. Additionally, candidates must demonstrate strong growth potential, leadership skills, and evidence of breadth of capabilities beyond the classroom. Preference shall be given to students admitted to the School's Honors and Scholars Program.

Scholarships will be awarded to one (1) incoming sophomore, one (1) incoming junior, and one (1) incoming senior student each fall semester. Scholarships may be renewed as long as a 3.4 cumulative grade point average (GPA) is maintained for Honors Program recipients and a 3.2 cumulative GPA is maintained for Scholars Program recipients. Recipients shall be selected by the director of the Knowlton School of Architecture, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. 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.

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It is the desire of the donors 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 donors, if possible, and the director of the Knowlton School of Architecture.

Amount Establishing Endowment: \$300,000.00
Total Commitment: \$300,000.00

The E. Gordon Gee Ohio State Scholarship Fund

It is proposed that The E. Gordon Gee Ohio State Scholarship Fund be established February 1, 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, with gifts from E. Gordon Gee.

The annual distribution from this fund shall provide up to four renewable scholarships equal to the cost of in-state tuition for full-time undergraduate students attending the Columbus Campus. The fund is intended to support one student at each class level. The director of Student Financial Aid or his/her designee shall contact the donor during his lifetime prior to the selection of each new scholarship recipient to identify the preferred degree program or area of study to be targeted. The scholarships shall be distributed equally over the terms of the academic school year and are renewable for four years or until completion of a baccalaureate degree, whichever comes first.

The Ohio State University's mission and admissions policy supports educational diversity. 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.

Until the principal of the fund reaches \$1,000,000, the annual distribution shall be reinvested into the endowment principal or distributed to provide one or more scholarships described above as determined by the director of Student Financial Aid, in consultation with the donor. Thereafter, in any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the director of Student Financial Aid.

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 director of Student Financial Aid.

Amount Establishing Endowment: \$256,000.00
Total Commitment: \$1,000,000.00

The Earle and Ann Klosterman Endowed Graduate Award Fund

It is proposed that The Earle and Ann Klosterman Endowed Graduate Award Fund be established February 1, 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, with a gift from Earle Klosterman of Wooster, Ohio.

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The annual distribution from this fund shall be used to support graduate students in the Department of Animal Sciences in the College of Food, Agricultural, and Environmental Sciences. The award shall be given to students in good academic standing and conducting their research with beef cattle at the Ohio Agricultural Research and Development Center (OARDC). The award may be granted to the same student in successive years until their degree and/or research are successfully completed. Recipients shall be selected by the chair of Animal Sciences and the chair of the Animal Sciences Graduate Studies Committee in accordance with guidelines established by the vice president for Agricultural Administration and executive dean for Food, Agricultural, and Environmental Sciences or his/her designee.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any selection criteria should the criteria be found, in whole or 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 may be reinvested in the endowment principal or held in the distribution account to be used in subsequent years and only for the purposes of the endowment at the direction of the vice president for Agricultural Administration and executive dean for Food, Agricultural, and Environmental Sciences or his/her designee.

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 Board shall seek advice from the donor, if possible, and the vice president for Agricultural Administration and executive dean for Food, Agricultural, and Environmental Sciences or his/her designee.

Amount Establishing Endowment: \$200,000.00

Total Commitment: \$200,000.00

The Pat and Bobby Moser Scholars Endowment Fund

It is proposed that The Pat and Bobby Moser Scholars Endowment Fund be established February 1, 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, with gifts from friends and colleagues honoring the Mosers for their dedication and service to the College of Food, Agricultural, and Environmental Sciences, and the agricultural community throughout Ohio.

The annual distribution from this fund shall be used to support the Moser Scholars Program in the College of Food, Agricultural, and Environmental Sciences. Program expenses may include, but are not limited to, scholarships for cost of education and for study abroad, assistantships and internships in OSU Extension, enrichment beyond the classroom activities, visiting scholars, research awards, and operations. Undergraduate and graduate students are eligible to participate in the Moser Scholars Program.

Scholarship recipients shall be selected by the College's scholarship selection committee in accordance with guidelines and procedures established by the dean of the College or his/her designee for scholarship administration, in consultation with department scholarship selection committees, as appropriate, and with Student Financial Aid.

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Other awards shall be made in accordance with guidelines and procedures for the Moser Scholars Program as established by the dean of the College or his/her designee.

All expenditures from this fund must be in accordance with guidelines and procedures for the Moser Scholars Program and approved by the dean of the College or his/her designee.

The Ohio State University's mission and admissions policy supports educational diversity. 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 held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the dean of the College.

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 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 honorees, Pat and Bobby Moser, if possible, and the vice president for agricultural administration and dean of the College of Food, Agricultural, and Environmental Sciences.

Amount Establishing the Endowment: \$89,023.30
Total Commitment: \$50,000.00+

Heit Family Physical Activity and Outreach Initiative Endowment Fund

It is proposed that the Heit Family Physical Activity and Outreach Initiative Endowment Fund be established on February 1, 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 with gifts from Philip and Sheryl W. Heit of New Albany, Ohio.

The annual distribution from this fund shall establish the *Heit Family Physical Activity and Outreach Initiative* as an ongoing program in the Sports Health and Performance Institute (SHPI) that disseminates educational and research information on how sports health (i.e., athletic or physical activity performance) impacts overall health/wellness, or injury and disease prevention. Distributions from the Heit endowment fund are to be used only for collaborative undertakings between SHPI and the Comprehensive Cancer Center, the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, the Richard M. Ross Heart Hospital, and the OSU Heart and Vascular Center to support projects related to women's health focusing on the prevention and education of cancer and heart disease.

Allocation and approval of expenditures shall be made by the director of Research of the SHPI and by the two executive co-directors of the OSU Sports Medicine program, in consultation with the dean of the College of Medicine and with the senior vice president for Health Sciences.

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

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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 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 University's Board of Trustees. In making this alternate designation, the Board shall seek advice of the donors (or their representatives) and the dean of the College of Medicine, in consultation with the director of SHPI, executive co-directors of OSU Sports Medicine, and the senior vice president for Health Sciences.

Amount Establishing Endowment: \$80,000

Total Commitment: \$250,000.00

The Anthem Blue Cross Blue Shield of Ohio Athletic Scholarship Fund

It is proposed that The Anthem Blue Cross Blue Shield of Ohio Athletic Scholarship Fund be established February 1, 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, with a gift from Anthem Blue Cross Blue Shield of Ohio of Cincinnati, Ohio.

The annual distribution from this fund shall supplement the grant-in-aid scholarship costs of an intercollegiate student-athlete who is a member of the women's swimming team and is pursuing an undergraduate degree at The Ohio State University. Preference will be given to a student-athlete pursuing a career in the health/allied medical profession. Scholarship recipients shall be selected by the director of the Department of Athletics, in consultation with the Office of Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. 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 a representative of the donor, if possible, and the director of the Department of Athletics.

Amount Establishing Endowment: \$60,000.00

Total Commitment: \$150,000.00

The Holly and Greg Cush Family Women's Swimming Support Fund

It is proposed that The Holly (BS 1991, MS 1998) and Greg Cush Family Women's Swimming Support Fund be established February 1, 2013, by the Board of Trustees of The Ohio State University in accordance with guidelines approved by the Board of Directors of The Ohio State University Foundation with a gift from Dr. and Mrs. Greg Cush of New Albany, Ohio.

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The annual distribution from this fund shall be used to supplement the discretionary budget of the women's swimming program. Expenditures shall be approved by the head coach.

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 endowed 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 cost of development and fund management.

It is the desire of the donors 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 donors, if possible, and the director of Athletics.

Amount Establishing Endowment: \$60,000.00

Total Commitment: \$150,000.00

The Allan R. Millett Scholarship Fund

It is proposed that The Allan R. Millett Scholarship Fund be established February 1, 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, with gifts from several donors and friends in honor of Allan R. Millett (MA 1963, PhD 1966).

The annual distribution from this fund shall be used to support a study abroad scholarship for history majors with preference given to undergraduate students. Recipients shall be selected by the chair of the Department of History, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. 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 held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the executive dean of the College of Arts and Sciences, in consultation with the chair of the Department of History.

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 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 a representative the donors, if possible, and the executive dean of the College of Arts and Sciences, in consultation with the chair of the Department of History.

Amount Establishing Endowment: \$56,885.00

Total Commitment: \$50,000.00+

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Lowe Family-Marion County GoBuck\$ Challenge Fund

It is proposed that the Lowe Family-Marion County GoBuck\$ Challenge Fund be established February 1, 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, with gifts from Ann and Arthur Lowe.

The annual distribution from this fund shall be used to support an incentive program for students attending the Marion County District Schools, exclusive of the Marion City Schools. These districts include Elgin, Ridgedale, Pleasant, River Valley, and Marion Catholic Schools. The program provides tuition vouchers to Ohio State University at Marion for students meeting specified attendance and/or achievement goals. Scholarship recipients shall be selected by the dean and director of Ohio State Marion, in consultation with Student Financial Aid.

The University will establish an advisory committee at the time the fund is endowed. The advisory committee's duties shall be to make recommendations to the dean and director of Ohio State Marion regarding the criteria for awarding tuition vouchers, the appropriate grade levels and frequency of distribution, and other business related to the operation of the GoBuck\$ Marion County program. The committee shall include a representative of the Marion County Schools, one or both donors or their donor representatives, and University representatives such as the director of Community Relations and the director of Admissions and Financial Aid. The committee's role shall be advisory with final operational and spending authority residing with the dean and director and/or the Chief Financial Officer of The Ohio State University at Marion.

The Ohio State University's mission and admissions policy supports educational diversity. 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 shall be held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the dean and director of The Ohio State University at Marion, in consultation with the fund's Advisory Committee.

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 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 donors, if possible, and the dean and director of The Ohio State University at Marion.

Amount Establishing Endowment: \$56,748.00
Total Commitment: \$275,000.00

The Ken Jameson Memorial Cheerleading Scholarship Fund

It is proposed that The Ken Jameson (BA 1975) Memorial Cheerleading Scholarship Fund be established February 1, 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, with a gift from Betsy Jameson (BS 1976) from Cincinnati, Ohio.

The annual distribution from this fund shall supplement the grant-in-aid scholarship costs of an intercollegiate student-athlete who is a member of the spirit squad and is pursuing an undergraduate

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degree at The Ohio State University. Scholarship recipients shall be selected by the director of the Department of Athletics, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. 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 director of the Department of Athletics.

Amount Establishing Endowment: \$54,581.12
Total Commitment: \$50,000.00+

The Timothy Joseph Paskell Undergraduate Scholarship Fund

It is proposed that The Timothy Joseph Paskell Undergraduate Scholarship Fund be established February 1, 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, with gifts from friends, family, and colleagues in memory of Timothy Paskell (BSBA 1977).

Tim Paskell was a very successful business executive and a devoted family man who treated everyone he met with respect and kindness regardless of their financial stature. As a businessman, he made major contributions to several large businesses including Unilever, Hartz, and Walmart. Tim focused on the importance of each person he came into contact with, taking time to get to know them as individuals from the CEO to the janitor. As a family man, the care and well-being of his family was Tim's top priority. He was passionate about many interests including The Ohio State University and its athletics program. Tim was a role model of the kind of person each of us could be if we made the effort; he lived his life to the fullest and he will live on in the hearts of his family and friends.

The annual distribution from this fund shall be used to provide scholarship support to an undergraduate student(s) at the Max M. Fisher College of Business with preference given to residents of Ohio. Selection of the recipient(s) shall be made by the director of the College's Undergraduate Programs Office, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. 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 held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the dean of the Max M. Fisher College of Business.

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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 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 Nanci Paskell, should she be alive, and the dean of the Max M. Fisher College of Business.

Amount Establishing Endowment: \$50,283.20

Total Commitment: \$50,000.00+

Nurturing Nursing Profession Fund

It is proposed that the Nurturing Nursing Profession be established February 1, 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, with gifts from Tara Lancione, family, and friends.

The annual distribution from the fund shall provide scholarship support to undergraduate students enrolled in the College of Nursing who demonstrate financial need and have a minimum 3.0 grade point average. Scholarship recipients shall be selected by the College's dean, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. 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 donors 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 Tara Lancione, if possible, and the dean of the College of Nursing.

Amount Establishing Endowed Fund: \$50,036.84

Total Commitment: \$50,000.00+

The Acarology Development Foundation Endowment Fund

It is proposed that The Acarology Development Foundation Endowment Fund be established February 1, 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, with gifts from the Acarology Development Foundation and its donors.

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The annual distribution from this fund shall be used to provide up to three need-based scholarships per year to students training in acarology with preference given to those focusing on taxonomy. The recipients shall be selected by the chair of the Department of Evolution, Ecology and Organismal Biology, in consultation with professor in-charge of the acarology lab and Student Financial Aid. If acarology will not be taught during summer any year in the future, an award will be provided to student(s) of taxonomy researching in acarology.

The Ohio State University's mission and admissions policy supports educational diversity. 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 a representative of the donor, if possible, and the chair of the Department of Evolution, Ecology, and Organismal Biology.

Amount Establishing Endowment: \$50,000.00
Total Commitment: \$50,000.00+

The Dr. William M. Busey Endowed Summer Research Fund

It is proposed that The Dr. William M. Busey (DVM 1958) Endowed Summer Research Fund be established February 1, 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, with a gift from Mrs. Betty Hamilton Busey, wife of Dr. William M. Busey, and their children, Mrs. Lee Busey Crain and Mr. Samuel Hamilton Busey, in loving memory of Dr. William M. Busey's dedication and commitment to the field of veterinary research.

Dr. Busey was a true visionary in the field of veterinary pathology and was passionate about ensuring the future of veterinary researchers. The scarcity of veterinary pathologists and the need for committed researchers in veterinary medicine is what encouraged Dr. Busey to start a stipend for the Summer Research Program. "This is a chance for us to develop research and bring a lot of skill to the research labs," he said. "I am very loyal to Ohio State; it is one of the leading veterinary schools in the world and has a very strong research interest and research capability."

The annual distribution from this fund shall provide support for a student enrolled in the College of Veterinary Medicine Summer Research Program pursuing projects related to pathology. Recipients shall be named *The Dr. William M. Busey Fellow*. Recipients shall be selected by a faculty committee involved with the Summer Research Program.

The Ohio State University's mission and admissions policy supports educational diversity. 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.

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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 Veterinary Medicine.

Amount Establishing Endowment: \$50,000.00

Total Commitment: \$50,000.00

The Mark Eisenman '72 Endowed Scholarship Fund in Civil Engineering

It is proposed that The Mark Eisenman '72 (BS 1972) Endowed Scholarship Fund in Civil Engineering be established February 1, 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, with a gift from Dorie-Ellen Eisenman (BS in Education 1972) from Worthington, Ohio.

Mark Eisenman earned his bachelor of science in civil engineering from Ohio State in 1972. While attending Ohio State, he met his wife, Dorie-Ellen. Dorie-Ellen and Mark have three children: Brian, Kelly, and Tracie.

Mark was proud of his professional accomplishments. During his career, Mark was president of Korda/Nemeth Engineering, Inc. He designed, or supervised the design of, many of the buildings on his alma mater's campus, including the Hagerty Hall Renovation, the Math and Sciences Library, the Peter and Clara Scott Mechanical Engineering Building, the Psychology Building, the Sisson Hall addition and renovation, the Wetlands Research and Education Building, and buildings on the regional campuses. In 2008, Mark was posthumously awarded the Meritorious Service Citation by the dean of Ohio State's College of Engineering.

In addition to his accomplished career, Mark was devoted to his community service work. He served as president of the Dublin-Worthington Rotary Club, vice president of the Worthington Arts Council, and chairman of the Worthington Chautauqua committee. He was instrumental in his company's sponsorship of the Mini Baja Design Competition.

The annual distribution from this fund shall be used to provide scholarship support for an undergraduate student enrolled in the College of Engineering majoring in civil engineering who displays leadership skills, diplomacy, and a dedication to the profession. Preference shall be given to students with financial need. Recipients shall be selected by the chair of the Department of Civil, Environmental, and Geodetic Engineering and the College's dean of Undergraduate Education and Student Services, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. 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.

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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 Engineering and the chair of the Department of Civil, Environmental, and Geodetic Engineering.

Amount Establishing Endowment: \$50,000.00
Total Commitment: \$50,000.00

The Barbara K. Fergus Women in Leadership Lecture Series

It is proposed that The Barbara K. Fergus Women in Leadership Lecture Series be established February 1, 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, with gifts from Barbara Koch Fergus (BS 1957).

The annual distribution from this fund shall be used to host an annual lecture that will bring in leading women from all walks – corporate, political, not-for-profit, et al., to educate and enlighten on the global challenges and leadership roles associated with women's and world issues. It is intended to bring the community together in a free and open exchange of ideas and ideologies, creating a dialogue that is informative and inspirational. Expenditures shall be approved by the director of the John Glenn School of Public Affairs.

Any unused distribution from this endowed fund shall be reinvested in the endowment principal.

In the event that the John Glenn School of Public Affairs at The Ohio State University becomes a named college of The Ohio State University, or becomes a part of the OSU College of Arts and Sciences, or is incorporated into any of the colleges, the endowed fund for "The Barbara K. Fergus Women in Leadership Lecture Series" will continue to be part of the new structure of the John Glenn School of Public Affairs at The Ohio State University. In the event that the John Glenn School of Public Affairs is abolished, the endowed fund should be utilized for women's leadership in the College of Arts and Sciences.

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 director of the John Glenn School of Public Affairs.

Amount Establishing Endowment: \$50,000.00
Total Commitment: \$250,000.00

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The Malcolm D. Jeffrey Glioblastoma Research and Caregiver Support Fund

It is proposed that The Malcolm D. Jeffrey Glioblastoma Research and Caregiver Support Fund be established February 1, 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 with gifts given in memory of Malcolm D. Jeffrey from his daughter, Lynne M. Jeffrey, of Columbus, Ohio.

The annual distribution from this fund shall be used by the Department of Neurological Surgery for medical research to improve treatment of glioblastoma, provide outreach programs/activities for patients, and support for caregivers. Funds may be used for, but not limited to: research supplies, equipment, personnel, lab space, research awards to fellows, cost of fees/travel for educational conferences or other training, patient/caregiver education, referral mechanisms to respite or hospice resources in the community, etc.

Allocation of the annual distribution shall be split equally each year between medical research and caregiver support projects and shall be approved by the chair of the Department of Neurological Surgery, in consultation with the dean of the College of Medicine and with the senior vice president for Health Sciences.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the chair of the department.

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 University's Board of Trustees. In making this alternate designation, the Board shall seek advice from the donor (or her representative) and the chair of the Department of Neurological Surgery, in consultation with the dean of the College of Medicine and with the senior vice president for Health Sciences.

Amount Establishing Endowment: \$50,000.00
Total Commitment: \$50,000.00+

Ruth Little Strader and Jack D. Strader Alumnae Scholarship Housing Fund

It is proposed that the Ruth Little Strader and Jack D. Strader Alumnae Scholarship Housing Fund be established February 1, 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, with a gift from Ruth Little Strader (BS in Home Economics 1951) and Jack D. Strader (BS in Agriculture 1949, MS in Agriculture 1950) of Columbus, Ohio.

The annual distribution from this fund shall provide living expenses for the Alumnae Scholarship House Scholars as approved by the OSU Alumni Association, in consultation with Student Financial Aid.

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

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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 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 donors, if possible, and the OSU Alumni Association.

Amount Establishing Endowment: \$50,000.00

Total Commitment: \$50,000.00

Grayce Sills Archive Endowment Fund

It is proposed that the Grayce Sills Archive Endowment Fund be established February 1, 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, with gifts from Grayce Sills (MA 1964, PhD 1968) and her friends and colleagues.

The annual distribution from this fund shall support improvements and special events for the Grayce Sills records located at the Medical Heritage Center; expenses shall be recommended by the Center's director and approved by the dean of the College of Nursing.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the dean of the College of Nursing, in consultation with the director of the Medical Heritage Center.

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 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 Grayce Sills, should she be alive, and the dean of the College of Nursing, in consultation with the director of the Medical Heritage Center.

Amount Establishing Endowment: \$38,666.00 (grandfathered)

Total Commitment: \$25,000.00+

The Dr. Bob Murphy Athletic Fund

It is proposed that The Dr. Bob Murphy Athletic Fund be established February 1, 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, with gifts from family and friends of Dr. Bob Murphy.

The annual distribution from this fund shall be used to supplement the budget of the Athletic Training Program at the discretion of the director of Athletics.

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.

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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 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 a representative of the donors, if possible, and the director of Athletics.

Amount Establishing Endowment: \$25,000.00 (grandfathered)

Total Commitment: \$25,000.00

Musser Endowed Fund

It is proposed that The Musser Endowed Fund be established February 1, 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, with gifts from Dr. Jon Brian Musser (DDS 1976).

The annual distribution from this fund shall support the Technology Center in the College of Dentistry as recommended by the director of the Center and approved by the dean of the College.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the dean of the College of Dentistry.

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, should he be alive, and the dean of the College of Dentistry.

Amount Establishing Endowment: \$25,000.00 (grandfathered)

Total Commitment: \$50,000.00

The Milton H. and Karen L. Hendricks Scholarship Fund

The Milton H. and Karen L. Hendricks Scholarship Fund was established November 5, 1999, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Milton H. Hendricks and Karen L. Hendricks (BSChE 1971) of Cincinnati, Ohio. The description is being revised on February 1, 2013.

The annual distribution shall be used to provide one scholarship annually for a student majoring in chemical engineering, up to the cost of full-time Ohio resident tuition and fees. Preference shall be given with particular attention to, but not limited to, female students. In addition, the candidate must maintain at least a 3.3 cumulative grade point average (GPA) and be a leader or contributing member of a campus

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student organization, professional organization, or community organization. Recipients shall be selected by the chair of the Department of Chemical Engineering and the College of Engineering's dean of Undergraduate Education, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. 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 held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the dean of the College of Engineering.

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 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 donors, if possible, and the dean of the College of Engineering.

The Wolfe Study Abroad Scholarships Endowed Fund

The Wolfe Study Abroad Scholarships Endowed Fund was established September 1, 1999, 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 a gift from the Dispatch Printing Company of Columbus, Ohio. The description is being revised on February 1, 2013.

The annual distribution from this fund shall provide one-time, study abroad scholarships for undergraduate students attending The Ohio State University who are participating in approved May session, summer, semester, or academic year study abroad programs. To qualify, candidates must have a minimum 2.75 overall grade point average and come from a hometown in the state of Ohio with preference given to those from Central Ohio. Recipients shall be selected by a faculty review committee set up by the Office of International Affairs, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. 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 held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the director of the Study Abroad Programs in the Office of International Affairs.

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

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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 a representative of the donor, if possible, and the director of the Study Abroad Programs in the Office of International Affairs.

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NAMING OF THE MULTI-SPORT ARENA

**For the life of the physical facility located at
Fred Taylor Drive, Department of Athletics: Covelli Arena**

Synopsis: The naming of the Covelli Arena located on Fred Taylor Drive on The Ohio State University Columbus campus that will be the new multi-sport arena is proposed.

WHEREAS the generosity of Caryn and Sam Covelli has made a lasting impact at The Ohio State University by providing opportunities for outstanding student-athletes to showcase their athletic talents; and

WHEREAS Caryn and Sam Covelli have provided significant contributions to the Department of Athletics; and

WHEREAS the Covelli Arena is the future competition venue for the sports of Men's and Women's Fencing, Men's and Women's Gymnastics, Men's and Women's Volleyball, and Wrestling:

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the aforementioned arena be temporarily named the Covelli Arena and officially be named upon the completion and opening of the arena for the life of the physical facility.

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NAMING OF THE PRACTICE FIELDS

**At the Woody Hayes Athletic Center,
Department of Athletics: Harmon Family Football Park**

Synopsis: The naming of the Harmon Family Football Park located at The Woody Hayes Athletic Center on Olentangy River Road, one of the finest outdoor practice facilities in the country is proposed.

WHEREAS this state-of-the-art facility, dedicated in 2010, provides the best engineered practice complexes with two natural grass and two artificial turf fields; and

WHEREAS the Woody Hayes Athletic Complex continues to advance Ohio State's athletic reputation and to help attract and retain the best prospective student-athletes; and

WHEREAS Jole and Jim Harmon and The Harmon Family Foundation have provided a significant contribution to the Ohio State football program:

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the practice fields at the Woody Hayes Athletic Center be named the Harmon Family Football Park.

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NAMING OF THE HOME TEAM TUNNEL

At Ohio Stadium, Department of Athletics: Hazelwood Family Tunnel

Synopsis: The naming of the Home Team Tunnel, located in the historic Ohio Stadium at 411 Woody Hayes Drive is proposed.

WHEREAS Ohio Stadium is one of the most recognizable landmarks in all of college athletics, built in 1922 and renovated in 2001; and

WHEREAS Ohio Stadium continues to advance Ohio State's athletic reputation and to help attract and retain the best prospective student-athletes; and

WHEREAS the game begins within the home team tunnel, where fans begin to get a glimpse of the Buckeyes decked out in their scarlet and gray; and

WHEREAS the home team tunnel is where the student-athletes stand and gather their focus and get pumped for the challenge that lies ahead; and

WHEREAS Mark Hazelwood has provided a significant contribution to the Ohio State football program:

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the home team tunnel at the Ohio Stadium be named the Hazelwood Family Tunnel.

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NAMING OF THE ALUMNI CONFERENCE ROOM 136

**Located in Cunz Hall at 1841 Neil Avenue, College of Public Health:
R. Edward Howell Alumni Conference Room**

Synopsis: The naming of the Alumni Conference Room in Cunz Hall, located at 1841 Neil Avenue, Room 136, Cunz Hall, which serves as the hub of alumni recognition for the College of Public Health and an open meeting space for faculty, staff, students, and all alumni groups is proposed.

WHEREAS the college is Ohio's first and only accredited College of Public Health and the MHA program is ranked 14th in the country; and

WHEREAS the college moved into the newly renovated Cunz Hall in 2011, the first renovated building on campus to be LEED certified, and expected to achieve at least LEED Silver Certification. The building still has 90 percent of its original walls, floors, and ceilings, and opened in 1969 as the Dieter Cunz Hall of Languages; and

WHEREAS alumnus R. Edward Howell has provided a significant contribution to the College of Public Health Special Initiatives fund to support the renovations of Cunz Hall:

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the Alumni Conference Room 136 in Cunz Hall be named the R. Edward Howell Alumni Conference Room.

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NAMING OF THE OFFICE OF ALUMNI CAREER MANAGEMENT

**For the life of the program currently located at the Longaberger Alumni House at
2200 Olentangy River Road, The Ohio State University Alumni Association, Inc.:
The Bill and Susan Lhota Office of Alumni Career Management**

Synopsis: The naming of the Alumni Career Management Office, a department of The Ohio State University Alumni Association, Inc. (OSUAA) located at 2200 Olentangy River Road in the Longaberger Alumni House as The Bill and Susan Lhota Office of Alumni Career Management that will serve our alumni at all stages of their career by providing the tools and guidance alumni need to help further, change, or enhance their career aspirations is proposed.

WHEREAS the Alumni House serves as the headquarters for an international network of graduates, former students, and friends of the university who work together to strengthen Ohio State through programs, services, and events; and

WHEREAS Bill and Susan Lhota are some of the OSUAA's most dedicated friends and key volunteers, including Bill's service as Chair and Vice-Chair of the OSUAA Board of Directors; and

WHEREAS Bill and Susan Lhota enjoy a close affiliation professionally and personally with Archie Griffin, Ohio State Senior Vice President for Alumni Relations and OSUAA President/CEO, and many other leaders both in the campus community and broader Central Ohio community; and

WHEREAS the Lhota name is synonymous with leadership, ethics, and service:

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the Office of Alumni Career Management, for the life of the program, be named The Bill and Susan Lhota Office of Alumni Career Management.

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NAMING OF THE ONCOLOGY REHABILITATION SUITE

**In the Stefanie Spielman Comprehensive Breast Cancer, at the OSUCCC–James:
The Buckeye Cruise for Cancer Physical Therapy and Oncology Rehabilitation Suite**

Synopsis: The naming of the Physical Therapy and Oncology Rehabilitation Suite in the Stefanie Spielman Comprehensive Breast Center, located at 739 West Third Avenue on the Gowdy Field Development campus that is the only comprehensive breast center of its kind in the Midwest is proposed.

WHEREAS the Stefanie Spielman Comprehensive Breast Center is part of the Wexner Medical Center expansion campaign; and

WHEREAS The Buckeye Cruise for Cancer has provided contributions to the Stefanie Spielman Fund for Breast Cancer Research for ground breaking breast cancer research; and

WHEREAS The Buckeye Cruise for Cancer has provided significant contributions to the OSUCCC–James:

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the aforementioned Physical Therapy and Oncology Rehabilitation Suite in the Stefanie Spielman Comprehensive Breast Center be named The Buckeye Cruise for Cancer Physical Therapy and Oncology Rehabilitation Suite.

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NAMING OF THE BASEBALL FIELD

**Located at Bill Davis Stadium on Fred Taylor Drive,
Department of Athletics: Nick Swisher Field**

Synopsis: The naming of Nick Swisher Field in Bill Davis Stadium, located on Fred Taylor Drive on The Ohio State University Columbus campus, that will be the new state of the art competition field is proposed.

WHEREAS Nick Swisher made a significant impact on the OSU Baseball Program as an outstanding student-athlete; and

WHEREAS the generosity of Nick Swisher will have a lasting impact at The Ohio State University by providing opportunities for outstanding baseball student-athletes to showcase their athletic talents; and

WHEREAS Nick Swisher has provided a significant contribution to the Department of Athletics; and

WHEREAS the Nick Swisher Field is the current competition venue for The Ohio State University Baseball Program:

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the aforementioned field be named the Nick Swisher Field.

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NAMING OF MULTIPLE SPACES

**In the Varsity Indoor Tennis Center located at
880 West Henderson Road, Department of Athletics**

Synopsis: The naming of spaces in the Varsity Indoor Tennis Center, located at 880 West Henderson Road, Columbus, Ohio is proposed.

WHEREAS this state-of-the-art facility, originally dedicated in 2007, has been designed to improve the indoor training and competition environment for the OSU Men's and Women's Tennis Programs; and

WHEREAS the Varsity Indoor Tennis Center will help attract and retain the best prospective student-athletes; and

WHEREAS the donors listed below have provided significant contributions to the Varsity Tennis Programs:

- Dave E. Kass and Jonathan Kass
- Racquet Club of Columbus and James N. Hendrix
- Ann Rarey
- Tana V. and John E. Sandefur and the Sandefur Charitable Foundation
- Smith Family Foundation and Joseph Smith

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the following spaces be named:

- Tennis Court #1 In Honor of Paul Sorren
- Dr. John W. Hendrix Scoreboard
- John and Ann Rarey Family Trophy Case
- Sandefur Storage Room
- Marge P. Barge Assistant Coaches Office

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NAMING OF MULTIPLE SPACES

**Located at the Varsity Tennis Courts on
2491 Olentangy River Road, Department of Athletics**

Synopsis: The naming of multiple spaces at the Varsity Tennis Courts, located at 2491 Olentangy River Road, Columbus, Ohio is proposed.

WHEREAS this state-of-the-art facility, originally dedicated in 2012, has been designed to improve the outdoor training and competition environment for the OSU Men's and Women's Tennis Programs; and

WHEREAS the Varsity Tennis Courts will help attract and retain the best prospective student-athletes; and

WHEREAS the Varsity Tennis Courts will provide a quality tennis competition venue for high school, state and regional competitions; and

WHEREAS the donors listed below have provided significant contributions to the Varsity Tennis Programs:

- Jewish Community Federation of Cleveland and Jennifer G. Goldberg
- Patricia and Michael Schiff
- Ellie and Tom Shulman
- Dr. Robert J. Weiler

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the following spaces be named:

- Goldberg Scoreboard
- Court #1 – The Schiff Family Court
- Court #8 – The Tom and Ellie Shulman Court
- Court #10 – The Coach Ty Tucker Court

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NAMING OF THE PEDESTRIAN WALKWAY

**Between Mason Hall and Schoenbaum Hall,
Max M. Fisher College of Business: Bert L. and Iris S. Wolstein Gateway**

Synopsis: The naming of the Bert L. and Iris S. Wolstein Gateway between Mason Hall and Schoenbaum Hall, located on the campus of the Max M. Fisher College of Business that will serve to bridge the entrepreneurship and undergraduate programs is proposed.

WHEREAS Mason Hall and Schoenbaum Hall serve as the home of entrepreneurship and undergraduate education at the Max M. Fisher College of Business; and

WHEREAS the walkway between Mason Hall and Schoenbaum Hall is a primary entrance into the Max M. Fisher College of Business campus; and

WHEREAS the Bertram L. and Iris S. Wolstein Foundation have made a significant commitment designated to the Max M. Fisher College of Business to fund the Bert L. and Iris S. Wolstein Entrepreneurial Leadership Initiative:

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the aforementioned walkway between Mason Hall and Schoenbaum Hall be named the Bert L. and Iris S. Wolstein Gateway.

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NAMING OF SPACES

In the Les Wexner Football Complex at the Woody Hayes Athletic Center, Department of Athletics

Synopsis: The naming of spaces in the Les Wexner Football Complex at the Woody Hayes Athletic Center, located at 535 Irving Schottenstein Drive is proposed.

WHEREAS this state-of-the-art facility, originally dedicated in 1987 in memory of the late Woody Hayes, has been redesigned to improve the teaching environment and solidify the Buckeyes' football practice facility as one of the nation's best; and

WHEREAS the renovated Les Wexner Football Complex at the Woody Hayes Athletic Center will advance Ohio State's athletic reputation and help attract and retain the best prospective student-athletes; and

WHEREAS the donors listed below have provided significant contributions to the renovation of the Les Wexner Football Complex at the Woody Hayes Athletic Center:

- Dr. David and Carol Adamkin
- John Antonucci
- William T. Baker
- Shirley and John Berry
- Buckeye Boosters
- Wilma and David Boyer
- Gwen and William Buschman
- Brenda and Keith Carpenter
- Robin and Kenneth Carpenter
- Sara and Christopher Connor
- Andrew Dunn
- Chuck Eddy
- E. Christopher Ellison, MD
- Erwin R. Thal, MD
- Michael J. Fagert
- Dr. John F. Geletka
- The Lyden Company
- Douglas Sweeney
- David Goss
- Jeffrey J. Greiner
- Archie Griffin Scholarship Foundation
- Jole and Jim Harmon
- Dr. Raul and Constance Hernandez
- Geoff Hulme
- Anonymous
- John V. Johnson
- Jon Kleinke
- George J. Kontogiannis
- Connie and Donald Malenick
- John G. McCoy
- M/I Homes Foundation

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- Jeffrey A. Norris
- R+L Carriers
- Anne and David Rismiller
- Lee Schear
- Michael Scholler
- Ellie and Thomas Schulman
- Barbara and Joseph Schwebel
- Martin G. Solomon
- Summers Family Foundation
- Michael J.P. Telich II
- Judith and James Thomas
- James and Ellen Tressel
- Rock VanWey
- Frank and Norma Watson
- William Weprin and the Beerman Foundation
- James and Linda Wiggins
- Robert F. Wolfe and Edgar T. Wolfe Foundation
- Worthington Industries
- Leo Yassenoff Foundation

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the following spaces be named:

- The Athletic Training Locker Room, Generously donated by Dr. David and Carol Adamkin
- Room 154 - Linebacker Coach's Office, Generously donated by William T. Baker
- Room 176 - Staff Conference Room, Generously donated by John and Shirley Berry
- Scholars Bay, Generously donated by Buckeye Boosters
- National Champions Bay, Generously donated by Buckeye Boosters
- Room 162 - Offensive Coordinators Office, Generously donated by David and Wilma Boyer
- Room 158 - Defensive Coordinators Office, Generously donated by David and Wilma Boyer
- Room 181L - Head Athletic Trainers Office, Generously donated by William and Gwen Buschman in honor of Ernie Biggs, Head Athletic Trainer 1945-1972
- Player's Entrance, Generously donated by the Keith and Brenda Carpenter Family and the Kenneth and Robin Carpenter Family
- All American Hallway, Generously donated by Sara and Christopher Connor
- Room 162 - Quarterback Coach's Office, Generously donated by the Dunn Family
- Room 181P - Physical Exam Room #1, Generously donated by Erwin R. Thal, MD and E. Christopher Ellison, MD
- Room 181R - Physical Exam Room #2, Generously donated by Erwin R. Thal, MD and E. Christopher Ellison, MD
- Room 163 - Team Meeting Room 1, Generously donated by the Antonucci Family in honor of Jack Antonucci, the Dr. John F. Geletka Family, Michael and Mary Jo Fagert, the Lyden Family, the Douglas and Patricia Sweeney Family, the Bob Eddy Family, and the Chuck Eddy Family
- Room 186 - Coach Emeritus' Office, Generously donated by Dave Goss and Family

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- Theatre Room, Generously donated by Jeff and Lori Greiner
- Media Lounge, Generously donated by the Archie Griffin Scholarship Fund
- Rivalry Bay Michigan Clock, Generously donated by the Jim Harmon Family
- Room 181K Athletic Trainer Conference Room, Generously donated by Raul Hernandez, MD and Constance Hernandez
- Woody Hayes Bay, Generously donated by the Geoff Hulme and Bob Mansfield Families
- Player Television Lounge, Generously donated by the John V. Johnson Family
- Room 181Q - X-Ray Room, Generously donated by the Kleinke Family
- Room 184 - Internal Operations/Compliance Office, Generously donated by George Kontogiannis
- Room 166 - Tight Ends Coach's Office, Generously donated by Don and Connie Malenick
- The John and Jeanne McCoy Locker Room
- Irving Schottenstein Drive
- Room 198T - Storage Room, Generously donated by the Jeffrey A. Norris Family
- Coaches Bay, Generously donated by R+L Carriers
- Room 168 – The David A. and Anne B. Rismiller Running Backs Coach's Office
- The Ohio State Media Bay, Generously donated by Bucknuts
- Room 176 - The Bucknuts Media Conference Room
- Room 194 - Support Staff Office, Generously donated by the Scholler Family
- Room 159 - Small Defensive Team Room, Generously donated by Tom and Ellie Shulman in memory of Louis and Blanche Shulman
- Big Ten Bay, Generously donated by Barbara and Joe Schwebel
- Room 185A - The Howard Solomon (B Arch, 1940) Strength and Conditioning Coach's Office
- Weight Room Michigan Clock, Generously donated in honor of Mark Summers
- Room 190 - The Michael J. and Laura S. Telich McDonald's Break Room
- Heisman Trophy Display, Generously donated by the James and Judith Thomas Family
- The Watson-Tressel Coaches Locker Room
- Room 164 - Offensive Line Coach's Office, Generously donated by the VanWey Family
- Multi Purpose Room, Generously donated by Barbara and Bill Weprin and the Beerman Foundation
- Room 150 - The Linda and Jim Wiggins Receivers Coach's Office
- Room 181 - The Robert F. Wolfe and Edgar T. Wolfe Foundation Medical/Athletic Training Center
- Room 185 - Worthington Industries Steel at Work Strength and Conditioning Room
- The Leo Yassenoff Foundation Lobby

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RE-NAMING OF SPACES

Harold L. Enarson Hall and Central Classroom Building

Synopsis: The building located at 153 West 12th Avenue currently known as Frank W. Hale, Jr. Hall is being demolished. The building located at 154 West 12th Avenue is currently known as Harold L. Enarson Hall. The building located at 2009 Millikin Road is currently known as Central Classroom Building.

WHEREAS 153 West 12th Avenue was named for a former university architect in May 1963 and was known as Bradford Commons. In November 1988, The Frank W. Hale Black Cultural Center was named and located in this building. Bradford Commons was re-named Bradford Hall in November 1991. Bradford Hall was renamed Frank W. Hale, Jr. Hall in June 1992 in honor of the university's former Vice Provost for Minority Affairs; and

WHEREAS 154 West 12th Avenue was named the Ohio Union in October 1909. From 1910-1951, the building was referenced under several names: Student's Building; Club House; Student Union; Ohio Union Mess Hall and; SMA Mess Hall. After the new Union opened on High Street, 154 West 12th Avenue was referenced as: Old Ohio Union; Ohio Union Hall; Student Services Building. On April 20, 1979, the building was placed on the National Registry of Historic Places. In May 1986, the building was named Harold L. Enarson Hall in honor of President Enarson; and

WHEREAS 2009 Millikin Road was completed in January 1950, and as part of the Central Services Building served as a hub of activity for consolidated vital University services. In the late 1980s, the facility was given a renewed focus on students, serving as a facility housing classrooms, a bookstore, and administrative offices; and

WHEREAS Harold L. Enarson and Frank W. Hale, Jr. always placed students first, working as leaders in transformative change at the University including the establishment of the Department of Black Studies now known as the Department of African and African American Studies; and

WHEREAS The Office of Diversity and Inclusion and The Frank W. Hale Black Cultural Center will relocate to 154 West 12th Avenue in spring 2013; and

WHEREAS the University wishes to continue to honor President Enarson and Dr. Hale and their legacies posthumously:

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the aforementioned 154 West 12th Avenue be named Frank W. Hale, Jr. Hall and the aforementioned 2009 Millikin Road be named Harold L. Enarson Classroom Building.

The Ohio State University
Board of Trustees

February 1, 2013

2013 DISTINGUISHED SERVICE AWARDS

Synopsis: Approval of the University's 2013 Distinguished Service Awards is proposed.

WHEREAS the Senior Management Council, upon the recommendation of the Committee on Distinguished Service Awards, nominated and recommended the following for approval by the Board of Trustees to receive the Distinguished Service Award at a time convenient to the University and the recipient:

- Carole A. Anderson
- Rudine Sims Bishop
- William Blair
- Ruann F. Ernst
- George Skestos
- Justine ("Tina") Skestos
- Daniel Wampler

WHEREAS these awards are given in recognition of distinguished service to The Ohio State University and the awards are in accordance with action taken by the Board of Trustees in 1952:

NOW THEREFORE

BE IT RESOLVED, That the 2013 Distinguished Service Awards be approved for awarding as designated above.

The Ohio State University
Board of Trustees

February 1, 2013

2013 DISTINGUISHED SERVICE AWARDS

Carole A. Anderson

Carole A. Anderson has dedicated more than 25 years to The Ohio State University, both as a respected administrator and a distinguished professor in the health sciences. She has played a role in broadly influencing university policy and shaping nursing education through a number of leadership positions and faculty appointments. Dr. Anderson is a professor of psychiatry in the College of Medicine and a professor in the College of Nursing. As an administrator, she has served as dean of both the College of Nursing and the College of Dentistry, as interim dean of the Graduate School, and as executive dean of Health Sciences, in addition to serving as vice provost for Academic Administration and assistant vice president for Health Sciences.

Dr. Anderson is a fellow of the American Academy of Nursing and a past editor of the Academy's journal, *Nursing Outlook*. She is also a charter member and two-term chair of the Scientific Review Group of the National Institute of Nursing Research, and serves on the National Advisory Council of the National Institute of Health's National Institute for Dental and Craniofacial Research.

Rudine Sims Bishop

Rudine Sims Bishop is professor emerita in the College of Education and Human Ecology at The Ohio State University. An influential scholar of multicultural children's literature, Dr. Sims Bishop is known widely for her pivotal book *Shadow and Substance: African American Experience in Contemporary Children's Literature*. Since retiring in 2002, Dr. Sims Bishop has continued to write and publish highly regarded works of scholarship.

For her contributions to the field of children's literature, Dr. Sims Bishop has garnered significant national recognition. She was inducted into the Reading Hall of Fame in 2001, awarded the National Council of Teachers of English Distinguished Service Award and Outstanding Educator in English Language Arts Award, and received the Arbuthnot Award, which is given to an outstanding college or university teacher of children's or young adult literature. Dr. Sims Bishop has been asked to serve on the selection committees for the Caldecott and Newbery medals, which are awarded annually to excellent children's books.

William P. Blair, III

William Blair has been a tireless ambassador for The Ohio State University for nearly 50 years. He holds three degrees from Ohio State -a bachelor's and master's in political science and a law degree - and is the founder and president of the William P. Blair Company in Canton, a firm focused on legislative lobbying. Since graduating from Ohio State, William has been an advocate for advancing the university's interests in state government. He currently supports the Alumni Advocates Steering Committee, chairs the Government Affairs Advisory Group, and serves on the President's Club Advisory Board. He is also a strong supporter of the Moritz College of Law, where he created the Blair Scholars program, and serves on the Moritz College of Law Campaign Committee. In 2012, he received the Dan Heinlen Award from The Ohio State University Alumni Association.

William also has been a longtime champion of the arts and business in his community. In 2009, Governor Ted Strickland made William an Ohio Commodore for his contributions to economic development in the state. He also serves on the boards of the National First Ladies' Library, the Cleveland International Piano Competition, and Apollo's Fire, Cleveland's Baroque Orchestra, in addition to serving on the Executive Committee of the Canton Symphony Orchestra.

Ruann F. Ernst

Ruann Ernst has spent the measure of her career creating opportunities for others. A highly successful businesswoman, Ruann has served in senior leadership roles for many international companies, including Hewlett-Packard Company, General Electric Information Services, and Digital Island. In 2003, she

The Ohio State University
Board of Trustees

February 1, 2013

spearheaded and founded Healthy LifeStars, a nonprofit focused on ending childhood obesity, and continues to volunteer in the community.

An enduring advocate for education, Ruann earned bachelor, master, and doctorate degrees from Ohio State. She has led many transformative projects at her alma mater through her work on the Dean's Advisory Council for Fisher College of Business, the Alumni Association's Board of Directors, and as vice chair of the University's Foundation Board. In addition to mentoring countless students at Ohio State, she has leveraged her corporate and community relationships to raise more than \$3 million for the College of Engineering, while also establishing The Ruann F. Ernst and William C. Riffle Scholarship Fund at Fisher. She received the Ralph Davenport Mershon Award in 2000 for her exceptional leadership and service to the University.

George A. Skestos

George Skestos is one of Ohio State's most engaged and dedicated partners. He has demonstrated three decades of leadership and philanthropy at the University and in the Central Ohio community. In addition to being the founder of Homewood Corporation, a construction and land development company in Columbus, George has served numerous businesses and organizations, including Huntington Bancshares, the Ohio Housing Commission, and the Central Ohio Regional Airport Authority.

George's commitment to Ohio State includes volunteer leadership at the highest level, personal engagement as a University ambassador, and singular philanthropic support. From 1991–2002, George served on The Ohio State University Board of Trustees, including one year as chair. During that time, he provided critical guidance in campus building projects, including the historic Stadium renovation and the Schottenstein Center. He currently serves on the boards of University Hospital, University Hospital East, and the Wexner Medical Center. Along with his wife, Tina, George founded both the IHS Foundation, of which he is currently president and trustee, and the Salem Lutheran Foundation, which he serves as trustee. In June 2012, he was named a trustee of the New College of Florida.

Justine "Tina" Skestos

Justine "Tina" Skestos is a devoted public servant and Ohio State ambassador. A champion for women's initiatives at Ohio State, Tina previously served as a member of the National Council for OSU Women, and she continues to be an active supporter of the Critical Difference for Women and Women & Philanthropy programs at the University. Among her many community involvements, she has held leadership roles at BalletMet, the Columbus Symphony Orchestra, and the Greater Columbus Arts Council.

Tina is a valued volunteer in the College of Veterinary Medicine and continues to serve the veterinary college through her leadership on the Dean's Advisory Council. She has also been a past member of the Medical Center campaign committee, a founding member (along with George) of an annual art history lecture series, and is an Oval Society recognized donor. Both Tina and her husband, George, are generous supporters of The Ohio State University, have given their time and treasure to the Wexner Medical Center, Wexner Center for the Arts, the College of Arts and Sciences, Department of Athletics, and the College of Veterinary Medicine, among others.

Daniel J. Wampler

Dan Wampler's relationship with The Ohio State University spans more than 30 years, beginning when he was an undergraduate student. When he launched his own company years later, the two-time graduate of Ohio State partnered with the University's Food Industries Center. Within a few years, Sensus LLC was one of the nation's premier natural product extraction companies.

Dan has continued to give back to the University community in myriad ways. He has served in leadership roles on the University's Foundation Board of Directors and as the inaugural chair of the Food Innovation Center Advisory Board. Most notable is his support of the College of Food, Agricultural, and

The Ohio State University
Board of Trustees

February 1, 2013

Environmental Sciences. In addition to mentoring students, Dan and his wife, Lisa, established the Lisa and Dan Wampler Endowment Fellowship for Food and Health Research to fund graduate research, as well as an endowment that supports emerging priorities for the college. He was instrumental in the building of Parker Food Science and Technology, serving as co-chair of a capital campaign that raised \$12 million – nearly double the original goal. He is also the co-chair of the college's newest campaign.

The Ohio State University
Board of Trustees

February 1, 2013

**THE OHIO STATE UNIVERSITY BOARD OF TRUSTEES
ADVANCEMENT COMMITTEE**

January 31, 2013

TOPIC: Campaign Regional Event Strategy Update

CONTEXT:

In October 2012, The Ohio State University celebrated the public launch of the *But for Ohio State* campaign. The event was held at the Archie Griffin Ballroom at the Ohio Union. There were 492 guests at lunch and 596 guests at dinner, including alumni, students, faculty, and friends.

To build on the momentum created by the launch and to include our alumni and friends unable to join us for the on-campus celebration, we will host regional campaign events in six additional cities by the end of the year.

The six cities were chosen based on the priority geographic market analysis results submitted to the Board of Trustees Advancement Committee in June 2011. These regional campaign events are designed to reinforce the *But for Ohio State* campaign theme and goals, thank donors and volunteers for their dedication, cultivate or announce new gifts, steward past gifts, motivate guests to continue their philanthropy with Ohio State, and further engage our regional volunteers and donors.

HIGHLIGHTS:

Regional events are being planned for:

- Cincinnati – Saturday, April 13, 2013, 6:00 p.m.
 - Hyatt Regency, 151 West 5th Street, Cincinnati, OH 45202
 - Target audience will include up to 400 major donors, prospects, and volunteers
 - Reception and dinner to be closely modeled on the Columbus launch event
 - Many of the October 4 videos and speakers will be featured; *But for Ohio State* stories that more directly relate to the Cincinnati area will be added
 - Additionally, a wider audience of alumni and friends will be invited to a Buckeye Bash at Paul Brown Stadium the morning or early afternoon of Ohio State's Spring Game
- Chicago – mid-May through mid-June, or October 2013
- Cleveland – October or November 2013
- Los Angeles – week of September 9, 2013; to coincide with OSU v. Cal game on September 14, 2013
- New York – October or November 2013
- Washington, D.C. – mid-May through mid-June, or October 2013

Advancement Communications will develop a customized marketing strategy for each city, and will include focused marketing, press coverage, and social media highlighting Ohio State initiatives, donors, and alumni in the area. College and unit development officers will be asked to help drive interest and participation prior to the launches. We hope to build within each region a better understanding of the *But for Ohio State* campaign's importance and demonstrate the significant impact giving makes at our university.

Event impact will be measured through personal follow-up with participants. DOs and regional staff will reach out to donors, prospects, and volunteers for evaluation and feedback. Impact stories will be gathered, and gift proposals and commitments will be tracked. We will continue to work with campaign committee volunteers and plan follow-up engagement activities in the regions.

REQUESTED OF ADVANCEMENT COMMITTEE:
Review

Advancement Scorecard YTD: December 31, 2012

Metric	Base Year	2012 Goal	2013 Goal	2014 Goal	2015 Goal	2016 Goal	Current Total	Progress Against Current Yr Target
A. Awareness								
1. Recognition of Ohio State's status as a top-ranked public university ¹ (Base year 2013)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
2. Agreement with the brand equity/institutional position statement ¹ (Base year 2013)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
3. Commitment to brand equity/institutional position statement (Base year 2012)	71%	N/A	N/A	N/A	N/A	N/A	71%	
B. Engagement								
1. Alumni/friends engaged in at least one activity (Base year 2012)	68/47%	68/47%	69/48%	71/50%	73/52%	75/54%	N/A	
2. Alumni/friends engaged in three or more activities (Base year 2012)	26/13%	26/13%	28/14%	31/16%	35/18%	40/20%	N/A	
3. Number of annual donors (Base year 2011)	177,322	198,600	202,200	214,800	227,400	240,000	160,155	
C. Financial								
1. Total private support from a comprehensive fundraising campaign (Base year 2011)	\$.88B	\$ 1.17B	\$ 1.51B	\$ 1.85B	\$ 2.19B	\$ 2.5B	\$ 1.4B	
2. Rank among public universities for/and total annual private receipts ² (Base year 2011)	(#10) \$230M	(#9) \$302M	(#8) \$329M	(#7) \$359M	(#6) \$391M	(#5) \$427M	\$170M	

¹ Baseline measurement and targets to be established in spring 2013² Rank based on 3-year rolling average, FY11 base is average (FY09-FY11)

Meets or Exceeds Goal

 Performance Up

Caution

 No Change in Performance

Below Goal - Action Needed

 Performance Down

Data Pending

The Ohio State University
Board of Trustees

February 1, 2013

THE OHIO STATE UNIVERSITY BOARD OF TRUSTEES
ADVANCEMENT COMMITTEE

January 31, 2013

TOPIC: Regular Update of Advancement Scorecard

CONTEXT:

In August 2012, the Advancement Committee of the Board of Trustees amended the strategic planning scorecard to reflect the current goals and direction of Advancement at Ohio State. These goals were designed to reflect the natural continuum of stakeholder experience from awareness through engagement to giving. As Ohio State increases the pool of aware stakeholders, it also stands to increase the number of engaged and giving stakeholders.

To maximize stakeholder awareness, it is essential to develop recognition of Ohio State as a top-ranked university, as well as agreement with and commitment to Ohio State's new institutional position. With strong awareness comes expanded potential for increasing breadth and depth of stakeholder engagement, which has been shown by research as leading to higher instances of stakeholder giving.

UPDATE: There has been a change to the legend used in University scorecards. Rather than using yellow to indicate caution and data pending, yellow will now indicate caution and no color will indicate data pending.

HIGHLIGHTS:

- **Awareness Goal 1 Status – no color** (*data pending, baseline and metrics to be established*)
Baseline numbers will be established by spring 2013 through a survey of key stakeholders (faculty, staff, students, alumni, donors, friends, Ohioans, corporations and foundations) to determine how many concur with the statement, "The Ohio State University is a top-ranked public, comprehensive research university."
- **Awareness Goal 2 Status – no color** (*data pending, baseline and metrics to be established*)
Baseline numbers will be established by spring 2013 through a survey of alumni and students to determine how many concur with the statement, "Ohio State is a dynamic community where opportunity thrives."
- **UPDATE: Awareness Goal 3 Status – no color** (*data pending, baseline established but metrics needed*)
Baseline numbers were established in late 2012 through a survey of faculty and staff across the university. It was determined that 71% of faculty and staff strongly or somewhat agree with the statement, "At Ohio State, our role is to foster the incisive thinking, spirit of collaboration, and depth of character needed to transform individuals and communities." University Communications is currently engaged in benchmarking to determine industry norms and to set realistic goals (i.e., 100% agreement is not a realistic aim in this case and a more feasible aim will be set).
- **Engagement Goal 1 Status – no color** (*data pending, engagement counts determined annually*)
With the focus on *increasing breadth* of stakeholder engagement, alumni and friends who are engaged in at least one activity will be measured.
- **Engagement Goal 2 Status – no color** (*data pending, engagement counts determined annually*)
With the focus on *increasing depth* of stakeholder engagement, alumni and friends who are engaged in three or more activities will be measured.

The Ohio State University
Board of Trustees

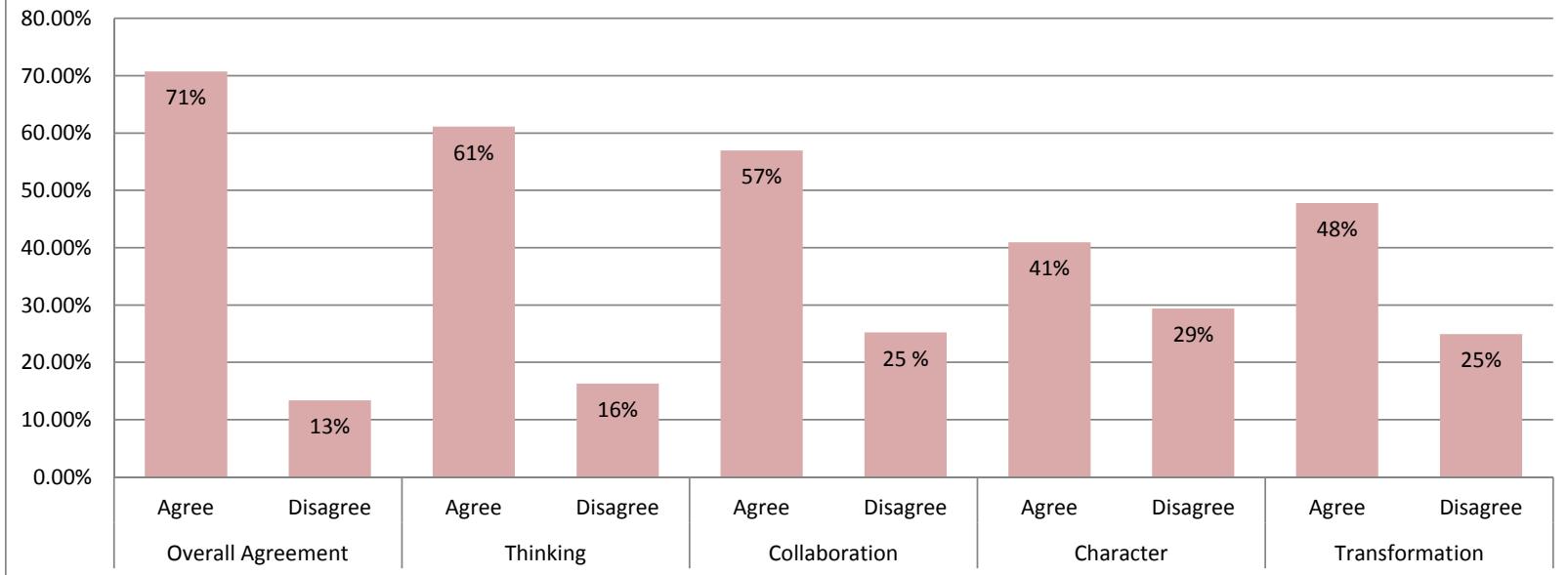
February 1, 2013

- **UPDATE: Engagement Goal 3 Status – green** (*meets or exceeds goal*)
Annual giving was at 79% of the FY13 goal as of December 31, 2012.
- **UPDATE: Giving Goal 1 Status – green** (*meets or exceeds goal*)
The campaign was at 93% of the FY13 goal as of December 31, 2012.
- **UPDATE: Giving Goal 2 Status – no color** (*data pending, rank determined annually*)
Rank among public universities is based on self-reported national benchmark data received annually in February. However, receipts were at 52% of the FY13 goal as of December 31, 2012.

REQUESTED OF ADVANCEMENT COMMITTEE:
Review

Advancement Survey: Internal Agreement

Position Statement: At Ohio State, we foster the incisive thinking, spirit of collaboration, and depth of character needed to transform individuals and communities.



The Ohio State University
Board of Trustees

February 1, 2013

THURSDAY, JANUARY 31, 2013
MEDICAL AFFAIRS COMMITTEE MEETING

Alan W. Brass
Corbett A. Price
Brian K. Hicks
Algenon L. Marbley
Janet B. Reid
William G. Jurgensen
Jeffrey Wadsworth
Cheryl L. Krueger
Evann K. Heidersbach
Robert H. Schottenstein (*ex officio*)

Location: Longaberger Alumni House
Mount Leadership Room

Time: 1:00-2:30pm

ITEMS FOR DISCUSSION

- | | |
|---|-------------|
| 1. <i>Medical Center Initiatives Scorecard – Dr. Gabbe</i> | 1:00-1:10pm |
| Executive Session | 1:10-1:50pm |
| 2. <i>Medical Center Financial Scorecard – Mr. Geier</i> | 1:50-2:00pm |
| 3. <i>Wexner Medical Center Expansion Project Status Update – Mr. Kasey</i> | 2:00-2:10pm |
| <i>Partners Achieving Community Transformation (PACT) – Ms. Bartley, Mr. Culley</i> | 2:10-2:20pm |

ITEMS FOR ACTION

- | | |
|---|-------------|
| 4. Amendments to the <i>Bylaws and Rules and Regulations of the Medical Staff of The Ohio State University Hospitals</i> – Dr. Gabbe | 2:20-2:30pm |
| 5. Amendments to the <i>Bylaws and Rules and Regulations of the Medical Staff of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute</i> – Dr. Gabbe | |
| 6. Amendments to the <i>Bylaws of The Ohio State University Medical Center Board</i> – Dr. Gabbe | |

Medical Center Initiatives Scorecard

Metric	Year to Date Nov 30, 2012	FY13 YTD Budget	Actual vs Budget	FY13 Year End Target
A. Strategic Growth				
Medical Center Expansion:*				
1. <u>Total Construction Cost since inception</u>	\$569M \$93M	\$567M \$91M		\$709M \$212M
Current Year Construction Cost				
2. Medical Center Expansion: Total Construction Time (% complete)	54.5%	52.3%		71.2%
3. Percent of Faculty Integrated Into Faculty Group Practice	95.1%	n/a		100.0%
B. Long Range Financial Plan				
Development Dollars:				
Philanthropic Activity**				
1. Private Grants (OSP)	\$29.3M \$12.9M	\$30.4M \$16.5M		\$73.0M \$39.6M
Total	\$42.2M	\$46.9M		\$112.6M
C. Academic and Research Excellence				
1. Total Research Awards***	\$139.9M	n/a		\$222.0M
2. Total NIH Awards***	\$54.8M	n/a		\$130.0M
3. US News and World Report Best Medical Schools Rank	#39	n/a		#38
4. Entering Medical School Student GPA/MCAT	3.68/11.3	n/a		3.7/11.3
5. US News and World Report Best Hospitals: <i>Number of specialities ranked 0 in Top 10</i>	10 Speciatries Ranked 0 in Top 10	n/a		11 specialties ranked 2 in top 10
D. Patient Care, Quality, and Satisfaction****				
1. Patient Satisfaction (Inpatient)	73.4%	n/a		77.0%
2. Patient Satisfaction (Outpatient)	90.8%	n/a		92.0%

*Medical Center Expansion total current budget = \$1.1B

**Philanthropic Activity includes pledges, planned gifts, outright gifts and events such as Pelotonia and Up On the Roof

***Includes Nationwide Children's award data (Total, \$57.2M/NIH, \$12.6M)

****FY13 performance through October 2012

- | | |
|----------------------------|--------------------------|
| Meets or Exceeds Goal | Performance Up |
| Caution | No Change in Performance |
| Below Goal - Action Needed | Performance Down |
| Data Pending | |

OSU Medical Affairs Committee Meeting

January 31 2013
Peter E. Geier



Improving People's Lives
through innovations in personalized health care



Wexner
Medical
Center

The Ohio State University Health System

Operating and Financial Highlights

FOR THE YTD ENDING: DECEMBER 31, 2012

	ACTUAL	BUDGET	BUDGET % VAR	PRIOR YEAR	PY % VAR
Inpatient Admissions	28,168	28,786	-2.1%	28,106	0.2%
Patients in Beds including Obs Area	36,003	35,475	1.5%	34,415	4.6%
Patient Discharges	28,218	28,634	-1.5%	28,087	0.5%
Total Surgeries	19,289	18,687	3.2%	18,432	4.6%
Outpatient Visits	713,191	694,661	2.7%	660,676	7.9%
ED Visits	59,859	61,433	-2.6%	60,947	-1.8%
Adjusted Admissions	50,361	50,108	0.5%	48,488	3.9%
Oper. Rev. / Adjust. Admit	\$ 19,860	\$ 19,889	-0.1%	19,156	3.7%
Expense / Adj. Admit	\$ 18,075	\$ 18,371	1.6%	17,880	-1.1%
(in millions)					
Operating Revenues	\$ 1,000.1	\$ 996.6	0.4%	\$ 928.8	7.7%
Total Expenses	\$ 910.3	\$ 920.5	1.1%	\$ 867.0	5.0%
Gain from Operations	\$ 89.8	\$ 76.1	18.1%	\$ 61.8	45.2%
Excess Rev.Over Exp.	\$ 90.5	\$ 77.4	16.9%	\$ 63.1	43.5%
Operating EBITDA Margin	13.3%	12.1%	13.1%	11.1%	
Days Cash on Hand	59.3	60.8	63.8	46.1	
Debt Service Coverage	6.3	5.6	6.1	5.0	

The Ohio State University Health System

DECEMBER 2011 YTD ACTUAL

Inpatient Admits	Outpatients in Beds	Total
28,106	6,309	34,415

DECEMBER 2012 YTD ACTUAL

Inpatient Admits	Outpatients in Beds	Total
28,168	7,835	36,003

YEAR OVER YEAR CHANGE

Inpatient Admits	Outpatients in Beds	Total
0.2%	24.2%	4.6%

The Ohio State University Wexner Medical Center

Expansion Project Status Update January 2013

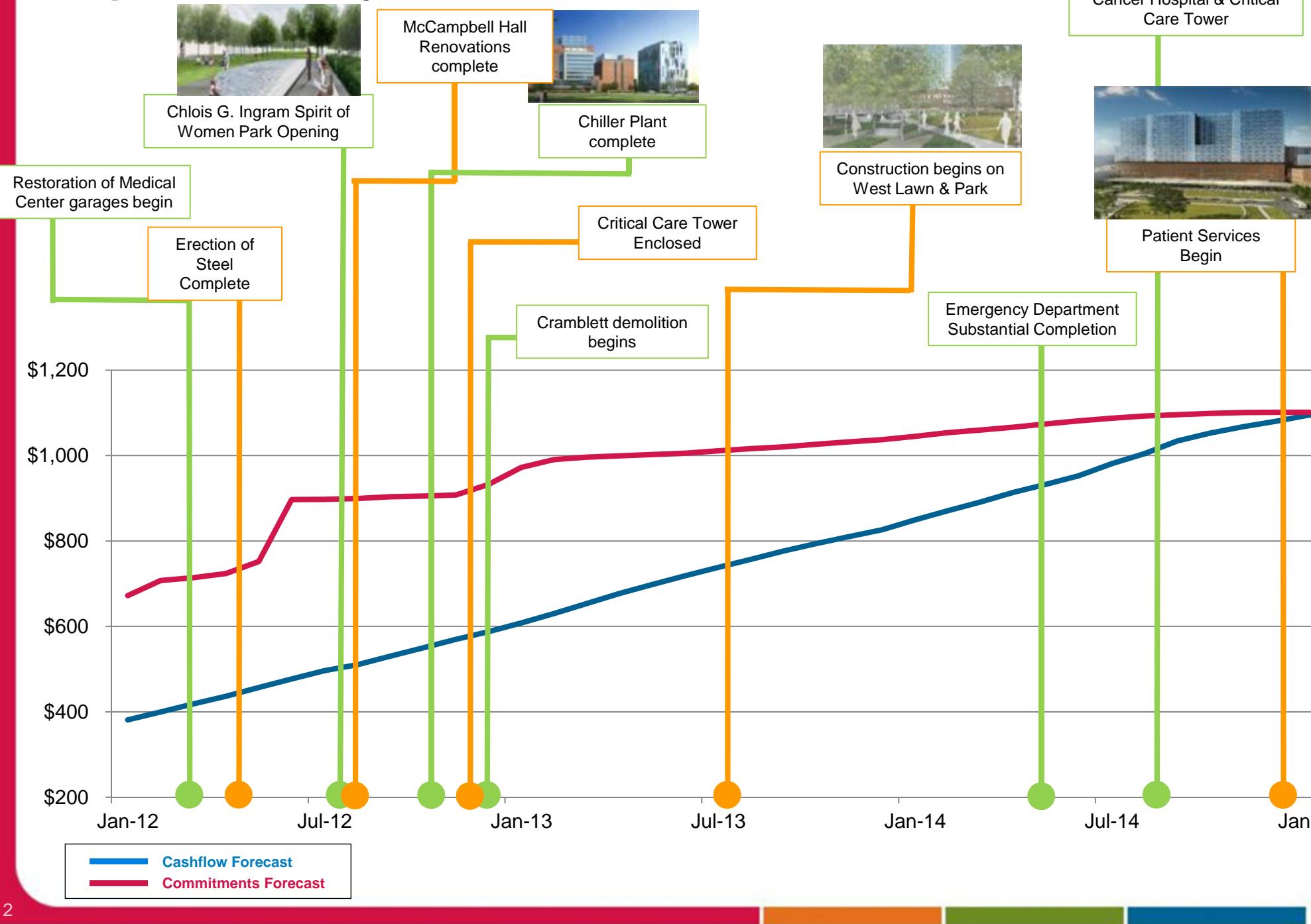


Improving People's Lives
through innovations in personalized health care



Wexner
Medical
Center

Expansion Project Timeline



2012 Accomplishments Related Projects



McCampbell Hall Expansion

- Completion July 2012
- \$18.6M



BRT Fit-Out

- 72,000 Sq. Ft. (3 Floors)
- Occupancy March 2012
- MCEP Contribution - \$15.7M

Main Project/ RDJ MEP

- Installed chilled water distribution piping to Ross/Rhodes/Doan/James
- Connected Ross/Rhodes/James to new chiller plant

Spirit of Women Park

- Dedication August 2012
- \$5.6M



CCCT Milestones January – June 2013



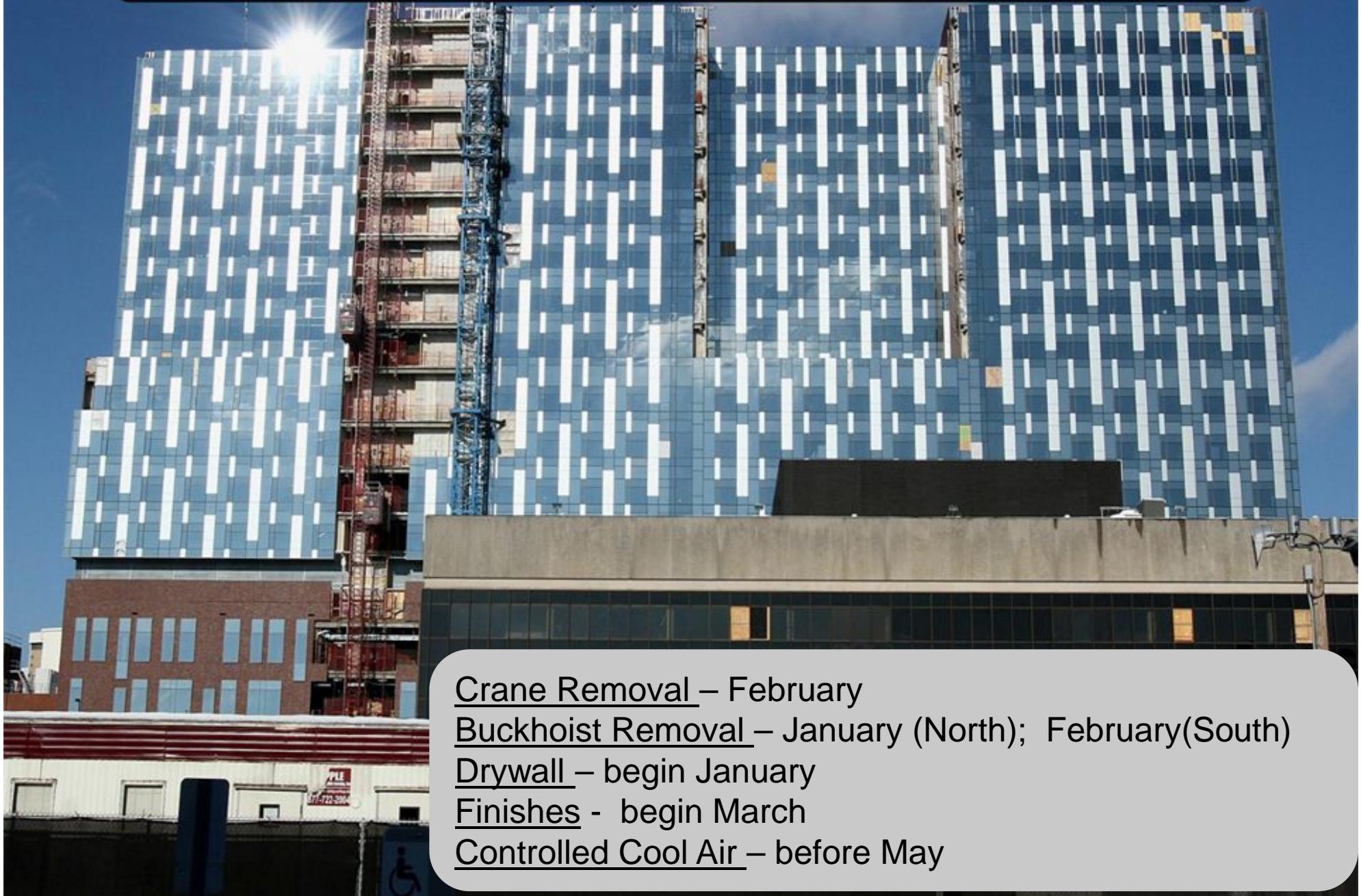
Trailer Removal – March
Garage Alterations – begin May



Cramblett Exterior Demo –
February through April

CCCT Milestones

January – June 2013



Crane Removal – February

Buckhoist Removal – January (North); February(South)

Drywall – begin January

Finishes - begin March

Controlled Cool Air – before May

Loading Dock Update

Phase 1 - complete in February
Phase 2- complete in September



Expansion Project Budget Summary

Project Element (\$ in millions)	Budget Presented November 2012	Current Budget	Variance Over / (Under)
Cancer & Critical Care Tower (CCCT)	\$ 743.0	\$ 743.0	\$ -
Infrastructure & Roadways (I&R)	\$ 92.2	\$ 92.2	\$ -
Spirit of Women Park (SoWP)	\$ 5.6	\$ 5.6	\$ -
Rhodes, Doan, James, Cramblett Mechanical Electrical Plumbing (RDJC-MEP)	\$ 51.2	\$ 51.2	\$ -
Demolition & Decommissioning (Demo)	\$ 18.4	\$ 18.4	\$ -
Support & Project Contributions	\$ 190.3	\$ 190.3	\$ -
Total Project Budget	\$ 1,100.7	\$ 1,100.7	\$ -



Wexner Medical Center

Expansion Project

Commitments Thru December 2012

Project Element (\$ in millions)	Current Budget	Funding Released By Board	Contract Commitments to Date	Spent to Date
Cancer & Critical Care Tower (CCCT)	\$ 743.0	\$ 662.0	\$ 570.7	\$ 285.3
Infrastructure & Roadways (I&R)	\$ 92.2	\$ 91.9	\$ 90.8	\$ 66.0
Spirit of Women Park (SoWP)	\$ 5.6	\$ 5.7	\$ 5.6	\$ 5.3
Rhodes, Doan, James, Cramblett Mechanical Electrical Plumbing (RDJC-MEP)	\$ 51.2	\$ 51.2	\$ 49.1	\$ 34.9
Demolition & Decommissioning (Demo)	\$ 18.4	\$ 18.4	\$ 16.7	\$ 9.9
Support & Project Contributions	\$ 190.3	\$ 188.3	\$ 174.3	\$ 167.5
Total Project	\$ 1,100.7	\$ 1,017.5	\$ 907.2	\$ 568.9



Wexner Medical Center

Expansion Project Contingency Summary

Total Contingencies Remaining

\$ 38.1 M

Owner Controlled
\$ 24.7 M
65% of remaining contingency

CM Controlled
\$ 13.4 M
35% of remaining contingency

Potential Contingency Use

Future Design/Consulting/Administrative Costs	\$ (3.5 – 4.8) M
Interior Design/Branding Integration	\$ (4.0 – 7.0) M
Pending Change Order Requests - CCCT	\$ (2.4 – 3.3) M
Pending Change Order Requests - Other Projects	\$ (1.5 – 1.7) M
Potential Future Change Orders - CCCT	\$ (1.2 – 2.3) M

Total Contingencies Remaining \$ (12.6 – 19.1)M

Contingencies Remaining After Potential Use \$ 22.2 M



Wexner Medical Center

Expansion Project Commitments

	(\$ in millions)	% Cumulative
Total Project	\$ 1,100.7	
Committed - CMR Construction	\$ 591.5	
Previously Executed GMPs		
CCCT Fit Out & Radiation Oncology		
Committed - Other	\$ 315.7	
Construction Manager as Agent		
Complete Projects		
Design (CCCT, I&R, SoWP, RDJC & Demo)		
Partial Cramblett Enablers & Other Support Projects		
Master Planning & Administration		
Total Contract Commitments to Date	\$ 907.2	82.4%
Uncommitted Owner Controlled	\$ 193.5	100.0%

Remaining Commitments \$193.5M

Medical Equipment
 Technology & AGV
 Remaining Cramblett Enablers
 FF&E
 Art, Signage & Wayfinding
 Master Planning & Administration

Edge Participation

Source: EOD Report, November 2012

	Edge Contracted Amount	Edge Contracted %*	Edge Payment Amount	Edge Payment %*
Wexner Medical Center Expansion Project (WMCEP)	\$ 195,047,004	25.7%	\$ 101,939,184	13.4%
South Campus Chiller Plant Project	\$ 6,706,208	0.9%	\$ 6,181,407	0.8%
Total Construction Reform	\$ 201,753,212	26.6%	\$ 108,120,591	14.3%

* Percentage based on total Board of Regents Approved \$758M construction reform pilot project

Ohio Participation % for Turner/Bovis Construction Contracts**

88.2%

**Based on information provided by Turner Lend Lease for CMR contracts only.



Wexner Medical Center

Questions?



| Wexner Medical Center

The Ohio State University
Board of Trustees

February 1, 2013

**AMENDMENTS TO THE BYLAWS AND RULES AND REGULATIONS
OF THE MEDICAL STAFF OF THE OHIO STATE UNIVERSITY HOSPITALS**

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

WHEREAS the proposed amendments to the *Bylaws and the Rules and Regulations of the Medical Staff* of The Ohio State University Hospitals were approved by The Ohio State University Medical Center Board on December 19, 2012:

NOW THEREFORE

BE IT RESOLVED, That the attached *Bylaws and Rules and Regulations of the Medical Staff* of The Ohio State University Hospitals are hereby adopted, effective immediately.

The Ohio State University
Board of Trustees

February 1, 2013

Summary of Changes to the
Bylaws of the Medical Staff

THE OHIO STATE UNIVERSITY HOSPITALS (as of 8/31/2012)
Chapter 3335-43

3335-43-04 Membership.

(A) Qualifications.

- (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, and shall, except for members of the limited staff, 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.

(E) Procedure for appointment.

- (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:

(e) Verification by primary source documentation of:

- (vi) Board certification, or active candidacy for board certification (may not be required for community affiliate category)- or applicant qualifies for a waiver pursuant to section 3335-43-04 (A) (4) of these bylaws.

- (m) Attestation of current Ohio Automated Rx Reporting system ("OARRS") account for all applicants who have a DEA registration.

(F) Procedure for reappointment.

(c) Verification of primary source documentation of:

- (v) 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 section 3335-43-04 (A) (4) of these bylaws.

- (m) Attestation of current OARRS account for all applicants who have a DEA registration.

3335-43-07 Categories of the medical staff.

(I) Clinical privileges.

(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

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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.

3335-43-10 Administration of the medical staff of the Ohio state university hospitals.

(D) Medical staff committees.

(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 (A)(6) of rule 3335-43-09 of the Administrative Code. and This subcommittee shall also include the be chaired by a director of nursing who shall serve as chair of the subcommittee. The subcommittee shall include a certified nurse midwife, a certified registered nurse anesthetist, a certified nurse practitioner, a clinical nurse specialist, and other appropriate licensed health care professionals.

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BYLAWS OF THE MEDICAL STAFF

THE OHIO STATE UNIVERSITY HOSPITALS (as of 8/31/2012)

Chapter 3335-43

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 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, and shall, except for members of the limited staff, 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 shall comply with provisions of state law and the regulations of the state medical board. 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 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 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 professional affairs committee of the Ohio state university medical center board, or the Ohio state university 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 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 shall agree to comply with bylaws, rules and regulations, and policies and procedures adopted by the medical staff administrative committee and the medical center board, including but not limited to policies on professionalism, behaviors that undermine a culture of safety, annual education and training (list approved by the medical staff administrative committee and maintained in the chief medical officer's office), conflict of interest, HIPAA compliance, and access and communication guidelines. Medical staff

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members must also comply with the university integrity program requirements including but not limited to billing, self referral, ethical conduct and annual education.

- (3) Exclusion of any medical staff member or licensed health care professional 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. If the medical staff member's or licensed health care professional's participation in these programs is fully reinstated, the affected medical staff member or licensed health care professional shall be eligible to apply for membership and clinical privileges at that time. It shall be the duty of all medical staff members and licensed health care professionals to promptly inform the chief medical officer of any action taken, or the initiation of any process which could lead to such action taken by any of these programs.
- (4) An applicant for membership shall at the time of appointment or reappointment, be and remain board certified in his or her primary area 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. Waiver of this threshold eligibility criteria is 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 qualification 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 professional affairs committee of the Ohio state medical center and the medical center board regarding whether to grant or deny the request for a waiver and the basis for its recommendation.
 - (d) The Ohio state 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

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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.

- (5) All applicants must demonstrate recent clinical activity in their primary area of practice during the last two years to satisfy minimum threshold criteria for privileges within their clinical departments.
 - (6) 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 (H)(8)(j) of rule 3335-43-07 of the Administrative Code.
 - (7) 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 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 addition for community affiliate medical staff 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 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 twenty-four 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

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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 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 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

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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 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.
 - (e) Verification by primary source documentation of:
 - (i) Current and previous state licensure;
 - (ii) Faculty appointment (not required for community affiliate 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, ~~or~~ active candidacy for board certification (may not be required for community affiliate category) or applicant qualifies for a waiver pursuant to section 3335-43-04 (A) (4) of these bylaws.
 - (f) Information from the national practitioner data bank.

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- (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 criminal history check by Ohio state university medical center security department.
 - (j) Completion of Ohio state university medical center drug testing.
 - (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 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 professional affairs committee, and the 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

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committee.

- (c) By the professional affairs committee through the expedited credentialing process or 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 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 professional affairs committee of the medical center board, and thereafter to the medical center board. When the Ohio state 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 medical center board by the chief medical officer, who shall make a separate recommendation to the medical center board.

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When the Ohio state 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 twenty-four 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) Faculty appointment (not required for community affiliate category);
 - (iii) DEA registration when required for clinical privileges;
 - (iv) Successful completion or record of additional post graduate medical or professional education; and
 - (v) 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 section 3335-43-04 \(A\) \(4\) of these bylaws](#).
 - (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

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- 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 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

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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 professional affairs committee of the medical center board, and thereafter to the medical center board. When the Ohio state 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 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 current appointment. A member of the medical staff 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 shall be placed on immediate medical leave of absence until such time the member 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 shall not exercise his or her clinical privileges, and medical staff responsibilities and prerogatives shall be inactive.
 - (2) The member 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

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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 professional affairs committee of the 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 treating physician or the committee for licensed independent practitioner health that might have a bearing on the medical staff member'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 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 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 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 in such event, the member shall not be entitled to a hearing or appeal. (B/T 9/1/99, B/T 10/1/99, B/T 10/5/2001, B/T 6/7/2002, B/T 9/6/2002, B/T 3/5/2003, B/T 5/30/03, B/T 6/4/2004, B/T 5/6/2005, B/T/ 11/4/2005, B/T 2/2/2007, B/T 2/1/2008, 9/19/2008, 9/18/2009, 10/29/2009, 5/14/2010, 4/8/2011, 8/31/12)

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3335-43-07 Categories of the medical staff.

The medical staff of the Ohio state university hospitals shall be divided into seven categories: physician scholar medical staff; attending medical staff; courtesy A medical staff; courtesy B medical staff; community affiliate medical staff; consulting medical staff; 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 years and specific annual education requirements as outlined in the list maintained in the chief medical officer's office, but are otherwise subject to the provisions of these bylaws.

(A) 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.

(B) Attending medical staff.

- (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

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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.

(C) Courtesy A medical staff.

- (1) Qualifications: The courtesy A medical staff shall consist of those faculty members of the colleges of medicine and dentistry who do not qualify for attending medical staff appointment. This category includes community physicians who routinely admit patients to the Ohio state university hospitals and who actively participate in teaching programs.

(2) Prerogatives:

The courtesy 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 courtesy A medical staff member may vote for

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and be eligible to hold a position on the medical staff administrative committee reserved for the representative of the courtesy A or community affiliate medical staff as set forth in paragraph (D) of rule 3335-43-09 and paragraph (C) of rule 3335-43-10 of the Administrative Code. Members of the courtesy A medical staff may serve on non-elected medical staff committees as provided by these bylaws.

- (3) Responsibilities: Each member of the courtesy A medical staff with clinical privileges shall be required to discharge the basic responsibilities specified in paragraph (B)(3) of this rule.
- (D) Courtesy B medical staff.
- (1) Qualifications: The courtesy B medical staff shall consist of those faculty members of the colleges of medicine and dentistry who do not qualify for attending medical staff appointment. This category is comprised of referring physicians who desire to be associated with the Ohio state university hospitals to refer and follow patients. Courtesy B medical staff members shall not possess clinical privileges, shall not be eligible to vote on medical staff policies, rules and regulations, or bylaws, and shall not be eligible to hold office.
- (2) Prerogatives:
- Courtesy B 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.
- (3) The grant of courtesy B medical staff appointment to physicians is a courtesy only, and may be terminated by the medical center board upon recommendation of the medical staff administrative committee without the right to a hearing or appeal.
- (E) 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 medical 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.

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(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 courtesy 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 courtesy 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 courtesy 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 courtesy 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 reappointment, 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 medical director and the Ohio state university hospitals graduate medical education committee as delineated in the limited staff agreement.

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.

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(3) Failure to meet reasonable expectations.

Failure to meet reasonable expectations may result in sanctions including but not limited to probation, lack of reappointment, suspension or termination. Termination of limited staff member status shall result in automatic termination of the limited staff member's residency or fellowship 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 courtesy 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 courtesy 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 courtesy A medical staff member. Any concerns or problems that arise in the limited staff member's performance should be directed to the attending or courtesy A medical staff member or the director of the training program.

(a) Limited staff members may write orders for the care of patients under the supervision of the attending or courtesy A medical staff member.

(b) All records of limited staff member cases must document involvement of the attending or courtesy A medical staff member in the supervision of the patient's care to include co-signature of the history and physical operative report, and discharge summary.

(F) Community affiliate medical staff.

This is a closed medical staff category that was created as a one-time grandfathering category for medical staff members of the Ohio state university hospitals east prior to July 1, 2007.

(1) Qualifications: Community affiliate 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 members seeking reappointment; and

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- (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 medical staff pursuant to these bylaws.

A community affiliate medical staff member shall meet and maintain the same standards for quality patient care applicable to all members of the medical staff. Community affiliate 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 medical staff member shall not be required to obtain appointment to the faculty of the Ohio state university. The community affiliate medical staff member shall not be subject to the requirement for board certification within the community affiliate 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.

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 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.

(2) Prerogatives:

A community affiliate 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 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 medical staff. Patients admitted under the care of the community affiliate medical staff 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.

(3) Responsibilities:

Each member of the community affiliate 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 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. The community affiliate 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.

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- (b) 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.
 - (c) Not be eligible to vote on medical staff policies, rules and regulations, or bylaws or to hold office. Members of the community affiliate medical staff may serve on non-elected medical staff committees as provided by these bylaws.
 - (d) Be subject to payment of medical staff dues or assessments as approved by the medical staff.
- (G) Temporary medical staff appointment.
- (1) Outside 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.
- (H) 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 3335-43-04 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 courtesy 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 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 courtesy A medical staff member.
 - (b) Have access to all medical records and be entitled to utilize the facilities of the Ohio

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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.

(I) 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 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 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

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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. 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.
 - (d) 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.
 - (e) 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 medical center board.
 - (f) 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.
 - (g) 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.
 - (h) 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, and approval by the chief medical officer. The chief medical officer, acting as a member and on behalf of the medical center board, has been delegated

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responsibility by the medical center board to grant approval of temporary privileges. 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 twenty-four 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 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 professional affairs committee of the 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.

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- (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

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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 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, shall have no authority to admit or co-admit patients to the Ohio state university hospitals, 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 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.

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- (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 medical center board and the Ohio state university board of trustees for all acts in connection with investigating and evaluating the applicant.

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- (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 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

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care professional's notice of appeal.

- (v) New or additional matters shall only be considered on appeal at the sole discretion of the 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 professional affairs committee of the medical center board. The professional affairs committee of the medical center board shall determine whether the adverse decision will stand or be modified and shall recommend to the Ohio state 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 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 senior 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.

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 wants to render care via telemedicine must so

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indicate on his or her application for clinical privileges.

- (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, the chief medical officer, the medical staff administrative committee, and the medical center board shall have the prerogative of requiring documentation or making a determination of the appropriateness for the exercise of a particular specialty/sub-specialty via telemedicine. (B/T 6/7/2002, B/T 9/6/2002, B/T 5/30/2003, B/T 6/4/2004, B/T 5/6/2005, B/T 11/4/2005, B/T 2/2/2007, 2/1/2008, 9/19/2008, 9/18/2009, 5/14/2010, 4/8/2011, 8/31/12)

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3335-43-10 Administration of the medical staff of the Ohio state university hospitals.

(A) Chief medical officer.

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 medical center board bylaws.

(B) Chief quality officer.

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 and 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 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 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 one year 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.

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(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, three medical staff representatives elected at large, the chief medical officer, and the chief executive officer of the Ohio state university hospitals. 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 yearly basis. Any members may be removed from the medical staff administrative committee at the recommendation of the dean, the senior 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. The chief executive officer of the Ohio state university hospitals may invite any member of the chief executive officer's staff to represent him or her at a meeting or to attend any meeting.

(c) All members of the committee shall attend, either in person 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 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 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.

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- (f) To provide a liaison between the medical staff, medical director, chief executive officer, and the medical center board.
 - (g) To recommend action to the medical directors and chief executive officer of the Ohio state university hospitals on matters of medico-administrative nature.
 - (h) To fulfill the medical staff's accountability to the 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.
 - (i) To ensure the medical staff is kept abreast of the accreditation process and informed of the accreditation status of the Ohio state university hospitals.
 - (j) 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.
 - (k) To report to the medical staff all actions affecting the medical staff.
 - (l) To inform the medical staff of all changes in committees, and the elimination of such committees as circumstances shall require.
 - (m) 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.
 - (n) To establish and maintain rules and regulations governing the medical staff.
 - (o) To perform other functions as are appropriate.
- (3) Meetings. The committee shall meet monthly and shall keep detailed minutes which shall be distributed to each committee member and to the medical center board through the professional affairs committee.
- (4) 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:

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(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 and director of medical affairs or medical director of each health system 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 biennially 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 chief medical officer 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

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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 professional affairs committee or 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 (A)(6) of rule 3335-43-09 of the Administrative Code. ~~The subcommittee and shall also include the be chaired by a director of nursing who shall serve as chair of the subcommittee. The subcommittee shall include from a certified nurse midwife, a certified registered nurse anesthetist, a certified nurse practitioner, a clinical nurse specialist, and other appropriate licensed health care professionals.~~
 - (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 medical center board.
- (G) Committee for licensed independent practitioner health.
- (1) Composition:

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The committee shall consist of medical staff members appointed in accordance with paragraph (A)(6) of rule 3335-43-09 of the Administrative Code.

- (2) Duties:
- (a) To consider issues of licensed independent 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 independent 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 (A)(6) of rule 3335-43-09 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 (A)(6) of rule 3335-43-09 of the Administrative Code. The

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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:

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- (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) Leadership council for clinical quality, safety and service.
- (1) Composition:

The leadership council shall consist of members appointed in accordance with paragraph (A)(6) of rule 3335-43-09 of the Administrative Code, 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 medical center board as ex-officio members without a vote. The chief quality officer shall be the chairperson of the leadership council.
 - (2) Duties:
 - (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.
 - (3) Clinical quality and patient safety committee.
 - (a) 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.
 - (b) Duties:
 - (i) 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.
 - (ii) To implement clinical improvement programs to achieve the goals of the Ohio state university hospitals quality management plan, as well as assure

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optimal compliance with accreditation standards and governmental regulations concerning performance improvement.

- (iii) 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.
 - (iv) 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.
 - (v) 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.
 - (vi) 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.
 - (vii) To appoint ad-hoc interdisciplinary teams to address the Ohio state university hospitals-wide quality management plan.
 - (viii) To annually review and revise as necessary the Ohio state university hospitals-wide clinical quality management plan.
 - (ix) To report and coordinate with the leadership council for clinical quality, safety and service of all quality improvement initiatives.
- (4) Clinical resource utilization policy group.
- (a) Composition:
- The members shall be appointed in accordance with paragraph (A)(6) of rule 3335-43-09 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 policy group shall be a physician member of the medical staff.
- (b) Duties:
- (i) 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.
 - (ii) 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.
 - (iii) 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.

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- (iv) To report and recommend to the leadership council for clinical quality, safety and service changes in clinical practice patterns in compliance with applicable governmental regulations and accreditation requirements, and when the opportunity exists to improve the resource management.
 - (v) To oversee evaluation and cost effective utilization of clinical technology.
 - (vi) 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.
- (5) Evidence-based practice policy group.
- (a) Composition: The members shall be appointed in accordance with paragraph (A)(6) of rule 3335-43-09 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.
 - (b) Duties:
 - (i) 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 leadership council for clinical quality, safety and service 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.
 - (ii) To report and recommend to the leadership council for clinical quality, safety and service specific process and outcomes measures for each evidence-based medicine resource.
 - (iii) 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.
 - (iv) To initiate and support research projects when appropriate in support of the objectives of the leadership council for clinical quality, safety and service.
 - (v) 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 guideline should be forwarded to the leadership council for clinical quality, safety and service for approval. All other computerized ordersets and clinical rules should be forwarded to the leadership council for clinical quality, safety and service for information.
 - (vi) To regularly report a summary of all actions to the leadership council for clinical quality, safety and service.

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(M) Professionalism consultation committee.

(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. (B/T 4/7/2000, B/T 10/5/2001, B/T 6/7/2002, B/T 5/30/2003, B/T 6/4/2004, B/T 5/6/2005, B/T 11/4/2005, B/T 2/2/2007, 2/1/2008, 9/19/2008, 9/18/2009, 10/29/2009, 4/8/2011, 8/31/12)

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Summary of Changes to the
Medical Staff Rules and Regulations

84-05 Privileges for giving orders.

(C) Responsible medical practitioner.

The licensed physician, dentist, podiatrist, or psychologist (under medical doctor supervision) member of the medical staff responsible for the care and treatment of the patient is responsible for all orders for the patient. Attending, courtesy, and honorary physician scholar medical staff may designate members of the limited staff, or other licensed healthcare professional 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, podiatrist, psychologist, or designated limited staff member who has the right of practice of medicine, dentistry, psychology, or podiatry, and who is responsible for that patient's care. All non-verbal orders must be authenticated by the medical practitioner prior to the execution of the order(s) by the hospital or outpatient nursing staff or other professional groups.

(N) Hospital admission/observation orders.

Hospital admission/observation requires appropriate admission/observation orders. Admission to any inpatient unit or placing a patient in observation status requires new, rewritten/reentered or renewed orders by the responsible medical practitioner physician or limited staff member. (B/T 9/6/2002, 6/4/2004, B/T 5/6/2005, B/T 11/4/2005, B/T 2/2/2007, B/T 6/6/2008, 9/18/2009 4/8/2011)

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Medical Staff Rules and Regulations

84-05 Privileges for giving orders.

(A) Definition of "patient orders."

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. 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 non-verbal order, refer to both written and electronically entered orders.

(B) Electronic ordering.

Electronic orders are equivalent and have the same force 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.

(C) Responsible medical practitioner.

The licensed physician, dentist, podiatrist, or psychologist (under medical doctor supervision) member of the medical staff responsible for the care and treatment of the patient is responsible for all orders for the patient. Attending, courtesy, and honorary physician scholar medical staff may designate members of the limited staff, or other licensed healthcare professional 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, podiatrist, psychologist, or designated limited staff member who has the right of practice of medicine, dentistry, psychology, or podiatry, and who is responsible for that patient's care. All non-verbal orders must be authenticated by the medical practitioner prior to the execution of the order(s) by the hospital or outpatient nursing staff or other professional groups.

(D) Telephone and verbal orders.

Telephone and verbal orders may be given by the responsible attending physician, dentist, podiatrist, psychologist, member of the limited staff, or other licensed healthcare professional with appropriate clinical privileges only to health care providers who have been approved in writing by title or category by the medical director and each chief of the clinical service where they shall 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 hospitals, or by the customary medical staff credentialing process when the provider is not an employee of the hospitals. Lists of the approved titles or categories of providers shall be maintained by the chief medical officer. 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 the approved health care provider to whom it is given as "verbal order by," or "V. O. or T. O. by," recording the licensed healthcare practitioner's name and the time of the order. All telephone and verbal orders for D.E.A. schedule II controlled substances, patient seclusion, or patient restraint must be authenticated within one day twenty-four hours by the a licensed physician, dentist, podiatrist, psychologist, limited staff member, or other licensed healthcare professional with appropriate clinical privileges. All other verbal and telephone orders must be authenticated within forty-eight (48) hours by a licensed physician, dentist, podiatrist, psychologist, limited staff member, or other licensed healthcare professional with appropriate privileges.

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(E) Standing orders.

Standing orders for emergency uses are approved only for the coronary care unit and the allergy clinic.

(F) 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 professional with appropriate privileges before becoming effective.

(G) 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, psychologist, 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.

(H) Change of nursing service.

"Change of nursing service" means official and physical movement (transfer) of a patient from any permanent care unit to another with or without change in attending physician, dentist, psychologist, or podiatrist or clinical service. Orders effective before transfer must be reviewed, renewed, rewritten or reentered upon transfer by the 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 shall remain in effect until new orders are available. This should be done within eight hours of transfer.

(I) Transfer of clinical service.

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 of nursing service" 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 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., thoracic surgery service."
- (2) Transfer of service may be completed only by the receiving service writing or electronically entering an order to the effect -- "accept in transfer (or admission) to Dr., cardiology service."

Orders effective before the transfer must be renewed, rewritten or reentered upon transfer by the responsible medical practitioner, a limited staff member, or other licensed healthcare professional with appropriate privileges. The new or renewed orders may be written or electronically entering 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.

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- (J) Patient orders and the "covering" medical practitioner.

"Coverage" of patient responsibilities for another physician, dentist, psychologist, 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, psychologist, or podiatrist and patient.

- (K) Hospital discharge/readmission orders.

Hospital discharge from standard inpatient units or day care units to outpatient status requires appropriate discharge orders. Readmission to any inpatient unit requires new, rewritten/reentered or renewed orders by the responsible medical practitioner, a limited staff member, or other licensed healthcare professional with appropriate privileges.

- (L) Orders in emergency vehicles.

These rules and regulations apply to university hospital's owned and/or manned emergency care and retrieval vehicles.

- (M) Do not resuscitate order.

Do not resuscitate orders must be written or electronically entered in strict compliance with the comprehensive policy guidelines published by the medical staff administrative committee and hospital administration. See hospital procedure manual section 03-24.

- (N) Hospital admission/observation orders.

Hospital admission/observation requires appropriate admission/observation orders. Admission to any inpatient unit or placing a patient in observation status requires new, rewritten/reentered or renewed orders by the responsible medical practitioner physician or limited staff member. (B/T 9/6/2002, 6/4/2004, B/T 5/6/2005, B/T 11/4/2005, B/T 2/2/2007, B/T 6/6/2008, 9/18/2009 4/8/2011)

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**AMENDMENTS TO THE BYLAWS AND RULES AND REGULATIONS
OF THE MEDICAL STAFF OF THE ARTHUR G. JAMES CANCER
HOSPITAL AND RICHARD J. SOLOVE RESEARCH INSTITUTE**

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

WHEREAS the proposed amendments to the *Bylaws and the Rules and Regulations of the Medical Staff* of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute were approved by The Ohio State University Medical Center Board on December 19, 2012:

NOW THEREFORE

BE IT RESOLVED, That the attached *Bylaws and Rules and Regulations of the Medical Staff* of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute are hereby adopted, effective immediately.

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Summary of Changes to the
BYLAWS OF THE MEDICAL STAFF
THE ARTHUR G. JAMES CANCER HOSPITAL AND
RICHARD J. SOLOVE RESEARCH INSTITUTE
(as of August 31, 2012 February 1, 2013)

3335-111-04 Membership.

(A) Qualifications.

- (2) All members of the medical staff of the CHRI, except community associate attending 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 shall comply with provisions of state law and the regulations of the respective state licensing board. 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 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. Except for community associate staff, 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 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 professional affairs committee of the Ohio state university medical center board, or the Ohio state university 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.

(E) Procedure for appointment.

- (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:

- (i) Board certification—or, active candidacy for board certification or applicant qualifies for a waiver pursuant to section 3335-111-04(A)(5) of these bylaws;
- (q) Attestation of current Ohio automated Rx reporting system ("OARRS") account for all applicants who have a DEA registration.

(F) Procedure for reappointment.

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- (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:

- (e) Board certification, recertification, ~~or~~ continued active candidacy for certification or applicant qualifies for a waiver pursuant to section 3335-111-04(A)(5) of these bylaws;
- (o) Attestation of current OARRS account for all applicants who have a DEA registration.

(B/T 9/1/93, B/T 3/3/95, B/T 4/3/96, B/T 12/6/96, B/T 9/1/99, B/T 12/3/99, B/T 6/2/2000, B/T 4/5/2002, B/T 2/6/2004, B/T 11/4/2005, B/T 8/6/2007, B/T 2/6/2009, B/T 9/18/2009, 5/14/2010, 10/29/2011, 4/8/2011, 8/31/2012)

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, community associate 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 years and specific annual education requirements as outlined in the list maintained in the chief medical officer's office, but are otherwise subject to the provisions of these bylaws.

(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.

(BC) 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 rule 3335-111-04(A)(5) of the Administrative Code),
Publications,
Grant funding,

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Other funding and experience (as deemed appropriate by the chief executive officer and the section chief);

and who satisfy the requirements and qualifications for membership set forth in rule 3335-111-04 of the Administrative Code.

- | (CD) Associate attending staff.
- | (DE) Clinical attending staff.
- | (EE) Community associate attending staff.
- | (FG) Consulting medical staff.
- | (GH) Limited staff.
- | (HI) Associates to the medical staff.
- | (IJ) Temporary medical staff appointment.
- | (JK) Clinical privileges.

(2) Temporary and special privileges:

- | (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.

(8) Licensed allied health professionals:

- | (g) Only applicants who can document the following shall be qualified for clinical privileges as a licensed allied health professional:
 - | (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;

(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:

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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.

(B/T 9/1/93, B/T 3/3/95, B/T 4/3/96, B/T 12/6/96, B/T 9/1/99, B/T 12/3/99, B/T 6/2/2000, B/T 4/5/2002, B/T 9/6/2002, B/T 2/6/2004, B/T 11/4/2005, 7/7/2006, 8/6/2006, B/T 2/6/2009 B/T 9/18/2009, 5/14/2010, 10/29/2011, 4/8/2011, 8/31/2012)

3335-111-08 Organization of the CHRI medical staff.

(F) The sections.

Each member of the attending, associate attending, clinical, limited, physician scholar and honorary staff shall be assigned to a CHRI section by the chief executive officer upon the recommendation of the appropriate academic department chairperson and the credentials committee.

There are four clinical sections: medical oncology, surgical oncology, radiation oncology and pathology. Appointment to a specific section is based on the clinical specialty of the applicant for medical staff membership. Each section is headed by a section chief who has the responsibility to oversee all research and clinical activities conducted by members of the section. Specifically, the section chief 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 section; the orientation and continuing surveillance of the professional performance of all section members; recommendation for space and other resources needed. The section chief is appointed by the chief executive officer.

(B/T 9/1/93, B/T 3/3/95, B/T 12/6/96, B/T 12/3/99, B/T 4/5/2002, B/T 9/6/2002, B/T 2/6/2004, B/T 11/4/2005, 7/7/2006, B/T 2/6/2009, B/T 9/18/2009, 5/14/2010, 2/11/2011, 4/8/2011, 8/31/2012)

3335-111-10 Administration of the medical staff of the CHRI.

Medical staff committees.

(C) Medical staff administrative committee:

(1) Composition:

(a) Voting membership includes: chief of staff, chief of staff-elect, immediate past chief of staff, section chiefs of medical oncology, radiation oncology, surgical oncology and pathology; division chiefs of hematology, gynecologic oncology, otolaryngology, surgical oncology, thoracic surgery, orthopaedic oncology and urology; clinical department chiefs of anesthesia, plastic surgery and radiology; CHRI medical director of quality, CHRI medical director of credentialing, CHRI chief executive officer, CHRI director of medical affairs, medical director of palliative medicine-director of the division of palliative medicine, chairperson of the cancer subcommittee, CCC director for clinical research, and CCC director for cancer control. 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,

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subject to the approval of the medical staff administrative committee and subject to review and renewal on a yearly basis. If a division or section head is a member by leadership position, he or she will also fulfill the role of division or section chief appointment. The director of medical affairs shall be the chairperson and the chief of staff shall be the vice-chairperson.

(D) Credentialing committee of the hospitals of the Ohio state university:

(3) Licensed ~~allied~~ health care professionals subcommittee:

(a) This subcommittee shall consist of other licensed ~~allied~~ health care professionals who have been appointed in accordance with paragraph (A)(3) of rule 3335-111-09 of the Administrative Code. and This subcommittee shall also include the be chaired by a director of nursing who shall serve as chair of the subcommittee. The subcommittee shall include a certified nurse midwife, a certified registered nurse anesthetist, a certified nurse practitioner, a clinical nurse specialist, and other appropriate licensed allied health professionals.

(b) Duties:

(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 medical center board.

(G) Cancer subcommittee:

(1) Composition:

Required to be included as members of the cancer subcommittee are physician representatives from surgery, medical oncology, diagnostic radiology, radiation oncology, palliative medicine and pathology, the cancer liaison physician and nonphysician 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:

(m) Serve as cancer committee for commission on cancer program of the american college of surgeons.

(3) Meetings:

(a) The subcommittee shall meet at a minimum quarterly in collaboration with the medical staff administrative committee as a policy-advisory and administrative body with documentation of activities and specialties in attendance.

(B/T 9/1/93, B/T 3/3/95, B/T 12/6/96, B/T 9/1/99, B/T 10/1/99, B/T 12/3/99, B/T 4/5/2002, B/T 9/6/2002, B/T 2/6/2004, B/T 11/4/2005, 7/7/2006, B/T 2/6/2009, 9/18/2009, 5/14/2010, 2/11/2011, 4/8/2011, 8/31/2012)

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BYLAWS OF THE MEDICAL STAFF
THE ARTHUR G. JAMES CANCER HOSPITAL AND
RICHARD J. SOLOVE RESEARCH INSTITUTE
(as of August 31, 2012 February 1, 2013)

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 community associate attending 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 shall comply with provisions of state law and the regulations of the respective state licensing board. 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 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. Except for community associate staff, 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 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 professional affairs committee of the Ohio state university medical center board, or the Ohio state university 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 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

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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 shall agree to comply with bylaws, rules and regulations, and policies and procedures adopted by the medical staff administrative committee and the medical center board, including but not limited to policies on professionalism, behaviors that undermine a culture of safety, annual education and training (list approved by the medical staff administrative committee and maintained in the chief medical officer's office), conflict of interest, HIPAA compliance and access and communication guidelines. Medical staff members must also comply with the university integrity program requirements including but not limited to billing, self referral, ethical conduct and annual education.

- (4) Exclusion of any medical staff member or allied health professional 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. If the medical staff member's or allied health professional's participation in these programs is fully reinstated, the affected medical staff member or allied health professional shall be eligible to apply for membership and clinical privileges at that time. It shall be the duty of all medical staff members and allied health professionals to promptly inform the director of medical affairs or medical director of credentialing of any action taken, or the initiation of any process, which could lead to such action taken by any of these programs.
- (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. Waiver of these eligibility criteria is 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.

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- (c) The medical staff administrative committee will review the recommendation of the credentialing committee and make a recommendation to the medical center board regarding whether to grant or deny the request for a waiver and the basis for its recommendation.
 - (d) The 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. 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.
 - (6) All applicants must demonstrate recent clinical activity in their primary area of practice during the last two years to satisfy minimum threshold criteria for privileges within their clinical departments.
 - (7) Applicants for community associate attending medical staff category, practicing in a CHRI unit at another hospital, must have and maintain clinical privileges and active medical staff membership at that hospital.
 - (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), (A)(5) or (A)(7) 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 (F)(6)(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 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

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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 twenty-four 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. In the case of community associate attendings, receipt of the positive evaluation provided by the clinical department chief in the primary hospital in which they hold privileges is required. 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 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.

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- (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 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.

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- (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;
 - (e) Verification by primary source documentation of:
 - (i) Current and previous state licensure, and
 - (ii) Faculty appointment, when applicable.
 - (f) DEA registrations, when required for the exercise of requested clinical privileges;
 - (g) Graduation from an accredited professional school, when applicable;
 - (h) Successful completion or record of post professional graduate medical education;
 - (i) Board certification—or, active candidacy for board certification or applicant qualifies for a waiver pursuant to section 3335-111-04(A)(5) of these bylaws;
 - (j) Information from the national practitioner data bank and other JCAHO approved sources;
 - (k) Verification that the applicant has not been excluded from any federally funded health care program; and
 - (l) Complete disclosure by the applicant of all past and current claims, suits, verdicts, and settlements, if any.
 - (m) Completion of criminal history check by the Ohio state university medical center security department.
 - (n) Completion of the Ohio state university medical center drug testing.
 - (o) Verification of completion of annual educational requirements approved by the medical staff administrative committee and maintained in the chief medical officer's office.
 - (p) Demonstration of recent active clinical practice during the last two years required for exercise of clinical privileges.
 - (q) 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

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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 section chief. 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 section chiefs 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 professional affairs committee, and the 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 professional affairs committee of the medical center board;
 - (d) By the 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 medical center board, or a subcommittee of the 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 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 3335-111-06 of the Administrative Code are activated, the time requirements provided therein govern the continued processing of the application.

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- (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 professional affairs committee of the medical center board, and thereafter to the medical center board. When the medical center board has acted, the chair of the 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 section chief.
 - (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 medical center board, shall directly communicate the final recommendation of the medical staff administrative committee to the medical center board. When the medical center board has acted, the director of medical affairs will transmit the final decision to the clinical department chief, the applicant, the respective section chief, 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 twenty-four months. An appointment or grant of privileges for a period of less than twenty-four months shall not be deemed an adverse action. At least ninety days prior to the end of the medical staff member's 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.

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- (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 section chief 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 section 3335-111-04(A)(5) of these bylaws;
 - (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.

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- (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 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 section chief. 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 section chief 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 section chief 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

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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 professional affairs committee of the medical center board, and thereafter to the medical center board. When the medical center board has acted, the chair of the medical center board shall instruct the director of medical affairs to transmit the final decision to the clinical department chief, the applicant, and the section chief.

- (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 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 current appointment. A member of the medical staff 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 shall be placed on immediate medical leave of absence until such time the member 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 shall not exercise his or her clinical privileges, and medical staff responsibilities and prerogatives shall be inactive.
 - (2) The member 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 professional affairs committee of the 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 treating physician or the committee for licensed independent practitioner health that might have a bearing on the medical staff member'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

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member 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 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 in such event, the member shall not be entitled to a hearing or appeal. (B/T 9/1/93, B/T 3/3/95, B/T 4/3/96, B/T 12/6/96, B/T 9/1/99, B/T 12/3/99, B/T 6/2/2000, B/T 4/5/2002, B/T 2/6/2004, B/T 11/4/2005, B/T 8/6/2007, B/T 2/6/2009, B/T 9/18/2009, 5/14/2010, 10/29/2011, 4/8/2011, 8/31/2012)

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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, community associate 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 years and specific annual education requirements as outlined in the list maintained in the chief medical officer's office, 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 medical center board on the recommendation of the chief executive officer of the CHRI, senior vice president for health sciences, section chief, 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.

| (BC) 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 rule 3335-111-04(A)(5) of the Administrative Code),
Publications,
Grant funding,
Other funding and experience (as deemed appropriate by the chief executive officer and the section chief);

and who satisfy the requirements and qualifications for membership set forth in rule 3335-111-04 of the Administrative Code.

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(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

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those services which the licensed allied health professional is privileged to perform.

- (g) Take call as assigned by the clinical department chief.

| (CD) 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 committees of which he or she is a member unless otherwise provided by resolution of the staff, clinical department or committee and 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.

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| (DE) 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 section chief 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

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those services which the licensed allied health professional is privileged to perform.

| (EF) Community associate attending staff.

(1) Qualifications:

The community associate attending staff shall consist of those applicants who do not have faculty appointments in any of the academic units of the Ohio state university and who are licensed in the state of Ohio and who satisfy the requirements and qualifications for membership set forth in rule 3335-111-04 of the Administrative Code. All applications for appointment and reappointment to the community associate attending staff shall be made to the chief executive officer for initial evaluation. The chief executive officer shall consult with the clinical department chief and the chairperson of the appropriate academic department and when appropriate may refer each application for completion of the appointment procedure in accordance with pertinent requirements of paragraph (E) or (F) of rule 3335-111-04 of the Administrative Code. The approval of the clinical department chief and the academic department chairperson or section chief shall not be required.

(2) Prerogatives:

The community associate attending staff members may:

- (a) Provide consulting services to James patients.
- (b) Admit patients when the primary diagnosis is cancer or cancer-related.
- (c) Be free to exercise such clinical privileges as are granted pursuant to these bylaws.
- (d) Attend all meetings of the medical staff as non-voting members and attend any and all medical staff or hospital education programs. The community associate attending staff member may not hold elected office in the medical staff organization except to serve as a non-voting, ex-officio member of medical staff committees if appointed pursuant to these rules.

(3) Responsibilities:

The community 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 their care area of professional competence for the continuous care and supervision of each patient 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 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 staff meetings and meetings of those committees of which they are a member.

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- (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.

| (FG) 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 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.

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- (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.

| (GH) 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.

(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.
- (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,

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associate attending, clinical attending or community associate 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 reappointment, 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 director of medical affairs and the Ohio state university's graduate medical education committee as delineated in the limited staff agreement. 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:
- Failure to meet reasonable expectations may result in sanctions including but not limited to probation, lack of reappointment, suspension or termination. Termination of limited staff member status shall result in automatic termination of the limited staff member's residency or fellowship 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

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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, clinical attending or community associate 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, clinical attending or community associate 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, clinical attending or community associate 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, clinical attending or community associate attending medical staff member or the director of the training program.

- (a) Limited staff members may write orders for the care of patients under the supervision of the attending, associate attending, clinical attending or community associate attending medical staff member.
- (b) All records of limited staff member cases must document involvement of the attending, associate attending, clinical attending or community associate attending medical staff member in the supervision of the patient's care to include co-signature of the history and physical, operative report, and discharge summary.

| (HI) 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.

| (IJ) Temporary medical staff appointment.

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- (1) Outside 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.
- | (JK) 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 medical center board after recommendation from the medical staff administrative committee.
 - (b) Each clinical department and CHRI section 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 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.

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- (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 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, and approval by the director of medical affairs. The director of medical affairs, acting as a member and on behalf of the medical center board, has been delegated responsibility by the medical center board to grant approval of temporary privileges. 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 twenty-four month period following the date they are granted.

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- (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 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 professional affairs committee of the 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. A member of the medical staff who is a doctor of medicine or osteopathy shall:
 - (i) 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 diagnosis or therapeutic interventions defined by the medical staff.
 - (b) 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.
 - (c) The podiatrist shall be responsible to the chief of the department of orthopaedics.

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(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.

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- (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, shall have no authority to admit or co-admit patients to the CHRI, 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;

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- (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 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.

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- (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 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 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 professional affairs committee of the medical center board. The professional affairs committee of the

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medical center board shall determine whether the adverse decision will stand or be modified and shall recommend to the Ohio state 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 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:

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

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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. (B/T 9/1/93, B/T 3/3/95, B/T 4/3/96, B/T 12/6/96, B/T 9/1/99, B/T 12/3/99, B/T 6/2/2000, B/T 4/5/2002, B/T 9/6/2002, B/T 2/6/2004, B/T 11/4/2005, 7/7/2006, 8/6/2006, B/T 2/6/2009 B/T 9/18/2009, 5/14/2010, 10/29/2011, 4/8/2011, 8/31/2012)

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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, senior 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 senior vice president for health sciences upon recommendation by the chief executive officer. 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 be responsible to the chief executive officer, the senior vice president for health sciences, the CHRI hospital board, and the 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.

(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.

(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 and works collaboratively with clinical leadership of the medical center, including 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

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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) The sections.

| Each member of the attending, associate attending, clinical, limited, physician scholar and honorary staff shall be assigned to a CHRI section by the chief executive officer upon the recommendation of the appropriate academic department chairperson and the credentials committee.

There are four clinical sections: medical oncology, surgical oncology, radiation oncology and pathology. Appointment to a specific section is based on the clinical specialty of the applicant for medical staff membership. Each section is headed by a section chief who has the responsibility to oversee all research and clinical activities conducted by members of the section. Specifically, the section chief 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 section; the orientation and continuing surveillance of the professional performance of all section members; recommendation for space and other resources needed. The section chief is appointed by the chief executive officer.

(G) 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:

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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;
- (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 independent 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

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- (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. (B/T 9/1/93, B/T 3/3/95, B/T 12/6/96, B/T 12/3/99, B/T 4/5/2002, B/T 9/6/2002, B/T 2/6/2004, B/T 11/4/2005, 7/7/2006, B/T 2/6/2009, B/T 9/18/2009, 5/14/2010, 2/11/2011, 4/8/2011, 8/31/2012)

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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 one year 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, section chiefs of medical oncology, radiation oncology, surgical oncology and pathology; division chiefs of hematology, gynecologic oncology, otolaryngology, surgical oncology, thoracic surgery, orthopaedic oncology and urology; clinical department chiefs of anesthesia, plastic surgery and radiology; CHRI medical director of quality, CHRI medical director of credentialing, CHRI chief executive officer, CHRI director of medical affairs, medical director of palliative medicine, director of the division of palliative medicine, chairperson of the cancer subcommittee, CCC director for clinical research, and CCC director for cancer control. 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 or section head is a member by leadership position, he or she will also fulfill the role of division or section chief 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 associate director for professional education, the CHRI chief nursing officer, 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, the senior vice president for health sciences and the associate director for medical staff affairs.
 - (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. The chief executive officer may invite any member of staff as the chief executive officer's representative at a meeting or to attend any meeting with the chief executive officer.

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- (d) All members of the committee shall attend, either in person 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 senior 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 above in this paragraph (1).
- (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 professional affairs committee pursuant to section 3335-43-13 of these bylaws.
 - (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 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 section 3335-111-10 of these bylaws) 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) 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.

(4) 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;

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- (b) To review biennially 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/section), 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, professional affairs committee or medical center board.
- | (3) Licensed ~~allied~~ health care professionals subcommittee:
- | | (a) This subcommittee shall consist of other licensed ~~allied~~ health care professionals who have been appointed in accordance with paragraph (A)(3) of rule 3335-111-09 of the Administrative Code. ~~and This subcommittee shall also include the be chaired by a~~ director of nursing ~~who shall serve as chair of the subcommittee. The subcommittee shall include a certified nurse midwife, a certified registered nurse anesthetist, a certified nurse practitioner, a clinical nurse specialist, and other appropriate licensed allied health professionals.~~

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(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 medical center board.

(E) Medical staff bylaws committee:

(1) Composition.

The committee shall be composed of at least four members of the attending or associate attending staff pursuant to paragraph (A)(3) of rule 3335-111-09 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 licensed independent practitioner health.

(1) Composition:

The committee shall consist of medical staff members appointed in accordance with paragraph (A)(3) of rule 3335-111-09 of the Administrative Code.

(2) Duties:

- (a) To consider issues of licensed independent 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.

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- (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 identify 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 independent practitioners.
- (G) Cancer subcommittee:
- (1) Composition:

Required to be included as members of the cancer subcommittee are physician representatives from surgery, medical oncology, diagnostic radiology, radiation oncology, palliative medicine and pathology, the cancer liaison physician and nonphysician 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.

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- (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 ~~at a minimum quarterly 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.

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- (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) Professionalism consultation committee.
- (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. (B/T 9/1/93, B/T 3/3/95, B/T 12/6/96, B/T 9/1/99, B/T 10/1/99, B/T 12/3/99, B/T 4/5/2002, B/T 9/6/2002, B/T 2/6/2004, B/T 11/4/2005, 7/7/2006, B/T 2/6/2009, 9/18/2009, 5/14/2010, 2/11/2011, 4/8/2011, 8/31/2012)

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Summary of Changes to the
MEDICAL STAFF RULES AND REGULATIONS
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
(As of August 31, 2012)

05 ORDER WRITING PRIVILEGES.

(L) Hospital admission/observation orders.

Hospital admission/observation requires appropriate admission/observation orders. Admission to any inpatient unit or placing a patient in observation status requires new, rewritten/reentered or renewed orders by the responsible medical practitioner-physician or limited staff member. (B/T 11/4/2005, B/T 7/7/2006, B/T 8/6/2005, B/T 2/6/2009, 9/18/2009, 2/11/2011, 4/8/2011)

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MEDICAL STAFF RULES AND REGULATIONS
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
(As of August 31, 2012)

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.
(B/T 7/7/2006, B/T 8/31/2012)

02 ADMISSION PROCEDURES.

- (A) Except in an emergency, no patient shall be admitted to the hospital until after a provisional diagnosis has been stated by the patient's attending physician or by a member of the attending staff or a physician designee (who is appropriately credentialed), in the interest of assignment to the appropriate service area. 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. (B/T 9/18/2009)

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.

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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. (B/T 11/4/2005, 2/11/2011)

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 a.m., the consult shall occur on the same business day. If a consultation is ordered after 10 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. (B/T 11/4/2005, B/T 7/7/2006, B/T 2/6/2009, B/T 9/18/2009, 4/8/2011)

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 non verbal order, refer to both written and electronically entered orders.

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- (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 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 24 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, the chief of staff, 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 telephone and verbal orders for DEA schedule II controlled substances, patient seclusion, or patient restraint must be authenticated within twenty-four (24) hours by signature of a licensed physician, dentist, podiatrist, psychologist, or designated limited staff member or other licensed healthcare professionals with appropriate clinical privileges. All other verbal and telephone orders must be authenticated within forty-eight (48) hours by signature by a licensed physician, dentist, podiatrist, psychologist, limited staff member, or other licensed healthcare professionals with appropriate clinical privileges.
- (D) Standing orders. Currently there are no standing orders in effect.
- (E) Preprinted orders.

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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 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 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, 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 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.

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- (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, or renewed orders by signature of the responsible medical practitioner.

- (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 appropriate admission/observation orders. Admission to any inpatient unit or placing a patient in observation status requires new, rewritten/reentered or renewed orders by the responsible medical practitioner-physician or limited staff member. (B/T 11/4/2005, B/T 7/7/2006, B/T 8/6/2005, B/T 2/6/2009, 9/18/2009, 2/11/2011, 4/8/2011)

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 (24) 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 infectious 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).

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- (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. (B/T 11/4/2005)
- 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 hospitals 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. (B/T 11/4/2005, B/T 2/6/2009)
- 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. (B/T 11/4/2005)
- 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:

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- (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. (B/T 11/4/2005)

10 MEDICAL RECORDS.

- (A) Each member of the medical staff shall conform to the following medical information management department policies:
 - (1) Chart contents
 - (a) The attending physician shall be responsible for the preparation of a complete medical record for each patient. This record shall include the following:
 - (i) Identification and related data.
 - (ii) Statement of present complaint.
 - (iii) History of present illness.
 - (iv) Previous personal history.
 - (v) Family history.

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- (vi) Physical examination.
- (vii) Special reports, as those from:
 - (a) The clinical laboratory, including examination of tissues and autopsy findings, when applicable.
 - (b) The x-ray department.
 - (c) Consultants as verified by the attending medical staff member's signature.
- (viii) Provisional diagnosis.
- (ix) Medical and surgical treatments.
- (x) Progress notes.
- (xi) Memorandum copy of the death certificate when applicable.
- (xii) Discharge disposition, condition of patient at discharge and instructions given at that time.
- (xiii) Summary and final diagnosis as verified by the attending physician's signature.
- (xiv) Documentation of informed consent.
- (xv) The legal status of patients receiving mental health services.
- (xvi) Emergency care provided to the patient prior to arrival, if any.
- (xvii) Evidence of known advance directives.
- (xviii) All reassessments and any revisions of the treatment plan.
- (xix) Any and all orders related to the patient's care.
- (xx) Every medication dispensed to an inpatient at discharge.
- (xxi) Every dose of medication administered and any adverse drug reaction.
- (xxii) Any referrals and communications made to external or internal providers and to community agencies.
- (xxiii) 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.
- (xxiv) An intra-operative anesthesia record.
- (xxv) A post anesthesia follow up report written within forty eight (48) hours after surgery by the individual who administers the anesthesia.

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- (xxvi) Signed and dated reports of nuclear medicine interpretations, consultation, and procedures.

(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) 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 24 hours of death.
- (d) Outpatient visit notes and letters to referring physicians, when appropriate, shall be completed within three days of the patient's visit.
- (e) All entries not previously defined must be signed within ten (10) business days of completion.
- (f) 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.

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- (g) Office visit encounters shall be closed within one week of the patient's visit.
- (3) Discharges
 - (a) Patients shall be discharged only on written order of the responsible medical staff member, a limited staff member or other licensed healthcare professional with appropriate clinical privileges. At the time of ordering the patient's discharge or at the time of next visit to the hospital, if the attending medical staff member has authorized a member of the limited medical staff to sign the order of discharge, the attending medical staff member is responsible for certifying the principal diagnosis, secondary diagnosis, principal procedure, and other significant invasive procedures in the medical record by the time of discharge. If a principal diagnosis cannot be determined in the absence of outstanding test results, the attending medical staff member must record a "provisional" principal diagnosis by the time of discharge.
 - (b) The discharge summary for each patient must be completed by the responsible medical staff member who is appropriately credentialed or the member's designee (who is appropriately credentialed) before the patient's transfer to a non-OSU facility. All other discharge summaries must be completed by the responsible attending medical staff member or the member's designee, who is appropriately credentialed by the hospital, within three days of discharge. Electronic discharge instructions will suffice for the discharge summary if they contain the following: hospital course including reason for hospitalization and significant findings upon admission; principal and secondary diagnoses; relevant diagnostic test results; procedures performed and care, treatment and services provided to the patient; condition on discharge; medication list and medication instruction; the plan for follow-up tests and studies where results are still pending at discharge; coordination and planning for follow-up testing and physician appointments; plans for follow-up communication, and instructions. A complete summary is required on all patients who expire, regardless of length of stay. Any discharge summary must be signed by the responsible attending medical staff member.
 - (c) All medical records must be completed by the attending medical staff member or, when applicable, by his/her appropriately credentialed designee within twenty-one (21) days of discharge of the patient. Attending medical staff members who have incomplete records (of patients discharged for more than twenty-one days) assigned to them will have their admitting and operative privileges suspended until all records are completed. A list of delinquent records, by attending medical staff member, will be prepared and distributed by the medical records administrator once each week. The medical staff member will be given one week's notice of an intent to suspend. If an attempt is made by the attending medical staff member, or his/her appropriately credentialed designee when applicable, to complete the record, and the record is not available, the record is not counted against the attending medical staff member until the next list is prepared.
 - (d) 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

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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. Under normal circumstances, the original hospital records, pathological examinations, slides, radiological films, etc., will be maintained by the hospital for no less than five years. Microfilms, electronic tape recordings, and such other acceptable storage techniques will be used to maintain patient's records, following the above prescribed five years.

(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 (30) 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.

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- (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. (B/T 9/18/2009, 4/8/2011, 8/31/2012)

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 leadership council for clinical quality, safety and service advisor 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:

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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, as follows: pharmacy and therapeutic and drug utilization executive sub-committee; formulary sub-committee; antibiotic usage sub-committee; medication safety and policy sub-committee; and the therapeutic drug monitoring sub-committee.
- (I) Establish methods by which serum blood levels may be used to improve the therapeutic activity of drugs.
- (J) Establish programs to educate health care providers to the appropriate methods of monitoring the therapeutic effect in drugs via serum drug assays.
- (K) Provide guidance to the therapeutic drug monitoring service at the CHRI.
- (L) Recommend the development of policies and procedures to the pharmacy and therapeutic and drug utilization executive subcommittee.

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.

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- (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.

Leadership Council for Clinical Quality, Safety and Service

The leadership council for clinical quality, safety and service 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 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 leadership council for clinical quality, safety and service. The leadership council for clinical quality, safety and service shall authorize policy groups to be formed to accomplish necessary hospital and medical staff functions on behalf of the CHRI and university hospitals.

CHRI representatives on the leadership council for clinical quality, safety and service shall be appointed as provided in the CHRI bylaws.

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(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) Clinical quality and patient safety committee.

(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.

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- (i) Report and coordinate with the leadership council for clinical quality, safety and service 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 leadership council for clinical quality, safety and service changes in clinical practice patterns in compliance with applicable governmental regulations and accreditation requirements when the opportunity exists to improve the resource management.

(D) Evidence-based practice policy group

(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 leadership council for clinical quality, safety and service 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 leadership council for clinical

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quality, safety and service for approval. All other computerized value enhancement for approval. All other computerized ordersets and clinical rules should be forwarded to the leadership council for clinical quality, safety and service for information.

- (d) To initiate and support research projects when appropriate in support of the objectives of the leadership council for clinical quality, safety and service.
- (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 leadership council for clinical quality, safety and service. (B/T 11/4/2005, B/T 7/7/2006, B/T 2/6/2009, B/T 9/18/2009, B/T 5/14/2010, 2/11/2011, 4/8/2011)

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 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. (B/T 4/8/2011)

13 MECHANISM FOR CHANGING RULES AND REGULATIONS.

- (A) These rules and regulations may be amended pursuant to the medical staff bylaws section 3335-111-12.
- (B) Amendments so accepted shall become effective when approved by the Ohio state 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. (11/4/2005, B/T 9/18/2009, 2/11/2011, 4/8/2011)

14 ADOPTION OF THE RULES AND REGULATIONS.

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 medical center board if it meets prior to the next scheduled medical center board meeting, the medical center board and The Ohio State University Board of Trustees. (B/T 7/7/2006, B/T 9/18/2009, 2/11/2011, 4/8/2011)

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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. (B/T 9/18/2009, 2/11/2011, 4/8/2011)

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**AMENDMENTS TO THE *BYLAWS OF THE*
*OHIO STATE UNIVERSITY MEDICAL CENTER BOARD***

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

WHEREAS the proposed amendments to the *Bylaws* of The Ohio State University Medical Center Board were approved by The Ohio State University Medical Center Board on December 19, 2012:

NOW THEREFORE

BE IT RESOLVED, That the attached *Bylaws* of The Ohio State University Medical Center Board are hereby adopted, effective immediately.

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(As of ~~10/29/2010~~02/01/2013)

OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER BOARD BYLAWS

Chapter 3335-93

| Establishment of the Ohio state university Wexner medical center board

| 3335-93-01 Ohio state university Wexner medical center board.

- (A) The body responsible to the Ohio state university board of trustees for oversight of the Ohio state university Wexner medical center shall be the Ohio state university Wexner medical center board (herein called "university Wexner medical center board"). Such oversight shall encompass the areas of quality patient care services, strategic management and planning, development of policy, financial performance, compliance programs, and support for the academic programs of the university's health sciences colleges, all as detailed in rule 3335-93-02 of the Administrative Code. The university Wexner medical center board shall report to the board of trustees through its medical affairs committee.
- (B) The university Wexner medical center board shall be composed of ~~134~~ voting members:
- (1) five public members who shall be the chairs of the five hospital boards established in Chapter 3335-104 of the Administrative Code, ex officio with vote;
 - (2) six public members appointed by the Ohio state university board of trustees in consultation with the president of the university;
 - (3) the president of the Ohio state university, ex officio with vote; ~~and~~
 - (4) the senior vice president for health sciences of the Ohio state university, ex officio with vote; ~~and~~
 - (5) the chief medical officer of the medical center, ex officio with vote.
- (C) In addition, the following University officials shall be ex-officio non-voting members of the university Wexner medical center board:
- (1) the vice president for health services;
 - (2) the dean of the college of medicine;
 - (3) the chief financial officer of the medical center;
 - (4) ~~the chief medical officer of the medical center,~~
 - (54) the chief nursing executive of the medical center;
 - (65) the chief executive officer of the James cancer hospital;
 - (76) the director of medical affairs of the James cancer hospital;
 - (87) the chair of the medical affairs committee of the board of trustees;
 - (98) the ~~chair of the Ohio state university physicians board~~chief executive officer of the university faculty practice group;
 - (109) the chief financial officer of the Ohio state university; ~~and~~
 - (140) the general counsel of the Ohio state university.
- (D) Insofar as is feasible, the selection criteria shall ensure that the medical center board membership will include persons with business expertise, persons with legal expertise, persons with knowledge of health care delivery, persons knowledgeable about the mission of the university's academic medical center, and persons who can assist the medical center in its outreach and relationships with the public, communities and patients served, and governmental entities. Selection processes shall incorporate the diversity policies of the university.
- (E) The term of office for the five public members shall be three years, except that the terms of the initial members shall be staggered, with two serving for three years, two serving for two years,

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and one serving for one year. At the discretion of the Ohio state university board of trustees, any public member may serve three consecutive terms.

- (F) From time to time, the board of trustees may appoint individuals who have provided extraordinary service or support on the university Wexner medical center board or on a Wexner medical center hospital board as members of the university Wexner medical center emeritus board.
- (G) The president of the Ohio state university shall serve as the university's primary administrative contact with the university Wexner medical center board and shall interpret proposals and recommend actions of the university Wexner medical center board to the university's board of trustees. (B/T 10/29/2010)

3335-93-02 Powers and duties.

The Ohio state university board of trustees retains its ultimate authority over, and responsibility for, the Ohio state university Wexner medical center, including but not limited to determination of policy for its fiscal health, its personnel policies, and the definition of the medical center's mission. Within that context, the board of trustees hereby delegates to the university Wexner medical center board the authority and responsibility set forth herein, consistent with Ohio law. In accordance with that authority and responsibility, the university Wexner medical center board will be responsible for, subject to the authority and periodic review of the university board of trustees, the following:

- (A) Assuring the quality of patient care throughout the medical center, including the delivery of patient services and formation of quality assessment and improvement mechanisms and monitoring the achievement of quality standards and goals.
- (B) Oversight of the medical center's unique mission to support the health sciences academic programs of the university.
- (C) Monitoring the implementation of the university Wexner medical center integrity and compliance programs as adopted by the Ohio state university board of trustees.
- (D) Establishing educational programs for university Wexner medical center board members and annually assessing its performance. and providing a summary of such self evaluations to the university board of trustees.
- (E) Oversight of the accreditation and licensure process.
- (F) Approval of medical and dental staff appointments, clinical privileges, and disciplinary actions upon the recommendation of the appropriate officials, medical staff, and medical staff administrative committee of either the University Hospitals or the Arthur G. James cancer hospital and Richard J. Solove research institute "James cancer hospital".
- (G) Upon recommendation by the medical staff of university hospitals or the medical staff of the James cancer hospital, approval of medical staff bylaws amendments and recommendation thereof to the Ohio state university board of trustees.
- (H) Review and recommendation of operating and capital budgets to the Ohio state university board of trustees.
- (I) Monitoring financial performance including the achievement of financial goals and targets.
- (J) Creating committees as it deems necessary from time to time, consistent with its powers and duties in this rule.

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- | (K) Developing, recommending to the university board of trustees as appropriate, and monitoring strategic plans, including safety, security, and disaster plans, consistent with the approved strategic plan for the university Wexner medical center.
- | (L) Approval of the purpose and governance documents of any organization to be established as an auxiliary service organization to the university Wexner medical center.
- | (M) Monitoring and assisting the medical center in its relationships with the public, affected communities, government entities, and public and private organizations.
- | (N) Monitoring and annually evaluating the performance of medical center leadership as determined by the board in consultation with the president and the senior vice president for health sciences.
(B/T 10/29/2010)

3335-93-03 Accountability.

To ensure that the Ohio state university board of trustees meets its governance obligations under all applicable laws and regulations, the university Wexner medical center board will be accountable, through the president, the senior vice president for health sciences, and the vice president for health services to the Ohio state university board of trustees.

The appointment of the chief executive officer or executive director of each hospital defined in Chapter 3335-104 of the Administrative Code shall be subject to the approval of the Ohio state university board of trustees upon recommendation of the president, the senior vice president for health sciences, and the vice president for health services, following consultation with the university Wexner medical center board.

The president of the university shall be responsible to the Ohio state university board of trustees for the conduct of the academic programs and for ensuring that the medical center and the hospitals are operated in a manner consistent with university policy and state and federal law.

3335-93-04 Meetings and notice.

- | (A) Regular meetings. Regular meetings of the university Wexner medical center board shall be held at least six times each year, on a schedule established by the board of trustees, at times which shall be set and publicly announced and/or at such other time or place as may be announced by the chair.
- | (B) Special meetings. Special meetings may be called at the direction of the chair, the president of the university, or the chair of the board of trustees, and shall be called by the chair at the request of three members of the board, provided that notice of any special meeting shall be given to all board members not less than five days prior to the meeting. The notice shall state the time, place, and purpose of the meeting.
- | (C) Except as otherwise specified in these bylaws, all meetings of the university Wexner medical center board and its committees shall be conducted in accordance with the latest revision of "Robert's Rules of Order."
- | (D) Meetings of the university Wexner medical center board shall be open to the public, except for executive sessions called for reasons permissible under Ohio law.

3335-93-05 Quorum.

~~A majority of the Seven voting members of the board then in office shall constitute a quorum for the conduct of business at any meeting of the university Wexner medical center board.~~ If a quorum is present, a majority vote of those members present and voting shall be required for approval of any action by the board.

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3335-93-06 Vacancies.

| Whenever a vacancy occurs on the university Wexner medical center board, the secretary of the board shall immediately notify the president of the university so that the Ohio state university board of trustees may appoint a new member as soon as possible to fill the unexpired term.

3335-93-07 Removal.

- | (A) The university Wexner medical center board may recommend to the Ohio state university board of trustees that a citizen public member of the university Wexner medical center board be removed or suspended. Recommendations for suspension or removal by the board shall be made directly to the Ohio state university board of trustees which has sole authority to appoint and remove members of the university Wexner medical center board.
- | (B) Any university Wexner medical center board member who has three-two unexcused absences for three-two successive meetings, or five-three unexcused absences in a calendar year, as determined by the chair, shall be automatically removed.

| 3335-93-08 Indemnification of university Wexner medical center board members.

| Members of the university Wexner medical center board shall be entitled to legal defense and indemnification against any claims or liabilities which might arise from the performance of their duties on behalf of the university Wexner medical center board to the full extent permitted by Ohio law.

| 3335-93-09 Compensation of university Wexner medical center board and board committee members.

| No university Wexner medical center board member shall receive compensation for services rendered in the capacity as a board member. However, nothing herein shall be construed to preclude any board member or committee member from receiving reimbursement for actual expenses incurred in the course of such service.

3335-93-10 Confidentiality and conflicts of interest.

In addition to any restrictions or obligations set forth in chapter 102 or section 2921.42 of the Revised Code, members of the university Wexner medical center board and its committees have a duty of loyalty and fidelity to the university and the university Wexner medical center, and they must govern its affairs honestly, exercising their best care, skill and judgment for the benefit of the university Wexner medical center so as to avoid conflicts of interest and the appearance of impropriety. Members of the board and its committees shall disclose to the chair of the university Wexner medical center board any situation wherein such person has a conflict of interest that could possibly cause that person to act in other than the best interest of the university Wexner medical center. In any such situation the member shall abstain from acquiring any information developed by the university Wexner medical center and from participating in any discussions or voting related to such situation. All members of the university Wexner medical center board and its committees shall keep confidential all sensitive information of every kind including the strategic goals of groups, entities or subdivisions within the university Wexner medical center to the extent permitted by law. Members of the board and its committees also shall abide by all confidentiality and conflict of interest policies and programs adopted by the Ohio state university board of trustees from time to time.

Chapter 3335-95

OFFICERS OF THE BOARD

3335-95-01 Officers.

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- | The officers of the university Wexner medical center board shall consist of a chair, vice chair, secretary, assistant secretary and such other officers as the board may deem advisable. The chair and vice chair, who shall be selected from among the public members of the board, shall be appointed annually by the Ohio state university board of trustees upon recommendation of the president. The associate general counsel of the Ohio state university Wexner medical center shall serve as secretary of the board. No officer other than the secretary and the assistant secretary may serve more than two successive terms. (B/T 10/29/2010)

3335-95-02 Chair.

The chair of the board shall appoint all committee members and the assistant secretary; shall preside at all meetings of the board; and shall be responsible for approving the agenda for board meetings. The chair shall have such other duties and authority as may be prescribed elsewhere in these bylaws or from time to time by the university Wexner medical center board. (B/T 10/29/2010)

3335-95-03 Vice chair.

During the absence of the chair or the chair's inability to act, the vice chair shall perform the duties and exercise the powers of the chair.

3335-95-04 Secretary.

- | The secretary shall be responsible for producing and maintaining minutes of board meetings, and being the custodian of and responsible for the official books and records of the university Wexner medical center board. In addition, the secretary shall perform such other duties as from time to time may be assigned to him or her by the board or by the chair. The assistant secretary of the board shall be responsible for the management of all operational and administrative functions for the office of the university Wexner medical center board. In the absence of the secretary, or if a vacancy in the secretary position exists, the assistant secretary shall perform the duties of the secretary of the board. (B/T 10/29/2010)

Chapter 3335-97

COMMITTEES

3335-97-01 Establishment of committees.

The board shall establish a professional affairs committee and such other committees as the board may deem appropriate from time to time. The chair of the board shall appoint the members of the board's committees; the president of the university may designate any officer of the university to attend meetings of board committees as an ex-officio member without vote.

3335-97-02 Professional affairs committee.

- (A) Responsibilities. The professional affairs committee shall be responsible for the following specific duties:
 - (1) Overseeing all patient care activity in all facilities that are a part of the medical center, including, but not limited to, the hospitals, clinics, ambulatory care facilities, and physicians' office facilities.
 - (2) Monitoring quality assurance performance in accordance with the standards set by the university Wexner medical center for all programs identified in paragraph (A)(1) of this rule
 - (3) Receiving reports from the university hospitals medical staff administrative committee and the James cancer hospital medical staff administrative committee regarding

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- | credentialing and recommending action on these reports to the university Wexner medical center board.
- | (4) Monitoring the achievement of accreditation and licensure requirements.
- | (5) Reviewing and recommending to the university Wexner medical center board medical staff bylaws changes and changes to medical staff rules and regulations.
- | (6) Approving membership and granting appropriate clinical privileges for the expedited credentialing of such practitioners that are eligible by satisfying minimum approved criteria as determined by the university Wexner medical center board and are recommended for membership and clinical privileges by the university hospitals medical staff administrative committee and the James cancer hospital medical staff administrative committee.
- | (7) Reviewing and approving reinstatement of clinical privileges for a practitioner after a leave of absence from clinical practice.
- | (8) Conducting peer review activities and recommending professional review actions to the university Wexner medical center board.
- | (9) Reviewing and resolving any petitions by the medical staffs for amendments to any rule, regulation or policy presented by the chief of staff on behalf of the medical staff pursuant to the medical staff bylaws and communicating such resolutions to the university hospitals medical staff administrative committee and the James cancer hospital medical staff administrative committee for further dissemination to the medical staffs.
- | (910) Such other responsibilities as assigned by the chair of the university Wexner medical center board.
- | (B) Composition. The committee shall consist of seven members: three four board members, appointed annually by the chair of the university Wexner medical center board, one of whom shall be appointed as chair of the committee; the chief medical officer of the medical center; the director of medical affairs of the James cancer hospital; the medical director of credentialing for the James cancer hospital; the chief of the medical staff of the university hospitals; and the chief of the medical staff of the James cancer hospital. With respect to items coming before the committee as detailed in paragraph (A) of this rule, at least two (2) voting members of the university Wexner medical center board must be present; and the chief medical officer of the medical center and chief of the medical staff of university hospitals shall vote only with respect to those items involving the university hospitals, and the director of medical affairs of the James cancer hospital; the medical director of credentialing for the James cancer hospital and chief of the medical staff of the James cancer hospital shall vote only with respect to those items involving the James cancer hospital.
- | (C) Meetings. The professional affairs committee shall meet during the months the university Wexner medical center board does not have a regular meeting scheduled or at the call of the chair and shall advise the university Wexner medical center board of its activities as the board requests. The professional affairs committee shall act on behalf of the university Wexner medical center board in order to maintain the continuity of operations of the hospitals of the Ohio state university and the university hospitals and James cancer hospital medical staffs; to review and to approve medical staff membership and to grant appropriate clinical privileges for practitioners in accordance with applicable laws, accreditation requirements, bylaws and rules established by the university board of trustees, university Wexner medical center board and university hospitals and James medical staffs. (B/T 10/29/2010)

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Chapter 3335-99

| RELATIONSHIP OF THE UNIVERSITY WEXNER MEDICAL CENTER BOARD TO HEALTH SCIENCES
ACADEMIC PROGRAMS

3335-99-01 Relationship to health sciences academic programs.

| The health sciences colleges of the university carry out a significant portion of their educational and research activity in facilities of the university Wexner medical center. Although the university Wexner medical center board has not been delegated specific responsibilities for academic programs, it shall lend its best efforts to assure that the programs of the health sciences colleges are effectively supported in collaboration with the medical center's patient care programs. The senior vice president for health sciences and vice president for health services shall be charged with maintaining an effective liaison | between the health sciences colleges and the university Wexner medical center board to assure excellence in both academic and patient care programs.

Chapter 3335-101

MEDICAL STAFF

3335-101-01 General.

| The university Wexner medical center board shall hold the medical staff organization of university hospitals and the medical staff organization of the James cancer hospital accountable to the university Wexner medical center board for establishing and maintaining standards of medical care for their respective facilities. As provided in rule 3335-101-04 of the Administrative Code, revisions to medical | staff bylaws are subject to review and approval by the university Wexner medical center board before they are submitted to the Ohio state university board of trustees for adoption. (B/T 10/29/2010)

3335-101-02 Medical staff.

| For purposes of this chapter, the words "medical staff" shall include all physicians, psychologists, podiatrists, and dentists who are authorized to attend patients in any medical care facility or program | administered by the university Wexner medical center, and may include such other professionals as the medical staff bylaws designate.

3335-101-03 Medical staff organization.

| The organization of the medical staffs of the university Wexner medical center shall discharge those duties and responsibilities assigned to them by the university Wexner medical center board and is subject to the approval and authorization of the university Wexner medical center board. Those duties and responsibilities include the following purposes:

- | (A) To monitor the quality of medical care and make recommendations to the university Wexner medical center board to ensure that all patients – admitted to or treated at any of the facilities, departments, or services of university hospitals or the James cancer hospital – receive high quality medical care.
- | (B) To recommend, through the appropriate medical staff administrative committee, to the professional affairs committee of the university Wexner medical center board the appointment or reappointment of an applicant to the medical staff of university hospitals or the James cancer hospital, the clinical privileges such applicant shall enjoy in the facilities of or associated with university hospitals or the James cancer hospital, and appropriate professional review action that may be necessary in connection with any member of the medical staff.

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- (C) To represent the medical staffs of university hospitals and the James cancer hospital and to provide the means whereby issues concerning the medical staffs and university hospitals and the James cancer hospital are discussed within the medical staff organization and among representatives of the medical staff, the university Wexner medical center board, and the medical center administration.
- (D) To establish and enforce medical staff bylaws and establish specific rules and regulations governing actions of members of the medical staffs. (B/T 10/29/2010)

3335-101-04 Medical staff bylaws.

The medical staff organization shall recommend to the professional affairs committee and the university Wexner medical center board amendments to medical staff bylaws, rules, and regulations that set forth the medical staff organization and the governance process for maintaining such bylaws, rules, and regulations to accomplish the purposes set forth in rule 3335-101-03 of the Administrative Code. When such medical staff bylaws, rules, and regulations are adopted by the university Wexner medical center board and the Ohio state university board of trustees, they shall become effective and be part of the medical staff bylaws, rules, and regulations of the medical center and the hospital and other facilities to which they apply. The medical staff organizations shall also be responsible for reviewing these bylaws, rules, and regulations periodically and recommending appropriate revisions to the professional affairs committee and university Wexner medical center board. (B/T 10/29/2010)

3335-101-05 Appointment to the medical staff and assignment of clinical privileges.

Upon recommendation of the medical staff of university hospitals or the James cancer hospital and in accordance with the medical staff bylaws, the university Wexner medical center board may appoint physicians, dentists, psychologists, and podiatrists meeting the qualifications prescribed in the medical staff bylaws, to membership on the medical staff of the university hospitals and the James cancer hospital and shall grant clinical privileges to such persons. Appointment to the medical staff carries with it full responsibility for the treatment of patients of the university Wexner medical center subject to such limitations as may be imposed by the university Wexner medical center board or the medical staff bylaws, rules, and regulations of the medical staff. Appointment and reappointment to the medical staff shall be for a period not to exceed two years and shall be renewable in accordance with the reappointment procedure set forth in the medical staff bylaws. The chief medical officer of the medical center and director -of medical affairs for the James cancer hospital, acting as members of and on behalf of the university Wexner medical center board, are of temporary clinical privileges. The granting of temporary privileges shall be limited to situations which fulfill temporary clinical privileges. The granting of temporary privileges shall be limited to situations which fulfill an important patient care need, and shall not be granted for a period of more than ninety days.

3335-101-06 Medical staff administrative committees.

- (A) Purpose. The medical staff administrative committee for the university hospitals medical staff and the medical staff administrative committee for the James cancer hospital each shall establish and maintain means of accountability to the university Wexner medical center board, in accordance with their respective medical staff bylaws. Each medical staff administrative committee shall concern itself primarily with the quality of medical care within the facilities of, or associated with, the university Wexner medical center. Each medical staff administrative committee shall receive and act upon all medical staff committee reports and make recommendations regarding medical staff status and clinical privileges to the university Wexner medical center board, through the board's professional affairs committee. Other specific duties of the medical staff administrative committee are identified in the medical staff bylaws.
- (B) Composition. The composition of the medical staff administrative committee of the university hospitals medical staff shall be determined in accordance with the university hospitals medical staff bylaws and the chief medical officer of the medical center shall serve as chair of the medical

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staff administrative committee. The composition of the medical staff administrative committee of the James cancer hospital medical staff shall be determined in accordance with the James cancer hospital medical staff bylaws and the James cancer hospital chief of the medical staff shall serve as chair of the James cancer hospital medical staff administrative committee.

- (C) Meetings. Each medical staff administrative committee shall meet monthly. Minutes of the meetings shall be provided to all members of the professional affairs committee of the university Wexner medical center board, the senior vice president for health sciences, the dean of the college of medicine, the dean of the college of dentistry, and the deans of other professional colleges whose faculty have appointment on the medical and dental staffs.
(B/T 10/29/2010)

3335-101-07 Hospitals clinical departments.

- (A) Appointment of the chief of each clinical department of each hospital as defined in Chapter 3335-104 of the Administrative Code is subject to approval by the university Wexner medical center board on the recommendation of the dean of the applicable professional college and the senior vice president for health sciences. All such appointments shall be periodically reviewed by the university Wexner medical center board. Any vacancy in the position of chief of a clinical department may be filled on an interim basis by the dean of the appropriate professional college, after consultation with the university Wexner medical center board. (In standard practice, the chief of a clinical department will be the chair of the corresponding academic department.)
- (B) The university Wexner medical center board may delegate, through approval of the medical staff bylaws or by appropriate board resolution, to the chiefs of the clinical departments responsibility for maintaining the quality of medical care in their services, and for recommending an applicant's appointment or reappointment to the appropriate medical staff and privileges for such an applicant.
- (C) The senior vice president of health sciences shall recommend a candidate for the appointment of the chief medical officer of the medical center to the university Wexner medical center board and the Ohio state university board of trustees. The Ohio state university board of trustees shall appoint the chief medical officer of the medical center. The chief medical officer of the medical center shall report to the vice president for health services, the senior vice president for health sciences and to the university Wexner medical center board. In matters relating to medical care in the university hospitals, members of the clinical departments of the university hospitals are accountable to the clinical chiefs, and medical directors who are accountable to the chief medical officer of the medical center.
- (D) 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 chief medical officer is a key member of the senior management team and is expected to participate in all strategic, operational and policy decisions as a senior corporate officer of the medical center. The chief medical officer is accountable for developing and managing systems and forums that foster the transfer of knowledge, information and process improvement methodologies to administrative and clinical leadership and staff. The chief medical officer has the authority and responsibility of the organization of clinical service to optimize high quality care.
- (E) The senior vice president for health sciences shall appoint a medical director for each of the university hospitals, university hospitals east, Harding hospital, and Ross heart hospital. The medical director of each hospital shall report to the chief executive officer or executive director of the respective hospital, to the chief medical officer of the medical center, and to the university Wexner medical center board. In matters relating to medical care in the hospitals, members of

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the clinical departments of the hospitals are accountable to the clinical chiefs, who are accountable to the medical directors.

- (F) The senior vice president for health sciences shall appoint a director of medical affairs for the James cancer hospital who shall be the chief medical officer of the James cancer hospital. The director of medical affairs shall report to the chief executive officer of the James cancer hospital, the James cancer hospital board and to the university Wexner medical center board. In matters relating to medical care in the James cancer hospital, members of the clinical departments of the hospitals are accountable to the clinical chiefs, who are accountable to the director of medical affairs.
- (G) The chief medical officer of the medical center, the director of medical affairs of the James cancer hospital and the medical directors of each hospital shall each be a physician and shall maintain an appointment as an attending staff member of his or her respective medical staff. The chief medical officer of the medical center, medical directors of each hospital and director of medical affairs shall have authority as conferred by the senior vice president for health sciences and the university Wexner medical center board; including the responsibility for clinical research and education programs and services, supervision of patient and clinical activity; and responsibility for the clinical organization of his or her respective hospital. The chief medical officer of the medical center and director of medical affairs shall direct and supervise the medical staff quality assurance, utilization review, and credentialing activity. The chief medical officer of the medical center, medical directors of each hospital and director of medical affairs shall 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. (B/T 10/29/2010)

Chapter 3335-103

AMENDMENTS TO BOARD BYLAWS

3335-103-01 Amendments to board bylaws.

These bylaws may be amended or replaced in whole or in part only by the Ohio state university board of trustees, upon the recommendation of the university Wexner medical center board and the president of the university. (B/T 10/29/2010)

Chapter 3335-104

MEDICAL CENTER HOSPITAL BOARDS

3335-104-01 Establishment of medical center hospital boards.

From time to time, the Ohio state university board of trustees may establish one or more boards dedicated to the unique mission of each hospital as a component of the university Wexner medical center. Each hospital board shall be composed of from nine seven to 45 ten public members who shall be appointed, and are subject to removal, by the Ohio state university board of trustees in consultation with the president of the university and the senior vice president for health sciences. The term of office for each public member of a hospital board, other than an ex-officio member, shall be three years. The president of the university or his or her designee, the senior vice president for health sciences, chief medical officer of the medical center and the vice president for health services shall be ex officio voting members of each such hospital board. The director of medical affairs of the James cancer hospital shall be an ex officio voting member of the James cancer hospital board. The chief executive officer or executive director, medical director, and chief of the medical staff of each of the hospitals shall be ex officio non-voting members of that hospital board. At the discretion of the Ohio state university board of trustees, any public member may serve three consecutive terms.

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Each hospital board shall meet at least four times a year at the call of the chair of the board; other meetings of a hospital board shall be held at the call of the chair of the university Wexner medical center board or the senior vice president for health sciences. Meetings of each hospital board shall be open to the public, except for executive sessions called for reasons permissible under Ohio law. A majority of the voting members of the board then in office shall constitute a quorum for the conduct of the board's business. If a quorum is present, a majority vote of those members present and voting shall be required for approval of any action of the board. The chair of each hospital board shall periodically report the activities of the board to the university Wexner medical center board. (B/T 10/29/2010)

3335-104-02 Indemnification of hospital board members.

Members of a hospital board shall be provided legal defense and indemnification against any claims or liabilities which might arise from the performance of their duties on behalf of the board to the full extent permitted by Ohio law.

3335-104-03 Compensation of hospital board and board committee members.

No member of a hospital board shall receive compensation for services rendered in the capacity as a board member. However, nothing herein shall be construed to preclude any board member or committee member from receiving reimbursement for actual expenses incurred in the course of such service.

3335-104-04 Confidentiality and conflicts of interest.

In addition to any restrictions or obligations set forth in chapter 102 or section 2921.42 of the Revised Code, members of a university Wexner medical center hospital board and its committees have a duty of loyalty and fidelity to the university and the university Wexner medical center, and they must govern its affairs honestly, exercising their best care, skill and judgment for the benefit of the university Wexner medical center so as to avoid conflicts of interest and the appearance of impropriety. Members of the board and its committees shall disclose to the board on which they serve and to the university Wexner medical center board any situation wherein such person has a conflict of interest that could possibly cause that person to act in other than the best interest of the university Wexner medical center. In any such situation the member shall abstain from acquiring any information developed by the university Wexner medical center and from participating in any discussions or voting related to such situation. All members of the board and its committees shall keep confidential all sensitive information of every kind including the strategic goals of groups, entities or subdivisions within the university Wexner medical center to the extent permitted by law. Members of the board and its committees also shall abide by all confidentiality and conflict of interest policies and programs adopted by the Ohio state university board of trustees from time to time.

3335-104-05 Officers.

The officers of a medical center hospital board shall consist of a chair, vice chair, secretary, and such other officers as the board may deem advisable. The chair and vice chair shall be elected from among the voting public members of the board. No officer may serve more than two successive one-year terms. The chair of the board shall appoint all committee members; shall preside at all meetings of the board; and shall be responsible for approving the agenda for board meetings. During the absence of the chair or the chair's inability to act, the vice chair shall perform the duties and exercise the powers of the chair. The secretary shall be the chief executive officer or executive director, as appropriate, of the hospital and may serve indefinitely.

(B/T 10/29/2010)

3335-104-06 University hospitals board.

(A) There is hereby created the University hospitals board, as a medical center hospital board responsible to the university Wexner medical center board. The university hospitals board shall:

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- (1) Review, recommend, approve and monitor strategic initiatives for university hospitals.
 - (2) Monitor financial performance of university hospitals, including the achievement of financial goals and targets consistent with those set by the university Wexner medical center board.
 - (3) Approve and monitor quality assessment and improvement mechanisms for university hospitals.
 - (4) Perform such other responsibilities as agreed upon by the Ohio state university Wexner medical center board and the Ohio state university board of trustees.
- (B) The senior vice president for health sciences and the chief executive officer of university hospital shall solicit nominations for university hospitals board membership from the board and from the community at large.
- (C) In addition to the positions specified in rule 3335-104-01 of the Administrative Code, the chair of the board of Ohio state university physicians chief executive officer of the faculty practice group and chief nursing officer for university hospitals and Ross heart hospital shall be an ex officio non-voting members of the university hospitals board.
- (D) The chief executive officer of university hospitals shall have such authority as may be conferred by the senior vice president for health sciences, the vice president for health services, the university hospitals board and the university Wexner medical center board. The chief executive officer shall be responsible for the operation and all administrative activities of university hospitals. The chief executive officer shall coordinate and prioritize matters of capital medical equipment, clinical space, and clinical programs with the chief medical officer of the medical center and medical directors. (B/T 10/29/2010)

3335-104-07 James cancer hospital board.

- (A) There is hereby created the James cancer hospital board, as a Wexner medical center hospital board responsible to the university Wexner medical center board. The James cancer hospital board shall:
 - (1) Review, recommend, approve and monitor strategic initiatives for the James cancer hospital.
 - (2) Monitor financial performance of the James cancer hospital, including the achievement of financial goals and targets consistent with those set by the university Wexner medical center board.
 - (3) Approve and monitor quality assessment and improvement mechanisms for the James cancer hospital.
 - (4) Perform such other responsibilities as agreed upon by the Ohio state university Wexner medical center board and the Ohio state university board of trustees.
- (B) The senior vice president for health sciences and the chief executive officer of the James cancer hospital shall solicit nominations for the James cancer hospital board membership from the board and from the community at large.
- (C) In addition to the positions specified in rule 3335-104-01 of the Administrative Code, the chief nursing officer for the James cancer hospital shall be an ex officio non-voting member of the James cancer hospital board.

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- | (D) The chief executive officer of the James cancer hospital shall have such authority as may be conferred by the president of the Ohio state university, the senior vice president for health sciences, the James cancer hospital board and the university Wexner medical center board. The chief executive officer shall be responsible for the operation and all administrative activities of the James cancer hospital. (B/T 10/29/2010)
- | 3335-104-08 OSUOhio state university Harding hospital board.
- | (A) There is hereby created the OSUOhio state university Harding hospital board, as a medical center hospital board responsible to the university Wexner medical center board. The OSUOhio state university Harding hospital board shall:
- | | (1) Review, recommend, approve and monitor strategic initiatives for behavioral health services.
- | | (2) Monitor financial performance of OSUOhio state university Harding including the achievement of financial goals and targets consistent with those set by the university Wexner medical center board.
- | | (3) Approve and monitor quality assessment and improvement mechanisms specifically for behavioral health services.
- | | (4) Perform such other responsibilities as agreed upon by the Ohio state university Wexner medical center board and the Ohio state university board of trustees.
- | (B) The senior vice president for health sciences and the executive director for OSUOhio state university Harding hospital shall solicit nominations for the OSUOhio state university Harding hospital board from the board and from the community at large, including soliciting nominations for four members of the board from the Harding Heritage foundation. (B/T 10/29/2010)
- | (C) In addition to the positions specified in rule 3335-104-01 of the Administrative Code, the chief of psychiatry and chief nursing officer of the Ohio State University Harding hospital shall be ex officio non-voting members the OSU Ohio state university Harding hospital board. (B/T 10/29/2010, 02/01/2013)

3335-104-09 University hospitals east board.

- | (A) There is hereby created the university hospitals east board, as a medical center hospital board responsible to the university Wexner medical center board. The university hospitals east board shall:
- | | (1) Review, recommend, approve and monitor strategic initiatives for university hospitals east.
- | | (2) Monitor the financial performance of university hospitals east including the achievement of financial goals and targets consistent with those set by the university Wexner medical center board.
- | | (3) Approve and monitor quality assessment and improvement mechanisms for university hospitals east.
- | | (4) Perform such other responsibilities as agreed upon by the university Wexner medical center board and the Ohio state university board of trustees.

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- (B) The senior vice president for health sciences and the executive director for university hospitals east shall solicit nominations for the university hospitals east board from the board and from the community at large.
- (C) In addition to the positions specified in rule 3335-104-01 of the Administrative Code, the chief of orthopaedics and the chief nursing officer for university hospitals east shall be ~~an~~ ex officio non-voting memberss of the university hospitals east board. (B/T 10/29/2010)

3335-104-10 Ross heart hospital board.

- (A) There is hereby created the Ross heart hospital board, as a medical center hospital board responsible to the university Wexner medical center board. The Ross heart hospital board shall:
 - (1) Review, recommend, approve and monitor strategic initiatives for cardiovascular services.
 - (2) Monitor financial performance of the Ross heart hospital including the achievement of financial goals and targets consistent with those set by the university Wexner medical center board.
 - (3) Approve and monitor quality assessment and improvement mechanisms specifically for cardiovascular services consistent with those established for university hospitals.
 - (4) Perform such other responsibilities as agreed upon by the university Wexner medical center board and the Ohio state university board of trustees.
- (B) The senior vice president for health sciences and the executive director for Ross heart hospital shall solicit nominations for the Ross heart hospital board from the board and from the community at large.
- (C) In addition to the positions specified in rule 3335-104-01 of the Administrative Code, the Director of the Ohio state university heart center and the chief nursing officer for university hospitals and Ross heart hospital shall be ~~an~~ ex officio non-voting memberss of the Ross heart hospital board. (B/T 10/29/2010)

The Ohio State University
Board of Trustees

February 1, 2013

THURSDAY, JANUARY 31, 2013
AUDIT AND COMPLIANCE COMMITTEE MEETING

Algenon L. Marbley
John C. Fisher
Ronald A. Ratner
William G. Jurgensen
Clark C. Kellogg
Cheryl L. Krueger
Michael J. Gasser
Benjamin T. Reinke
James Gilmour
Lawrence A. Hilsheimer
Amy Chronis
Craig S. Morford
Robert H. Schottenstein (*ex officio*)

Location: Longaberger Alumni House
Sanders Grand Lounge

Time: 2:45-4:15pm

ITEMS FOR DISCUSSION

- | | |
|---|-------------|
| <i>Compliance Report – Mr. Garrity-Rokous</i> | 2:45-3:00pm |
| 1. <i>External Audit Status Presentation – Mr. Stover</i> | 3:00-3:05pm |

ITEM FOR ACTION

- | | |
|--|-------------|
| 2. Authorization for Establishment of a New University Affiliate:
Partners Achieving Community Transformation (PACT)
- Ms. Bartley, Mr. Culley | 3:05-3:20pm |
|--|-------------|

Executive Session 3:20-4:15pm



The Ohio State University
Audit & Compliance Committee Meeting
PwC Update
January 31, 2013

FY 2012 Audit Status

- All FY 2012 reports have been issued
 - Audit reports issued since the last audit committee meeting include:
 - OSU Health System
 - OSU Physicians
 - A-133
 - OSU Health Plan
 - Campus Partners
 - WOSU
 - Department of Athletics (Statement of Net Assets only)
 - NCAA Agreed Upon Procedures
 - ADAMH Agreed Upon Procedures

FY 2013 Audit Status

- Preliminary planning has begun for FY 2013
 - No substantive changes expected for FY 2013
- Audit Plan to be presented at April Audit Committee meeting

The Ohio State University
Board of Trustees

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**AUTHORIZATION FOR ESTABLISHMENT OF A NEW UNIVERSITY AFFILIATE,
PARTNERS ACHIEVING COMMUNITY TRANSFORMATION**

Synopsis: Authorization to establish a new affiliate, Partners Achieving Community Transformation, to facilitate University activity and investment in the Near East Side of Columbus is recommended.

WHEREAS the Board of Trustees adopted the Policy on Affiliated Entities in June 2008 to provide a uniform framework for the establishment and operation of separate entities that are closely affiliated with The Ohio State University (hereinafter "Ohio State" and/or "University"), ensure that such entities serve the best interests of the University, and provide for continuing appropriate oversight by the University and the Board; and

WHEREAS the Senior Vice President and General Counsel and the Senior Vice President for Health Sciences have recommended that a new affiliate, Partners Achieving Community Transformation, as more fully described in the accompanying materials, be established in furtherance of Ohio State's commitment to revitalize one of the city's most historic neighborhoods—the Near East Side of Columbus, home to University Hospital East and CarePoint East; and

WHEREAS the creation of this Affiliated Entity is in support of our commitment to creating a healthy, financially and environmentally sustainable community on the Near East Side of Columbus, including our \$10 million commitment, provided from funds received through a City of Columbus Job Creation Tax Credit for the Medical Center Expansion project, to programmatic and physical development on the Near East Side over the next 10 years:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby authorizes the establishment of the affiliated entity Partners Achieving Community Transformation (hereinafter "PACT"), and authorizes and directs the President and/or Senior Vice President for Business and Finance, in consultation with other University officials as appropriate, to perform such actions and execute such documents as may be necessary or desirable to effect the establishment of this entity; and

BE IT RESOLVED, That the Board of Trustees hereby authorizes the establishment of the affiliated entity PACT, and authorizes and directs the President and/or Senior Vice President for Business and Finance, in consultation with Senior Vice President and General Counsel and other University officials as appropriate, to perform such actions and execute such documents as may be necessary or desirable to effect the establishment of the operational subsidiaries and associated entities that are formed from time to time to implement the business plan; and

BE IT FURTHER RESOLVED, That in accordance with the Policy on Affiliated Entities, the Senior Vice President and General Counsel is hereby designated as the senior University official charged with oversight of this entity and that PACT shall report periodically to the University and Board of Trustees through the designated senior oversight official; and

BE IT FURTHER RESOLVED, That the relationship between the University and PACT shall be memorialized through a memorandum of agreement and that the entity shall operate in accordance with the Policy on Affiliated Entities, the memorandum of agreement, and the entity's approved business plan; and

The Ohio State University
Board of Trustees

February 1, 2013

**AUTHORIZATION FOR ESTABLISHMENT OF A NEW UNIVERSITY AFFILIATE,
PARTNERS ACHIEVING COMMUNITY TRANSFORMATION**

BE IT FURTHER RESOLVED, That as appropriate and as directed, Trustees, officers, and employees of The Ohio State University are hereby authorized, designated, and directed to serve as directors, managers, officers, employees, and agents of PACT and its subsidiaries, representing the University in such capacities as part of their official duties and responsibilities to the University and entitling them to any immunity, insurance, indemnity, and representation to which Trustees, officers, and employees of the University now are, or hereafter may become, entitled.



**PARTNERS
ACHIEVING
COMMUNITY
TRANSFORMATION**

Honoring Our Heritage, Building Our Future

**The Ohio State University
Partners Achieving Community Transformation Business Plan**

February 2013



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Partners Achieving Community Transformation

Christopher Culley, Elizabeth Seely, and Dr. Steven G. Gabbe

In 2010, The Ohio State University began a transformational community development initiative with the City of Columbus and the Columbus Metropolitan Housing Authority. Together with our partners, Ohio State made a commitment to revitalize and renew one of the city's most historic neighborhoods—the Near East Side, home of University Hospital East and CarePoint East.

Funded by the OSU Wexner Medical Center expansion's \$35 million jobs-growth tax incentive from the City of Columbus, Ohio State has committed \$10 million and a 10-year investment to the physical and programmatic transformation of the Near East Side.

This initiative is fittingly named PACT, or Partners Achieving Community Transformation. PACT is more than a commitment; it brings to life Ohio State's distinctive responsibility to strengthen the lives of all Columbus citizens. Our responsibility to improve civic culture and engage residents is embedded in the University's land-grant DNA.

PACT is nearing a critical milestone, which is why we bring this update to the OSU Board of Trustees. After two years of planning with significant community involvement, PACT has a blueprint for how it can most effectively impact the Near East Side neighborhood.

Stakeholders from community, government, and business helped PACT identify areas of great importance. PACT's future work will focus heavily on Taylor Avenue, which is the home of the University's current Near East Side assets. This avenue has the potential to become a physical gateway to the neighborhood.

PACT's leaders have proposed a plan to evolve the partnership program to a University-affiliated entity. This alignment will help the organization realize its fullest potential. With targeted areas of impact and a new internal structure, PACT will be well-positioned to strategically navigate the University's investment in this historic neighborhood.

Christopher Culley
Senior Vice President and General Counsel, The Ohio State University

Elizabeth Seely
Executive Director, University Hospital East
Ohio State's Wexner Medical Center

Dr. Steven G. Gabbe
Senior Vice President for Health Sciences, The Ohio State University
Chief Executive Officer, Ohio State's Wexner Medical Center



1. Executive Summary

Partners Achieving Community Transformation (“PACT”) is a partnership between The Ohio State University, Columbus Metropolitan Housing Authority, and the City of Columbus. The goal of PACT is to recreate a vibrant and thriving community in the Near East Side neighborhood of Columbus, Ohio, specifically areas within the 43203 and parts of the 43205 zip codes.

During the organization’s planning phase, PACT organized five subcommittees to provide community-based input and recommendations to be considered for inclusion in the *Blueprint for Community Investment*. Comprised of community leaders, local business partners, and community members, planning efforts focused on five topic areas important to the community and central to PACT’s mission: jobs and economic impact; safe, vibrant, and accessible neighborhoods; health and wellness; housing; and, education. As a result of this work, a series of recommendations and priorities were developed and published in June of 2012. These recommendations have shaped the direction of PACT and guided the focus of investments within the community.

Led by interim director Trudy Bartley and building upon the efforts of Dawn Tyler Lee, PACT has received financial commitments from the three founding partners to aid with the implementation of the recommendations and priorities. Working with the planning firm Goody Clancy, PACT is in the process of developing a final *Blueprint for Community Investment*. The finalized *Blueprint* will be released in April of 2013 and outline the catalytic community projects occurring on the Near East Side to further PACT’s mission to create a healthy, financially and environmentally sustainable community where residents have access to safe and affordable housing, quality healthcare and education, and employment opportunities.

To facilitate the implementation of the *Blueprint for Community Investment*, the governance and organizational structure of PACT has been examined and redesigned. Focusing on the upcoming implementation and coordination roles of PACT, the organization will be restructured as a non-profit corporation (Ohio 501(c)(3)) governed by a board of directors consisting of the founding partners, community members, and other supporters of PACT. In addition to the new governing board, the organizational structure of PACT will be adjusted to support the planning and coordinating purpose the entity will serve on the Near East Side.

The financials for PACT over the next five years will include the fixed administrative costs necessary to support the organizational structure; however, as new partners identify areas and projects for investment, PACT will provide support to and work with the partners to coordinate the investments. As a founding partner, Ohio State has committed \$10 million over the next 10 years and is working with Goody Clancy to determine housing, educational, and development opportunities. Acknowledging the presence of Ohio State University Hospital East and CarePoint East, the first area identified by Ohio State for implementing catalytic projects is Taylor Avenue. Envisioned as a medical corridor, the planning along Taylor Avenue has involved discussions for creating an adult education center, providing homeowner assistance



programs, and developing a medical STEM school at East High School. In addition to Taylor Avenue, other PACT partners are beginning to identify areas of investment, including Poindexter Village and the Mount Vernon business district.

Moving forward, the founding PACT partners will continue to identify opportunities and needs within the Near East Side neighborhood. PACT's leadership role within the community will be benefited by a new governance and organizational structure. This structure, along with the partners and projects it will bring, will transition PACT from a planning body to a coordination and implementation entity. Key to this successful transition is the establishment of PACT as an affiliated entity, which will compliment and further Ohio State's mission and vision and help PACT fulfill its mission for the Near East Side neighborhood.



PACT Geographic Area: I-71 to Broad Street, Woodland Avenue to I-670

2. Goals and Objectives

PACT is a partnership between the Ohio State University ("Ohio State"), Columbus Metropolitan Housing Authority ("CMHA"), and the City of Columbus ("the City") to create a healthy, financially and environmentally sustainable community on the Near East Side of Columbus. Since its inception two years ago, community members have been actively engaged with PACT through committees that provide feedback on and give shape to neighborhood initiatives. The feedback and planning will cumulate in release of the final the *Blueprint for Community Investment* in April of 2013. Among the goals of PACT are:



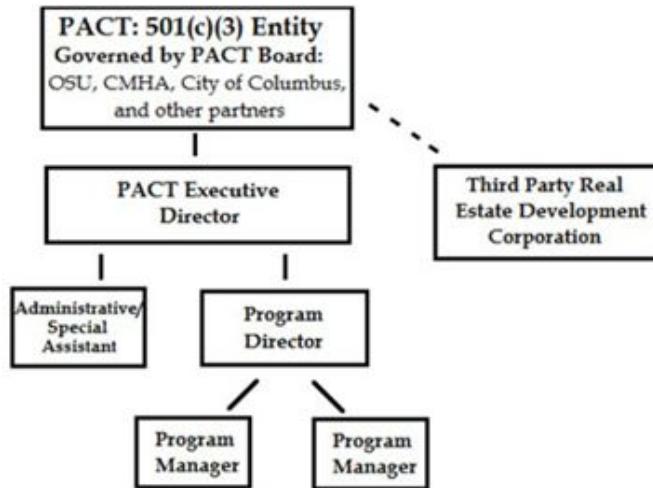
- To promote a healthy, culturally and economically diverse community.
- To be a catalyst for continuing and expanding redevelopment efforts in the surrounding area and promote and protect commercial and retail development within the defined geography.
- To provide recreational opportunities for children and families.
- To provide education, job training and employment opportunities.
- To include stakeholders in major decisions throughout the redevelopment process.

To best achieve these goals and provide support to the Near East Side neighborhood, PACT needs to adjust its existing organizational structure to prepare for its transformation into an implementation and coordination organization. The goals of PACT and its focus on the needs of the community will remain the same over time. However, as PACT shifts from planning to executing the *Blueprint for Community Investment*, the purpose of PACT will also shift to place a greater emphasis on program management, real estate development, and community outreach.

3. Proposed Organizational and Governing Board Structure

3.1 Governance Structure

To help achieve partnership goals for PACT, a new governance structure has been designed to facilitate PACT's successful transition from a planning body to implementing a strategic vision for a redeveloped Near East Side neighborhood. Under this new model, PACT will be restructured as a non-profit corporation (Ohio 501(c)(3)) governed by a board of directors consisting of representatives from Ohio State, CMHA, the City, and other potential partners yet to be identified.



The PACT board will initially be comprised of two representatives from each of the three founding members, Ohio State, CMHA, and the City, and one community member. The initial board members have been identified as:



- Christopher Culley, Senior Vice President and General Counsel for Ohio State, and Elizabeth Seely, Executive Director of The Ohio State University Hospital East, for Ohio State,
- Bryan Brown, Senior Vice President of Planning and Business Development for CMHA, and Hal Keller, Chief Executive Officer of Ohio Capital Corporation for Housing, for CMHA,
- Boyce Safford, Director of Development for the City of Columbus, and Larry Price, President and Chief Executive Office for LPrice & Associates, for the City, and
- Al Edmonson, President of the Mount Vernon District Improvement Association, to represent the community.

The primary responsibilities of this initial board will be to identify other significant financial partners and additional potential board members, while preparing to shift from planning to implementing the *Blueprint for Community Investment*. As other significant financial partners are identified and the needs of the organization evolve, it is proposed that the PACT board ultimately grow to eleven members. Under such a model, six members would represent community leadership (including the City and CMHA), two members would represent Ohio State, and three members would represent major financial partners of PACT.

The PACT board will primarily serve as the governing body for PACT and provide oversight of the financial investments in the Near East Side neighborhood, though additional roles and responsibilities will be considered. The three founding members of PACT have approved the new board governance structure and the Office of Legal Affairs is working with outside counsel to complete the incorporation process. A draft of the proposed Code of Regulations for PACT is included within this proposal.

3.2 Organizational Structure

PACT's current organization consists of three layers of management, comprised of the PACT partners, an oversight committee, and an advisory committee. The role of the committees is to work with the subcommittees, which are organized around the five focus areas identified in the *Blueprint for Community Investment*. This structure has facilitated the planning process; however, as the organization begins implementation, a different organizational structure is needed.



Within the next six months, the new PACT board will be charged with identifying and hiring a new permanent Executive Director to replace Dawn Tyler Lee, who transitioned to a new



position with United Way of Central Ohio. The PACT Executive Director will be responsible for hiring staff to implement programs and projects funded by the board. Such programs and projects will relate to specific areas of community investment such as: education and workforce development; health and wellness; education; and safe, vibrant and accessible neighborhoods.

The recommended responsibilities for the Executive Director include, but are not limited to: managing the day-to-day operations of PACT; executing the implementation strategy as outlined in the *Blueprint for Community Investment*; building partnerships and advocating for PACT on a local and national level; leveraging financial and in kind resources for identified PACT programs; working with the third party real estate development company; and, managing the Program Director and Managers.

The search for the Executive Director has been initiated and three search firms are being interviewed to lead the search. The current timeline includes interviewing potential Executive Director candidates in February and March of 2013 and announcing the Executive Director in April of 2013. Trudy Bartley will continue to serve as the interim Executive Director until a new leader for PACT has been identified.

Once the Executive Director has been selected and approved by the board, the Executive Director will work with the board to identify a Program Director and Program Managers. The Program Director will be responsible for PACT's communications, marketing, and outreach, as well as PACT messaging to internal and external stake holders and managing grant submissions and the existing PACT Community Advisory Groups. Two Program Managers will be tasked with the implementation of specific programmatic activities and strategies included in the *Blueprint for Community Investment*. Though a Program Director will be hired soon after the Executive Director, the hiring of the two Program Managers will be delayed to allow PACT to apply for grant monies to fund the positions.

Finally, as with other similar affiliated entities, PACT will be associated with a to-be-determined third party real estate development corporation that will coordinate and manage the development and land acquisition for partners. Though partners will not be required to use the PACT real estate development corporation, the corporation will be available for partners that are able to provide funding for projects but lack access to a development corporation for implementation.

4. Projected Budget and Business Plan

4.1 Projected Budget

The three founding members—Ohio State, CMHA, and the City—provided the initial funding for PACT. Each founding partner entered into a memorandum of understanding to form PACT and committed a total contribution of \$250,000 per year for 2011-2016 for the administrative operations of the PACT office. Of the total funding contribution, \$100,000 was provided by Ohio State, \$100,000 was provided by the City, and \$50,000 was provided by CMHA. In addition to funds from the founding partners, PACT received a “Choice Neighborhoods Planning



Grant" from the United States Department of Housing and Urban Development for \$300,000, which has been utilized in part to retain the planning consultant Goody Clancy.

PACT Budgets for FY 2011 and FY 2012

	FY2011	FY2012
Salary Costs	\$ 74,834.00	\$ 254,617.00
Benefits	\$ 20,571.00	\$ 69,453.00
Total Salary & Benefits	\$ 95,405.00	\$ 324,070.00
Supplies	\$ 15,782.00	\$ 12,500.00
Services	\$ 11,163.00	\$ 154,000.00
Total Budget	\$ 122,350.00	\$ 490,570.00

Over the last two fiscal years, the total expenditures for PACT have totaled \$612,920.00. The individual memorandums of understanding executed with Ohio State, CMHA, and the City have provided PACT with a total of \$500,000.00, with \$300,000 provided by the City and CMHA and \$200,000 provided by Ohio State. For operational costs, PACT has a total deficit of \$112,920.00. Additionally, PACT has expended \$500,000 to retain Goody Clancy. However, \$200,000 has been provided by CMHA from the Choice Planning Grant to fund Goody Clancy, leaving an outstanding balance of \$300,000. The remaining PACT expenditures and Goody Clancy contract funds total \$412,920.00 in debt consideration. It has been determined that this debt will be eliminated through a portion of \$10 million in job growth incentive funds invested by Ohio State.

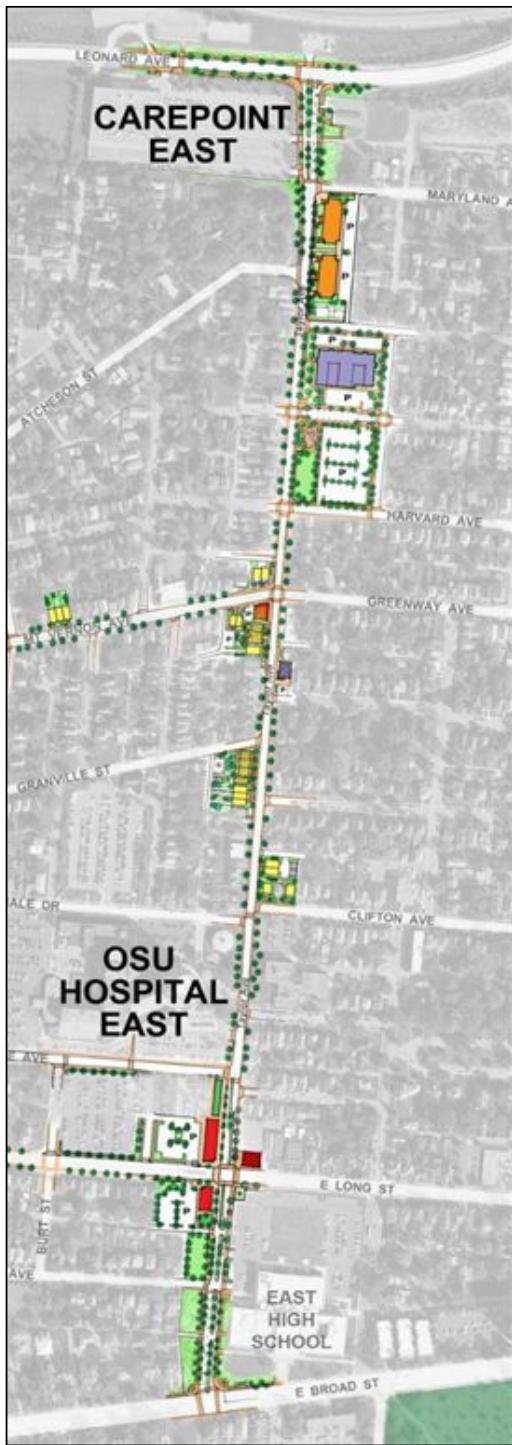
Moving forward, the partners will continue to provide funding to PACT for the administrative needs of the organization. A proposed budget, included below, has been projected based upon the FY 2011 and 2012 data and through a comparison with the Campus Partners operations budget for 2012. Additional staffing may be contemplated as needs evolve and as new stable funding streams are identified. The proposed budget is designed to provide PACT with the needed organizational support and access to supplies and services required if PACT is to truly serve as an implementation and coordinating body for the Near East Side neighborhood.

Proposed PACT Annual Budget

• Personnel Costs	
– Executive Director	\$ 175,000.00
– Communications & Marketing Director	\$ 70,000.00
– Administrative/Special Assistant	<u>\$ 30,000.00</u>
– Total Salary Costs	\$275,000.00
• Benefits (30.5%)	<u>\$ 83,875.00</u>
– Total Salary & Benefits	\$358,875.00
• Supplies	\$ 12,000.00
• Services	<u>\$120,000.00</u>
Total Budget Projection	\$490,875.00



Acknowledging the increased administrative costs, new memoranda of understanding are in the process of being approved by the founding partner organizations. The commitment, which increases the contribution of Ohio State and the City to \$200,000.00 and CMHA to \$100,000.000 for fiscal years 2013-2016, will provide funds to PACT for a total budget of \$500,000.00 and ensure that debt is not incurred.



4.2 Five Year Business Plan

Because the purpose of PACT is to be a coordination and implementation organization, the business costs associated with PACT will be limited to the administrative cost of running the organization's office. Over the next five years, PACT will receive support from the founding partners and other potential partners to meet its administrative needs. As an organization, PACT will not receive or hold any funds invested by partners in the Near East Side neighborhood. Instead, it will be the role of PACT to attract new partners, identify potential opportunities for investment, and provide coordination and implementation support for all partners and community members in furtherance PACT's mission.

4.3 Ohio State Catalytic Projects

In addition to the administrative costs, partners will also fund projects central to the mission of PACT—to provide access to safe and affordable housing, quality healthcare and education, and employment opportunities. Each founding partner has identified funding contributions and catalytic projects to further this mission. As a founding partner, Ohio State has committed \$10 million over 10 years to community reinvestment in the Near East Side of Columbus. The \$10 million committed by Ohio State is a portion of the \$35 million Jobs Growth Incentive Agreement entered into between the City and The Ohio State University Wexner Medical Center approved by Columbus City Council in December of 2010. Of the \$10 million, \$9 million has been dedicated to physical development and \$1 million will be provided for programmatic development. As additional financial partners are



identified, the affiliate will serve as the avenue for partners to work together and with the community to identify both developmental and programmatic projects to further the mission of PACT and benefit the Near East Side community.

The purpose of the affiliate will be to aid partners in identifying and implementing catalytic projects within the Near East Side neighborhood. Working with the City and CMHA to identify areas of need, Ohio State will primarily direct its funding to the development of the Taylor Avenue corridor. Since identifying Taylor Avenue, Ohio State has worked with a planning firm, Goody Clancy, to develop housing, educational opportunities, and other plans for the area.

The overall vision for Ohio State's catalytic projects has been developed by working with the community and recognizing the presence of Ohio State's current Near East Side investments, Ohio State University Hospital East and CarePoint East, at the north and south end of Taylor Avenue. The \$10 million in funds provided by Ohio State for projects will be continually reinvested in the neighborhood. The proposed projects focus on three major sites: the former Pilgrim Elementary School; the intersection of Taylor Avenue and East Long Street; and, East High School.

Though plans are not finalized, tentative plans for each site have been proposed and examined by Ohio State. At the former Pilgrim Elementary site, the plans include the rehabilitation and possible new construction to create an adult education center. Discussions are currently in progress with the Columbus City Schools and Columbus State to identify potential programs for and contributions from additional partners to aid in the development of the Pilgrim site.

The plans for the second area of focus, the intersection of Taylor Avenue and East Long Street, includes bringing needed services and resources to the neighborhood, including creating additional retail nodes. Finally, at East High School, located at Taylor Avenue and Broad Street, Ohio State would like to develop a medical STEM program for high school students. This project, which will require coordination with Columbus City Schools and the College of Medicine, will aid in establishing Taylor Avenue as a medical corridor on the Near East Side. Additional plans for the Near East Side neighborhood include bringing a grocery store to the neighborhood and provide housing support for neighborhood residents.

5. Risk Assessment

As PACT transitions into its new governance and organizational structure, the risks to both PACT and Ohio State will be moderate. Though Ohio State has committed a \$10 million investment for the funding of catalytic projects, Ohio State will remain in control of the funding and will ultimately decide in what projects the funds will be invested in over time. The role of PACT will be to facilitate investment, coordinate projects occurring on the Near East Side, and help partners utilize the *Blueprint for Community Investment* when determining projects and programming to implement. PACT will have resources available for use, for example the third party development corporation, where partners would prefer to both coordinate and implement catalytic projects through the organization. However, the funding provided to PACT will be limited to administrative costs required to run the office.



Because the funding is limited to administrative costs, the area of greatest risk to Ohio State is the potential reputational harm that could be created by personnel employed by and associated with PACT. Further, because of PACT's coordinating and managing function, failed projects and neighborhood dissatisfaction with projects could be blamed on Ohio State. However, the PACT board of directors, on which has Ohio State representation, will retain authority to hire and fire the PACT Executive Director, as well as review and provide guidance on the implementation and coordination activities of PACT. The governance of PACT is structured to ensure and facilitate reporting from the organization and the third party real estate development company to the PACT board of directors.



6. Proposed Memorandum of Agreement (See Attached)



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Memorandum of Agreement

by and between
Partners Achieving Community Transformation
and
The Ohio State University

THIS MEMORANDUM OF AGREEMENT ("Agreement") is entered into as of this 14 day of January, 2013, by and between The Ohio State University ("University") and Partners Achieving Community Transformation ("AFFILIATE").

WHEREAS, AFFILIATE was organized and incorporated in 2013; list purpose of affiliate as stated in articles of incorporation;

WHEREAS, Partners Achieving Community Transformation is a partnership comprised of The Ohio State University, the City of Columbus, Columbus Metropolitan Housing Authority, and other partners dedicated to creating a healthy, financially and environmentally sustainable community on the Near East Side of Columbus;

WHEREAS, the University was organized in 1870 as an instrumentality of the State of Ohio and serves as Ohio's flagship research university, employing thousands of Ohioans;

WHEREAS, The Ohio State University has been a founding member of Partners Achieving Community Transformation dedicated to the organization's mission and the Near East Side of Columbus is home to The Ohio State University Hospital East and CarePoint East;

WHEREAS, AFFILIATE is an affiliated entity of the University;



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WHEREAS, the University has a vital interest in and recognizes the value and contributions of each of the University's affiliated entities;

WHEREAS, the University's Board of Trustees adopted a Policy on Affiliated Entities in June, 2008;

WHEREAS, pursuant to the Policy on Affiliated Entities, the University and AFFILIATE wish to memorialize their relationship;

WHEREAS, this Agreement is intended to set forth policies and procedures that will contribute to the coordination of the Parties' mutual activities:

NOW THEREFORE, In consideration of the mutual commitments herein contained, the parties agree as follows:

Article I

AFFILIATE Support of University Policy on Affiliated Entities Guiding Principles

AFFILIATE acknowledges and affirms that as an affiliated entity of the University, it supports the following guiding principles of the Policy on Affiliated Entities:

1. The creation and activities of affiliates must promote, sponsor, or complement educational, scientific, research, charitable, health-care related, or cultural activities for the benefit of the University or one or more of its units.
2. To promote a more proactive relationship with affiliates, the University's relationship with each affiliate will be memorialized through a memorandum of agreement.
3. Affiliates will be monitored by the Board of Trustees through a regular reporting process.
4. Affiliates shall provide for at least one University representative with full voting rights on its governing board.
5. Affiliates must use sound fiscal and accounting procedures.
6. Affiliates must be managed in a manner consistent with their own enabling documents and the University's purpose, mission, and procedures, as specifically set forth in this policy.
7. Affiliates must adhere to high standards of ethics and conflicts of interest.
8. The University's relationship with an affiliate is not necessarily intended to be perpetual, and relationships with affiliates will be examined at least every five years to determine whether the affiliate/relationship will be continued or whether a sunset provision is appropriate.



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AFFILIATE and the University affirm that this Agreement is intended to implement the principles with respect to AFFILIATE.

Article II University/AFFILIATE Relationship

- A. Corporate Status of AFFILIATE. AFFILIATE is a separate non-profit corporation incorporated in the State of Ohio, exempt from federal income tax under Internal Revenue Code § 501(c)(3). AFFILIATE shall take all actions necessary to maintain this status.
- B. General Governance Responsibilities. The University's Board of Trustees is responsible for: (1) overseeing the mission, leadership, and operations of the University; (2) setting priorities and long-term plans for the University; (3) the performance and oversight of all aspects of operations of the University; and (4) the employment, compensation, and evaluation of all University employees, including the President.

AFFILIATE'S Board of Directors is responsible for: (1) the control and management of all assets of AFFILIATE; (2) the performance and oversight of all aspects of its operations based on a comprehensive code of regulations.

These lists of responsibilities are not meant to be exhaustive or exclusive.

- C. Liability. The University and AFFILIATE acknowledge that each is a separate entity and agree that neither will be liable, nor will be held out by the other as liable, for any of the other's contracts, torts, or other acts or omissions, or those of the other's trustees, directors, officers, members, staff, or activity participants.
- D. Legal Representation. AFFILIATE shall retain its own legal counsel. The University's Office of Legal Affairs will advise any University officials involved in AFFILIATE within the scope of their employment.
- E. Discernable Identity. All correspondence, solicitations, activities, and advertisements concerning AFFILIATE shall be clearly discernable as being from AFFILIATE and not from the University alone, unless done on behalf of and with written consent from the University. Any use of University marks will be governed by Article VI, Section D of this Agreement.
- F. Primary Contacts. For the purposes of this Agreement and until changed by the University President, the primary University contact for AFFILIATE shall be the SENIOR



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ADMINISTRATIVE OFFICIAL – Senior Vice President and General Counsel, currently
SENIOR ADMINISTRATIVE OFFICIAL – Christopher M. Culley. For purposes of this
Agreement and until changed by the AFFILIATE Board of Directors, the primary
AFFILIATE contact for the University shall be its CEO OR EQUIVALENT, currently CEO OR
EQUIVALENT – Trudy Bartley.

Article III Governance

- A. Ex Officio Directors. The University's Board of Trustees or its designee, which is the Office of the President, shall appoint two directors to serve on AFFILIATE's Board of Directors as enumerated in AFFILIATE's Code of Regulations § 2.02 as follows: the Senior Vice President and General Counsel, currently Christopher Culley, and the Executive Director of The Ohio State University Hospital East, currently Elizabeth Seeley. These two directors shall be referred to in this agreement as "Directors." According to § 2.02(B) of the Code of Regulations, one Director shall serve for an appointed term of two (2) years and one Director shall serve for an appointed term of three (3) years. Any change in the size or composition of the AFFILIATE Board of Directors shall never be less than three (3) nor greater than fifteen (15) Directors.
- B. Appointment of Chair. The Chair of the AFFILIATE Board of Directors shall be a member of the Board of Directors and the Executive Committee in accordance with the AFFILIATE Code of Regulations.
- C. Disposition of Assets Upon Dissolution. AFFILIATE'S governing documents shall include a provision requiring that in the event of its dissolution, the assets of AFFILIATE shall be distributed to The Ohio State University.
- D. Audit Committee. AFFILIATE shall establish an audit/finance committee of no less than three members who shall report to the AFFILIATE Board of Directors. At least one member shall be independent of AFFILIATE and the University.
- E. Written Policies. The Board of Directors of AFFILIATE shall adopt written policies for ethics, conflicts of interest, whistleblowers, and other such policies. At AFFILIATE'S request, the University shall provide templates for each policy for the Board of Directors' consideration.
- F. Insurance. Officers and staff members of AFFILIATE shall be bonded as appropriate in amounts to be determined by the Board of Directors of AFFILIATE. General liability insurance and directors and officers' liability insurance shall be obtained in amounts determined by the Board of Directors to be reasonable and appropriate.



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Article IV **Financial Transactions and Accounting Practices**

- A. **Audit.** AFFILIATE shall have an annual audit conducted by an independent certified public accountant. A copy of the audit report, management comments, and management's response shall be made available to the University upon request.
- B. **Inspection of Books.** With the AFFILIATE Board of Directors' approval, which shall not be unreasonably withheld, the University President or his/her designee may inspect and audit AFFILIATE books and records at reasonable times.
- C. **Accounting System.** AFFILIATE shall have in place an accounting system to assure financial activities are carried out and reported in accordance with generally accepted business and accounting practices.
- D. **Cost Recovery, Generally.** The University is entitled to recover its costs incurred for personnel, use of facilities, or other services provided to AFFILIATE; AFFILIATE is entitled to recover costs incurred for personnel, use of facilities, or other services provided to the University. Such cost recovery shall be in accordance with a separate agreement entered into by the University and AFFILIATE.
- E. **Transactions Between University and AFFILIATE.** Transactions between the University and AFFILIATE shall meet the normal tests for ordinary business transactions, including proper documentation and approvals. Transactions exceeding \$250,000 in goods and/or services shall be memorialized in a separate agreement. Special attention shall be given to avoiding direct or indirect conflicts of interest between the University and AFFILIATE and those with whom AFFILIATE does business.
- F. **IRS Requirements.** In accordance with IRS regulations governing tax exempt organizations, no substantial part of the activities of AFFILIATE shall consist of carrying on propaganda, or otherwise attempting to influence legislation, or participating or intervening in any political campaign or on behalf of any candidate for public office.
- G. **Payments to University Employees.** No salaries, consulting fees, loans, or perquisites shall be paid to a University employee by AFFILIATE without the prior written approval of the University President or his/her designee. Compensation plans for University employees which set a defined rate or percentage payment may be submitted for approval annually in lieu of specific dollar amounts.
- H. **Transfer of Assets.** Any transfer of assets by the University to AFFILIATE, or by AFFILIATE to the University, for management or investment shall be formalized in a separate



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Agreement so the fiduciary requirements of the respective governing boards are complied with and to assure, among other things, that any restrictions governing the future disposition of funds are observed.

- I. Major Financial Events. AFFILIATE shall notify the University President or his/her designee, at the earliest possible date, of any proposed purchase or sale of real estate and any material debt to be incurred for permanent or working capital, and coordinate its efforts with those of the University and other affiliates.
- J. Purchasing and Procurement. AFFILIATE shall adopt and observe the following guidelines governing its purchasing and procurement of goods and services:
 1. AFFILIATE is not required to comply with the University Board of Trustees policy on purchasing. However, AFFILIATE may deem it advisable and appropriate to employ competitive practices in procuring goods and services. AFFILIATE should also adopt a policy promoting minority business development.
 2. AFFILIATE shall not purchase goods and services on behalf of any University unit with the expectation of reimbursement from that unit, because such a transaction may conflict with the University Board of Trustees policy on purchasing. Goods and services may be purchased by affiliates as a gift for the University subject to the normal review and approval for gift acceptance.

Article V

Personnel Policies

AFFILIATE shall adopt the following guidelines governing the appointment, compensation, and retention of its personnel:

- A. Non-discrimination. AFFILIATE shall not discriminate on the basis of age, color, disability, gender identity or expression, national origin, race, religion, sex, sexual orientation, or veteran status. Notwithstanding these requirements, AFFILIATE'S programs that exist primarily for the disbursement of funds to members of a minority class, such as scholarship funds, may restrict eligibility on that basis to the extent authorized by law. In determining cases of discrimination it is not sufficient to look merely to the articles of incorporation or code of regulations of AFFILIATE; actual practices and operations also are relevant.
- B. Appointment and retention. The appointment and re-appointment of the chief executive officer ("AFFILIATE executives") shall be subject to approval of the AFFILIATE Board and memorialized in an appropriate letter of appointment. Prior to approval, the



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AFFILIATE Board shall notify the University President regarding the proposed or conditional appointment and/or re-appointment.

- C. Compensation. Except for any OSU Employees, the AFFILIATE shall set compensation standards annually, including salary ranges and fringe benefits, for all AFFILIATE staff. Compensation plans for staff which set a defined rate or percentage payment may be submitted for approval annually in lieu of specific dollar amounts.

Article VI

Support Provided by University

- A. Employees.

1. University may permit its employees to serve as AFFILIATE employees upon mutually agreeable terms and subject to state law.
2. University warrants and represents that employees of AFFILIATE shall be accorded privileges generally available to University employees, subject to eligibility and other requirements of specific operations.

- B. Services. Upon AFFILIATE'S request, the University may make administrative services available to aid AFFILIATE in its management and operation. As applicable, these services may include, but are not limited to:

1. IT support;
2. UNITS;
3. Traffic & Parking;
4. Access to the University's financial systems to receive, disburse, and account for funds held. With respect to transactions processed through the University's financial system, AFFILIATE shall comply with the University's financial policies and procedures;
5. Accounting services to include: monthly cash disbursements and receipts, accounts receivable and payable, bank reconciliation, monthly reporting and analysis, auditing, payroll, and budgeting;
6. Investment, management, insurance, benefits administration and similar services;
7. Central University services such as dining services, printing services, parking and transportation, and facilities management.

- C. Facilities. AFFILIATE is eligible to use the University's facilities, subject to availability and applicable policies and charges.



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- D. University Marks. University hereby grants AFFILIATE a non-exclusive right to use the University Marks specifically related to, and necessary for, its business operations and provision of services. AFFILIATE shall not assign the University Marks, or use them for any other purposes unless approved in writing by the University Office of Trademark and Licensing.

Article VII

Terms of the Memorandum of Agreement

- A. Periodic Meetings. To ensure effective and continuing implementation and achievement of the terms of this Agreement, the primary contacts shall hold periodic meetings to foster and maintain productive relationships and to ensure open and continuing communications and alignment of priorities.
- B. Amendment and Modification. No amendment or modification of this Agreement shall be effective against either party unless such amendment or modification is set forth in writing and signed by both parties. It is understood and agreed that some proposed changes to this Agreement may require approvals from both the AFFILIATE Board of Directors and the University Board of Trustees.
- C. Term. The term of this Agreement shall commence on the date on which both parties sign the memorandum and continue until the Agreement is terminated pursuant to the terms contained herein.
- D. Termination. Either party may, upon 90 days prior written notice to the other, terminate this Agreement.
- E. Severability. In the event that any provision of this agreement shall be illegal or otherwise unenforceable, such provision shall be severed, and the balance of the Agreement shall continue in full force and effect.

IN WITNESS WHEREOF, the parties have caused this Memorandum of Agreement to be executed by their duly authorized officers as of the day and date first above written.

The Ohio State University:

Geoff Chatas
Senior Vice President, Business and Finance

Trudy Bartley
AFFILIATE CEO OR EQUIVALENT



7. Proposed by-laws (See Attached)



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**CODE OF REGULATIONS
OF
PARTNERS ACHIEVING COMMUNITY TRANSFORMATION, INC.**

ARTICLE I

The Corporation

Section 1.01. Name and Organizational Structure. Partners Achieving Community Transformation, Inc. (hereinafter the “Corporation”) is a nonprofit corporation organized and existing under the Ohio Nonprofit Corporation Law.

Section 1.02. Tax Status and Purposes. In accordance with the status of the Corporation as an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or corresponding provisions of any future United States internal revenue law) (the “Code”), the Corporation is organized and shall be operated exclusively for the purposes set forth in its Articles of Incorporation (the “Articles of Incorporation”), including, but not limited to, developing and assisting in the implementation of urban land-use plans designed to eliminate the existing blight, improve conditions and prevent future deterioration in the near east side Columbus, Ohio neighborhood, bounded to the north by Interstate 670, to the east by Woodland Avenue, to the south by East Broad Street and to the west by Interstate 71 (the “Development Area”).

ARTICLE II

Directors and Members

Section 2.01. Power and Authority of Directors; Members. Except as otherwise provided by applicable law, the Articles of Incorporation of the Corporation or these Regulations, all of the corporate powers and authority of the Corporation shall be vested in and exercised by its board of



directors. The initial members of its board of directors shall be those individuals designated as such in the Articles of Incorporation of the Corporation, if any, or as elected by the incorporator(s) of the Corporation in accordance with Section 1702.10 of the Ohio Revised Code, if any, who shall be deemed to be appointed as such as of the time of filing of the Articles of Incorporation with the Secretary of State of Ohio or as so elected by the incorporator(s), as the case may be. The directors serving hereunder shall have the power, authority and responsibilities of and shall perform the functions provided for directors under the Ohio Nonprofit Corporation Law. The directors shall be, for purposes of any statute or rule of law relating to corporations, the members of the Corporation and the directors shall have all rights and privileges of members, except as otherwise specifically provided in these Regulations.

Section 2.02. Provisions Relating to Directors.

A. Number. Unless changed in accordance with the provisions of these Regulations, the initial board of directors shall be comprised of seven (7) members. The number of directors may be fixed or changed by the board of directors from time to time, but shall never be less than three (3) nor greater than fifteen (15). No reduction in the number of directors shall of itself have the effect of shortening the term of any incumbent director.

B. Appointment, Election and Term of Directors. Unless otherwise designated or appointed as provided in Section 2.01 above, the initial directors shall be appointed and/or elected as follows:

- (i) two (2) directors shall be appointed by the Mayor of the City of Columbus, Ohio (the “Mayor”);
- (ii) two (2) directors shall be appointed by the President of The Ohio State University (the “University President”);



(iii) two (2) directors shall be appointed by the President of Columbus Metropolitan Housing Authority (the “CMHA President”) with the confirmation of board of directors of Columbus Metropolitan Housing Authority (the “CMHA Board”); and

(iv) one director shall be appointed by the incorporator(s) of the Corporation pursuant to Section 1702.10 of the Ohio Revised Code or, if not so appointed, elected by the affirmative vote of a majority of the directors appointed in accordance with Sections 2.02(B)(i), (ii) and (iii) above, and shall be an individual who resides or operates a business located in the Development Area.

Until changed in accordance with these Regulations, the directors shall be divided into two classes of three (3) and four (4) directors, respectively. In appointing and/or electing the first full board of directors, (i) one (1) director shall be appointed to serve for a term of two (2) years and one (1) director shall be appointed to serve for a term of three (3) years by the Mayor in accordance with Section 2.02(B)(i) above; (ii) one (1) director shall be appointed to serve for a term of two (2) years and one (1) director shall be appointed to serve for a term of there (3) years by the University President in accordance with Section 2.02(B)(ii) above; (iii) one (1) director shall be appointed to serve for a term of two (2) years and one (1) director shall be appointed to serve for a term of three (3) years by the CMHA President in accordance with Section 2.02(B)(iii) above; and (iv) one (1) director shall be appointed or elected to serve for a term of there (3) years by the incorporator(s) or the directors, as the case may be, in accordance with Section 2.02(B)(iv) above. Each initial director shall serve during his or her term and/or until his or her successor or replacement is duly appointed or elected in accordance with this Section 2.02(B), or his or her earlier resignation, removal from office or death. Thereafter, each successor director shall be appointed and/or elected by the Mayor or the University President or



the CMHA President (with the confirmation of the CMHA Board) or such other directors then in office who have been appointed in accordance with this Section 2.02(B), as the case may be, in the same number and manner as provided above for a term of three (3) years, and until his or her successor or replacement is duly appointed or elected in accordance with this Section 2.02(B), or his or her earlier resignation, removal from office or death; **provided that**, the authorized number of directors may be changed in accordance with Section 2.02(A) above and any vacancy created by an increase in the authorized number of directors as contemplated in Section 2.02(A) above shall be filled by the Corporation's board of directors unless otherwise directed by such board. A director may be re-appointed or re-elected by the person(s) or organization authorized to appoint or elect him or her in accordance with this Section 2.02(B), and all appointments, re-appointments, elections and/or re-elections of directors shall be made without regard to race, color, creed, national origin, disability, sex or sexual orientation.

C. **Resignation and Removal; Vacancies.** Any director, by notice in writing to the board of directors of the Corporation, may resign at any time. Except as otherwise provided in the Articles of Incorporation or these Regulations, any director may be removed from office, with or without cause, only by the (i) person(s) or organization authorized to appoint such director pursuant to Section 2.02(B) hereof, or (ii) affirmative vote of two-thirds (2/3) of the directors then in office at a meeting of the board of directors called for that purpose; **provided that**, notice of the place, date, time and purpose of such meeting is given to each director then in office at least seven days prior to the date of such meeting. The remaining term of any director who resigns or is removed from the board of directors shall be filled by the person(s) or organization authorized to appoint or elect such director under Section 2.02(B). In case of any such removal, another person may be appointed or elected as a director to fill the vacancy



created by such removal in accordance with the provisions hereof at the same meeting for the unexpired term of the director so removed.

Section 2.03. Quorum and Voting.

A. Quorum. Except as otherwise provided in the Articles of Incorporation or these Regulations, the presence in person of at least two-thirds (2/3) of the directors then in office shall constitute a quorum for the transaction of business at any meeting of the board of directors. In the absence of a quorum, or when a quorum is present, a meeting may be adjourned from time to time by the affirmative vote of a majority of the directors present in person at the meeting, without notice or other announcement at the meeting and without further notice to any absent director. At any adjourned meeting at which a quorum is present, any business may be transacted which might have been transacted at the adjourned meeting originally notified. A director who has a Conflict of Interest with respect to a Contract or Transaction (such capitalized terms in this sentence being used herein as defined in the Corporation's Policy on Conflicts of Interest and Disclosure of Certain Interests (the "Policy"), which is made part of these Regulations) shall be counted in determining the presence of a quorum for purposes of a vote on any such Contract or Transaction, even though the director may not vote thereon.

B. Voting. Except as otherwise provided in the Articles of Incorporation or these Regulations or otherwise required by law, each director then in office shall have one (1) vote, and the affirmative vote of a majority of the disinterested directors present at a meeting at which a quorum is present shall constitute the action of the board of directors. For purposes of Section 2.03 and 3.03 hereof, the term "disinterested" means that a director does not have a Conflict of Interest, as defined in the Policy, with respect to an action taken or to be taken by the board of directors. At a meeting of the board of directors at which directors are to be elected,



only persons nominated as candidates for election as directors shall be eligible for election as directors and the candidates receiving the greatest number of votes shall be elected. For the avoidance of doubt, those persons appointed to the board of directors by the Mayor, the University President and/or the CMHA President in accordance with these Regulations need not be elected also by the board of directors.

Section 2.04. Notice of Meetings of Board of Directors. Subject to the provisions contained in the Policy, notice of the place, date and time of each meeting of the board of directors shall be given to each director not more than twenty-one (21) calendar days nor less than two (2) business days before the date of such meeting. Any notice referred to in this Section 2.04 may be given by any reasonable means, including, but not limited to, personal delivery, telegram, telephone, telecopy, electronic mail transmission, or United States regular mail, express mail or courier service with postage or fees prepaid, and, unless otherwise expressly required by these Regulations, need not specify the purposes of the meeting, except that if an amendment to the Articles of Incorporation or these Regulations is proposed a copy of such proposed amendment shall accompany said notice. Notice of any meeting given by personal delivery, telegram, telephone, telecopy, electronic mail transmission, or United States regular mail, express mail or courier service with postage or fees prepaid shall be considered given when mailed or otherwise sent or delivered to the director in accordance with the director's most current personal information as specified in the records of the Corporation. The giving of notice with respect to a meeting of the board of directors shall be deemed to be waived by any director who attends and participates in such meeting, other than to protest at the beginning of such meeting the lack of proper notice of such meeting, and may be waived, in writing, by any director either before, at or after such meeting. Such writing shall be filed with or entered upon the records of the meeting. Notwithstanding the foregoing, in lieu of notice of



each meeting of the board of directors, the board of directors, from time to time, may approve a regular day and time or an established schedule for meetings of the board of directors and, in such case, no further notice of such meetings of the board of directors shall be required.

Section 2.05. Meetings of Directors.

A. **Annual Meetings.** The annual meeting of the board of directors for the election of directors to be elected by the board of directors, if any, in accordance with Section 2.02(B) hereof and for the transaction of such other business as may properly come before such meeting, shall be held on the first Monday in May of each year or on such other date or dates as may be fixed from time to time by the board of directors.

B. **Regular Meetings.** Regular meetings of the board of directors, including the annual meetings, shall be at such place (within or without the State of Ohio), and time and on such date as may be fixed by the board of directors, or by the Chairman of the Board or by the President as authorized by the board.

C. **Special Meetings.** Special meetings of the board of directors may be called by the Chairman of the Board or by the President, or by any three (3) directors who deliver to the Corporation's Secretary at least five (5) business days prior to the minimum notice period (as provided in Section 2.04) for a meeting to be called a written request for the calling of a meeting.

Section 2.06. Attendance and Participation at Meetings. Directors may attend and participate in any meeting of the board of directors through any communications equipment if all persons participating in the meeting can communicate with and can hear each other at the same time. Participation in a meeting pursuant to this provision shall constitute presence at such meeting.



Section 2.07. Action Without Meeting. Notwithstanding any provision hereof to the contrary, any action which might be taken at any meeting of the board of directors may be taken without such meeting by a writing or writings signed by all of the members of the board. The writing or writings evidencing such action taken without a meeting shall be filed with the Secretary of the Corporation and inserted by the Secretary in the permanent records relating to meetings of the board of directors. Any transmission by authorized communications equipment that contains an affirmative vote or approval of a director is a signed writing for purposes of this section. The date on which that transmission by authorized communications equipment is sent is the date on which the writing is signed for purposes of this section.

ARTICLE III

Committees

Section 3.01. Committees. The board of directors from time to time may create committees of the board consisting of one (1) or more directors and may appoint the members thereof. The board also may appoint advisory committees (or advisory boards) consisting of directors and/or persons who are not directors; *provided that*, at least one (1) director shall be a member of each such advisory committee (or advisory board). The board of directors may prescribe or may limit the powers and duties of any committee (including advisory committee or advisory board) of the board.

Section 3.02 Executive Committee. There shall be an Executive Committee of the board consisting of not less than three (3) directors, including the Chairman of the Board. Subject to the provisions of Section 3.03 below, the Executive Committee shall have and may exercise all powers of the board between meetings of the board. The Chairman of the Board shall serve as the chairman of the Executive Committee. The Executive Committee shall keep minutes of its



meetings and promptly transmit copies thereof to all members of the board. At each regular meeting of the board, the board may review any actions of the Executive Committee and may modify, ratify or rescind any such actions, subject to the contract rights of third parties.

Section 3.03. Committee Limitations.

A. Each board committee (including each advisory committee) shall serve at the pleasure of the board of directors, shall act only in the intervals between meetings of the board (except that a committee may make reports to the board during board meetings) and shall be subject to the control and direction of the board. Except as otherwise required by law, a majority of the members of each committee shall constitute a quorum for the transaction of business at any meeting of such committee and each committee shall act only by the affirmative vote of a majority of its disinterested members present at a meeting at which a quorum is present.

B. No committee shall have the authority to:

- (1) approve any action for which the approval of the board of directors is required by the Ohio Nonprofit Corporation Law or any other applicable law or legal requirement; or
- (2) fill vacancies on the board of directors or any committee thereof.

Section 3.04. Action Without Meeting and Committee Meetings. Notwithstanding any provision hereof to the contrary, any action which might be taken at any meeting of any committee may be taken without such meeting by a writing or writings signed by all of the members of such committee. The writing or writings evidencing such action taken without a meeting shall be filed with the chairman of such committee and inserted by the chairman in the permanent records relating to meetings of the committee. Any transmission by authorized communications equipment that contains an affirmative vote or approval of a member of such committee is a signed writing for



purposes of this section. The date on which that transmission by authorized communications equipment is sent is the date on which the writing is signed for purposes of this section.

Each committee of the board shall have the power to make rules and regulations for the conduct of its business; *provided that*, (i) not less than a majority of the members thereof shall be required to constitute a quorum for the transaction of business at any meeting and, (ii) except as otherwise expressly provided herein, each committee shall act by the affirmative vote of a majority of its disinterested members present at a meeting at which a quorum is present. A committee member who has a Conflict of Interest with respect to a Contract or Transaction (as such capitalized terms being used herein and defined in the Policy) shall be counted in determining the presence of a quorum for purposes of the vote on any such Contract or Transaction, even though such member may not vote thereon. Committee members may attend and participate in any meeting of the committee through any communications equipment if all persons participating in the meeting can communicate with and hear each other at the same time. Participation in a meeting pursuant to this provision shall constitute presence at such meeting.

ARTICLE IV

Officers

Section 4.01. Election. The officers of the Corporation shall consist of a Chairman of the Board, a Vice Chairman, a President, a Secretary, a Treasurer and such other officers as the directors may from time to time designate. Election of officers shall take place at each annual meeting of the board of directors or, if action is not then taken or if there is a vacancy, at any regular or special meeting for which notice is given as provided in Section 2.04. The same individual may be elected to more than one (1) office. All officers shall be elected by the board of directors for a



term of two (2) years or for such other term(s) as may be specified in the resolution or action of the board of directors electing such officer(s).

Section 4.02. Chairman of the Board. The Chairman of the Board shall be a member of the board of directors and the Executive Committee and shall preside at all meetings of the board and such committee. The Chairman of the Board shall have such other powers and duties as may be established from time to time by the board of directors.

Section 4.03. Vice Chairman. The Vice Chairman shall be a member of the board of directors and shall, in the absence or disability of the Chairman, perform all of the duties of the Chairman of the Board. The Vice Chairman shall have such other powers and duties as may be established from time to time by the board of directors.

Section 4.04. President. The President, subject to the direction of the board of directors, shall have general supervision, direction and control of the business and affairs of the Corporation and the other officers (except the Chairman of the Board and the Vice Chairman) of the Corporation. The President shall be an ex-officio member of all standing committees. The President shall have the general powers and duties usually vested in the chief executive officer of a nonprofit corporation under the laws of the State of Ohio and shall have such other powers and duties as may be prescribed from time to time by the board of directors.

Section 4.05 Secretary. The Secretary shall keep the minutes of the proceedings of the board of directors, shall be the custodian of all official books, records and papers of the Corporation and shall perform such other administrative duties as shall be necessary or desirable to carry out the purposes of the Corporation. The Secretary shall have such other duties as may be established from time to time by the President with the consent of the board of directors or by the board of directors.



Section 4.06. Treasurer. The Treasurer shall be the chief financial officer of the Corporation and shall perform such other administrative duties as shall be necessary or desirable to carry out the purposes of the Corporation. The Treasurer shall have such other duties as may be established from time to time by the President with the consent of the board of directors or by the board of directors.

ARTICLE V

Indemnification and Insurance

Section 5.01. Mandatory Indemnification. The Corporation shall indemnify any officer or director of the Corporation who was or is a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative (including, without limitation, any action threatened or instituted by or in the right of the Corporation), by reason of the fact that he or she is or was a director, officer, employee or agent of the Corporation, or is or was serving at the request of the Corporation as a director, trustee, officer, employee, member, partner, or agent of, or volunteer for, another corporation (domestic or foreign, nonprofit or for profit), partnership, joint venture, trust or other enterprise, against expenses (including, without limitation, attorneys' fees, filing fees, court reporters' fees and transcript costs), judgments, fines and amounts paid in settlement actually and reasonably incurred by him or her in connection with such action, suit or proceeding if he or she acted in good faith and in a manner he or she reasonably believed to be in or not opposed to the best interests of the Corporation, and with respect to any criminal action or proceeding, he or she had no reasonable cause to believe his or her conduct was unlawful. A person claiming indemnification under this Section 5.01 shall be presumed, in respect of any act or omission giving rise to such claim for indemnification, to have



acted in good faith and in a manner he or she reasonably believed to be in or not opposed to the best interests of the Corporation, and with respect to any criminal matter, to have had no reasonable cause to believe his or her conduct was unlawful, and the termination of any action, suit or proceeding by judgment, order, settlement or conviction, or upon a plea of nolo contendere or its equivalent shall not, of itself, rebut such presumption.

Section 5.02. Court-Approved Indemnification. Anything contained in these Regulations or elsewhere to the contrary notwithstanding:

A. the Corporation shall not indemnify any officer or director of the Corporation who was a party to any completed action or suit instituted by or in the right of the Corporation to procure a judgment in its favor by reason of the fact that he or she is or was a director, officer, employee, agent or volunteer of the Corporation, or is or was serving at the request of the Corporation as a director, trustee, officer, employee, member, partner, or agent of, or volunteer for, another corporation (domestic or foreign, nonprofit or for profit), partnership, joint venture, trust or other enterprise, in respect of any claim, issue or matter asserted in such action or suit as to which he or she shall have been adjudged to be liable for acting with reckless disregard for the best interests of the Corporation or misconduct (other than negligence) in the performance of his or her duties to the Corporation unless and only to the extent that the Court of Common Pleas of Franklin County, Ohio, or the court in which such action or suit was brought, shall determine upon application that, despite such adjudication of liability, and in view of all the circumstances of the case, he or she is fairly and reasonably entitled to such indemnity as such Court of Common Pleas or such other court shall deem proper; and

B. the Corporation shall promptly make any such unpaid indemnification as is determined by a court to be proper as contemplated by this Section 5.02.



Section 5.03. Indemnification for Expenses. Anything contained in these Regulations or elsewhere to the contrary notwithstanding, to the extent that an officer or director of the Corporation has been successful on the merits or otherwise in defense of any action, suit or proceeding referred to in Section 5.01, or in defense of any claim, issue or matter therein, he or she shall be promptly indemnified by the Corporation against expenses (including, without limitation, attorneys' fees, filing fees, court reporters' fees and transcript costs) actually and reasonably incurred by him or her in connection therewith.

Section 5.04. Determination Required. Any indemnification required under Section 5.01 and not precluded under Section 5.02 shall be made by the Corporation only upon a determination that such indemnification of the officer or director is proper under the circumstances because he or she has met the applicable standard of conduct set forth in Section 5.01. Such determination may be made only:

A. by the affirmative vote of a majority of the directors who constitute a quorum of the board of directors of the Corporation and who were not and are not parties to, or threatened with, any such action, suit or proceeding;

B. if such a quorum is not obtainable or if a majority of the disinterested directors so directs, in a written opinion by independent legal counsel other than an attorney retained previously by the Corporation, or a firm having associated with it an attorney who has been retained by or who has performed services for the Corporation, or any person to be indemnified, within the past five (5) years; or

C. by the Court of Common Pleas of Franklin County, Ohio or (if the Corporation is a party thereto) the court in which such action, suit or proceeding was brought, if any.



Any such determination may be made by a court under division (C) of this Section 5.04 at any time (including, without limitation, any time before, during or after the time when any such determination may be requested of, be under consideration by or have been denied or disregarded by the disinterested directors under division (A) or by independent legal counsel under division (B) of this Section 5.04). No decision for any reason to make any determination required under this Section 5.04, and no decision for any reason to deny any such determination, by the disinterested directors under division (A) or by independent legal counsel under division (B) of this Section 5.04 shall be evidence in rebuttal of the presumption recited in Section 5.01. Any determination made by the disinterested directors under division (A) or by independent legal counsel under division (B) of this Section 5.04 to make indemnification in respect of any claim, issue or matter asserted in an action or suit threatened or brought by or in the right of the Corporation shall be promptly communicated to the person who threatened or brought such action or suit, and within ten (10) days after receipt of such notification such person shall have the right to petition the Court of Common Pleas of Franklin County, Ohio, or the court in which such action or suit was brought, if any, to review the reasonableness of such determination.

Section 5.05. Advances for Expenses. Expenses (including, without limitation, attorneys' fees, filing fees, court reporters' fees and transcript costs) incurred in defending any action, suit or proceeding referred to in Section 5.01 shall be paid by the Corporation in advance of the final disposition of such action, suit or proceeding to or on behalf of the officer or director promptly as such expenses are incurred by him or her, but only if such officer or director shall first agree, in writing, to repay all amounts so paid in respect of any claim, issue or other matter asserted in such action, suit or proceeding in defense of which he or she shall not have been successful on the merits or otherwise:



- A. if it shall ultimately be determined as provided in Section 5.04 that he or she is not entitled to be indemnified by the Corporation as provided under Section 5.01; or
- B. if, in respect of any claim, issue or other matter asserted by or in the right of the Corporation in such action or suit, he or she shall have been adjudged to be liable for acting with reckless disregard for the best interests of the Corporation or misconduct (other than negligence) in the performance of his or her duties to the Corporation, unless and only to the extent that the Court of Common Pleas of Franklin County, Ohio, or the court in which such action or suit was brought, shall determine upon application that, despite such adjudication of liability, and in view of all the circumstances, he or she is fairly and reasonably entitled to all or part of such indemnification.

Section 5.06. ARTICLE V Not Exclusive. The indemnification provided by this ARTICLE V shall not be exclusive of, and shall be in addition to, any other rights to which any person seeking indemnification may be entitled under the Articles of Incorporation or these Regulations or any agreement, vote of disinterested directors, or otherwise, both as to action in his or her official capacity and as to action in another capacity while holding such office, shall continue as to a person who has ceased to be an officer or director of the Corporation and shall inure to the benefit of the heirs, executors, and administrators of such person.

Section 5.07. Insurance. The Corporation shall may purchase and maintain insurance or furnish similar protection, including but not limited to trust funds, letters of credit or self-insurance, on behalf of any person who is or was a director, officer, employee, or agent of, or volunteer for, the Corporation, or is or was serving at the request of the Corporation as a director, trustee, officer, employee, member, partner, agent or volunteer of another corporation (domestic or foreign, nonprofit or for profit), partnership, joint venture, trust or other enterprise, against any liability asserted against him or her and incurred by him or her in any such capacity, or arising out of his or



her status as such, whether or not the Corporation would have the obligation or the power to indemnify him or her against such liability under the provisions of this ARTICLE V. Insurance may be purchased from or maintained with a person in which the Corporation has a financial interest.

Section 5.08. Certain Definitions. For purposes of this ARTICLE V, and as examples and not by way of limitation:

A. A person claiming indemnification under this ARTICLE V shall be deemed to have been successful on the merits or otherwise in defense of any action, suit or proceeding referred to in Section 5.01, or in defense of any claim, issue or other matter therein, if such action, suit or proceeding shall be terminated as to such person, with or without prejudice, without the entry of a judgment or order against him or her, without a conviction of him or her, without the imposition of a fine upon him or her and without his or her payment or agreement to pay any amount in settlement thereof (whether or not any such termination is based upon a judicial or other determination of the lack of merit of the claims made against him or her or otherwise results in a vindication of him or her);

B. References to an “other enterprise” shall include, but shall not be limited to, employee benefit plans; references to a “fine” shall include any excise taxes assessed on a person with respect to an employee benefit plan; and references to “serving at the request of the Corporation” shall include any service as a director, officer, employee, or agent of, or volunteer for, the Corporation which imposes duties on, or involves services by, such director, officer, employee, agent or volunteer with respect to an employee benefit plan, its participants or beneficiaries; and a person who acted in good faith and in a manner he or she reasonably believed to be in the best interests of the participants and beneficiaries of an employee benefit plan shall be deemed to have



acted in a manner “not opposed to the best interests of the Corporation” within the meaning of that term as used in this ARTICLE V;

C. The term “volunteer” shall mean a director, officer or agent of the Corporation, or another person associated with the Corporation, who (i) performs services for or on behalf of, and under the authority or auspices of, the Corporation, and (ii) does not receive compensation, either directly or indirectly, for performing those services. Compensation does not include (i) payment or reimbursement to a volunteer for actual and necessary expenses that are incurred by the volunteer in connection with the services performed for the Corporation; (ii) insurance premiums paid on behalf of the volunteer and amounts paid, advanced or reimbursed pursuant to this ARTICLE V, Section 1702.12(E) of the Ohio Revised Code or any indemnification agreement, resolution or similar arrangement; or (iii) modest perquisites.

Section 5.09. Venue. Any action, suit or proceeding to determine a claim for indemnification under this ARTICLE V may be maintained by the person claiming such indemnification, or by the Corporation, in the Court of Common Pleas of Franklin County, Ohio. The Corporation and (by claiming such indemnification) each such person consents to the exercise of jurisdiction over its or his or her person by the Court of Common Pleas of Franklin County, Ohio, in any such action, suit or proceeding.



ARTICLE VI

Miscellaneous

Section 6.01. Fiscal Year. The fiscal year of the Corporation shall end on the last day of December, or on such other date as may be fixed from time to time by the board of directors.

Section 6.02. Annual Financial Audit. At the close of each fiscal year, the Treasurer shall take steps to ensure that an audit is conducted with respect to the Corporation's financial affairs for the year. At the conclusion of each annual audit, the Treasurer shall submit the audit results and reports to the board of directors.

Section 6.03. Amendments. Unless otherwise provided in the Articles of Incorporation or these Regulations, these Regulations may be amended, in whole or in part, or new Regulations may be adopted, by the board of directors of the Corporation at a meeting called for that purpose by the affirmative vote of at least two-thirds (2/3) of the directors then in office or in a writing or writings signed by all of the members of the board of directors in accordance with Section 2.07 hereof, except that Sections 2.02 and 2.03 of these Regulations may not be amended without the prior written consent of the Mayor, the University President and the CMHA President.

The Ohio State University
Board of Trustees

February 1, 2013

**THURSDAY, JANUARY 31, 2013
GOVERNANCE COMMITTEE MEETING**

Alex Shumate
Janet B. Reid
Alan W. Brass
Linda S. Kass
Jeffrey Wadsworth
Timothy P. Smucker
Evann K. Heidersbach
G. Gilbert Cloyd
Robert H. Schottenstein (*ex officio*)

Location: Longaberger Alumni House
Mount Leadership Room

Time: 2:45-4:15pm

ITEM FOR DISCUSSION

1. *Talent Scorecard – Mr. Kaplan* 2:45-2:50pm

ITEMS FOR ACTION

2. Approval of Committee Charters – Mr. Shumate 2:50-2:55pm
3. University Seal Revision – Dr. Gee 2:55-3:00pm
Executive Session 3:00-4:15pm

Talent Scorecard

January 2013 Update

	Start of Year	Current Year Target	Progress Against Current Year Target	2020 Goal
A. Leadership Development and Continuity				
1. Leader Development Effectiveness ROI ¹	Not available	1.5:1		
2. Executive Stability Ratio ²	72%	75%		80%
3. # of Critical Positions for which Talent Reviews have been Completed	0	20		75
4. % of Critical Positions with Compensation At Target	90.9% (20/22)	100%		100%
B. Faculty and Staff Retention				
1. Workplace Culture Index	73	N/A		80%
2. Non-Retirement Faculty Turnover ³	4.2%	3.75%		4.00%
3. Non-Retirement Staff Turnover ⁴	10.4%	10.00%		8.50%
C. Workforce Planning and Talent Acquisition				
1. Talent Acquisition Strategy is developed for any position/vacancy in Top 75	0	100%		100%
2. Time to Fill - % of requisitions filled at or less than target days to fill	63%	73%		
3. New Hire Quality ⁵	TBD	TBD		
4. Search Firm Usage				
a. Reduce search firm spend by 20%	\$789,000	\$631,000		
b. Reduce search firm utilization by 20%	10	8		

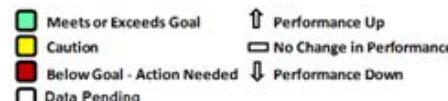
(1) Target is 1.5 to 1, however, the 2020 goal is dependent on feedback from the BoT and we currently have no baseline. Depending on feedback, could populate by Spring 2013

(2) Target is for at least 80% of key executives to have a tenure of at least three years

(3) Time period for this metric is based on a academic year, versus calendar year, to mirror patterns of faculty activity

(4) Time period for this metric is based on a calendar year. In the future, our intent is to have a process and system in place that allows us to track turnover of high performers (regrettable turnover).

(5) Baseline measurement and targets established by end of fiscal year



The Ohio State University
Board of Trustees

February 1, 2013

APPROVAL OF COMMITTEE CHARTERS

Synopsis: Adoption of Board Committee Charters is proposed.

WHEREAS the delineation and description of each committee function will enable the board to be more effective in the execution of its duties and responsibilities; and

WHEREAS each committee of the Board should have a Charter to define and guide the committee's work; and

WHEREAS each committee charter has been thoroughly reviewed and discussed at the committee level; and

WHEREAS the Governance Committee recommends the proposed Charters be approved by the full Board:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees adopts the committee charters that have been distributed and approved effective immediately.

The Ohio State University
Board of Trustees

February 1, 2013

**Academic Affairs and Student Life Committee
Charter**

1) Charge

The academic affairs and student life committee shall consider and make recommendations to the board regarding matters pertaining to the teaching, research, and public service programs of the university and its faculty, staff and students. Matters to be brought before the committee may include, but shall not be limited to: faculty and staff matters; educational policy; academic structure and organization; student welfare and housing; collective bargaining; university rules and bylaws; conferring of degrees, certificates, awards, and other honors; the university system of Ohio; regional campuses; athletics; and any other matter assigned to the committee by the board or the chair of the board.

The committee shall also regularly report to the board on the progress being made toward the university strategic goals that are within the committee's purview.

2) Composition

The committee shall consist of at least seven trustees, including one of the student trustees, a member of the university faculty; and up to two additional non-trustee members. The faculty member and any other non-trustee members shall be appointed following the 2008 guidelines for non-trustee committee appointments.

3) Administrative liaison

Executive vice president and provost

4) Subcommittees

Agricultural affairs

The Ohio State University
Board of Trustees

February 1, 2013

Advancement Committee
Charter

1) Charge

The advancement committee shall consider and make recommendations to the board on matters of policy and strategy pertaining to the university-wide integration of fund raising, alumni relations, communications, marketing and related efforts (known as advancement) to foster positive relationships with students, alumni, and other key audiences; provide multiple opportunities for engagement; and generate involvement with and support for the mission of the university. The committee shall advise relevant university officers and monitor progress, performance, and the integration of fund raising efforts, alumni relations, communications and marketing strategies as originally outlined in the 2012 advancement framework planning team report.

The committee shall also regularly report to the board on the progress being made toward the university strategic goals that are within the committee's purview.

2) Composition

The committee shall consist of at least five trustees, two members of the alumni association governing board, and two members of the university foundation board. The alumni association shall nominate its representatives for a one-year appointment, renewable for up to three years, and forward those nominations to the chair of the board. The university foundation board shall nominate its representatives for a one-year appointment renewable for up to three years, and forward those nominations to the chair of the board. Additional non-trustee members may be appointed to ensure expertise in the marketing/communications area. Any additional non-trustee members shall be appointed following the 2008 guidelines for non-trustee committee appointments.

3) Administrative liaison:

Senior vice president for advancement

4) Subcommittees

None

The Ohio State University
Board of Trustees

February 1, 2013

**Audit and Compliance Committee
Charter**

1) Charge

The audit and compliance committee shall consider and make recommendations to the board regarding matters pertaining to auditing of university and related entity operations and oversight of compliance functions. Matters to be brought before the committee may include, but shall not be limited to: internal audit policies, plans, and reports; financial statements; internal financial control systems; oversight and monitoring of compliance programs and activities; enterprise risk management systems and business continuity planning; approval and monitoring of affiliated entities; selection of, and receiving reports from, independent auditors (in conjunction with the auditor of state); and any other matter assigned to the committee by the board or the chair of the board.

The committee shall also regularly report to the board on the progress being made toward the university strategic goals that are within the committee's purview.

2) Composition

The committee shall consist of at least five trustees and up to three additional non-trustee members. Any non-trustee members shall be appointed following the 2008 guidelines for non-trustee committee appointments.

3) Administrative liaison

Senior vice president for legal affairs

4) Subcommittees

None

The Ohio State University
Board of Trustees

February 1, 2013

**Finance Committee
Charter**

1) Charge

The finance committee shall consider and make recommendations to the board regarding matters pertaining to the financial, business, and administrative management of the university. Matters to be brought before the committee may include, but shall not be limited to: capital and operating budgets and policies, issuance of debt, tuition and fees, university master planning, development and maintenance of facilities, real property matters, security and safety of the campuses, purchasing policies, self-insurance trust, the research foundation, commercialization, managed health care systems, and any other matter assigned to the committee by the board or the chair of the board.

The committee shall also regularly report to the board on the progress being made toward the university strategic goals that are within the committee's purview.

2) Composition

The committee shall consist of at least seven trustees, including one of the student trustees, and up to three additional non-trustee members. Any non-trustee members shall be appointed following the 2008 guidelines for non-trustee committee appointments.

3) Administrative liaison

Senior vice president for finance and chief financial officer

4) Subcommittees

Physical environment

The Ohio State University
Board of Trustees

February 1, 2013

**Governance Committee
Charter**

1) Charge

The governance committee shall consider and make recommendations to the board regarding matters pertaining to the organization of the board and the involvement and role of trustees. The committee shall also coordinate the annual evaluation of the president, and shall provide oversight and counsel to the president regarding matters related to the senior leadership of the university. Matters to be brought before the committee may include, but shall not be limited to: board structure and operation, trustee and charter trustee selection processes, trustee orientation, review of the chair of the board, expectations regarding trustee comportment, organization of the board office, roles and responsibilities of senior leadership positions, position specifications and necessary qualifications, compensation strategy and comparative data, transition plans, and any other matter assigned to the committee by the board or the chair of the board.

The committee shall also regularly report to the board on the progress being made toward the university strategic goals that are within the committee's purview.

2) Composition

The committee shall consist of at least five trustees, including one of the student trustees.

3) Administrative liaison

Secretary of the board of trustees

4) Subcommittees

None

The Ohio State University
Board of Trustees

February 1, 2013

**Medical Affairs Committee
Charter**

1) Charge

The medical affairs committee shall consider and make recommendations to the board regarding matters pertaining to the university medical center and related health care entities and programs. Matters to be brought before the committee may include, but shall not be limited to: faculty and staff matters, medical center budget and capital plans, medical center system plans and operations, medical center strategic plans, clinical activities and plans and patient care matters, James cancer hospital board, university hospitals board, university hospitals east board, OSU Harding hospital board, Ross heart hospital board, Ohio state university physicians, and any other matter assigned to the committee by the board or the chair of the board.

The committee shall also regularly report to the board on the progress being made toward the university strategic goals that are within the committee's purview.

2) Composition

The committee shall consist of at least five trustees and up to three additional non-trustee members. Any non-trustee members shall be appointed following the 2008 guidelines for non-trustee committee appointments.

3) Administrative liaison

Senior vice president for health sciences

4) Subcommittees

None

The Ohio State University
Board of Trustees

February 1, 2013

UNIVERSITY SEAL REVISION

Synopsis: Revision of the official University Seal to replace the circular "O" with the university's block-styled "O" as a means to further align the seal as part of the university's One University strategy and enlarge the proportion of the open book to reinforce the university's leadership in research and academic excellence is proposed.

WHEREAS The Ohio State University Board of Trustees has on previous occasions approved the design for the official Seal of the University; and

WHEREAS in its role as Ohio's land-grant institution, the University serves the entire State of Ohio through its missions of teaching, research, and related public services; and

WHEREAS the University's influence and reputation, potential body of students, and alumni population extend throughout Ohio, across the United States, and around the world; and

WHEREAS the Board of Trustees proudly acknowledges that The Ohio State University serves all Ohioans and is international in scope, influence, and reputation:

NOW THEREFORE

BE IT RESOLVED, That the official Seal of The Ohio State University and Commercial Seal of the University be redrawn so as to replace the circular "O" with the university's block-styled "O" and enlarge the proportion of the open book and that these revised Seals be registered with the United States Patent and Trademark Office and the Office of the Secretary of State of Ohio; and

BE IT FURTHER RESOLVED, That the Secretary of the Board be directed to ensure that the revised Seals be used for all official University purposes and adopted for all official University uses effective February 1, 2013.

The Ohio State University
Board of Trustees

February 1, 2013

THURSDAY, JANUARY 31, 2013
ACADEMIC AFFAIRS AND STUDENT LIFE COMMITTEE MEETING

Jeffrey Wadsworth
John C. Fisher
Algenon L. Marbley
Linda S. Kass
Janet B. Reid
Clark C. Kellogg
Timothy P. Smucker
Cheryl L. Krueger
Benjamin T. Reinke
Kevin G. Boyle
Robert H. Schottenstein (*ex officio*)

Location: Longaberger Alumni House
Mount Leadership Room

Time: 4:30-6:00pm

ITEMS FOR DISCUSSION

1. *Academic Initiatives Scorecard – Dr. Wadsworth* 4:30-4:35pm
2. *Retention and Graduation – Mr. Evanovich* 4:35-4:55pm
3. *Online Education – Mr. Hofherr* 4:55-5:15pm

ITEMS FOR ACTION

4. Amendments to the *Rules of the University Faculty* – Dr. Alutto 5:15-5:30pm
5. Approval to establish a Master in Animal Sciences degree program, College of Food, Agricultural, and Environmental Sciences – Dr. Alutto
6. Approval to establish a Master of Science degree within the Integrated Biomedical Science Graduate Program, College of Medicine – Dr. Alutto
7. Approval to establish a Bachelor of Science in Health Promotion, Nutrition, and Exercise Sciences tagged degree program, College of Education and Human Ecology – Dr. Alutto
8. Honorary Degrees – Dr. Alutto
9. Personnel Actions – Dr. Alutto

Executive Session 5:30-6:00pm

Academic Initiatives Scorecard

January 2013

Metric	Previously Reported Data	Current Year	Current Year Target	Progress Toward 2020 Goal	2020 Goal
A. Fully Develop Academic Initiatives Aligned with the Discovery Areas					
1. Overall Performance on Health & Wellness Discovery Theme					
2. Overall Performance on Food Production & Security Discovery Theme					
3. Overall Performance on Energy & Environment Discovery Theme					
B. Increase tenure-tenure track faculty by 8-10%	2937	2903	2937		3230
C. Provide \$40M in additional scholarships and financial aid	\$100M	\$100M			\$140M
D. Percent of students rating their experience at OSU as satisfactory	88.70%	88.70%			
E. Undergraduate Graduation Rate (within six years)	79.70%	82.4%	80.0%		82%
F. Student to Faculty Ratio	19:1	19:1	19:1		18:1
G. NSSE Enriching Educational Experiences Score (new results available 2014)	43	43	45 ¹		48
H. U.S. News and World Report, America's Best Colleges Rank (Publics)	17	18	17		10
I. Total Research Expenditures, Rank among Public Universities	11	9	9		8

¹ 2014 target; survey is under revision and the scoring may change

- | | |
|----------------------------|--------------------------|
| Meets or Exceeds Goal | Performance Up |
| Caution | No Change in Performance |
| Below Goal - Action Needed | Performance Down |
| Data Pending | |

RETENTION AND GRADUATION

Board of Trustees Academic Affairs and Student Life Committee

January 31, 2013

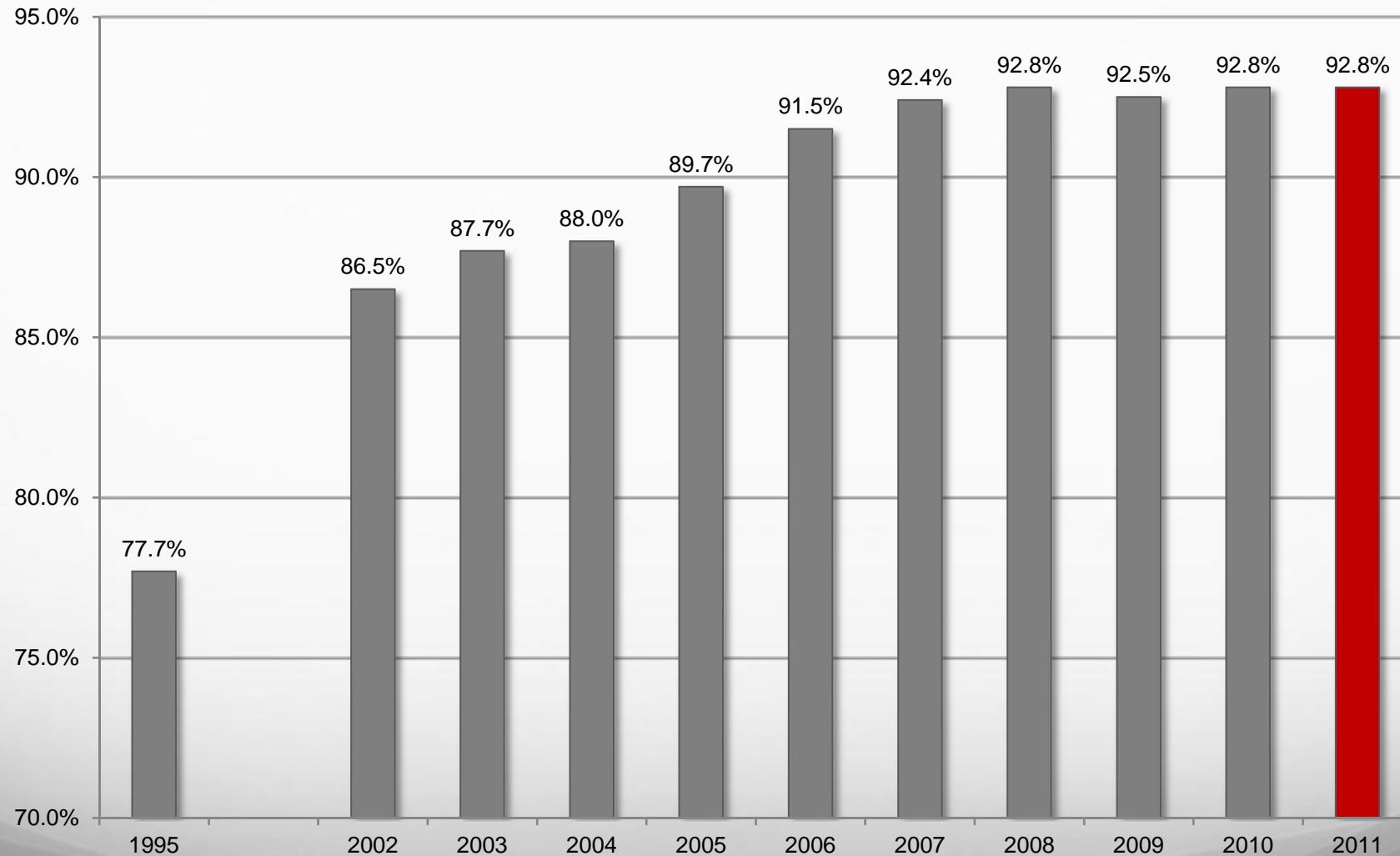
M. Dolan Evanovich
Vice President for Strategic Enrollment Planning



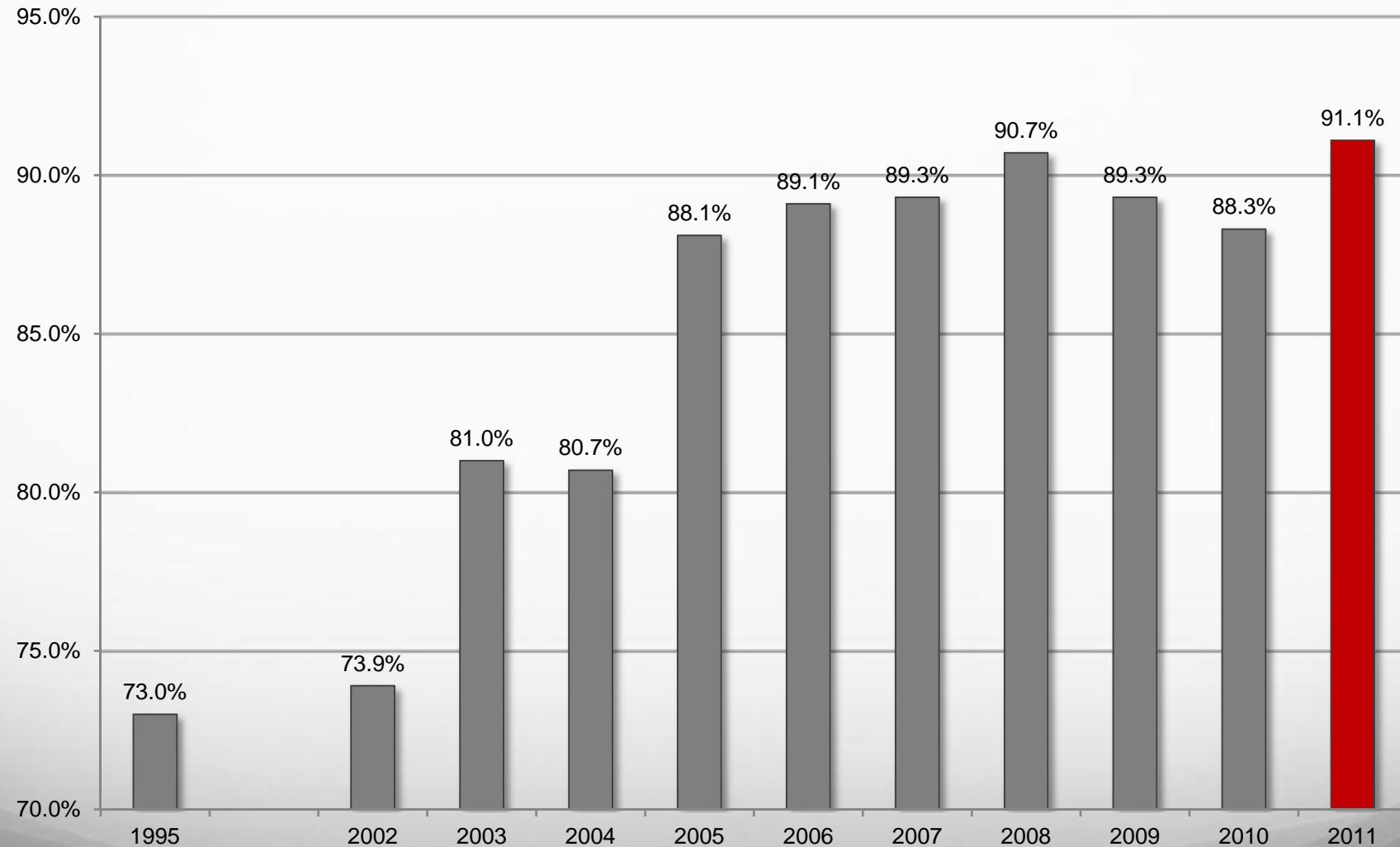
Autumn 2012 enrollment compared to 2015 goals

	Autumn 2012	2015 Goal
Number of Applications	28,675	40,000
Number Enrolled	7,186	7,100
Average ACT	28.1	29.0
Cum % in top 10%	54%	60%
Cum % in top 25%	89%	95%
1st Year Retention Rate	93%	95%
4-Year Graduation Rate	61%	62%
6-Year Graduation Rate	82%	83%

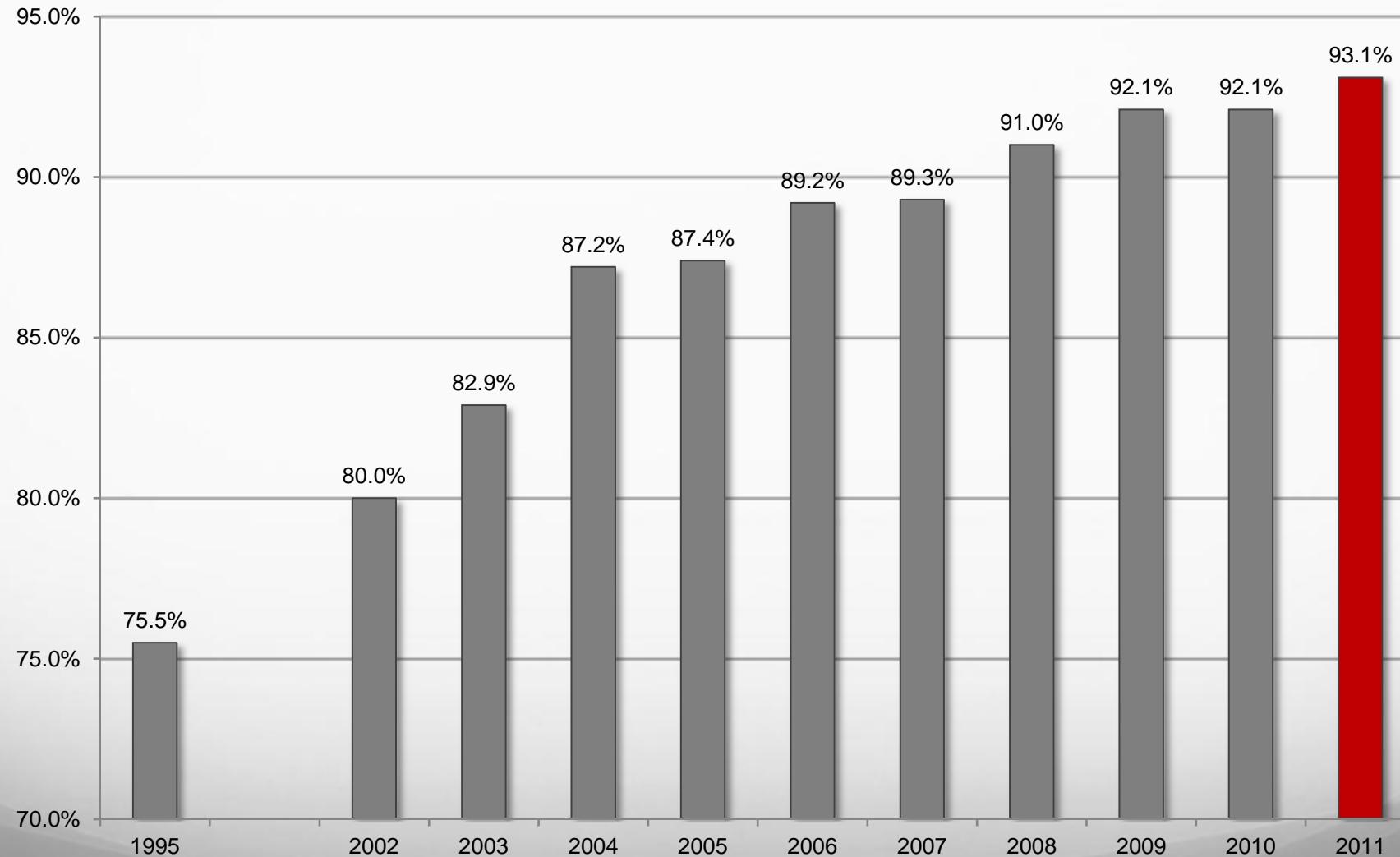
First-year retention (all students)



First-year retention (African American)

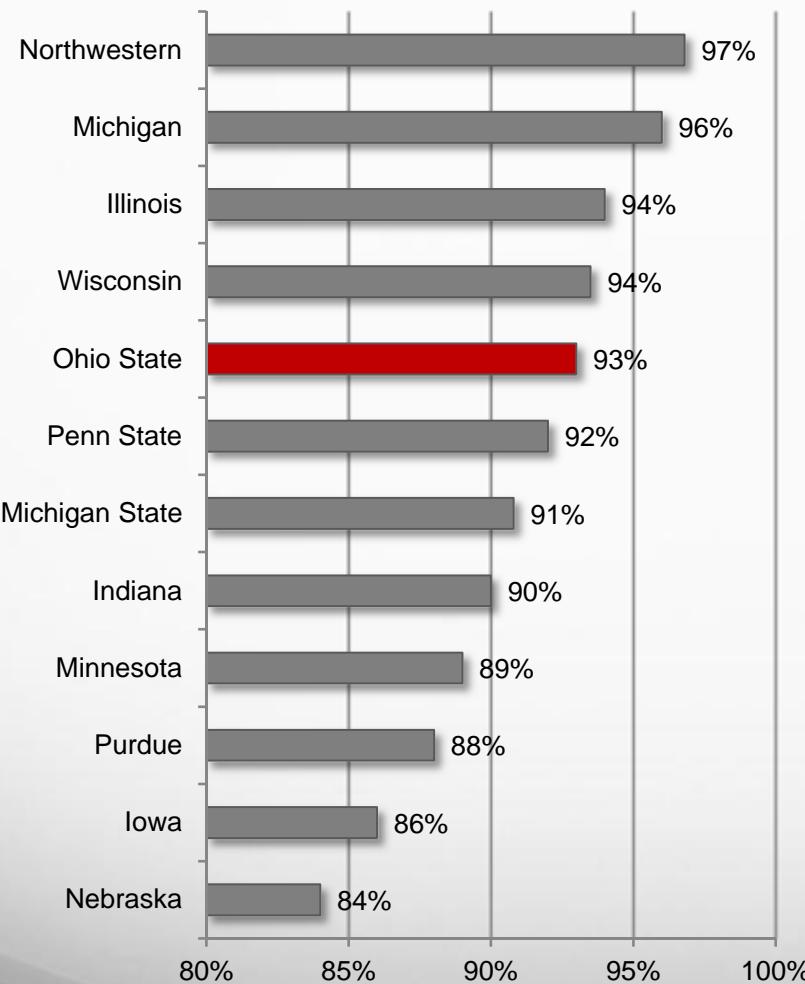


First-year retention (Hispanic)

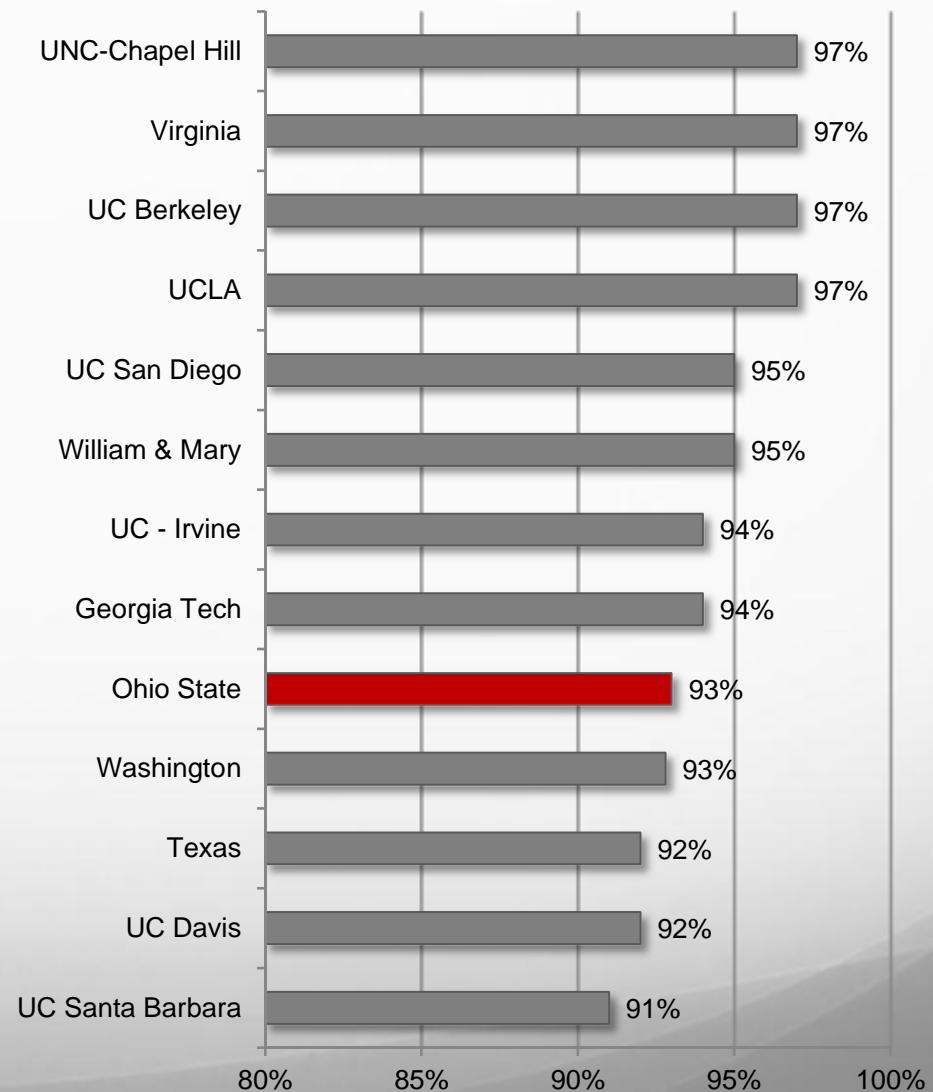


First-year retention

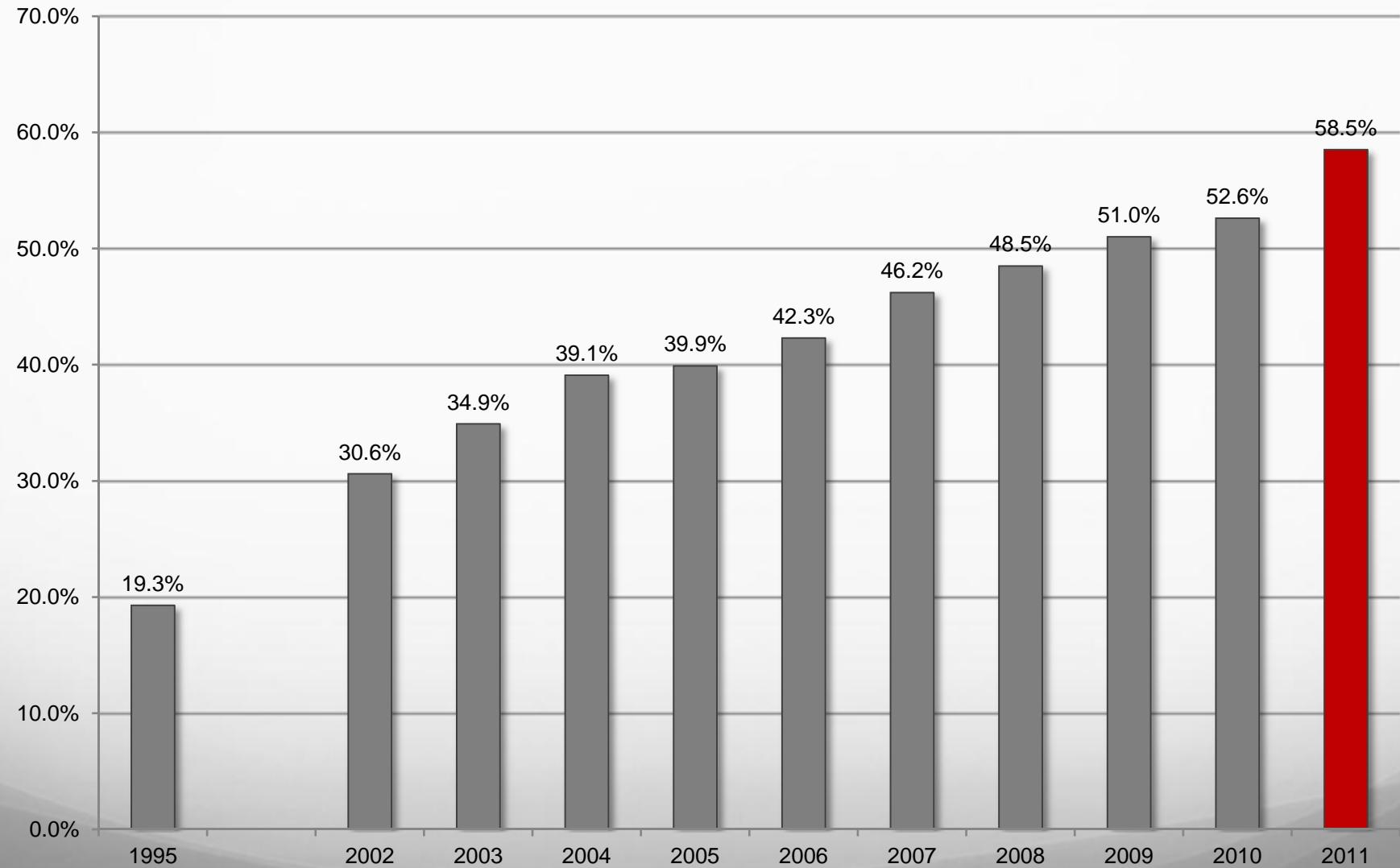
Big Ten



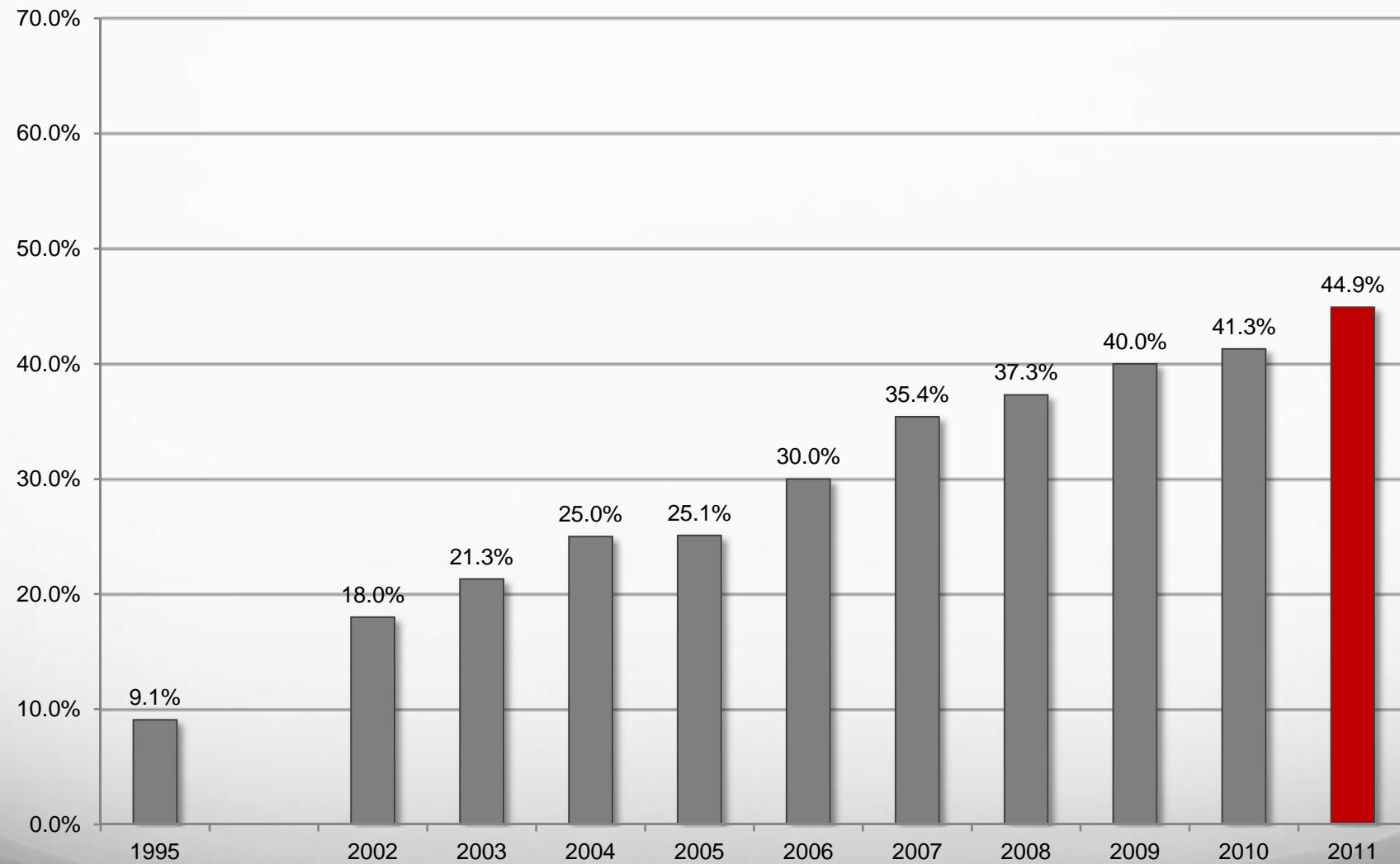
Aspirant peers



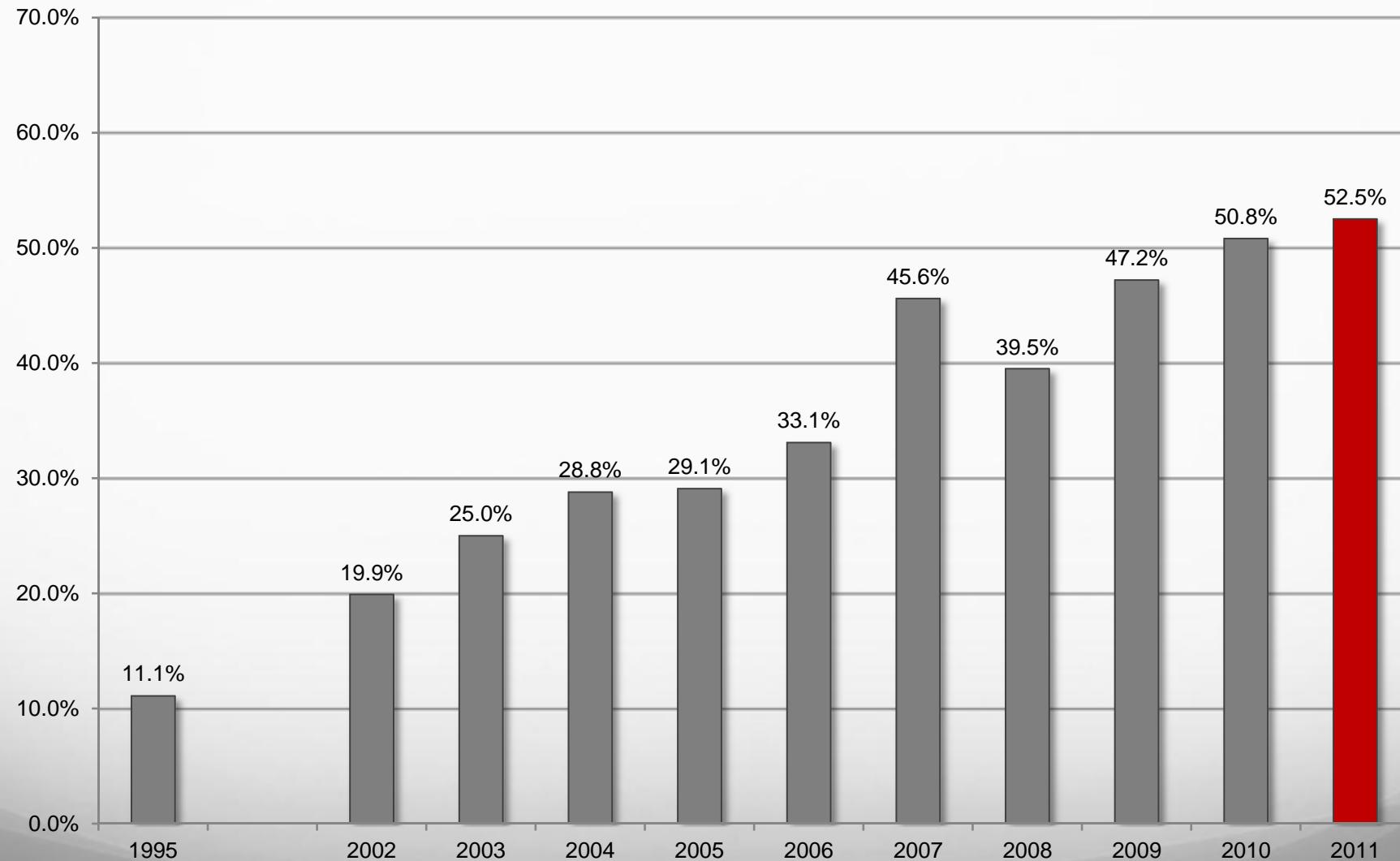
Four-year graduation rate (all students)



Four-year graduation rate (African American)

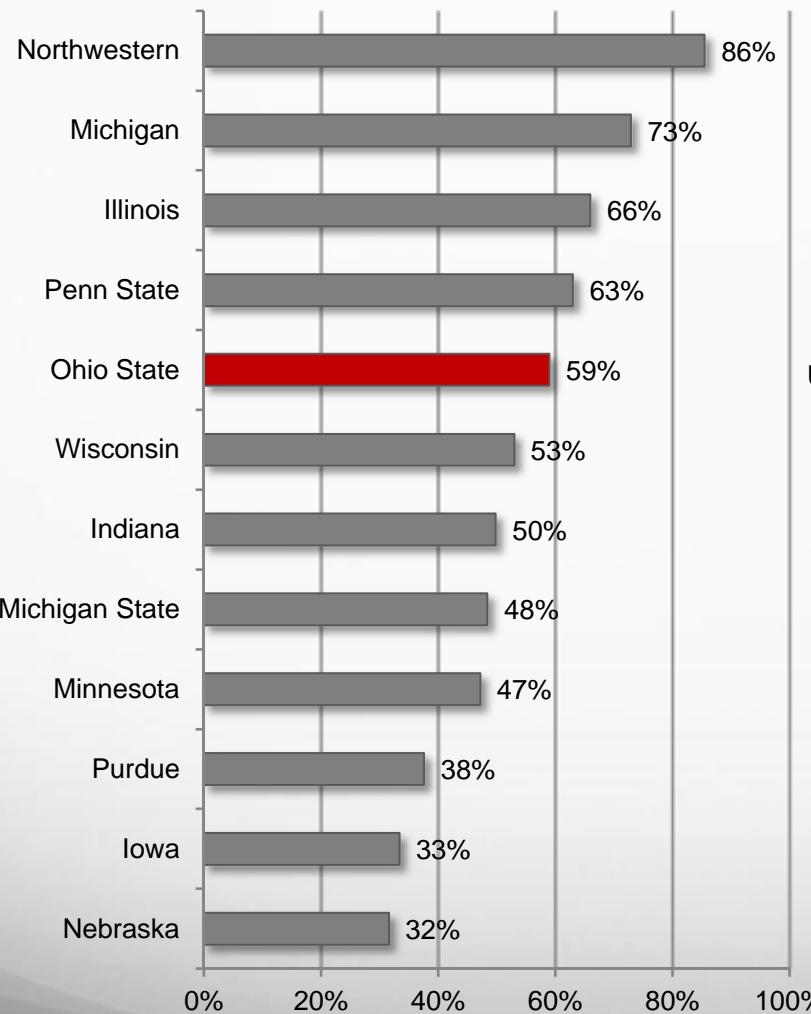


Four-year graduation rate (Hispanic)

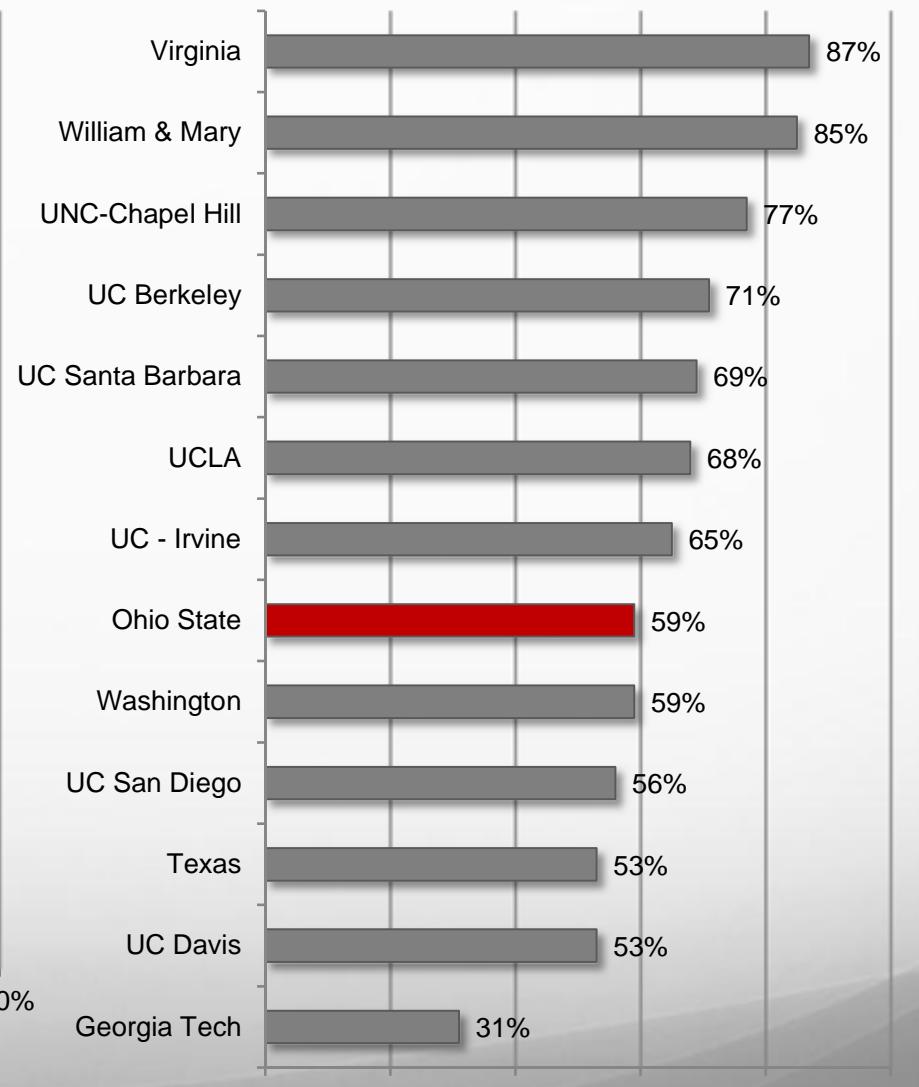


Four-year graduation rate

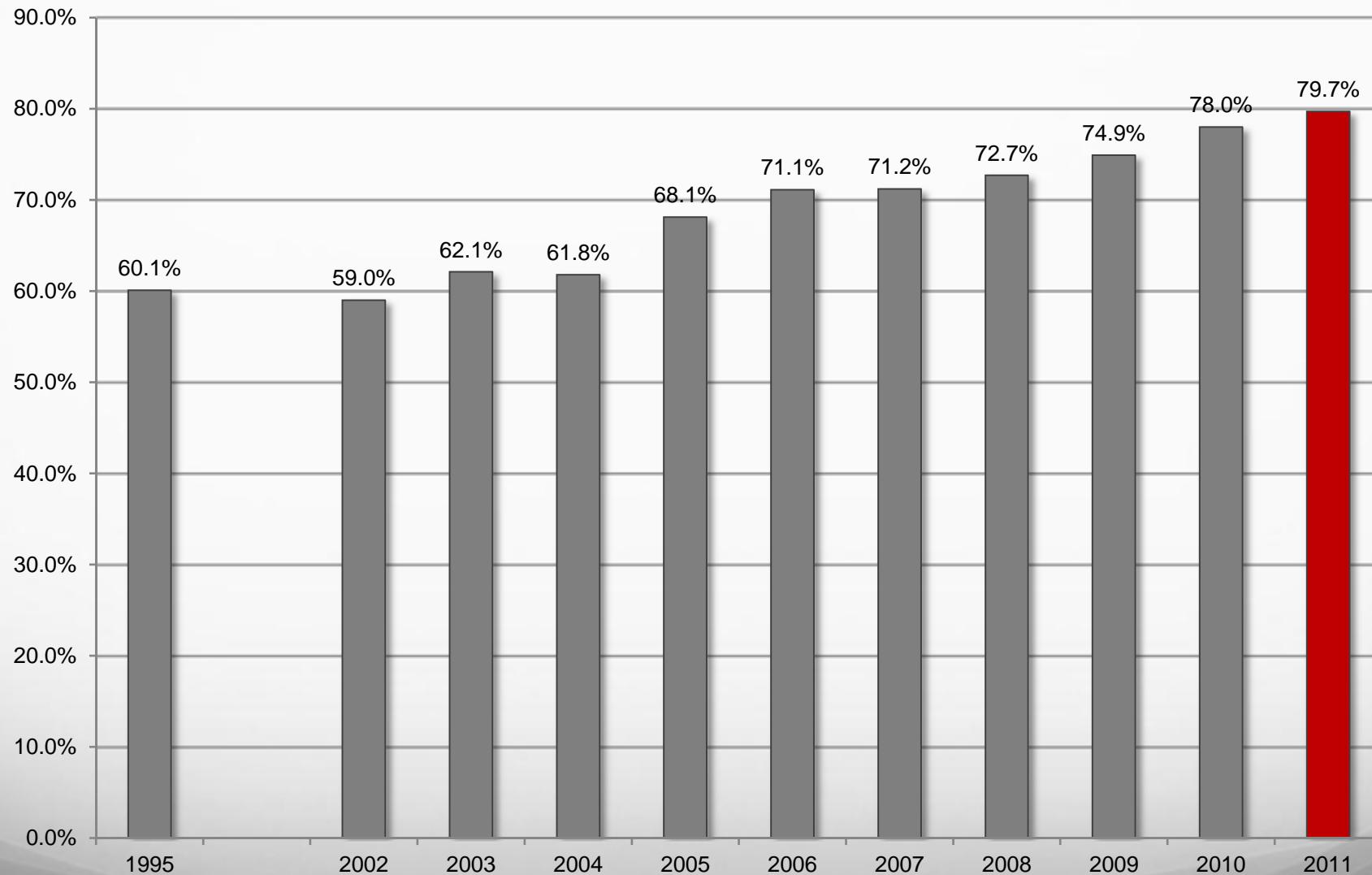
Big Ten



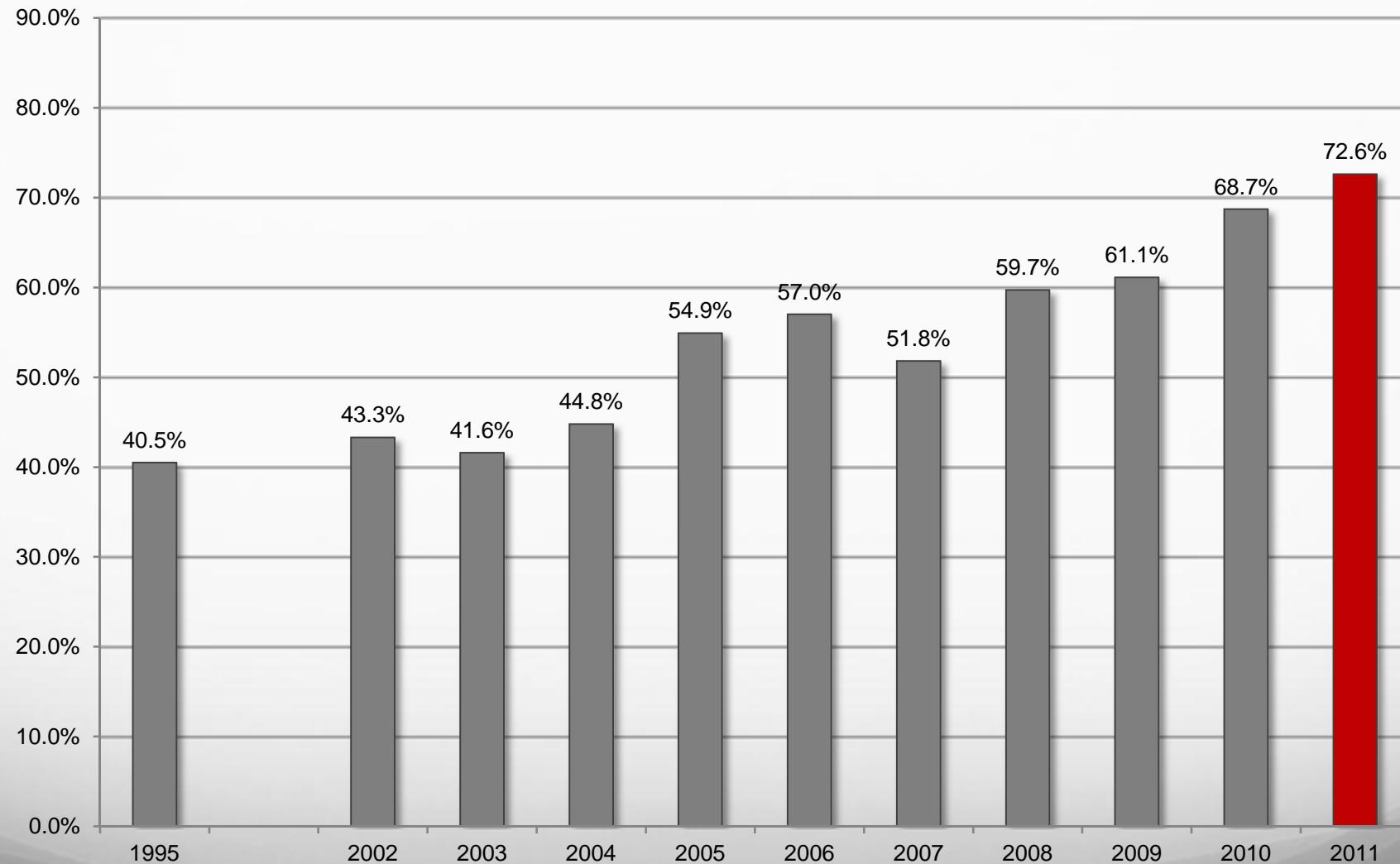
Aspirant peers



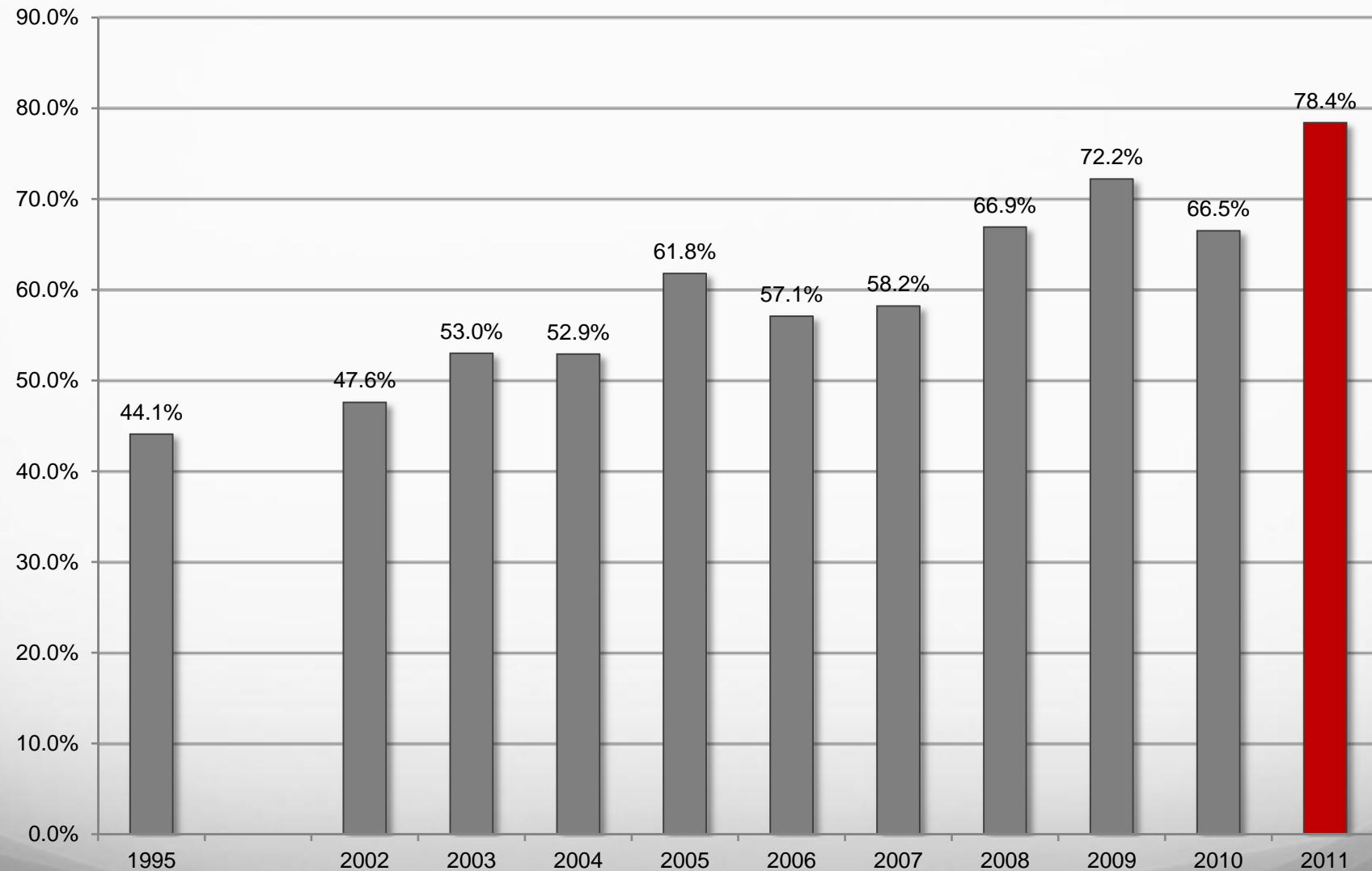
Six-year graduation rate (all students)



Six-year graduation rate (African American)

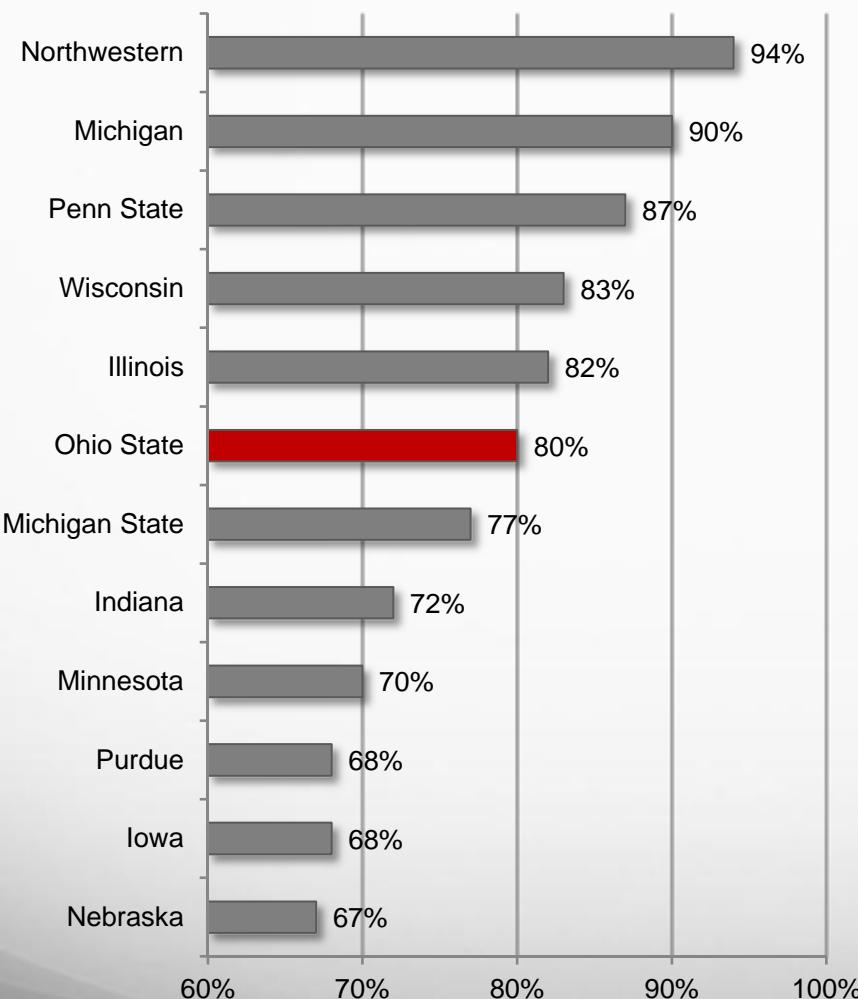


Six-year graduation rate (Hispanic)

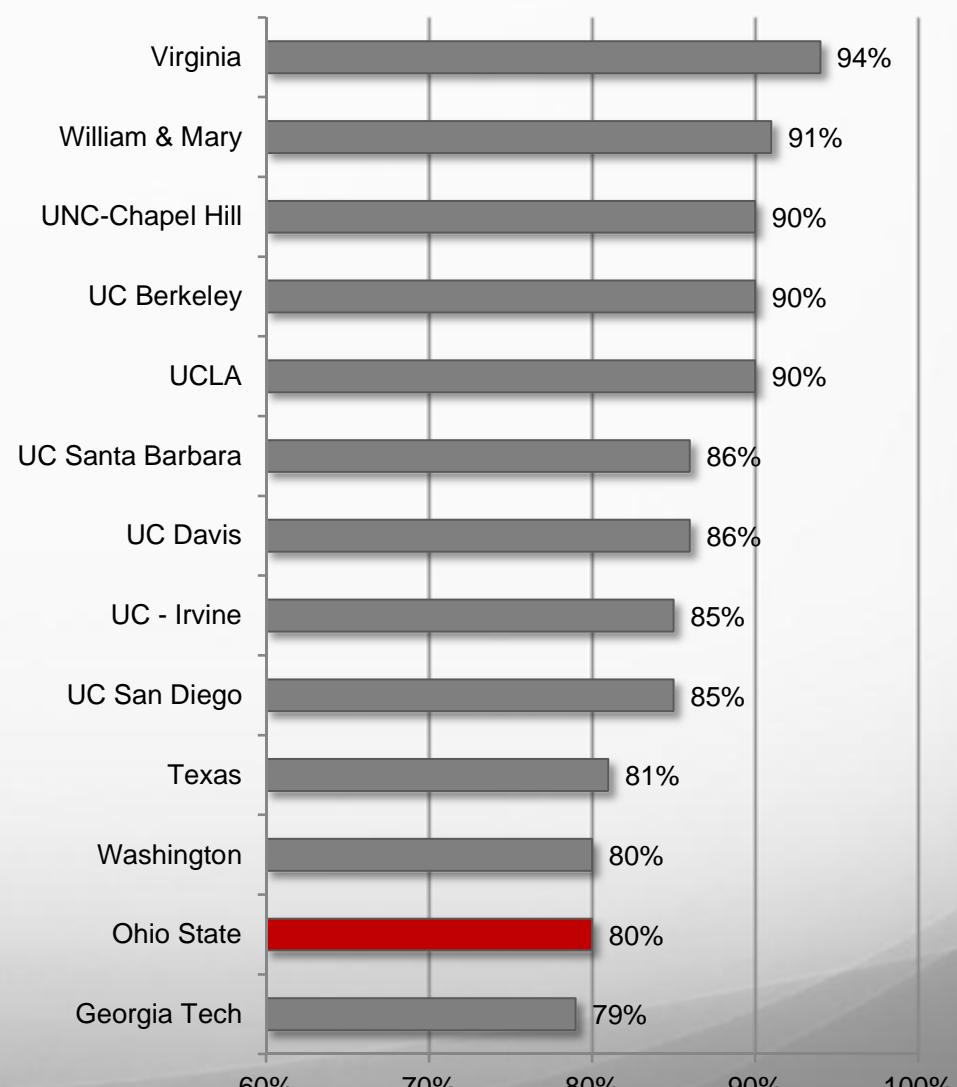


Six-year graduation rate

Big Ten



Aspirant peers



Annual student attrition study

- Of the 593 AU11 freshmen starters* who left the university before AU12, 87 were dismissed for academic reasons
- In 2012, ES began surveying (by phone) students who voluntarily left the university
- Research is qualitative and will be repeated over time to create a longitudinal study
- Information will be shared annually with Student Life, academic units, and other stakeholders

*GRS cohort which includes summer starts who continue in the fall



Enhancing student success

- First Year Experience programming (new-student orientation, common reading program, First-Year Success Series, others)
- Sophomore year experience with two-year housing requirement
- Three-year degree options
- Other OBR initiatives (broader use of CLEP, AP, and experiential credit)
- Creation of military/veterans center



Enhancing student success

- Enhanced financial aid (enrollment plan includes \$25 million over five years in additional aid; Eminence Scholarship represents an \$83 million endowment benefitting 100 highest ability students)
- Creation of the Student Service Center, a one-stop location for student business services
- Numerous service enhancements simplify and streamline processes (including semester conversion, enhanced advising, online scheduler)



Enhancing student success

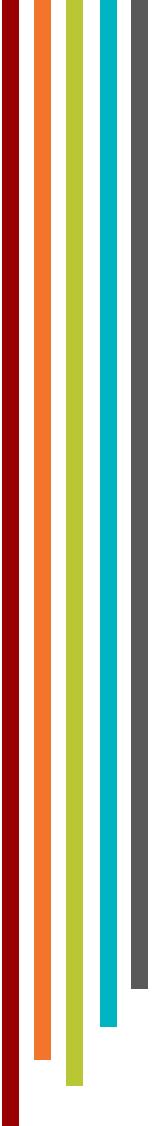
- Survey course focus on academic success and degree planning
- Exploration program increased effectiveness on helping students find a major in an efficient manner
- More proactive/intentional advising
- Required workshops for students with <2.0 GPA
- Study Skills course from the College of Education



Retention and graduation: a university-wide commitment

- Involving colleges in the enrollment planning process
- Sophomore year focus: greater faculty interaction for students
- Collaborating with Columbus Partnership and Student Life to better welcome and connect students to the Columbus community
- Increased commitment to enhance affordability





Board of Trustees

Academic Affairs and Student Life Committee

January 31, 2013



Office of
**Distance Education
& eLearning**

Strategy Overview

Hybrid Learning

Existing Students

Mobility
Digital Literacy
Student Experience

Open CourseWare

New Audiences

Brand Enhancement | Innovation
Marketability of Faculty

Distance Education

New Students

New/Enhanced Degree Programs
Professional Development
Community Outreach



Areas of Focus



Hybrid Learning

Open CourseWare

Distance Education

Impact Grants – 2013

Dr. Stein, Educational Studies (EHE), Dr. Constance Wanstreet, Educational Studies (adjunct, EHE; Director, Web Communications, OSU Alumni Association), and Lynn Trinko, Director of Educational Technology (EHE): Will develop an open, online course designed to prepare graduate students to develop and conduct their own online teaching. This brief course will provide students with important introductions to essential skills and best practices for online teaching, while the course itself provides them experience as an online student. This course will fill a gap in the current preparation for online instruction and help OSU graduate students develop valuable skills. After the pilot, the course will be available to anyone looking for self-paced training about how to teach online.

Dr. Andrews, Mathematics (ASC), will lead a team of faculty and staff to improve two crucial courses in the Math curriculum: 1151 and 2415. Math 1151 is the largest course in the department, being the minimum required GEC for the university. Math 2415: Differential Equations is a crucial course that provides foundational concepts for majors in several departments. Both courses will be adapted to enhance distance education alternatives via recorded lectures, Hybrid-Flexible (HyFlex) recitation sections, and other distance methodologies. This project will expand and extend work begun with support of a 2010 Impact Grant under the direction of Elizabeth Miller. The Fall 2013 Pilot will focus on 1-2 sections of these two courses. In future semesters, the department will extend best practices to sections of all five introductory sequence courses, as well as other offerings.

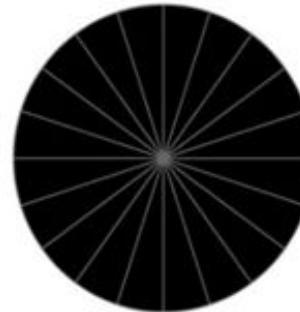
Impact of Impact Grants

5 faculty leads
700 students



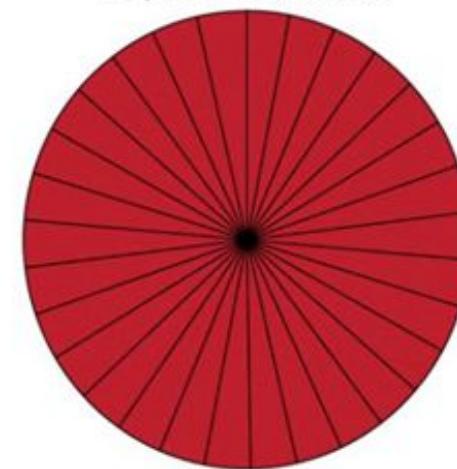
2010-2011
Pilot

20 instructors
9,000 students



2011-2012

30 instructors
20,000+ students



2012-2013

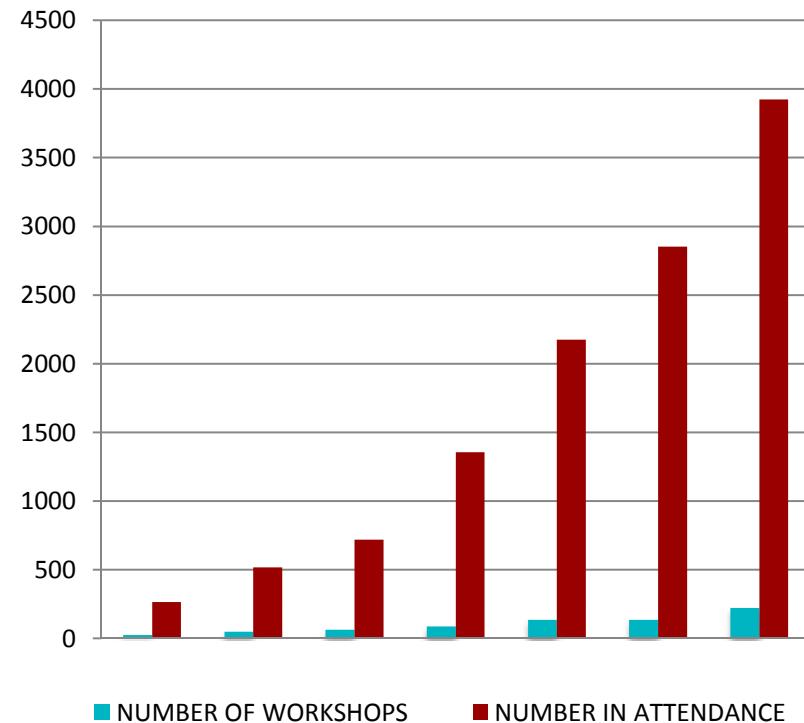
Yearly
Impact Grant
Distribution

\$100K

- Impact Grant (4)
\$60K
- Digital First (2)
\$30K
- Professional
Development (5)
\$10K

Digital Union Workshops

Year	No. of workshops	% change	Faculty/Staff	% change
2006	24		266	
2007	48	100	518	95
2008	63	31	719	39
2009	87	38	1356	89
2010	136	56	2176	60
2011	136	0	2853	31
2012	223	64	3924	38



Classrooms Technology Upgrade (FY13)

Locations	Total # of Rooms	Total Rooms Completed	Total % Completed	District
Hayes Hall	5	0	0%	Academic Core
Phys Activ & Educ Srvc Bldg	4	0	0%	Academic Main Street
Hagerty Hall	13	1	8%	Academic Core
Central Classroom Building	33	12	36%	Academic Main Street
Denney Hall	13	2	15%	Academic Core North
Arps Hall	10	0	0%	Academic Core
Derby Hall	10	1	10%	Academic Core
Stillman Hall	7	0	0%	Academic Core
Boltz Hall	15	0	0%	Academic Main Street
Psychology Building	3	0	0%	Academic Main Street
Dreese Laboratories	8	2	25%	Academic Main Street
Ramseyer Hall	6	2	33%	Academic Core
Journalism Building	15	4	27%	Academic Main Street
Caldwell Laboratory	13	1	8%	Academic Main Street
University Hall	15	0	0%	Academic Main Street
Mendenhall Laboratory	10	0	0%	Academic Core
Dulles Hall	5	0	0%	Academic Core
Knowlton Hall	3	1	33%	Academic Main Street
Jennings Hall	9	0	0%	Academic Main Street
Scott Lab	14	0	0%	Academic Core North
Campbell Hall	6	1	17%	Academic Main Street
Macquigg Laboratory	6	2	33%	Academic Core North
Hitchcock Hall	5	0	0%	Academic Main Street
McPherson Chemical Lab	12	1	8%	Academic Core North
Pomerene Hall	4	0	0%	Academic Main Street
Baker Systems Engineering	12	2	17%	Academic Main Street
Smith Laboratory	20	0	0%	Academic Core North
209 West Eighteenth Avenue	2	0	0%	Academic Core North
Hopkins Hall	2	2	100%	Academic Core
Schoenbaum Hall	13	0	0%	Academic Main Street
Independence Hall	1	1	100%	Academic Core
Hamilton Hall	1	1	100%	Academic Core
Koffolt Lab	5	1	20%	Academic Core

 Completed
 In Progress

Hagerty Hall 171

Renovation 2012



Digital Union Creative Suite

Value Added:

- **Onsite staff** are fully trained on all functions and tools available within the space.
- Current computing with **advanced content creation** software (Mac).
- Smart Sync **collaboration** and desktop sharing allows peer to peer collaboration.
- Room design and furnishings **encourage collaboration**.
- **Collaboration station** allows shared display from mobile devices.
- Improved **Accessibility**.
- Systems managed **remotely**.
- **Open hours** aligning with the building hours.

Cost Breakdown:

Facility : \$22,000

Technology: \$65,000

Other (Furniture): \$49,000

Total Cost: \$136,000

Capacity: 27 seats

Campbell Hall 119

Renovation 2012

HL OC DE

Computer Rich Classroom



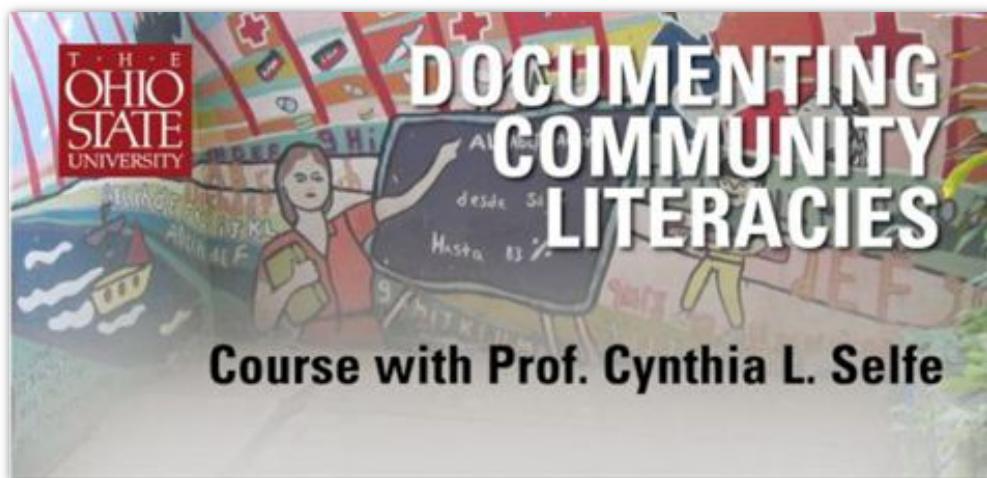
Value Added:

- Web conferencing enabled.
- Current computing with **content creation** software (Mac).
- Smart Sync **collaboration** and desktop sharing allows faculty to control and display any student station.
- All digital system following current classroom **technology standards**.
- **Digital Annotation** allows faculty to take digital notes over the projected image.
- Attention to **discrete wire management and security**.
- Systems **managed remotely**.
- Improved **Accessibility**.

Cost Breakdown:

Facility : \$43,000
Technology: \$10,000
Other (Furniture): \$4,000
Total Cost: \$57,000
Capacity: 21 seats

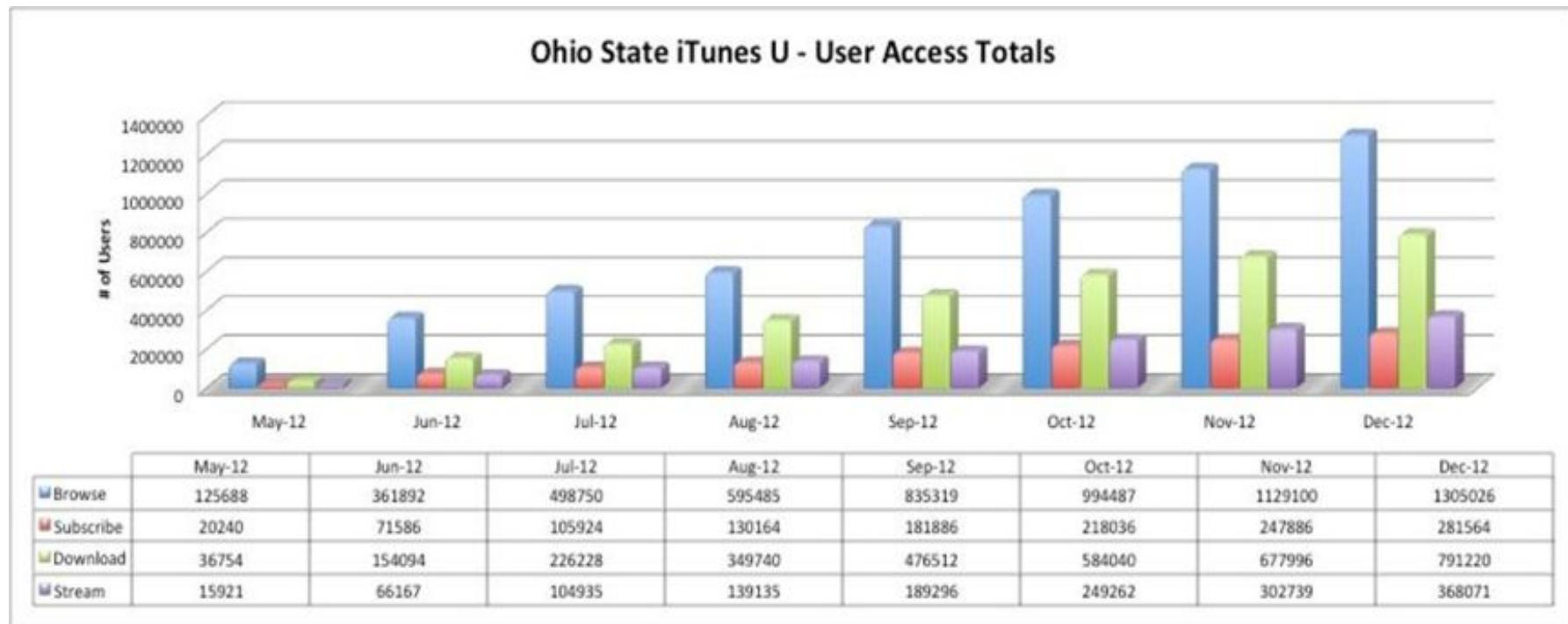
Digital First Features



iTunes U Featured Courses

- Having OSU featured on Apple's main iTunes U landing page provides huge exposure for the university. Millions of global users visit iTunes each day.
- OSU courses were featured on the main iTunes U page in June 2012 and September 2012. The OSU iTunes U page received over 235,000 visitors and over 110,000 downloads in each of those months.

Digital First



Coursera

	Calculus One	TechniCity	Generation Rx	Intro to Pharmacy	Writing II: Rhetoric Composing
Enrollments	24,390	5,452	6,438	8,749	Not Open
Faculty	Jim Fowler	Jennifer Evans-Cowley	Nicole Kwiek	Kenneth Hale	Kay Halasek (Selfe, DeWitt, Delagrange, McCorkle)
Launch Date	January 7, 2013	May 4, 2013	Sept. 9, 2013	Sept. 9, 2013	April 22, 2013

- 45K Enrollments from around the globe
- Writing II: Rhetoric Composing was awarded a Gates Foundation Grant for \$50K

Distance Education Principles and Process

- Existing and New Undergraduate and Graduate Courses
- Existing Degree Programs (often Niche programs)
- New Degree Programs Based on combinations of Courses (e.g., Management + nursing; plant pathology + economics)
- Completely New Degree Programs Designed to Fit Employer Needs
- Interchangeable learning modules between offerings



Summary

	Current State	5 Year Goals
Hybrid Learning	<ul style="list-style-type: none">• Limited enterprise eLearning tools• Adobe Connect pilot• Lecture Capture pilot	<ul style="list-style-type: none">• Mobile enhancements to learning management systems (May 2013)• Centralized web conferencing (2013)• Enterprise lecture capture service (2014)• University web publishing service (2015)• Enhanced analytics (2016)• Student eportfolio (2017)
Open CourseWare	<ul style="list-style-type: none">• 21 iTunes U courses (13 Public, 8 Private)• 10 iBooks• Less Than 25% of courses currently have digital textbook• Coursera Partnership – 1 active course (Calculus)	<ul style="list-style-type: none">• 150 iTunes U courses• Digital textbooks for 80% of courses offered• 25-30 MOOCs• Access for 250K learners per year• 25K Certificates of completion per year• Eminence in open courseware
Distance Education	<ul style="list-style-type: none">• New – Office of Distance Education and eLearning• 2 “distance” programs offered at College level• Standard tuition	<ul style="list-style-type: none">• 15 degree programs = \$30M annually• 120+ distance education courses centrally supported• Market rate tuition• Seed funding for new programs• Professional development offerings

The Ohio State University
Board of Trustees

February 1, 2013

AMENDMENTS TO THE *RULES OF THE UNIVERSITY FACULTY*

Synopsis: Approval of the following amendments to the *Rules of the University Faculty* is recommended.

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 the proposed changes in the *Rules of the University Faculty* were approved by the University Senate on November 15, 2012 and January 17, 2013:

NOW THEREFORE

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

The Ohio State University
Board of Trustees

February 1, 2013

AMENDMENTS TO THE *RULES OF THE UNIVERSITY FACULTY*

3335-3-32 Associate and assistant deans or directors, coordinators, and other officials.

Each college, ~~the federation of the colleges of the arts and sciences~~, the graduate school, and each regional campus may have associate and assistant deans or directors, coordinators, or such administrative officials as are needed to carry out the programs of each unit. These persons shall be appointed pursuant to the procedures outlined in rule 3335-5-02 of the Administrative Code and shall be responsible to the principal administrative official of the educational unit, and shall have such responsibilities and authorities as may be delegated to them from time to time by that official.

3335-3-36 Centers and institutes.

(1st paragraph) no change

(2nd paragraph) University centers typically will have a substantial research/scholarship component to their mission, but also may be involved in instruction, and/or related service. Their internal funding (initial and continuing) is drawn fully, or in large part, from central university funds (i.e. office of the president, office of academic affairs, office of research, ~~colleges of the arts and sciences~~). The leadership of the center will report to one or more of those offices.

3335-5-08 Absence from duty.

Absence of any member of the teaching staff from ordinary service in the university, for any cause other than sickness, must be with the knowledge and approval of his or her chair or director and of the dean of the college, ~~or, in the case of faculty assigned to a regional campus, the dean and director of that campus. Absences and, if for longer than ten consecutive business days, with the approval of must also be approved by the executive vice president and provost. For faculty assigned to a regional campus, the dean and director of that campus and the coordinating dean for regional campuses must also be notified and approve the absence.~~ Sick leave is granted on approval of the appropriate administrative official when notification is given as soon as practicable, presumably on the first day of absence.

3335-5-14 Powers.

The several college faculties shall have, subject only to the separate powers of the faculty of a school (see rule 3335-3-34 of the Administrative Code) and of the faculty of the college of arts and sciences (see rule 3335-5-27 of the Administrative Code), the following general powers:

3335-5-19 Faculty.

(A) through (C) no change

(D) "Auxiliary faculty": persons with adjunct titles, clinical titles, visiting titles, and lecturer titles; also professors, associate professors, assistant professors, and instructors who serve on appointments totaling less than ~~fifty-50 per cent percent~~ service to the university. Persons with regular faculty titles may not hold auxiliary titles. Persons holding auxiliary titles are not eligible for tenure, may not vote at any level of governance, and may not participate in promotion and tenure matters. Auxiliary faculty appointments may be made for a maximum of three consecutive years and, with the exception of visiting titles, may be renewed.

(1) The titles of adjunct professor, adjunct associate professor, adjunct assistant professor, and adjunct instructor shall be used to confer faculty status on individuals who have credentials comparable to regular faculty of equivalent rank, who provide significant, uncompensated service

The Ohio State University
Board of Trustees

February 1, 2013

to the instructional and/or research programs of the university and who need a faculty title to perform that service. Significant service would include teaching the equivalent of one or more courses, advising graduate students or serving on graduate committees, and serving as a co-investigator on a research project. Such individuals may be either nonuniversity employees or university employees compensated on a noninstructional budget. Adjunct appointments are made for the period in which the uncompensated service is provided, ~~not to exceed one year;~~ f Renewal of adjunct appointments is contingent upon continued significant contributions. Procedures for the promotion of adjunct faculty members shall be the same as for promotion of regular faculty.

3335-5-26 Membership.

The faculty of the college of arts and sciences shall consist of all faculty members of the five colleges in the arts and sciences legacy colleges of the former federation of the colleges of the arts and sciences, including arts, biological sciences, humanities, mathematical and physical sciences, and social and behavioral sciences. (see rule 3335-3-28 of the Administrative Code).

3335-5-27 Powers.

The faculty of the college of arts and sciences shall have jurisdiction over:

- (A) All programs for the "untagged" bachelor's degrees, subject only to approval by the council on academic affairs and the university senate. Such degrees shall be awarded only upon the recommendation of the faculty of the college of arts and sciences.
- (B) The general education requirements for all programs in the colleges of the arts and sciences, and joint responsibility for planning the general education requirements for colleges outside the college of arts and sciences on a cooperative basis. Jurisdiction for the general education requirements for colleges outside the college of arts and sciences shall lie with the university senate through the council on academic affairs, and not with the faculty of the college of arts and sciences.

3335-5-28 Meetings.

The faculty of the college of arts and sciences shall meet upon call of the chair of the coordinating council of deans or in accordance with rules established by the faculty.

3335-5-33 Membership.

(A) no change

(B) Faculty members: ~~T~~twelve members of the graduate faculty shall be appointed for terms of three years by the vice provost for graduate studies and dean of the graduate school in consultation with the executive deans and senate faculty leadership (the chair and vice-chair of faculty council, the chair of the senate steering committee, and the university senate secretary). Three of the twelve shall be members of the university senate. Graduate faculty members should have experience as a graduate studies committee chair, department chair, or other significant involvement in graduate education. Nine of the twelve graduate faculty members shall be nominated by executive deans from lists solicited from the faculty of their respective colleges in the following manner: three by the executive dean of the colleges of the arts and sciences; three by the executive dean of the health sciences; three by the executive dean of the professional colleges. Three of the twelve graduate faculty members shall be appointed by the vice provost for graduate studies and dean of the graduate school.

The Ohio State University
Board of Trustees

February 1, 2013

3335-5-48.1 Council on academic affairs.

(A) no change

(B) Duties and responsibilities.

(1) through (2) no change

(3) Foster, as needed for interdisciplinary programs involving two or more academic areas, the establishment of faculty coordinating units reporting to the council. These units shall perform coordinative functions similar to those of the faculty of the college of arts and sciences (see rule 3335-5-27 of the Administrative Code) and shall serve the interdisciplinary interest of academic programs both within and among the several colleges of the university.

3335-5-48.12 Faculty compensation and benefits committee.

(A) Membership.

(1) no change

(2) Two administrators

(a) The executive vice president and provost, or designee.

(b) The ~~associate~~ vice president for human resources, or designee.

3335-9-30 Requirements for an undergraduate baccalaureate degree.

(A) no change

(B) Have been enrolled in the college, ~~the federation of the colleges of the arts and sciences~~, or the school recommending that degree during the last semester, summer term, or session necessary to complete degree requirements. The executive committee of the college, the federation of the colleges of the arts and sciences, or the school recommending the degree may, on petition by the student, waive this requirement.

3335-9-32.1 Requirements for certificate of study.

(A) To obtain a certificate a student must:

(1) Have been or be enrolled in the university during the last semester, summer term, or session of work necessary to complete the certificate requirement. In addition, the student must meet any residency requirement established by the college, ~~the federation of the colleges of the arts and sciences~~, or the school recommending the certificate.

(2) through (5) no change

(6) Have filed an application for the certificate in accordance with rules prescribed by the college, ~~federation of the colleges of the arts and sciences~~, or school.

The Ohio State University
Board of Trustees

February 1, 2013

**APPROVAL TO ESTABLISH A MASTER IN ANIMAL SCIENCES DEGREE PROGRAM,
COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES**

Synopsis: A proposal from the Council on Academic Affairs to establish a Master in Animal Sciences degree program, College of Food, Agricultural, and Environmental Sciences, is proposed.

WHEREAS students interested in animal science-based careers will face a growing complexity and diversity of issues that span this global industry, and this degree program will prepare them for positions of responsibility and leadership within the animal industries; and

WHEREAS this program aims to provide an applied, non-thesis degree for graduates and professionals: for students who want to broaden their knowledge and experience for career preparation but do not have goals of entering academia or research professions; for working professionals who want to gain new knowledge in various subjects to advance their careers; and for science teachers to fulfill continuing education needs; and

WHEREAS the proposed curriculum requires a minimum of 35 semester credit hours (including core courses, an area of specialization, and electives), a culminating paper, and a comprehensive written and oral examination administered by an advisory committee, and there are opportunities for students to earn credit for specialized mentored experiences with industry partners; and

WHEREAS the program has well defined learning goals, and will be administered through the Department of Animal Sciences; there are appropriate resources to implement and maintain it; and it is not meant to replace the traditional thesis master's option currently offered by the Department; and

WHEREAS the proposal was approved by the Department of Animal Sciences, the College of Food, Agricultural and Environmental Sciences, and the Graduate School; and

WHEREAS the proposal was reviewed and approved by the Council on Academic Affairs at its meeting on July 18, 2012; and

WHEREAS the proposal was reviewed and approved by the University Senate at its meeting on November 15, 2012:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the proposal to establish the Master in Animal Sciences degree program in the College of Food, Agricultural, and Environmental Sciences, effective upon the approval by the Ohio Board of Regents.

The Ohio State University
Board of Trustees

February 1, 2013

**APPROVAL TO ESTABLISH A MASTER OF SCIENCE DEGREE PROGRAM WITHIN THE
INTEGRATED BIOMEDICAL SCIENCE GRDUATE PROGRAM, COLLEGE OF MEDICINE**

Synopsis: A proposal from the Council on Academic Affairs to establish a Master of Science degree within the Integrated Biomedical Science Graduate Program, College of Medicine, is proposed.

WHEREAS the motivation for the new Master of Science degree is to provide an opportunity for those students who cannot complete their Ph.D. dissertation to leave the program with a graduate degree, and be competitive for work in business, biotechnology, consulting, and regulatory affairs; and

WHEREAS there is no new curriculum for this degree and students will never be admitted directly into the Master of Science degree program; and

WHEREAS students must complete the core curriculum, pass a candidacy examination, and pass a master's thesis examination; and

WHEREAS the program will be administered by the Integrated Biomedical Science Graduate Program, the faculty and facilities are in place, and there are no projected additional costs for the program; and

WHEREAS the proposal was approved by the administration of the Integrated Biomedical Science Graduate Program, the College of Medicine, and the Graduate School; and

WHEREAS the proposal was reviewed and approved by the Council on Academic Affairs at its meeting on July 18, 2012; and

WHEREAS the proposal was reviewed and approved by the University Senate at its meeting on November 15, 2012:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the proposal to establish a Master of Science degree within the Integrated Biomedical Science Graduate Program in the College of Medicine, effective upon the approval by the Ohio Board of Regents.

The Ohio State University
Board of Trustees

February 1, 2013

**APPROVAL TO ESTABLISH A BACHELOR OF SCIENCE IN HEALTH
PROMOTION, NUTRITION, AND EXERCISE SCIENCES TAGGED DEGREE
PROGRAM IN THE COLLEGE OF EDUCATION AND HUMAN ECOLOGY**

Synopsis: A proposal from the Council on Academic Affairs to establish a Bachelor of Science in Health Promotion, Nutrition, and Exercise Sciences tagged degree program in the College of Education and Human Ecology is proposed.

WHEREAS in response to the College of Education and Human Ecology's curriculum collaboration initiative during the semester conversion process, faculty in the Department of Human Nutrition and the School of Physical Activity and Educational Services (PAES) developed a new tagged degree program – a Bachelor of Science in Health Promotion, Nutrition, and Exercise Sciences; and

WHEREAS this program specializes in the integration of nutrition science, exercise science, and health education strategies with the goal of improving the health of the populations served by its graduates; and will replace the current nutrition and community health undergraduate major in Human Nutrition, and the community health strand in the Health and Exercise Science section in PAES; and

WHEREAS there are well-defined program goals, a student learning outcomes assessment plan, and a well-developed pre-major program; and

WHEREAS such programs have emerged recently at peer institutions and have grown in size and stature; and

WHEREAS the proposal was approved by the two academic units and by the College of Education and Human Ecology; and

WHEREAS the proposal was reviewed and approved by the Council on Academic Affairs at its meeting on July 17, 2011; and

WHEREAS the proposal was reviewed and approved by the University Senate at its meeting on November 15, 2012:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the proposal to establish the Bachelor of Science in Health Promotion, Nutrition, and Exercise Sciences tagged degree in the College of Education and Human Ecology, effective upon the approval by the Ohio Board of Regents.

The Ohio State University
Board of Trustees

February 1, 2013

HONORARY DEGREES

Synopsis: The awarding of honorary degrees is recommended for approval.

WHEREAS the Committee on Honorary Degrees and the University Senate, pursuant to rule 3335-5-488 of the Administrative Code, have approved for recommendation to the Board of Trustees the awarding of honorary degrees as listed below:

Leonard Berkowitz Doctor of Science

Albert H. Soloway Doctor of Science

NOW THEREFORE

BE IT RESOLVED, That the above honorary degrees be awarded in accordance with the recommendation at a time convenient to the University and the recipient.

The Ohio State University
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February 1, 2013

HONORARY DEGREES

Leonard Berkowitz received his Ph.D. in psychology from the University of Michigan in 1951, and has been on the faculty at the University of Wisconsin since that time. He also has been a visiting professor at Stanford University and Cornell University. From 1969 to 1993 he was the Vilas Research Professor in Psychology, and since his retirement in 1993 he has been Vilas Research Professor in Psychology Emeritus.

At age 86, Professor Berkowitz is one of the top social scientists alive today. His theorizing and research has cut across many social science disciplines, including psychology, sociology, political science, and communication. He was elected to the American Academy of Arts and Sciences. He is listed among the 100 most influential psychologists of the 20th century. His contributions have been recognized both with distinguished awards for basic theoretical research (American Psychological Society's James McKeen Cattell Award, Society of Experimental Social Psychology's Distinguished Scientist Award) as well as distinguished awards for applying research to important public issues (American Psychological Association's Distinguished Scientific Award for the Applications of Psychology).

Professor Berkowitz is the founding Editor for the seminal series *Advances in Experimental Social Psychology*, and continued as Editor for 22 years. This series, more than any other, has defined the field of social psychology. Indeed, the impact factor for this series is higher than for any other social psychology journal (5-year impact factor=9.056), as well as for any journal in several other branches of psychology (e.g., applied, developmental, educational psychology). Indeed, only 5 other psychology journals (of 611 total psychology journals) have higher impact factors than this series.

Professor Berkowitz's research over the past 60 years has focused on the causes and consequences of human aggression. Unlike some scientific fields, the field of human aggression is relevant to every person on earth. His 1993 book titled *Aggression: Its Causes, Consequences, and Control* is the most influential book in the field and is the standard against which all other aggression books are measured (the two editions of this book have been cited about 3200 times). His book was explicitly written with an eye towards applying well-tested theories to solve real world aggression problems. He has revived important theories like the 1939 frustration-aggression hypothesis, and has been debunking false theories like catharsis, which proposes that behaving aggressively or even watching others behave aggressively drains angry feelings and aggressive impulses into harmless channels. His experiments on media-related aggression are among the most rigorous and carefully conducted experiments in any field of social science. He has testified before numerous Congressional and U.S. Surgeon General Committees on the effects of violent media (e.g., TV programs, movies, video games). Professor Berkowitz has made so many major contributions to so many aspects of human aggression that it is hard to imagine what the field would be like without him.

Albert H. Soloway was born on May 29, 1925 in Worcester, Massachusetts. A U.S. Navy veteran of World War II, he obtained the Bachelor of Science degree cum laude in Chemistry in 1948 from Worcester Polytechnic Institute. For his graduate studies, Soloway entered the Department of Chemistry at the University of Rochester and in 1951 the Ph.D. in Organic Chemistry was conferred. Between 1951 and 1969, Dr. Soloway gained considerable research experience at Sloan-Kettering Institute for Cancer Research, Eastman Kodak and in the Department of Surgery at Harvard Medical School. In the early 1960s, Dr. Soloway founded the Cambridge Medical Technology Corporation in Billerica, Massachusetts. He was the first President, the Treasurer, and the Director of the company for 14 years. In 1966 Dr. Soloway moved to a faculty position at Northeastern University, College of Pharmacy. As a Dean and Director of the Graduate School, Soloway instituted quality education and research at the college. In 1977, after an extensive nationwide search, Dr. Soloway was selected as the Dean of the College of Pharmacy at The Ohio State University. Dean Soloway has been a pioneer in developing a new class of Boron containing drugs which could be selectively deposited in brain tumors. Boron Neutron Capture Therapy specifically destroys brain cancer in patients. He has

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February 1, 2013

published widely and been known internationally for his contributions. For this outstanding research, Dean Soloway received the Busa Award in 1994. At the college, he encouraged scholarship, research, teaching and service to the community. During his time the post-baccalaureate Doctor of Pharmacy program for pharmacy students was instituted. Soloway maintained high academic standards. Best relations were established with the alumni who received awards for their contributions. The College of Pharmacy has maintained the top academic position amongst the professional schools. As a Dean, Soloway has achieved a unique position in the history of the college and the university. His principal motto in life has been The Golden Rule, to treat others as you would like others to treat you.

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PERSONNEL ACTIONS

BE IT RESOLVED, That the personnel actions as recorded in the Personnel Budget Records of the University since the November 9, 2012, meeting of the Board, including the following Appointments, Reappointments, Appointment/Reappointment of Chairpersons/Directors, Professional Improvement Leaves, and Emeritus Titles be approved.

Appointments

Name: DAVID P. CARBONE
Title: Professor (Barbara J. Bonner Chair in Lung Cancer Research)
Unit: Comprehensive Cancer Center – The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
Term: October 1, 2012 through September 30, 2016

Name: STEVEN K. CLINTON
Title: Professor (The John B. and Jane T. McCoy Chair in Cancer Research)
Unit: Comprehensive Cancer Center – The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
Term: October 1, 2012 through September 30, 2016

Name: CHRISTOPHER F. GELPI
Title: Professor (Chair in Peace Studies)
College: Arts and Sciences
Term: January 1, 2013 through September 30, 2013

Name: MICHAEL R. GREVER
Title: Professor (The Bertha Bouroncle, M.D. and Andrew Pereny Chair of Medicine)
College: Medicine
Term: October 1, 2012 through September 30, 2016

Name: GUIDO MARCUCCI
Title: Professor (The Charles Austin Doan Chair of Medicine)
College: Medicine
Term: October 1, 2012 through September 30, 2016

Name: KEITH MYERS*
Title: Associate Vice President
Office: Administration and Planning
Effective: January 1, 2013

Name: RYAN R. NASH *
Title: Associate Professor-Clinical (The Hagop S. Mekhjian M.D. Chair in Medical Ethics and Professionalism)
College: Medicine
Term: March 11, 2013 through March 10, 2017

*New personnel to the University

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Name: DAVID B. WILLIAMS
Title: Dean (Monte Ahuja Endowed Dean's Chair)
College: Engineering
Term: July 13, 2013 through June 30, 2017

Reappointments

Name: THAD M. MATTA
Title: Men's Head Basketball Coach
Department: Athletics
Term: July 1, 2012 through June 30, 2019

Name: KEITH L. SMITH
Title: Associate Vice President
College: Director, OSU Extension
Term: Food, Agricultural, and Environmental Sciences
August 1, 2012 through July 31, 2013

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Appointment/Reappointment of Chairpersons/Directors

CLARK S. LARSEN **, Chair, Department of Anthropology effective June 1, 2013 through May 31, 2017

MORGAN Y. LIU, Interim Chair, Department of Near Eastern Languages and Cultures effective January 1, 2013 through August 31, 2013

Professional Improvement Leaves

DEBRA GUATELLI-STEINBERG, Professor, Department of Anthropology effective Autumn Semester 2013

RICHARD J. LUNDMAN, Professor, Department of Sociology effective Autumn Semester 2013 and Spring Semester 2014

EDWARD J. MALECKI, Professor, Department of Geography effective Spring Semester 2014

GAIL A. McKOON, Professor, Department of Psychology effective Autumn Semester 2013

JAMES D. PECK, Professor, Department of Economics effective Spring Semester 2014

ANDREW D. WARD, Professor, Department of Food, Agricultural and Biological Engineering effective Spring Semester 2013

MATHEW C. COLEMAN, Associate Professor, Department of Geography effective Autumn Semester 2013 and Spring Semester 2014

IMED E. DAMI, Associate Professor, Department of Horticulture and Crop Science effective Spring Semester 2013 and Summer Term 2013

WILLIAM D. DUPOR, Associate Professor, Department of Economics, effective Autumn Semester 2013 and Spring Semester 2014

JENNIFER MITZEN, Associate Professor, Department of Political Science effective Spring Semester 2014

ALEXANDER A. PETROV, Associate Professor, Department of Psychology effective Autumn Semester 2013

TOWNSAND PRICE-SPRATLEN, Associate Professor, Department of Sociology effective Autumn Semester 2013 and Spring Semester 2014

CHRISTINA M. ROUP, Associate Professor, Department of Speech and Hearing effective Spring Semester 2014

DANIEL R. STRUNK, Associate Professor, Department of Psychology effective Spring Semester 2014

Emeritus Titles

KENNETH K. CHAN, College of Pharmacy with the title Professor Emeritus effective February 1, 2013

MALCOLM H. COCHRAN, Department of Art with the title Professor Emeritus effective February 1, 2013

ANITA W. HOY, School of Educational Policy and Leadership with the title Professor Emeritus effective February 1, 2013

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WAYNE K. HOY, School of Educational Policy and Leadership with the title Professor Emeritus effective February 1, 2013

GEORGE S. KRAKOWKA, Department of Veterinary Biosciences with the title Professor Emeritus effective February 1, 2013

CARL V. LEIER, Department of Internal Medicine with the title Professor Emeritus effective February 1, 2013

DONALD C. MAHAN, Department of Animal Sciences with the title Professor Emeritus effective February 1, 2013

RICHARD W. O'SHAUGHNESSY, Department of Obstetrics and Gynecology with the title Professor Emeritus effective February 1, 2013

MATTHEW S. PLATZ, Department of Chemistry and Biochemistry with the title Distinguished University Professor Emeritus effective February 1, 2013

SHARON L. SEILING, Department of Consumer Sciences with the title Professor Emeritus effective February 1, 2013

DANIEL K. STRUVE, Department of Horticulture and Crop Science with the title Professor Emeritus effective February 1, 2013

ROBERT H. WAGONER, Department of Materials Science Engineering with the title Professor Emeritus effective February 1, 2013

PAUL A. WEBER, Department of Ophthalmology with the title Professor Emeritus effective March 1, 2013

THOMAS G. WILSON, Department of Evolution, Ecology and Organismal Biology with the title Professor Emeritus effective February 1, 2013

WILLIAM V. ACKERMAN, Department of Geography with the title Associate Professor Emeritus effective February, 1, 2013

DIANE K. GERKEN, Department of Veterinary Biosciences with the title Associate Professor Emeritus effective February 1, 2013

BEVERLY A. McCLURE, College of Dentistry with the title Associate Professor Emeritus effective February 1, 2013

DALE D. VANDRE, Department of Physiology and Cell Biology with the title Associate Professor Emeritus effective February 1, 2013

** Reappointments

The Ohio State University
Board of Trustees

February 1, 2013

**THURSDAY, JANUARY 31, 2013
FINANCE COMMITTEE MEETING**

William G. Jurgensen
Ronald A. Ratner
Brian K. Hicks
Alan W. Brass
Alex Shumate
Michael J. Gasser
Evann K. Heidersbach
G. Gilbert Cloyd
Corbett A. Price
Jo Ann Davidson
Robert H. Schottenstein (*ex officio*)

Location: Longaberger Alumni House
Sanders Grand Lounge

Time: 4:30-6:00pm

ITEMS FOR DISCUSSION

- | | |
|--|-------------|
| 1. <i>University Financial Scorecard – Mr. Chatas</i> | 4:30-4:35pm |
| 2. <i>Fiscal Year 2013 Interim Financial Update – Mr. Chatas</i> | 4:35-4:45pm |
| 3. <i>Quarterly Waiver Report – Mr. Chatas</i> | 4:45-4:50pm |
| 4. <i>Project Status Report – Ms. Readey</i> | 4:50-4:55pm |
| 5. <i>Physical Environment Scorecard – Mr. Kasey</i> | 4:55-5:00pm |

ITEMS FOR ACTION

- | | |
|---|-------------|
| 6. Authorization to approve athletic ticket prices and fees
– Mr. Chatas, Mr. Smith | 5:00-5:10pm |
| 7. Approval of new 350 block meal plan and its related fee
– Mr. Chatas | 5:10-5:15pm |
| 8. Approval of fiscal year 2013 May Session and Summer Session
room and board rates – Mr. Chatas | 5:15-5:20pm |
| 9. Authorization to enter into and/or increase Construction Contracts
– Ms. Readey, Ms. Hoffsis | 5:20-5:30pm |
| 10. Lease of Real Estate: BioHio Research Park Corporation
– Ms. Hoffsis | 5:30-5:35pm |
| 11. Lease of Real Estate: Roadway Easement – Ms. Hoffsis

Executive Session | 5:35-6:00pm |

University Financial Scorecard

Fiscal Year-to-Date: November 30, 2012

Metric	Actual	Budget	Actual vs Budget
A. Revenue Drivers (in millions)			
1. Tuition and Fees	\$450	\$452	
2. Federal, State, Local and Private Grants & Contracts	\$291	\$294	
3. Advancement Cash Receipts	\$46		
4. State Support	\$179	\$179	
5. Increase in Net Contribution from Auxiliary Enterprises	\$20	\$5	
B. Financial Snapshot (in millions)			
1. Total Revenue excluding endowment performance	\$2,075	\$2,098	
2. Total Expenses	\$1,955	\$1,967	
3. Change in Net Assets	\$238	\$161	
4. Change in Net Assets excluding endowment performance	\$120	\$131	
5. Change in Net Financial Assets	\$509	\$515	
C. Performance Metrics			
1. Enrollment - Summer & Autumn	79,062	79,419	
2. Liquidity – Primary Reserve Ratio	184	150	
3. Liquidity – Days Cash on Hand	117	120	
4. Actual Debt Service to Operations (measured semi-annually)	NA	< 4.0%	
5. Short Term Investment Pool Return	0.28%	0.10%	
6. Intermediate Investment Pool Return	2.10%	1.50%	
7. YTD Long Term Investment Pool Return >4.25%	3.76%	4.25%	
8. Long Term Investment Pool Average 3 Year Return >4.25%	7.27%	4.25%	
9. Credit Rating	AA	AA	

- Meets or Exceeds Goal
- Caution
- Below Goal - Action Needed
- Data Pending
- Performance Up
- Performance Down
- No Change in Performance

The Ohio State University
Board of Trustees

February 1, 2013

**THE OHIO STATE UNIVERSITY BOARD OF TRUSTEES
FINANCE COMMITTEE**

January 31, 2013

Topic: Fiscal Year 2013 Interim Financial Update

Context: The purpose of this report is to provide an update of financial results

Summary:

The highlighted areas include:

- Review of comparative financial statements
- State Support
- OSU Wexner Medical Center
- Enrollment
- Research
- Key Affiliates
- Auxiliary Operations

Requested of the Finance Committee:

No vote required; for information only

The Ohio State University
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February 1, 2013

- I. Summary
- II. Financial Statement Review - Five Months Ending November 30, 2012
 - A. Interim Financial Statements
 - B. Revenue
 - C. Operating Expenses
 - D. Revenues Less Operating Expenses
 - E. Investments
 - F. Cash Flows
 - G. Assets and Liabilities
 - H. Debt
- III. Financial Highlights - Five Months Ending November 30, 2012
 - A. State Support
 - B. OSU Wexner Medical Center
 - C. Enrollment
 - D. Research
 - E. Key Affiliates
 - F. Auxiliary Operations
 - G. Deficit Report

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February 1, 2013

I. Summary

Consolidated revenues through the first five months of fiscal year 2013, excluding investment income, were \$2.1 billion, an increase of \$162 million, or 8% over the same period of fiscal year 2012, and down \$23 million to budget. The decline to budget was due to lower than expected gifts/endowment additions of \$18 million, tuition and fee revenue of \$9 million and state capital appropriations of \$7 million partially offset by an increase in auxiliary revenue of \$13 million. The increase over the prior year was driven by both University and Healthcare revenue improvements.

- University revenue through the first five months of fiscal year 2013 of \$1.1 billion increased \$92 million, or 8% over fiscal year 2012, lower than budget by \$32 million, or 3%. The revenue improvement over the prior year was driven by increases in tuition and fee revenues of \$86 million, auxiliary revenues of \$13 million, department sales of \$8 million and research funding of \$6 million, offset by a decline in state revenues of \$11 million due to lower state capital appropriations. The actual revenue was lower than budget due to lower than expected tuition and fee revenue of \$9 million (further explained below), grants and contracts of \$6 million, additions to endowment of \$4 million and state capital appropriations of \$7 million.
- The tuition and fee increase over fiscal year 2012 is due to a 3.5% increase in fees as well as recognizing a small portion of autumn semester revenue caused by the earlier semester start date compared to last year. The conversion to semesters negatively impacted our tuition and fee revenue more than budgeted for the summer semester which resulted in \$10 million of less revenue compared to budget for the first five months. However, we are tracking ahead of projections for the balance of the year and expect full year tuition and fee revenue to be on budget. Columbus summer semester enrollment was down 24% as expected; however, the number of credit hours taken per student dropped more than we budgeted. For the autumn semester, Columbus enrollment dropped 1% from fiscal year 2012 and is flat to budget, and the number of credit hours taken per student is now on budget as well. Regional campus enrollment has dropped 20% from fiscal year 2012 and is down 11% to budget. Total enrollments at all campuses have decreased 7% between fiscal years 2012 and 2013 yet are on budget due primarily to semester conversion.
- The state economy is slowly recovering, and through the first five months of fiscal year 2013 revenues were trending 2.9% below projection. Tax receipts through November were 0.7% above projections with income taxes 0.8% above the annual projections and sales taxes and non-tax revenues were below budget by 0.8% and 10.7% respectively. With regard to the upcoming state budget process, Governor Kasich appointed a small group of university presidents, led by Dr. Gee, to review the current funding model for the distribution of State Subsidy to colleges and universities. These discussions were completed on November 30 and the committee suggested phasing in their recommendations over the next 3 years with the final provisions to be implemented in fiscal year 2016.
- Healthcare (the Wexner Health System hospitals and OSU Physicians practice (OSUP)) revenue through the first five months of \$960 million increased approximately \$70 million, or 8%, compared to \$890 million for the same period of fiscal year 2012. Health System revenues increased more than 8% through the first five months over the same period in 2012 and are in line with budget. Inpatient admissions were down 1% to budget and outpatient visits were above budget by 4%. OSUP revenue through the first five months of fiscal year 2013 of \$124 million increased \$6 million, or 5%, compared to \$118 million for the first five months of fiscal year 2012.

Consolidated operating expenses for the first five months of fiscal year 2013 were \$1.9 billion, an increase of approximately \$108 million, or 6% over the same period of fiscal year 2012 and are

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slightly favorable to budget by \$13 million, or 1%. The growth over last year is primarily a result of planned increases of \$34 million in student financial aid, salary of \$29 million, benefits of \$23 million and supplies of \$22 million (due primarily to drug costs and increased physician fees within the medical center), over fiscal year 2012.

- University (excluding auxiliary) expenses of \$992 million for the first five months of fiscal year 2013 increased \$100 million or 11%, over the same period of fiscal year 2012
- Auxiliary expenses of \$113 million increased \$11 million, or 10%, over fiscal year 2012
- Healthcare expenses of \$817 million were flat to fiscal year 2012

Overall, expenses grew at a slower rate than revenues driven primarily by Healthcare in the first five months of fiscal year 2013 compared to the first five months of fiscal year 2012. As a result, margins increased over \$68 million, or 71%, in fiscal year 2013 over the same period for fiscal year 2012.

Investment markets have been relatively strong during the fiscal year through November. International equity market returns have been almost twice that of domestic equity markets. Equity markets have been much stronger than bond markets, which has been a more normal investment environment. The LTIP has experienced a return of 3.76%, exceeding the Policy Benchmark by 0.85% for the five month time period.

Total cash and investments increased \$456 million or 10% from June 2012 to November 2012. Long term investments contributed \$546 million of that growth, driven primarily by cash received from the leasing of parking assets of \$483 million. Cash and short term investments declined \$122 million, or 6%, driven primarily by capital project spend. Gifted endowment increased \$32 million, or 2%.

Net assets for The Ohio State University increased \$238 million, including \$118 million in net investment income compared to an increase in net assets of \$19 million for the first five months of fiscal year 2012, which included a \$48 million net investment loss.

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II. Financial Statement Review – for the Five Months Ending November 30, 2012
A. Interim Financial Statements

THE OHIO STATE UNIVERSITY
CONSOLIDATED STATEMENTS OF NET ASSETS - UNAUDITED

November 30, 2012 and June 30, 2012
 (in thousands)

	<u>As of November 2012</u>	<u>As of June 2012</u>	<u>Increase/Decrease Dollars</u>	<u>%</u>
ASSETS:				
Current Assets:				
Cash and cash equivalents	\$ 944,107	\$ 601,095	\$ 343,012	57.1%
Temporary investments	383,268	738,866	(355,598)	-48.1%
Accounts receivable, net	901,059	471,903	429,156	90.9%
Notes receivable - current portion, net	24,566	24,625	(59)	-0.2%
Pledges receivable - current portion, net	21,190	21,190	-	0.0%
Accrued interest receivable	22,967	27,455	(4,488)	-16.3%
Inventories and prepaid expenses	101,224	83,636	17,588	21.0%
Total Current Assets	<u>2,398,381</u>	<u>1,968,770</u>	<u>429,611</u>	<u>21.8%</u>
Noncurrent Assets:				
Restricted cash	604,847	714,226	(109,379)	-15.3%
Notes receivable, net	55,052	48,585	6,467	13.3%
Pledges receivable, net	46,555	46,555	-	0.0%
Long-term investment pool	2,958,208	2,366,033	592,175	25.0%
Other long-term investments	62,491	76,769	(14,278)	-18.6%
Capital assets, net	3,965,834	3,842,351	123,483	3.2%
Total Noncurrent Assets	<u>7,692,987</u>	<u>7,094,519</u>	<u>598,468</u>	<u>8.4%</u>
Total Assets	\$ 10,091,368	\$ 9,063,289	\$ 1,028,079	11.3%
LIABILITIES AND NET ASSETS:				
Current Liabilities:				
Accounts payable and accrued expenses	\$ 386,182	\$ 442,165	\$ (55,983)	-12.7%
Deposits and deferred revenues	648,778	231,545	417,233	180.2%
Commercial paper and current portion of bonds, notes and leases payable	83,451	83,451	-	0.0%
Long-term bonds payable, subject to remarketing	469,700	469,700	-	0.0%
Other current liabilities	80,249	75,295	4,954	6.6%
Total Current Liabilities	<u>1,668,360</u>	<u>1,302,156</u>	<u>366,204</u>	<u>28.1%</u>
Noncurrent Liabilities:				
Bonds, notes and leases payable	1,870,651	1,923,833	(53,182)	-2.8%
Compensated absences	127,109	126,444	665	0.5%
Self-insurance accruals	113,861	115,208	(1,347)	-1.2%
Amounts due to third-party payors - Health System	23,422	13,716	9,706	70.8%
Obligations under annuity and life income agreements	34,110	34,088	22	0.1%
Refundable advances for Federal Perkins loans	28,706	28,706	-	0.0%
Deferred inflows and other noncurrent liabilities	496,170	27,852	468,318	1681.5%
Total Noncurrent Liabilities	<u>2,694,029</u>	<u>2,269,847</u>	<u>424,182</u>	<u>18.7%</u>
Total Liabilities	4,362,389	3,572,003	790,386	22.1%
Net Assets:				
Invested in capital assets, net of related debt	2,096,594	2,079,926	16,668	0.8%
Restricted:				
Nonexpendable	1,266,811	1,200,473	66,338	5.5%
Expendable	669,521	603,108	66,413	11.0%
Unrestricted	<u>1,696,055</u>	<u>1,607,779</u>	<u>88,276</u>	<u>5.5%</u>
Total Net Assets	5,728,981	5,491,286	237,695	4.3%
Total Liabilities and Net Assets	\$ 10,091,370	\$ 9,063,289	\$ 1,028,081	11.3%

**The Ohio State University
Board of Trustees**

February 1, 2013

**THE OHIO STATE UNIVERSITY
CONSOLIDATED STATEMENTS OF REVENUES, EXPENSES,
AND OTHER CHANGES IN NET ASSETS - UNAUDITED
Comparative Year-To-Date
November 30, 2012 and November 30, 2011
(in thousands)**

	Year-to-Date 2012	Year-to-Date 2011	Increase/Decrease Dollars	%
Operating Revenues:				
Student tuition and fees	\$ 377,406	\$ 291,336	\$ 86,070	29.5%
Federal grants and contracts	151,753	156,399	(4,646)	-3.0%
State grants and contracts	20,810	15,583	5,227	33.5%
Local grants and contracts	6,662	7,063	(401)	-5.7%
Private grants and contracts	83,078	80,474	2,604	3.2%
Sales and services of educational departments	54,617	46,868	7,749	16.5%
Sales and services of auxiliary enterprises	133,166	120,542	12,624	10.5%
Sales and services of the OSU Health System	835,934	772,480	63,454	8.2%
Sales and services of OSU Physicians, Inc.	124,214	117,835	6,379	5.4%
Other operating revenues	10,980	14,604	(3,624)	-24.8%
Total Operating Revenues	<u>1,798,620</u>	<u>1,623,184</u>	<u>175,436</u>	<u>10.8%</u>
Operating Expenses:				
Educational and General:				
Instruction and departmental research	375,771	321,289	54,482	17.0%
Separately budgeted research	180,371	177,500	2,871	1.6%
Public service	40,575	41,881	(1,306)	-3.1%
Academic support	64,805	58,455	6,350	10.9%
Student services	39,178	36,342	2,836	7.8%
Institutional support	89,609	75,743	13,866	18.3%
Operation and maintenance of plant	42,599	45,583	(2,984)	-6.5%
Scholarships and fellowships	58,068	35,098	22,970	65.4%
Auxiliary enterprises	112,838	102,137	10,701	10.5%
OSU Health System	707,412	706,685	727	0.1%
OSU Physicians, Inc.	109,099	113,034	(3,935)	-3.5%
Depreciation	100,996	99,730	1,266	1.3%
Total Operating Expenses	<u>1,921,321</u>	<u>1,813,477</u>	<u>107,844</u>	<u>5.9%</u>
Operating Loss	(122,701)	(190,293)	67,592	35.5%
Non-operating Revenues (Expenses):				
State share of instruction and line-item appropriations	179,162	178,702	460	0.3%
Federal subsidies for Build America Bonds interest	4,689	4,689	-	0.0%
Federal non-exchange grants	25,799	23,912	1,887	7.9%
State non-exchange grants	3,281	2,115	1,166	55.1%
Gifts	46,167	40,010	6,157	15.4%
Net investment income (loss)	118,099	(48,010)	166,109	346.0%
Interest expense on plant debt	(33,703)	(32,443)	(1,260)	3.9%
Other non-operating revenues(expenses)	(6,871)	(67)	(6,804)	-10155.2%
Net Non-operating Revenue (Expense)	<u>336,623</u>	<u>168,908</u>	<u>167,715</u>	<u>99.3%</u>
Income (Loss) before Other Revenues, Expenses, Gains or Losses	213,922	(21,385)	235,307	1100.3%
Other Changes in Net Assets				
State capital appropriations	10,991	22,109	(11,118)	-50.3%
Private capital gifts	2,937	3,343	(406)	-12.1%
Additions to permanent endowments	9,845	14,778	(4,933)	-33.4%
Total Other Changes in Net Assets	<u>23,773</u>	<u>40,230</u>	<u>(16,457)</u>	<u>-40.9%</u>
Increase (Decrease) in Net Assets	<u>237,695</u>	<u>18,845</u>	<u>\$ 218,850</u>	<u>1161.3%</u>
Net Assets - Beginning of Year	<u>5,491,286</u>	<u>5,250,704</u>		
Net Assets - End of Year	<u>\$ 5,728,981</u>	<u>\$ 5,269,549</u>		

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**THE OHIO STATE UNIVERSITY
CONSOLIDATED STATEMENTS OF CASH FLOWS**

Months Ended November 30, 2012 and November 30, 2011
(in thousands)

	November 2012	November 2011	Incr/(Decr) to Cash Dollars	%
Cash Flows from Operating Activities:				
Tuition and fee receipts	\$ 393,599	\$ 251,590	\$ 142,009	56.4%
Grant and contract receipts	234,664	259,277	(24,613)	-9.5%
Receipts for sales and services	1,573,942	941,676	632,266	67.1%
Payments to or on behalf of employees	(930,045)	(916,411)	(13,635)	-1.5%
University employee benefit payments	(262,250)	(219,559)	(42,692)	-19.4%
Payments to vendors for supplies and services	(657,141)	(614,875)	(42,266)	-6.9%
Payments to students and fellows	(53,529)	(30,801)	(22,729)	-73.8%
Student loans issued	(4,373)	(4,465)	92	2.1%
Student loans collected	3,505	3,858	(353)	-9.2%
Student loan interest and fees collected	1,245	897	348	38.8%
Other receipts (payments)	27,465	16,881	10,584	62.7%
Net cash provided (used) by operating activities	<u>327,081</u>	<u>(311,931)</u>	<u>639,012</u>	<u>204.9%</u>
Cash Flows from Noncapital Financing Activities:				
State share of instruction and line-item appropriations	179,162	178,702	460	0.3%
Non-exchange grant receipts	29,080	26,027	3,053	11.7%
Gift receipts for current use	46,167	40,010	6,157	15.4%
Additions to permanent endowments	9,843	14,778	(4,935)	-33.4%
Drawdowns of federal direct loan proceeds	185,810	141,900	43,910	30.9%
Disbursements of federal direct loans to students	(172,355)	(134,956)	(37,399)	-27.7%
Disbursement of loan proceeds to related organization	(6,402)	-	(6,402)	-100.0%
Repayment of loans from related organization	-	(116)	116	100.0%
Amounts received for annuity and life income funds	1,589	1,764	(175)	-9.9%
Amounts paid to annuitants and life beneficiaries	(1,567)	(1,597)	30	1.9%
Agency funds receipts	3,439	3,592	(153)	-4.3%
Agency funds disbursements	(2,666)	(3,207)	541	16.9%
Net cash provided (used) by noncapital financing activities	<u>272,100</u>	<u>266,897</u>	<u>5,202</u>	<u>1.9%</u>
Cash Flows from Capital Financing Activities:				
Proceeds from capital debt	130,698	491,286	(360,588)	-73.4%
State capital appropriations	10,991	31,325	(20,334)	-64.9%
Gift receipts for capital projects	2,937	3,343	(406)	-12.1%
Payments for purchase or construction of capital assets	(224,479)	(228,285)	3,806	1.7%
Principal payments on capital debt and leases	(182,777)	(866)	(181,911)	-21005.9%
Interest payments on capital debt and leases	(1,747)	(914)	(833)	-91.1%
Federal subsidies for Build America Bonds interest	5,625	5,625	-	0.0%
Other receipts (payments)	(8,058)	-	(8,058)	100.0%
Net cash provided (used) by capital financing activities	<u>(266,810)</u>	<u>301,514</u>	<u>(568,324)</u>	<u>-188.5%</u>
Cash Flows from Investing Activities:				
Net (purchases) sales of temporary investments	355,598	(997,599)	1,353,197	135.6%
Proceeds from sales and maturities of long-term investments	158,267	353,418	(195,151)	-55.2%
Investment income	28,864	54,997	(26,133)	-47.5%
Purchases of long-term investments	(641,467)	(421,820)	(219,647)	-52.1%
Net cash provided (used) by investing activities	<u>(98,738)</u>	<u>(1,011,004)</u>	<u>912,266</u>	<u>90.2%</u>
Net Increase (Decrease) in Cash	233,633	(754,523)	\$ 988,156	131.0%
Cash and Cash Equivalents - Beginning of Year	<u>1,315,321</u>	<u>1,056,781</u>		
Cash and Cash Equivalents - End of November	<u>\$ 1,548,954</u>	<u>\$ 302,258</u>		

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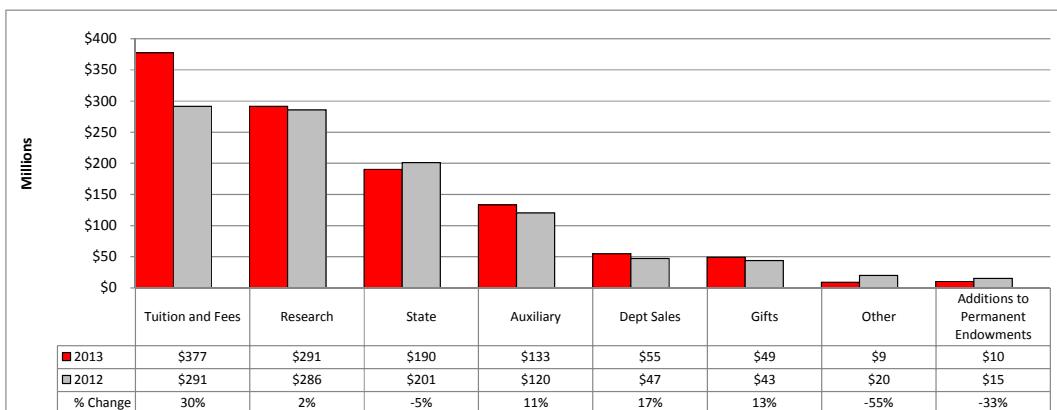
B. Revenue

Consolidated revenues through the first five months of fiscal year 2013, excluding investment income, were \$2.1 billion, an increase of \$162 million, or 8% over the same period of fiscal year 2012, and down \$23 million to budget. The breakdown of comparative year-to-date revenues between the University and Healthcare (the Health System hospitals and OSUP) are as follows:

University

University revenue for the first five months of fiscal year 2013 of \$1.1 billion increased \$92 million, or 9%, over fiscal year 2012, lower than budget by \$32 million, or 3%. The University revenue components for the two periods were as follows:

University Revenue YTD First Five Months FY 2013 vs. FY 2012



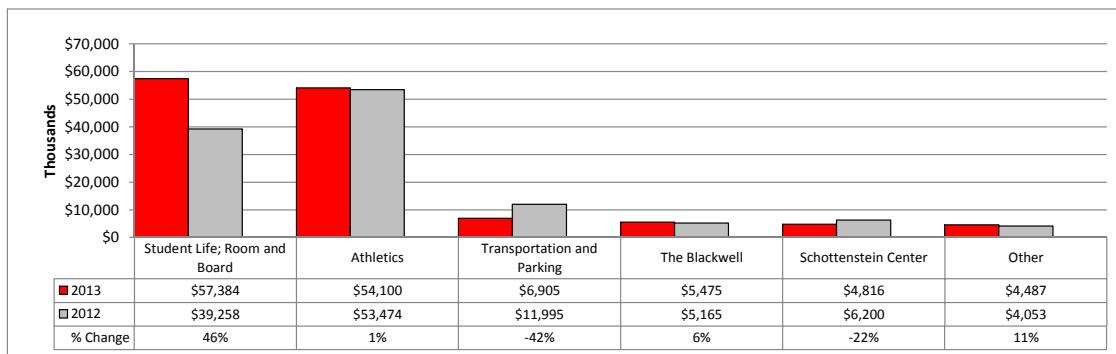
The improvement in University revenues includes an increase in tuition and fees of \$86 million, or 30%, auxiliary revenues up \$13 million, or 11%, department sales up \$8 million, or 17%, and research funding up \$6 million, or 2%, offset by a decline in state revenues of \$11 million, or 5%. The tuition and fees increase includes a 3.5% increase in tuition and fees as well as a positive revenue variance as a result of recognizing a small portion of autumn semester revenue caused by the earlier semester start date, offset by a reduction in enrollment compared to last year. Through the first five months of fiscal year 2013, department sales increased \$8 million, or 17%, due primarily to an increase in health center capitation revenue as well as computer hardware sales primarily through Wired Out. The research funding increase reflects a new agriculture grant and increased department of education grants. State revenues declined due to lower state capital appropriations compared to the same period last year.

Auxiliary revenue for the first five months of fiscal year 2013 of \$133 million increased \$13 million, or 11%, compared to \$120 million last year and is up \$13 million, or 11%, to budget as well. The increase was primarily due to an \$18 million net improvement in room and board revenue due to a 5% increase in room and board rates as well as recognizing a small portion of autumn semester revenue caused by the earlier semester start date compared to last year. Schottenstein Center revenue declined \$1 million, or 22%, from the first five months of fiscal year 2012 due to fewer events this fiscal year as well as an additional annual payment made to the debt service fund of \$1 million, which will dissipate as we go further into the fiscal year. Total athletic revenues for the first five months of fiscal year 2013 were \$54 million versus \$53 million last year, due to an additional home football game offset by a change in the timing of how the University recognizes licensing revenue. Transportation and Parking ended operation on November 30, 2012 with revenue and equipment transitioned to CampusParc on September 21, 2012. As such, revenues are down \$5 million to fiscal year 2012 due to this transition.

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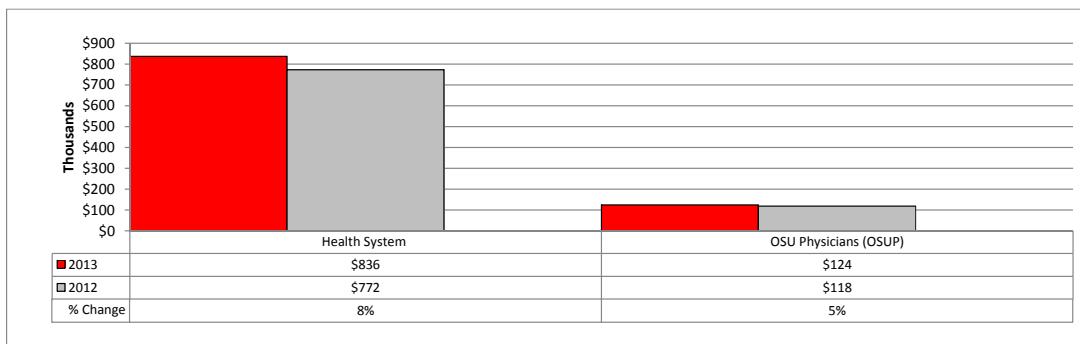
Auxiliary Operating Revenues YTD First Five Months FY 2013 vs. FY 2012



Healthcare

Healthcare revenue for the first five months of fiscal year 2013 of \$960 million increased approximately \$70 million, or 8%, compared to \$890 million for the first five months of fiscal year 2012 and is flat to budget.

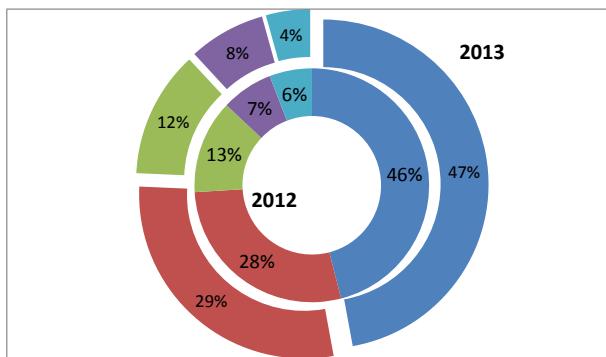
Healthcare Revenues YTD First Five Months FY 2013 vs. FY 2012



Wexner Health System revenues of \$836 million increased 8% in the first five months of fiscal year 2013 over the same period in 2012 and were in line with budget. Inpatient admissions were 1% below budget and total outpatient visits were 4% above budget. OSUP revenue for the first five months of fiscal year 2013 of \$124 million increased \$6 million, or 5%, compared to \$118 million from the same period of fiscal year 2012 and were up \$5 million, or 4%, to budget.

C. Operating Expenses

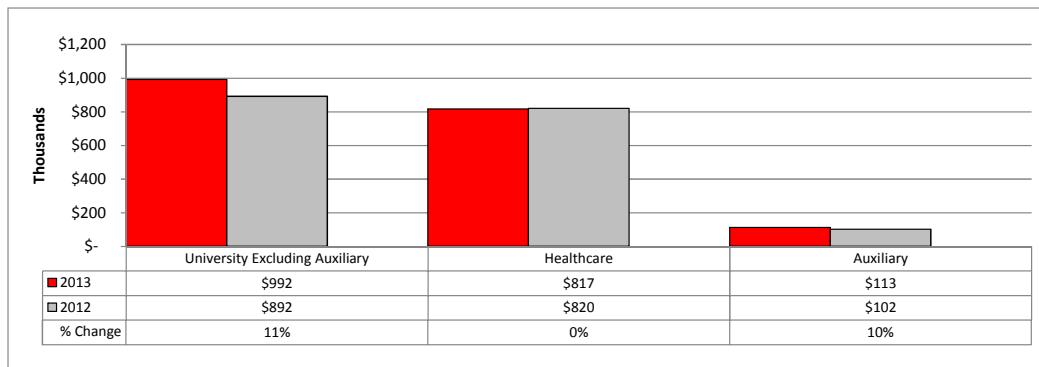
Consolidated operating expenses of \$1.9 billion for the first five months of fiscal year 2013 increased \$107 million, or 6%, compared to the first five months of fiscal year 2012 of \$1.8 billion and is favorable to budget by \$13 million, or 1%. The increase in operating expense was less than the \$175 million increase in operating revenues for the same period. Below is a comparison of operating expenses by expense type between the first five months of fiscal year 2013 and the first five months of fiscal year 2012. As is shown, the mix of expenses remained constant between years, and salaries and benefits continue to comprise approximately 59% of total operating expenses.

Mix of Operating Expenses YTD First Five Months FY 2013 vs. FY 2012

<u>Consolidated Operating Expenses</u> (in millions)	<u>2013</u>	<u>2012</u>	<u>\$ Change</u>	<u>% Change</u>
Salaries	\$884	\$855	\$29	3%
Supplies and Other	\$539	\$518	\$22	4%
Benefits	\$248	\$226	\$23	10%
Depreciation	\$137	\$136	\$1	0%
Student Aid	\$113	\$79	\$34	43%
	\$1,921	\$1,813	\$107	6%

Salaries increased \$29 million in the first five months of fiscal year 2013, or 3%, over the first five months of fiscal year 2012. The Health System salaries were down slightly over fiscal year 2012 compared to a 7% increase for the University. The University salary increase included a pooled 3% rate increase; as well as one month of additional salary and benefit costs for 9 month faculty due to the semester conversion. The \$34 million increase in student aid is consistent with increases in tuition and fees and the increases in scholarships for Eminent Scholars and need-based financial aid. Supplies and Other increased \$22 million over fiscal year 2012 due primarily to increases in drug costs and physician fees at the medical center.

Comparative operating expense increases for the University excluding auxiliary units, Healthcare and the auxiliary units are shown in the following chart.

Operating Expenses by Area YTD First Five Months FY 2013 vs. FY 2012

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University Operating Expenses

University operating expenses (excluding auxiliary expenses) increased \$100 million, or 11%, and are flat to budget. The increase in expense includes a \$54 million increase in instructional and departmental research, a \$34 million increase in student aid and a \$14 million increase in institutional support. The \$54 million, or 17%, increase in instructional and departmental research was driven primarily by \$21 million, made up of \$18 million relating to salary and benefits increases due to guideline merit increases as well as increases in 9-month faculty salary and benefit costs due to the earlier start of semesters. The \$34 million, or 43%, increase in student aid is consistent with increases in tuition and fees and the investments in new financial aid (Eminence scholarships and need-based financial aid). The \$14 million, or 18%, increase in institutional support is due to guideline merit increases as well as parking transaction costs of \$6 million.

Healthcare Operating Expenses

Operating expenses for Healthcare include the Wexner Health System and OSUP. Healthcare expenses were flat to fiscal year 2012 (Wexner Health System expenses were flat to fiscal year 2012 offset by a 4% decrease at OSUP) and below budget by \$9 million, or 5%, which was less than the growth in revenues in the first five months of fiscal year 2013 compared to the first five months of fiscal year 2012. The increase in expenses at the Wexner Health System was driven by:

- The Wexner Health System chemotherapy clinic at Mill Run opened in August 2011
- The physicians and staff of Heart Specialists of Ohio joined the Wexner Health System in November 2011
- Pharmaceutical unit costs have continued to increase due to the use of new and branded drugs

Auxiliary Operating Expenses

The \$11 million increase in auxiliary operating expenses for the first five months of fiscal year 2013 compared to the first five months of fiscal year 2012 is down \$2 million, or 2%, to budget. This was driven by an increase in athletic grants in aid due to the recognition of a small portion of autumn semester revenue caused by the earlier semester start compared to last year, as well as increases in cost of sales and administrative costs.

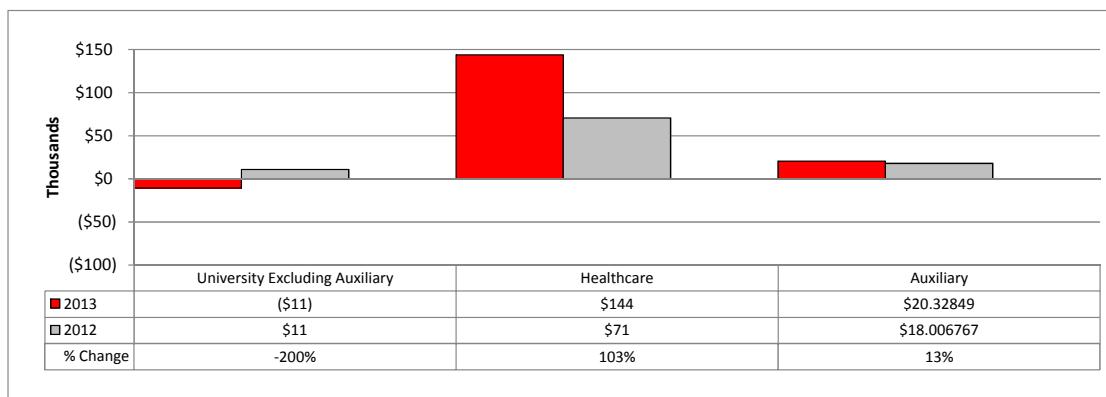
D. Revenues Less Operating Expenses

Consolidated revenues, excluding investment income, less operating expenses for The Ohio State University improved from \$99 million for the first five months of fiscal year 2012 to \$153 million for the first five months of fiscal year 2013. The increase in margin is due to the medical center growth in margin over the prior year of \$73 million, or 103%. The amounts are shown below for the University excluding auxiliary units, Healthcare and the auxiliary units.

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Revenues Less Operating Expenses by Area YTD First Five Months FY 2013 vs. FY 2012



Note: The University excluding auxiliary amounts excludes approximately \$72 million (\$39 million in FY 2012) transferred from the Health System to the University for healthcare support for the College of Medicine and Office of Health Sciences, and also excludes amounts distributed from the endowment.

E. Investments

Investment markets have been relatively strong during the fiscal year through November. International equity market returns have been almost twice that of domestic equity markets. Equity markets have been much stronger than bond markets, which has been a more normal investment environment. The LTIP has experienced a return of 3.76%, exceeding the Policy Benchmark by 0.85% for the five month time period.

F. Cash Flows

Cash flows from operating activities and from non-capital financing activities for the first five months of fiscal year 2013 increased from the first five months of fiscal year 2012 by a combined \$644 million – from negative \$45 million to \$599 million. This is a result of increased tuition and fee receipts and receipts for sales and services relating to room and board for autumn semester resulting from the earlier start related to the semester conversion in fiscal year 2013, as well as the receipt of \$483 million related to the parking concession.

Cash flows from capital financing activities reflected net cash used of \$267 million for the first five months of fiscal year 2013 compared to net cash provided of \$302 million for the first five months of fiscal year 2012 – a difference of \$568 million as a result of lower net proceeds of capital debt (\$131 million in the first five months of fiscal year 2013 versus \$491 million of net proceeds in the first five months of fiscal year 2012) as well as a \$182 million increase in debt service due to bond refunding of 2005A issue of \$107 million and bond defeasance relating to multiple parking related bond issues of \$75 million.

Reported cash flows from investing activities for the first five months of fiscal year 2013 reflects the transfer of \$826 million of cash generated from operating and financing activities into short term investments in order to realize a higher return.

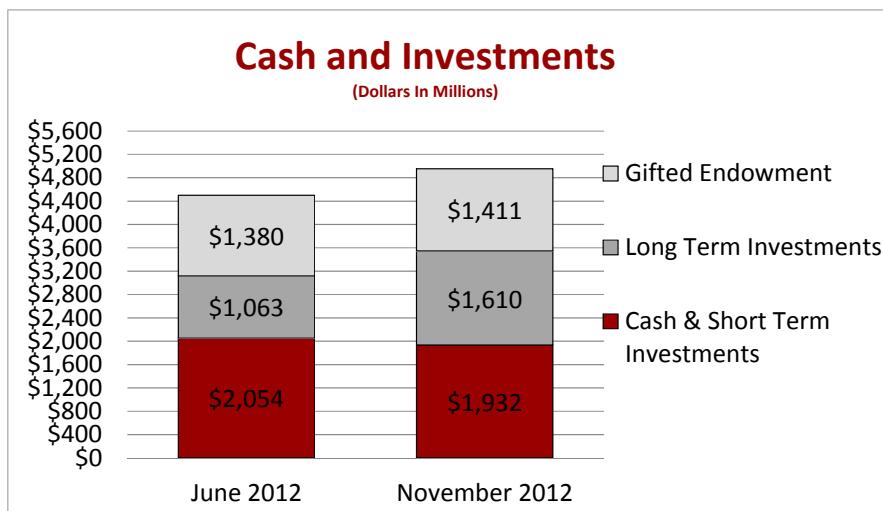
G. Assets and Liabilities

Total cash and investments increased by \$456 million, or 10%, from June 2012 to November 2012. Long term investments contributed \$546 million of that growth, driven primarily by cash received from the leasing of parking assets resulting in \$483 million. Cash and short term investments

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declined \$122 million, or 6%, driven primarily by capital project spend. Gifted endowment increased \$32 million, or 2%, due primarily to additions from fundraising.



Several areas of the balance sheet were impacted by the conversion to semesters. Accounts receivable are up 91%, or \$429 million, because of spring semester tuition and fee billings issued earlier than in fiscal year 2012 and deferred revenues increased 180%, or \$417 million, for spring semester tuition and fees, all of which were recorded in January of fiscal year 2012.

H. Debt

On July 19, the University issued \$91 million of tax-exempt and \$23 million of taxable general receipt refunding bonds. This issuance allowed the University to extinguish \$117 million of higher coupon debt. The refunding results in a debt service savings of \$12 million. On September 27 the University defeased \$75 million of general receipt bonds including all parking related debt, using cash related to the recent privatization of the university parking system. The net result of these activities will be a reduction of \$78 million of bonded debt.

III. Financial Highlights – for the five months ending November 30, 2012

A. State Support

According to the Office of Budget and Management, economic indicators show a period of moderate activity nationally and in Ohio, but not a recession. Through the first five months of the fiscal year state of Ohio revenues were \$11.4 billion which was 2.9% below projections for the year. Tax receipts through November were 0.7% above projections. Income taxes for the first five months of fiscal year 2013 were 0.8% above the annual projections while sales taxes for the year thus far are 0.8% below projections. Nontax receipts to Ohio were 10.7% below expectations largely attributable to federal grant activity lagging expectations by nearly \$395 million.

University revenues from the state for the first five months of fiscal year 2013 are \$190 million, which is down from \$201 million for the first five months of fiscal year 2012, a decrease of \$11 million, or 5%. There was no state capital appropriations included in the fiscal year 2011/2012 state budget. As a result, reimbursements for state funded capital projects as shown on the financial statements are lower than last year. Now that state capital appropriations have been approved for the 2013/2014 state budget, capital reimbursements will increase as construction begins on the new state funded capital projects.

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Governor Kasich appointed Dr. Gee to lead a committee of presidents from Ohio State University, Miami University, Ohio University, Wright State University, and Shawnee State University to review the current funding model for the distribution of state subsidy to colleges and universities. These discussions have ended and the committee has made their recommendations to the Governor on state funding of higher education on November 30, 2012. The committee suggested phasing in the recommendations over the next three years with the final provisions to be implemented in fiscal year 2016. The recommendations include the following:

- Allocate 50% of the state share of instruction based on degree completions
- Fund 50% of degree completions by out-of-state students contingent upon those students remaining in Ohio
- Weight STEM degree completions
- Award credit for Associate Degrees
- Award proportional credit for transfer students completing degrees to the campus where students began their careers
- Consolidate regional campus funding with main campus funding
- Phase out the Stop Loss provisions
- Phase out the POM protection and the Access Challenge set aside
- Adopt a universal three year average of FTE for funding rather than the current two and five year averages

Implementation of these recommendations is not expected to have a negative impact on our share of the state subsidy.

B. OSU Wexner Medical Center

Through the first five months of fiscal year 2013, the Wexner Health System gain from operations was 50% greater than the first five months of fiscal year 2012, and 15% above budget.

- The national trend of treating outpatients in inpatient units is also evident for the Wexner Medical Center
 - Inpatient admissions were 1% above last year, but the total number of patients treated in inpatient beds grew over 5%
- Total outpatient visits were 4% above budget and 11% above last year
- Operating revenue per adjusted admission was 0.6% below budget and 2.2% above prior year
- Operating expense per adjusted admission was 1.9% below budget and 0.7% below prior year
- Total operating revenue of \$836 million was above budget by 0.4% and 8.2% above last year
- Total operating expense of \$758 million was 1% below budget and 5% above last year
- Excess of revenue over expense (before transfers for research, education and strategic programs) of \$78 million was 14% above budget and 53% above last year
- Operating EBIDA margin was above budget 8%, days cash on hand were 2 days under target due to timing of government payments, and debt service coverage was 10% above target

Medical Liability Reserves – Contributions to the Medical Liability Self Insurance Funds I and II and Oval, Ltd. (the University's captive insurance company) have been maintained according to budget. Both self-insurance funds are fully funded and Oval, Ltd. is in full compliance with the funding requirements of the Bermuda Insurance Act.

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C. Enrollment

Columbus Campus

Enrollment remains in line with budget at the Columbus Campus though down 7% to fiscal year 2012 due to the transition to semesters in fiscal year 2013. The following tables are based on student headcounts for summer and autumn semesters.

	Fiscal Year 2013 Actual vs. Budget Headcounts				Fiscal Years 2012 & 2013 Headcount Comparison			
	Student Level	Actual	Budget	Change	% Chg	FY 2013	FY 2012	Change
Undergraduate	50,711	50,382	329	0.7%	50,711	54,154	-3,443	-6.4%
Graduate	16,140	15,900	240	1.5%	16,140	17,657	-1,517	-8.6%
Professional	4,534	4,505	29	0.6%	4,534	4,674	-140	-3.0%
Grand Total	71,385	70,787	598	0.8%	71,385	76,485	-5,100	-6.7%

Includes summer and autumn, both budget and actual (15th Day Census Figures).

As shown below, resident enrollments are down 9% between fiscal year 2012 and fiscal year 2013, and are 1% below budget. Non-resident enrollment is flat to fiscal year 2012 and is 7% above budget. For the full academic year, total enrollment has declined 7% between fiscal year 2012 and fiscal year 2013 and is slightly above budget. Enrollment for the full year will likely be flat to budget based on preliminary spring enrollment projections.

	Fiscal Year 2013 Actual vs. Budget Headcounts				Fiscal Years 2012 & 2013 Headcount Comparison			
	Student Level	Actual	Budget	Change	% Chg	FY 2013	FY 2012	Change
Resident	54,486	54,978	-492	-0.9%	54,486	59,639	-5,153	-8.6%
Non-Resident	16,899	15,810	1,090	6.9%	16,899	16,846	53	0.3%
Grand Total	71,385	70,787	598	0.8%	71,385	76,485	-5,100	-6.7%

Includes summer and autumn, both budget and actual (15th Day Census Figures).

Regional Campuses

The following are the combined summer and autumn semester headcount enrollment figures. Regional campus enrollment has dropped 20% from the same period during fiscal year 2012 and is 11.1% below budget. Because of their relatively small size, regional campus enrollment fluctuations of +/-5% are not unusual. For fiscal year 2013, semester conversion had a major impact on both original enrollment projections and actual headcount.

The largest contributing factor to actuals lagging budget was the shortened summer semester. Because of the shortened term, previously enrolled students were reluctant to use a term of financial aid eligibility during a term in which a full-time course load was nearly impossible. Also, no new students were admitted at any regional campus for the summer, further depressing summer headcounts. This had a cascade effect into the autumn semester, as students who start full-time at a regional campus during the summer often stay for the traditional academic year. We are projecting spring enrollment to fall in line with autumn which would result in regional campus enrollments to be 8.7% below budget for fiscal year 2013.

	Fiscal Year 2013 Actual vs. Projected Headcounts				Fiscal Years 2012 & 2013 Headcount Comparison			
	Actual	Budget	Difference	% Chg	FY 2013	FY 2012	Difference	% Chg
Lima	1,329	1,400	-71	-5.1%	1,329	1,681	-352	-20.9%
Mansfield	1,482	1,524	-42	-2.8%	1,482	1,767	-285	-16.1%
Marion	1,442	1,750	-308	-17.6%	1,442	1,978	-536	-27.1%
Newark	2,736	3,200	-464	-14.5%	2,736	3,349	-613	-18.3%
ATI	688	758	-70	-9.2%	688	816	-128	-15.7%
Total	7,677	8,632	-955	-11.1%	7,677	9,591	-1,914	-20.0%

Includes total of summer and autumn semesters.

Data Source: Projected headcounts – provided by regional campus fiscal officers
Actual enrollments – 15th Day Census Figures

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D. Research

Through the first five months of fiscal year 2013 indirect cost recoveries decreased 10.4% from the same period in fiscal year 2012, whereas direct cost expenditures increased by 6.2%. The F&A recovery is a result of changes in the direct cost mix between years. Expenditures have increased for student salaries and benefits, tuition and fees, construction costs, and sub-awards. Of these categories, only student salaries and benefits accrue F&A costs, which is the reason that F&A recovery is lagging direct cost expenditures. Faculty off-duty pay (which does recover F&A costs) decreased by more than 30% because of the earlier start of the academic year, though it will likely recover by year end as June is now an off-duty month. Supplies and services expenditures are also lower in fiscal year 2013, likely reflecting less research activity as a result of the shorter summer and the end of the ARRA bump.

New awards reported between July and November were essentially the same in fiscal year 2012 and fiscal year 2013. However, the federal government makes very few awards in October and November so we are not yet seeing any effect of the federal fiscal year 2013 budget impasse.

There is still no clear indication about what federal research support will look like in the coming months. The official conversations have been focused on avoiding sequestration, so there was no word about how agencies will manage their budgets (though they have certainly started planning). One persistent rumor is that the maximum rate at which NIH will reimburse faculty salaries will be reduced to \$165,300. In fiscal year 2012 the rate was reduced from \$199,700 to \$179,700. As the cap decreases, more OSU faculty members' salaries exceed it, thereby increasing the cost to departments of having their higher-paid faculty supported by NIH awards. In addition, the administrative relief that we had hoped for from a proposed 'A-21 Reform' has not yet materialized. However, there is some indication that the long-awaited revised circular may be available for comment early next year. Whether or not there will be help for universities is still unknown. We do know that the university's F&A rate will increase to 53.5% in fiscal year 2014 and 54% in fiscal year 2015 and beyond. However, the financial benefit may be offset by a lower base to which the rate will be applied.

There continue to be numerous compliance regulations that require ongoing monitoring to ensure potential financial risks are mitigated. Examples include:

- Managing the revised PHS conflict of interest requirement
- DATA act (which could require significantly increased project reporting)
- Two large awards that were funded in fiscal year 2011
- Possible ARRA audits
- Impact of health care reform on clinical research
- Import/export controls

E. Key Affiliates

Affiliated entities are separate organizations that are "closely related" to the primary mission of the University and are regularly monitored through the Audit and Compliance Committee of the Board of Trustees.

Campus Partners

Operating revenues for the first five months of fiscal year 2013 were \$4.6 million, down 4% to budget of \$4.8 million. The difference in actual to budget revenue is due to the timing of tenant operating expense recoveries which will true-up by fiscal year end. Campus Partners had a decrease in net assets for fiscal year 2013 year-to-date of \$130K versus a budgeted decrease of \$160K. The majority of the decrease is due to non-operating expenses relating to the timing of grant disbursements for Weinland Park home repairs that was received in the prior fiscal year, but being disbursed in the current fiscal year.

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SciTech

Operating revenues for the first five months of fiscal year 2013 were \$1.9 million which is flat to budget. Operating expenses for the five months of fiscal year 2013 were \$1.1 million versus a budget amount of \$1.2 million or \$70K better than budget. SciTech had an increase in net assets for the fiscal year 2013 year-to-date of \$172K versus a budgeted increase of \$202K. The difference in actual to budget for fiscal year 2013 will resolve itself now that the TechColumbus lease adjustment can be recorded.

F. Auxiliary Operations

Auxiliaries are entities that exist to furnish goods or services to students, faculty or staff, or the general public for a fee. Auxiliary operations are essentially self-supporting. Examples at OSU include: athletics, transportation and parking, Schottenstein Center, the Blackwell, Fawcett Center, Drake Union, housing and dining operations, recreational sports and the Ohio Union.

Athletics

Total athletic revenues for the first five months of fiscal year 2013 were \$75.3 million, or 5% above budget versus \$78.3 million last year. The significant revenue difference between fiscal year 2012 and fiscal year 2013 is the result of having eight home football games in fiscal year 2013 vs. seven home games in fiscal year 2012. This increase is more than offset by the timing of the licensing and royalty revenue distribution by the University. The licensing and royalty revenue for fiscal year 2013 will not be distributed until June 2013.

Expenses for the first five months of fiscal year 2013 were \$60.7 million which is 10% above budget versus \$50.9 million last year. The increase is due to higher football expenditures primarily from the additional home game this year of \$2.3 million; \$1.7 million in grant-in-aid expenses being charged earlier due to the change to semesters; and a \$2.9 million payment to exercise a deferred compensation clause.

Transportation and Parking (T&P)

Transportation and Parking ended operation on November 30, 2012 with revenues and equipment transitioned to CampusParc on September 21, 2012. Prior to the removal of nearly \$3 million in equipment assets from the T&P financials, T&P's year-to-date performance demonstrated a net loss of \$166K, which is \$2.4 million or 108% less than fiscal year 2012, and \$3.7 million or 105% less than budget. This is primarily due to the proration of revenues to CampusParc as of September 20, 2012.

Schottenstein Center

Total revenues for the first five months of fiscal year 2013 were \$5.9 million, or 25% below budget. This is \$1.3 million less than the prior year. Expenses for the first five months of fiscal year 2013 were \$6.9 million, or 13% below budget and \$600K less than prior year. The Schottenstein Center currently has a net loss of \$960K for the first five months of fiscal year 2013. In addition to fewer events, this outcome also reflects an additional annual payment made to the debt service fund of \$1.4 million, which will dissipate as we go further into the fiscal year. Also, the gift portion of the luxury suite annual lease rentals is still within University Development's 180-day hold. Those monies will become available beginning in December through the rest of the fiscal year and total in excess of \$1 million. Budget expectations were to be at a small positive at this point in time. There are bookings in future months that will make up for lack of events in the first quarter. The Schottenstein Center is currently projecting an approximate \$50K positive net margin for the year. This includes an anticipated transfer to reserves of \$168K, which is an increase over the budgeted net margin of \$33K.

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Blackwell

Revenues for the first five months of fiscal year 2013 were \$5.5 million, slightly better than budget, and \$310K, or 6%, better than fiscal year 2012. The Blackwell's hotel occupancy was 79.12%, down to budget by 2.75% and better than last year by 1.55%. The higher transient occupancy, due in part to the 90% occupancy in July is driving an increase in room revenues and outlet food and beverage revenues. Room revenues are \$76K under budget and \$156K better than last year. Total food and beverage revenues are \$46K and \$75K better than budget and last year respectively. Outlet revenues are \$121K and \$130K better than budget and last year respectively. Banquet and event revenues are \$75K and \$56K under budget and last year respectively. The addition of Rohr Café at Mason Hall has contributed additional revenues of \$182K which are \$63K and \$92K better than budget and last year respectively. Expenses for the first five months of fiscal year 2013 were \$4.6 million, or 83% of revenues, are 0.01% above budget and 10.8% less than last year. Expenses have been well controlled compared to last year, contributing to the growth in net margin. The Blackwell currently has a net margin of \$244K, which is \$66K or 21% less than the budget of \$310K, and \$50K, or 26% better than the fiscal year 2012 net margin of \$194K. The Blackwell is expected to maintain this current positive trend, with a full year net margin equal or slightly better than the budgeted net margin of \$69K.

Fawcett Center

Revenues for the first five months of fiscal year 2013 were \$1.9 million, \$264K or 17% better than budget, and \$246K or 15% better than fiscal year 2012. The Fawcett Center has two revenue streams: rental revenue is on budget and over last year by the annual increases, and food and beverage revenues are \$263K or 30% better than budget and \$224K or 24% better than last year. Expenses for the first five months of fiscal year 2013 were \$1.4 million, or 72% of revenue, are 11.5% below budget and 9.7% less than last year. Expenses have been well controlled, contributing to the growth in net margin. The Fawcett Center currently has a positive net margin of \$280K for the first five months of fiscal year 2013, which is \$208K or 1478% better than the budgeted net margin of \$18K and \$232K or 475% better than the fiscal year 2012 net margin of \$49K. The Fawcett Center expects to end the year with a positive net margin.

Drake Union

Revenues for the first five months of fiscal year 2013 were \$467K, \$10K or 2% better than budget and \$28K or 6% better than last year. The Drake Union has two revenue streams: rental revenue is on budget and over last year by the annual increases, and food and beverage revenues are \$9K or 39% better than budget and \$2K or 6% under last year. Expenses for the first five months of fiscal year 2013 were \$398K, or 85% of revenue, are 10.4% over budget and 31.4% over last year. Increases to expenses are due to the purchase of TV's for rental to clients and the timing of projects to improve and update the property and address deferred maintenance. This includes a \$100K YTD accrual towards the \$200K sewer ejector project. The Drake Union currently has a positive net margin of \$47K for the first five months of fiscal year 2013, which is \$47K or 49% less than the budgeted net margin of \$98K and \$135K or 73% less than fiscal year 2012 net margin of \$184K. The Drake Union is expected to break even for fiscal year 2013 with any savings in updating the property and or deferred maintenance transferred to its reserve.

Housing and Dining Operations

Columbus campus occupancy for undergraduate residence halls averaged 99% for the autumn semester. Autumn semester revenue recognized through November totals \$33.9 million and is on track with year-to-date budget and higher than prior year revenue of \$21.6 million primarily due to semester conversion. Housing operating expenses of \$26.9 million through November are tracking under year-to-date budget of \$31.3 million primarily due to debt service which has been delayed due to finalization of the bond financing MOUs. Fiscal year 2013 expenses are \$26.9 million through November and are over the prior year of \$22.9 million due to timing of expenses with the

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February 1, 2013

semester conversion. Net margin through November is \$7.0 million for the current year while the prior year was negative \$1.2 million. The main driver of this variance is timing in the recognition of revenue and debt service. The renovation projects for Smith, Steeb, and Siebert Halls are generally on schedule to reopen autumn 2013.

Dining revenue through November totals \$20.5 million and is in line with year-to-date budget. Expenses totaling \$20.2 million are also tracking on budget. Current year-to-date revenues and expenses are higher than prior year revenues and expenses of \$14.8 million and \$16.0 million respectively due to semester conversion. The fiscal year 2013 year-to-date net margin is \$313K and more favorable than prior year-to-date net loss of \$1.1 million due to timing of revenue recognition.

Recreational sports

Usage of Recreational Sports facilities and programs remains high. Free fitness classes, which Recreational Sports began offering Spring Quarter 2012, continue their popularity with autumn 2012 participation up over 60% when compared to Autumn 2011. Through November 2012, revenues of approximately \$7.6 million and expenses of \$7.3 million are both slightly under year-to-date budget and marginally over prior year revenue and expense of \$7.2 million and \$6.6 million respectively. Net margin through November is approximately \$369K for fiscal year 2013 compared to \$546K for the same period in fiscal year 2012.

Ohio Union

Traffic and student use in the Ohio Union remains very high. As of November 2012, revenues totaled \$7.3 million, and expenses totaled \$7.2 million. Both are in line with year-to-date budget. Compared to prior year, current year revenues are just slightly below prior year-to-date of \$7.4 million, primarily due to catered events, while current year expenses are in line with prior year expenses of \$7.0 million. Through November 2012, net margin is \$126K compared to \$333K through November 2011.

G. Deficit Report

Deficits are reported annually to the Board of Trustees. Deficits are reported if they meet the following definition:

- A reportable deficit is a structural deficit of \$100K or more at the organizational/fund level within a college or academic support unit that is not covered by a formal Line of Credit
- Deficits that are explained by one-time timing issues (such as the receipt of federal grant funding) or due to cash not being transferred prior to year-end close are not reportable deficits

As of June 30, 2012, there were 43 reportable deficits totaling approximately \$22.5 million versus 38 reportable deficits totaling \$27 million a year ago. Three areas, the College of Engineering, the College of Medicine, and the Office of Administration and Planning account for 81% of the total. The chart that follows summarizes the liabilities by area:

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February 1, 2013

College/Academic Support Unit	Total Reportable Deficits	Total Current Funds Equity Balance
Arts and Sciences	(2,078,001)	82,594,018
Engineering	(5,869,222)	56,951,624
Medicine	(6,616,800)	107,082,519
Pharmacy	(609,488)	7,961,517
Health Sciences	(1,548,976)	32,057,727
Administration and Planning	(5,731,515)	11,811,628
Total All Areas	(\$22,454,002)	\$298,459,033

It is important to note that the deficits identified above do not represent the total financial position of a college or support unit. Currently, all operating units have positive equity balances, when all current restricted and unrestricted funds are considered.

See chart on next page for a list of all reportable deficits.

February Board of Trustees Meeting - Finance Committee

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Board of Trustees

February 1, 2013

Reportable Deficits as of June 30, 2012

Attachment

College/Academic Support Unit	FY2011 Deficit	FY2012 Deficit	Comments
Arts and Sciences			
Biochemistry Faculty - Special Allocations	(162,839)	(442,689)	Plan in place
Math & Physical Sci Admin	(3,000,000)	(1,500,000)	Deficit will be eliminated in FY13
Physics - Dept Budget	(154,092)	(135,312)	Plan in place
Engineering			
Academic Flight Lab	(97,922)	(432,397)	Comprehensive review of airport operations underway
Aerospace Engineering - Budget Reserve	(148,420)	(65,420)	Plan in place to eliminate deficit by FY13
Aerospace Engineering - Release Time	(673,688)	(488,526)	Plan in place to eliminate deficit by FY15
Aerospace Engineering - Special Allocations	(249,696)	(166,695)	Plan in place to eliminate deficit by FY14
Aviation - Budget Reserve	(349,459)	(266,959)	Plan in place to eliminate deficit by FY15
Center for Automotive Research - Budget Reserve	(176,958)	(85,000)	Plan in place to eliminate deficit by FY13
Chemical & Biomolecular Eng - Dept Budget	(414,432)	(197,680)	Plan in place to eliminate deficit by FY14
Civil, Envir Engr & Geod Eng - Dept Budget	(90,773)	(38,377)	Deficit will be eliminated in FY13
COE Administration & Planning - Dept Budget	(268,758)	(116,548)	Plan in place to eliminate deficit by FY13
Electrical & Computer Engr	(84,621)	(34,621)	Plan in place to eliminate deficit by FY13
Engineering Operations	(2,500,000)	(1,500,000)	Plan in place to eliminate deficit by FY14
FND-Hendrickson Edgr	(404,445)	(334,448)	Plan in place to eliminate deficit by FY15
Knowlton School of Architecture	(1,062,855)	(837,706)	Plan in place to eliminate deficit by FY13
Mech & Aerospace Engr - Dept Budget	(125,687)	(148,788)	Plan in place to eliminate deficit by FY15
Mech & Aerospace Engr - Dept Direct Research Support	(448,290)	(518,607)	Deficit eliminated in FY13
Mech & Aerospace Engr - Release Time	(961,151)	(89,589)	Plan in place to eliminate deficit by FY13
Mech & Aerospace Engr - Research Fee Authorizations	(100,970)	-	Resolved
Mech & Aerospace Engr - Vehicle Simulation	(168,907)	(132,899)	Plan in place to eliminate deficit by FY14
Nanoscale Patterning	(164,940)	(114,940)	Plan in place to eliminate deficit by FY15
University Airport Operations	(267,929)	(300,022)	Comprehensive review of airport operations underway
Medicine			
Pharmacology - Dept Budget	(1,144,318)	(1,463,440)	Plan in place
FOE Spinal Cord Injury Rsrch	(61,007)	(182,921)	Plan in place
Molec & Cellular Biochemistry - Dept Budget	(49,083)	(380,710)	Plan in place
Molec & Cellular Biochemistry - Release Time	(393,382)	(463,615)	Plan in place
MVIMG - Dept Budget	(1,857,421)	(939,113)	Plan in place
MVIMG - Release Time	(959,414)	(312,808)	Plan in place
Ob/Gyn - Enrichment	(338,746)	-	Resolved
Ob/Gyn - Pre-term Birth Prevention	(156,878)	-	Resolved
Ob/Gyn - Release Time	(302,852)	(220,715)	Plan in place to eliminate deficit by FY13
Ophthalmology Enrichment	(703,691)	(86,112)	Deficit will be eliminated in FY13
Otolaryngology - Special Allocations	(2,395,300)	(1,647,874)	MOU in place to eliminate deficit by FY14
Physical Medicine Enrichment	(211,869)	(268,837)	Plan in place
Radiology - Tweedle Start-up	-	(650,655)	Plan in place
Pharmacy			
Pharmacology - Budget Reserve	-	(609,488)	Plan in place to eliminate deficit by FY16
Health Sciences			
Croce Research	(1,444,014)	(889,004)	Plan in place
Flow Cytometer Lab	(307,598)	-	Resolved
GRC Startup and General Ops	(225,273)	(659,972)	Plan in place
Solid Tumor Program	(176,044)	-	Resolved
State Govt Resource Center	(155,269)	-	Resolved
Administration & Planning			
1165 Kinnear	(2,451,785)	(2,764,629)	Plan in process
1212-1218 Kinnear	(1,219,210)	(1,219,210)	Plan in process
1615 Highland	-	(105,257)	Property under review
Ackerman 600	(384,148)	(422,825)	Deficit will be resolved during FY13
Ackerman 650	(170,559)	(168,914)	Deficit will be resolved during FY13
Printing Services	(302,787)	(307,669)	Deficit eliminated in FY13
Real Estate Property Management Operations	(495,284)	(743,012)	Review of operations underway

The Ohio State University
Board of Trustees

February 1, 2013

**THE OHIO STATE UNIVERSITY BOARD OF TRUSTEES
FINANCE COMMITTEE**

January 31, 2013

TOPIC: Quarterly Waiver Report for the Third Quarter of the 2012 Calendar Year

SUMMARY:

Q3 2012CY (7/1/12 – 9/30/12)

A total of seven waivers of competitive bidding were approved for sole source, emergency or economic reasons, totaling approximately \$4,050,807.

- Seventy-two percent (72%) were waivers for sufficient economic reason
- Twenty-eight percent (28%) of spend was sole source waivers

Q3 2011CY (7/1/11 – 9/30/11)

A total of 17 waivers of competitive bidding were approved for sole source, emergency or economic reasons, totaling approximately \$18,441,217.

- Ninety-two percent (92%) of spend were sole source waivers
- Five percent (5%) were waivers for sufficient economic reason
- Three percent (3%) were emergency purchase waivers

3rd Quarter Year-Over-Year Comparison

Year-over-year decrease in number of waivers (10) and waiver spend (\$14,390,410).

The Ohio State University
Competitive Bid Waiver Report (\$250K+) for the reporting period 7/1/2012 - 9/30/2012

<u>Category</u>	Sufficient Economic Reason						Total		
	<u>Count</u>	<u>Emergency</u>	<u>Count</u>	<u>Sole Source</u>	<u>Count</u>	<u>Amount</u>	<u>Count</u>		
Administrative Support Equipment and Services	\$ - 0	\$ - 0	\$ - 0	\$ - 0	\$ - 0	\$ - 0	\$ - 0	\$ - 0	
Instructional and Academic Research Equipment and Services	\$ 2,933,967 4	\$ - 0	\$ 817,600 2	\$ 3,751,567 6					
Health Systems - Administrative Equipment and Services	\$ - 0	\$ - 0	\$ 299,240 1	\$ 299,240 1					
Health Systems - Professional Health Care Services	\$ - 0	\$ - 0	\$ - 0	\$ - 0	\$ - 0	\$ - 0	\$ - 0	\$ - 0	
<hr/>									
TOTAL WAIVERS	\$ 2,933,967 4	\$ - 0	\$ 1,116,840 3	\$ 4,050,807 7					
Waivers Authorized by BOT Resolutions					\$ 4,772,287 8				
Health Systems - Waivers Authorized by BOT Resolutions					\$ 8,406,238 13				
TOTAL BOT Resolutions					\$ 13,178,525 21				
GRAND TOTAL					\$ 17,229,332 28				

The Ohio State University
Competitive Bid Waiver Report (\$250K+) for the reporting period 7/1/2011 - 9/30/2011

<u>Category</u>	Sufficient Economic Reason				Total			
	<u>Count</u>	<u>Emergency</u>	<u>Count</u>	<u>Sole Source</u>	<u>Count</u>	<u>Amount</u>	<u>Count</u>	
Administrative Support Equipment and Services	\$ - 0	\$ 521,716	1	\$ 411,711	1	\$ 933,427	2	
Instructional and Academic Research Equipment and Services	\$ 975,000 3	\$ - 0	0	\$ 3,847,750	4	\$ 4,822,750	7	
Health Systems - Administrative Equipment and Services	\$ - 0	\$ - 0	0	\$ 12,380,000	7	\$ 12,380,000	7	
Health Systems - Professional Health Care Services	\$ - 0	\$ - 0	0	\$ 305,040	1	\$ 305,040	1	
TOTAL WAIVERS	\$975,000 3	\$521,716 1		\$16,944,501 13		\$18,441,217 17		
Waivers Authorized by BOT Resolutions						\$ 10,815,247	11	
Health Systems - Waivers Authorized by BOT Resolutions						\$ 8,146,690	12	
TOTAL BOT Resolutions						\$ 18,961,937	23	
GRAND TOTAL						\$ 37,403,154	40	

The Ohio State University
Competitive Bid Waiver Report (\$250K+) Comparison for Q3 2012 and Q3 2011
(Increase)/Decrease

<u>Category</u>	<u>Sufficient Economic Reason</u>							<u>Total</u>			
		<u>Count</u>	<u>Emergency</u>	<u>Count</u>	<u>Sole Source</u>	<u>Count</u>	<u>Amount</u>	<u>Count</u>			
Administrative Support Equipment and Services	\$ -	0	\$ 521,716	1	\$ 411,711	1	\$ 933,427	2			
Instructional and Academic Research Equipment and Services	\$ (1,958,967)	(1)	\$ -	0	\$ 3,030,150	2	\$ 1,071,183	1			
Health Systems - Administrative Equipment and Services	\$ -	0	\$ -	0	\$ 12,080,760	6	\$ 12,080,760	6			
Health Systems - Professional Health Care Services	\$ -	0	\$ -	0	\$ 305,040	1	\$ 305,040	1			
TOTAL WAIVERS		(\$1,958,967)	(1)	\$521,716	1	\$15,827,661	10	\$14,390,410	10		
Waivers Authorized by BOT Resolutions							\$ 6,042,960	3			
Health Systems - Waivers Authorized by BOT Resolutions							\$ (259,548)	(1)			
TOTAL BOT Resolutions							\$ 5,783,412	2			
GRAND TOTAL							\$ 20,173,822	12			

Project Status Report – On Time/On Budget Scorecard (Does not include Medical Center Expansion projects)

Project	Total Budget	On Time	On Budget	Additional Information
North Residential District	\$396.0M			The master planning is completing and professional services selection is starting. The project will be constructed in two phases beginning in the summer of 2013.
				
South High Rises Renovation and Addition	\$170.4M			Geothermal well work continues; vertical drilling is expected to complete by the end of Jan. Park and Stradley work is complete; Smith, Steeb and Siebert are on schedule.
				
Chemical and Biomolecular Engineering and Chemistry Building	\$126.2M			Construction continues on time; the guaranteed maximum price (GMP) amendment for phase 2 has been finalized; the GMP amendment for phase 3 is due in Mar.
				

Key:

- █ On track
- █ Watching closely – actions are being taken to keep on track
- █ Not on track

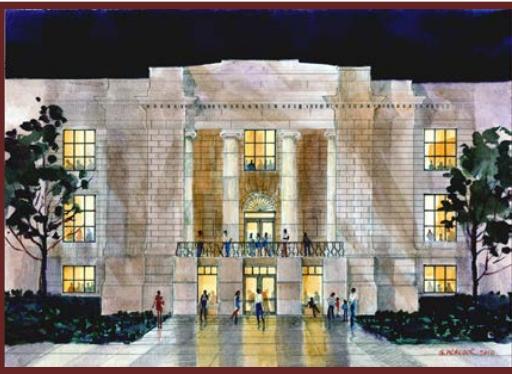
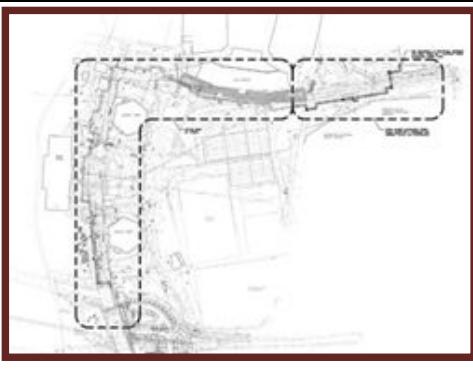
Project Status Report – On Time/On Budget Scorecard (Does not include Medical Center Expansion projects)

Project	Total Budget	On Time	On Budget	Additional Information
South Campus Central Chiller Plant	\$77.3M			All bid packages are under construction. Chilled water supply and commissioning began 8/2012. All construction work will be complete by 4/2013.
Campus Electric Capacity, Phase 2 (New Substation)	\$48.7M			River crossing work is complete. The substation is operational.
East Regional Chilled Water Plant	\$43.0M			A mock-up for review of the building materials, glass curtain wall and metal cooling tower has been constructed.

Key:

- On track
- Watching closely – actions are being taken to keep on track
- Not on track

Project Status Report – On Time/On Budget Scorecard (Does not include Medical Center Expansion projects)

Project	Total Budget	On Time	On Budget	Additional Information
Sullivan Hall and Billy Ireland Cartoon Library & Museum	\$31.6M			Construction work is progressing; building envelope work will complete by spring.
				
Vet Hospital Enhancement and Expansion	\$25.0M			Selection of professional services firms is underway; project will use CM at Risk delivery method.
				
Steam and Condensate Distribution System Upgrades Phase 2	\$21.1M			Construction is continuing on upgrading the steam system, increasing capacity, and providing for expansion.
				

Key:

-  On track
-  Watching closely – actions are being taken to keep on track
-  Not on track

Project Status Report

North Residential District

OSU-110672

Project Location: North District of Campus (Lane Avenue/High Street)

TBD ASF / TBD GSF

- **status**
on time
on budget
- **project budget**

construction w/ contingency	\$339.2 M
professional services	\$36.8 M
<u>other costs (equipment, misc)</u>	<u>\$20.0 M</u>
total project budget	\$396.0M
- **funding sources**
university debt supported by housing fees
- **project schedule**

BoT planning approval	09/11
master planning	09/11 – 03/13
BoT design approval	08/12
design/bidding	9/12 – 01/14
construction – phase 1	7/13 – 06/15
construction – phase 2	7/14 – 06/16



- **Framework context**
 - this project is consistent with the principles of the Framework plan, including improving existing on-campus residential districts and investing in infrastructure
 - the project will follow Framework recommendations including the creation of north/south and east/west pedestrian connections to the campus and creating greenspace courtyards in the residential district
- **project scope**
 - the project makes possible the implementation of a two-year residential requirement, a policy that aligns with the mission to foster greater academic success, greater connection and engagement with the university community and a greater appreciation for diversity
 - sophomore students will be required to live on campus by the 2015-16 academic year
 - the project will increase the number of beds in the North District by 3,200 to a total of 6,400. New dining facilities, recreation facilities and other support facilities will be added
 - the project will deliver the new beds in two phases
 - infrastructure work includes the removal of Curl Drive; extending utilities and duct bank across Woodruff; separating storm and sanitary sewers; and supplying new electrical feeders circuits for the district
- **project update**
 - project is completing master planning and beginning professional services selection

-
- **project team**

University project manager:	Megan Kadel-Edwards
A/E – master planning:	Korda Nemeth Engineering

Project Status Report

South High Rises Renovation and Addition

OSU-109000

Project Location: Stradley, Siebert, Park, Smith and Steeb Hall

346,675 ASF / 600,764 GSF

- status**
on time
on budget



project budget	
construction w/contingency	\$132.9M
professional services	\$22.9M
<u>other costs (comm, equipment, etc.)</u>	<u>\$14.6M</u>
total project budget	\$170.4M

- funding sources**
university debt

project schedule	
BoT design approval	9/09
design/bidding	11/09 – 01/12
BoT construction approval	5/10
construction	05/10 – 07/13
completion/occupancy	10/13



- Framework context**

- project is consistent with general Framework principles of ensuring that the academic mission drives the physical environment, matching building use to building typology, requiring projects to meet multiple goals and improving pedestrian circulation

- project scope**

- renovate Park, Smith, Steeb, Siebert and Stradley Halls
- construct new building additions between Stradley and Park and between Smith and Steeb
- construct a new chilled water facility under the Park/Stradley connector
- this project will utilize a geothermal heating and cooling system with the primary well-field to be constructed under the South Oval
- this project will pursue LEED silver certification per the Green Build and Energy Policy

- project update**

- geothermal well drilling continues to make progress; nearly 250 wells in the South Oval are completed; vertical drilling is expected to complete 1/2013; Hale Hall lot wells are completed
- phase I (Park and Stradley Halls) is complete and opened fall semester
- Smith, Steeb and Siebert Halls work remains on schedule

-
- project team**

University project manager:	Cihanir Calis	
AE/design architect:	Schooley Caldwell Associates Inc	
CM:	Smoot Construction Company	
major contractors:	TP Mechanical (HVAC)	\$12.2M
	Elford Inc. (general)	\$10.6M
	Accurate Electric (electric)	\$7.3M
	Dugan & Meyers Construction (Site – Well Fields)	\$6.6M

Project Status Report

Chemical and Biomolecular Engineering and Chemistry Building

OSU-090581

Project Location: Chemical and Biomolecular Engineering and Chemistry Bldg

235,000 GSF

- **status**

on time

on budget



- **project budget**

construction w/ contingency	\$105.1M
professional services	\$13.8M
<u>other costs (moving, equip, etc.)</u>	\$7.3M
total project budget	\$126.2M



- **funding sources**

state appropriations; development funds-Eng;
general funds-Arts & Sci; general funds-OAA

- **project schedule**

BoT design approval	10/09
design/bidding	08/10 – 05/12
BoT construction approval	09/11
construction	07/12 – 01/15

- **Framework context**

- project is consistent with general Framework principles by creating an environment that supports teaching and learning; creating an accessible campus that enhances connections; and provides flexibility in program and design

- **project scope**

- project will construct a functional and collaborative facility for the Chemical and Biomolecular Engineering department in the College of Engineering and the Chemistry department in the College of Arts & Sciences
- the new building will include research laboratories, faculty offices, seminar rooms, a lecture hall, and teaching laboratories; the building will also include a nuclear magnetic resonance facility
- the new facility will be located on the south side of Woodruff Avenue, the former location of Boyd Lab, Johnston Lab, the Aviation Building and Haskett Hall; these facilities have been demolished as part of a separate, enabling project
- project is striving for LEED silver certification
- project construction will use the CM at Risk delivery method

- **project update**

- main project construction is nearly 15% complete
- civic improvements for the North Green Design are 25% complete

- **project team**

University project manager: Mark Scott/Faye Bodyke
 A/E: Burt Hill/Pelli Clarke Pelli
 CM at Risk: Gilbane Building Co.

Project Status Report

South Campus Central Chiller Plant

OSU-090344

Project Location: Chiller Plant, South Campus Central

55,500 GSF

- **status**

on time
on budget



- **project budget**

construction w/contingency	\$62.3M
professional services	\$14.9M
<u>other costs</u>	<u>\$0.1M</u>
total project budget	\$77.3M

- **funding sources**

university debt

- **project schedule**

BoT design approval	09/08
design	08/09 – 04/11
BoT construction approval	05/10
construction	12/10 – 11/12
chilled water supply begins	08/12
full occupancy	04/13



- **Framework context**

- project is consistent with general Framework principles of ensuring the academic mission drives the physical environment and meets multiple goals

- **project scope**

- construct a chilled water plant to support the projects and facilities on south campus, including those that are part of the Medical Center Expansion
- facility will have a total chilled water capacity of 20,000 tons and the ability to expand to an additional 10,000 tons
- this project is an Ohio construction reform pilot design-assist project

- **project update**

- six chillers have been installed; commissioning and chilled water supply began 8/17/2012
- a seventh chiller has been added to support Radiation Oncology in the new Cancer and Critical Care Tower; piping, pumps, electric, controls and appurtenances are being installed to make it operational
- an eighth chiller has been added to support distribution of chilled water to Parks Hall, the Riffe Building, and the Biological Sciences Building; no funds were added to the project to accommodate the eighth chiller, funding was available through value engineering and budget management efforts
- installation of the seventh and eighth chillers is progressing

- **project team**

University project manager:
AE/design architect:
CM:
major contractors:

AI Stazzone
Champlin Architecture/Ross Barney
The Whiting Turner Contracting Company
Kirk Williams Company Inc (general)
Electrical Specialists, Inc (electric)

\$15.5M
\$15.0M

Project Status Report

Campus Electric Capacity, Phase 2 (New Substation)

OSU-081042

Project Location: N/A

- **status**

on time
on budget



- **project budget**

construction w/contingency	\$41.3M
professional services	\$7.4M
total project budget	\$48.7M



- **funding sources**

university debt

- **project schedule**

BoT design approval	11/08
AEP construction	06/10 – 03/12
design/bidding	02/10 – 12/11
BoT construction approval	02/11
construction	05/11 – 03/13

- **Framework context**

- this project is consistent with the Framework principles to improve existing campus infrastructure and provide for future growth

- **project scope**

- this project will construct a new electrical substation to meet current and future campus electrical demands; the substation will be built to support mid-range needs but designed such that campus growth, expansion of on-campus generation and backup power systems can be supported over the next 50 years
- the new substation will be the primary source of power to buildings west of the Olentangy River
- the new substation will also provide redundancy to the existing substation to improve electrical reliability in support of business continuity and risk management planning
- campus electrical demand will exceed the capacity of the current substation within the next five to eight years due to the expansion of the Medical Center, growing laboratory and research activities and the Student Life housing plan to increase conditioned student housing
- energy conservation will off-set a portion of the growth but will not eliminate the need for a new substation

- **project update**

- the substation is now operational
- river crossing work is now complete
- cable installation is scheduled for 01/2013

- **project team**

University project manager:	Tom Carmody
A/E:	Patrick Engineering Inc.
major contractors:	The Ryan Company, Inc (electric) Danis Building Construction Co. (general)

\$4.5M
\$2.5M

Project Status Report

East Regional Chilled Water Plant

5062-PF07357

Project Location: East Regional Chilled Water Plant

N/A ASF / N/A GSF

- status**

on time
on budget



- project budget**

construction w/ contingency	\$33.0M
professional services	\$7.0M
<u>other costs (commissioning, equipment)</u>	\$3.0M
total project budget	\$43.0M



- funding sources**

university debt

- project schedule**

BoT design approval	02/10
design/bidding	12/10 – 06/12
BoT construction approval	02/12
construction	07/12 – 07/14

- Framework context**

- this project is consistent with the Framework principles to improve existing campus infrastructure and provide for future growth

- project scope**

- develop and construct a regional chilled water plant to connect buildings in the Academic Core North area that are not currently served by the McCracken Chiller Plant
- the plant will provide reliable year-round chilled water and will conserve energy compared to providing individual building chillers
- the first phase will connect the new Chemical and Biomolecular Engineering and Chemistry Building; future phases will connect to other buildings in the Academic Core North
- this project will use the CM at Risk delivery method

- project update**

- a mock-up for review of the building materials has been constructed and includes the glass curtain wall and metal cooling tower screen

- project team**

University project manager:	Tom Ekegren
A/E:	GBBN Architects, Inc.
CM at Risk:	Shook Inc.

Project Status Report

Sullivant Hall and Billy Ireland Cartoon Library & Museum

OSU-091418

Project Location: Sullivant Hall

74,000ASF / 150,000 GSF

- status**

on time
on budget



- project budget**

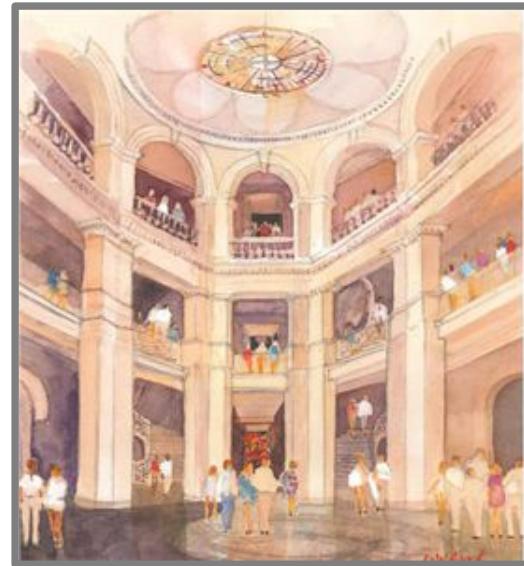
construction w/ contingency	\$23.8M
professional services	\$3.7M
<u>other costs (moving, equipment, etc.)</u>	\$4.1M
total project budget	\$31.6M

- funding sources**

state appropriations; development funds; Arts & Sci
general funds; Libraries general funds

- project schedule**

BoT design approval	06/09
design/bidding	01/10 – 08/12
BoT construction approval	04/11
construction	01/12 – 10/13



- Framework context**

- during the Framework planning, Sullivant Hall was identified as a key building within the Arts District
- project is consistent with general Framework principles of ensuring the academic mission drives the physical environment, matching building use to building typology, requiring projects to meet multiple goals, and improving wayfinding
- project is also consistent with the vision for the Arts District, particularly in helping to make the district accessible to both campus and community

- project scope**

- renovate Sullivant Hall to create a new home for the Billy Ireland Cartoon Library & Museum, currently located in the Wexner Center; renovate space for the Department of Dance, Department of Art Education and relocate the Music/Dance Library; upgrade for a 300 seat theater/lecture hall; provide Arts & Sciences collaborative space; and a new home for the Barnett Center for Integrated Arts and Enterprise and for the Advanced Computing Center for the Arts and Design (ACCAD)
- improvements for the Department of Dance spaces will include dance studios, flexible teaching and office space; fit-out of the Barnett Theater; Department of Dance space in Pomerene will be relocated to the renovated Sullivant Hall
- renovation work includes improving ADA access to the building; addressing building deferred maintenance; improvements to windows; roof replacement; tuck pointing of existing building exterior stone; upgrading lobby entries; mechanical and electrical upgrades; and a new building fire suppression system
- this project will pursue LEED silver certification per the Green Build and Energy Policy
- the main construction portion of the project will use the CM at Risk delivery method

- project update**

- new window frame installation is underway, with 70% of frames currently installed; new roof and the north lobby curtain wall installation will begin winter 2013; remainder of the building envelope will be completed by spring for the start of interior finishes
- new concrete deck at the 2nd floor south wing (former Music and Dance Library stacks) is completed
- interior wall framing, duct work, piping and conduit work underway

- project team**

University project manager:	Nikolina Sevis
A/E:	Acock Associates Architects
CM at Risk	Pepper Construction Company of Ohio

Project Status Report

Vet Hospital Renovation and Expansion

OSU-120502

Project Location: Veterinary Hospital

139,893 ASF/222,496 GSF

- **status**
on time
on budget



• project budget	
construction w/contingency	\$19.6M
professional services	\$3.0M
<u>other costs (moving, equip, etc.)</u>	<u>\$2.4M</u>
total project budget	\$25.0M

- **funding sources**
development funds; general funds

• project schedule	
BoT design approval	10/12
design	02/13 – 08/14
construction	06/14 – 06/16

- **Framework context**
 - project is consistent with general Framework principles of investing in campus infrastructure, addressing deferred maintenance and meeting business continuity requirements
- **project scope**
 - construct an addition of approximately 9,000 GSF and renovate 60,000 GSF of space
 - improvements include new, state-of-the-art clinical, surgery and teaching spaces; a new emergency entrance; improvements to patient room, animal holding and admission and discharge areas; renovations to faculty and staff offices and multi-purpose rooms
 - this project will seek LEED silver certification
 - this project will use the CM at Risk delivery method
- **project update**
 - the design firm (A/E) and CM at Risk selection are underway

-
- **project team**

University project manager:	Paul Lenz
AE/design architect:	tbd
CM at Risk:	tbd

Project Status Report

Steam and Condensate Distribution System Upgrades Phase 2

OSU-081060

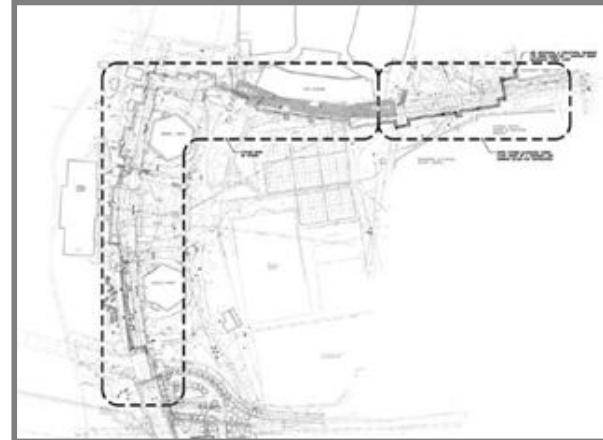
Project Location: N/A

N/A ASF / N/A GSF

- **status**
on time
on budget
- **project budget**

construction w/ contingency	\$18.7M
<u>professional services</u>	<u>\$2.4M</u>
total project budget	\$21.1M
- **funding sources**
university debt; general funds; plant funds
- **project schedule**

BoT design approval	05/10
design	01/11 – 02/12
BoT construction approval	09/11
bidding – bid package 1	10/11
bidding – bid package 2	01/12
bidding – bid package 3	11/12
construction – bid package 1	11/11 – 05-13
construction – bid package 2	03/12 – 06/13
construction – bid package 3	02/13 – 08/13
- **Framework context**
 - project is consistent with general Framework principles of investing in campus infrastructure and ensuring reliable service
- **project scope**
 - provide upgrades to deteriorated steam distribution lines, increase capacity, and allow for campus expansion
 - replaced steam lines will support the Midwest campus area and provide a new steam piping and condensation return system for Cannon Drive to the new hospital tower
 - new piping will replace failing direct buried piping and will be installed in tunnel sections
 - these upgrades will improve energy consumption and reduce water use in support of campus sustainability goals
- **project update**
 - the project will also include an additional duct bank placed at the request of the OCIO; upgrades to the basketball and volleyball courts that are replaced by this project at the request of Student Life; correct drainage issues at Drake Union by combining with this project to minimize the impact to the residents of the towers and Drake Union, at the request of Business Advancement
 - the final bid package has been awarded and construction is anticipated to start in early 2013



• project team	
University project manager:	Kevin Koesters
A/E:	RMF Engineering
major contractors:	Kenmore Construction (general) Marvin W. Melke Inc. (HVAC) George J. Igel & Co. (general)
	\$4.5M
	\$3.1M
	\$2.6M

Physical Environment Scorecard

November 30 YTD

	Start of Year	Current Year Target	Progress Against Current Year Target	2020 Goal
A. Stewardship				
1. Integrated Physical Asset Management Systems - Percent Completed	10%	15%		100%
B. Enhancing Campus Environment and Advancing Framework Initiatives			On Time / On Budget	
1. Safety Index				
a) On Campus - Rolling 12 month comparison 2011 vs 2012			reduce by 5%	
Aggravated Assault	3/0			
Burglary	12/16			
Robbery	9/6			
Sex Offense Forceable	7/7			
b) Off Campus (CPD - University District) Mar - Nov 2011/2012 comparison			reduce by 5%	
Aggravated Assault	31/29			
Burglary	688/471			
Robbery	188/156			
Sexual Assault	12/7			
2. Satisfaction Index (parking, roadways, traffic etc.)		3.0		4.2
3. Percent Key Framework Plan Initiatives Implemented	15%	90%		
C. Percent Major Capital Projects On Time and On Budget				
1. Major Projects (>\$20M) and in Construction				
D. Percent Key Sustainability Initiatives Implemented (Measured by Calendar Year)				
1. Recycling - Amount of waste diversion by 2013 (monthly)	31%	32%		40% by 2013
2. Diversion Rate - Tons of campus materials (annually)	31%	32%		90% by 2030
E. Facilities Operations				
1. Energy Utilization Index	6%	1.75%		20% by 2020
2. Building and Grounds Satisfaction Index				
3. Environmental Safety Index (Measured by Calendar Year)				

- Meets or Exceeds Goal Performance Up
- Caution No Change in Performance
- Below Goal - Action Needed Performance Down
- Data Pending

The Ohio State University
Board of Trustees

February 1, 2013

AUTHORIZATION TO APPROVE ATHLETIC PRICES AND FEES

Synopsis: Approval of athletic ticket prices for Fiscal Year 2014 and golf course membership fees for Calendar Year 2013 at the recommended levels is requested.

WHEREAS The Ohio State University Athletics Department 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 Ohio State has not raised ticket prices in more than three years; and

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

WHEREAS the Athletic Council has approved increases for football and men's basketball tickets, and for golf course membership fees shown on the attached tables; 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 increases for football and men's basketball tickets for Fiscal Year 2014, and for golf course membership dues and fees for Calendar Year 2013, be approved.

The Ohio State University
Board of Trustees

February 1, 2013

**THE OHIO STATE UNIVERSITY BOARD OF TRUSTEES
FINANCE COMMITTEE**

January 31, 2013

TOPICS: Football and Men's Basketball Ticket Prices
Golf Course Membership and Daily Green Fees

CONTEXT:

Ohio State is one of the few institutions in the country whose athletics programs are self-sustaining. We do not use funds from non-athletic sources to pay for athletic programs. Our programs support more than 1,000 student-athletes and help them succeed both on the field and off, including achievement of an 81 percent graduation rate. Funds generated from ticket sales are used to support scholarships for 600 student-athletes.

As an essential part of Ohio State, the Athletics Department contributes financially to the university's academic mission, returning about 25 percent of its budget each year to the university to support libraries, scholarships and other academic needs. Additionally, the Athletics Department is responsible for maintaining the world-class facilities that allow us to attract the best and brightest student-athletes, coaches and athletics staff – and to field championship teams. In the face of rising operating costs for next fiscal year, the Athletic Council and University administrators have reviewed and recommended increases in the price of football and men's basketball tickets and golf course membership fees.

RECOMMENDATION:

For football tickets (2013 football season) –

- Increase the Reserved Public football ticket price by \$9 per game for designated non-Premier home football games.
- Option to designate up to two home football games as "Premier Games" and price those Reserved Public tickets between \$79 and up to a maximum \$125 and \$150 per game, respectively, or up to a maximum \$175 for a single Premier Game identified in a single season.
- Increase the Student football ticket price by \$2 per game. Student tickets will not be subject to the Premier Game pricing.

For Men's Basketball Tickets (2013-2014 basketball season) –

- For Conference games only, an increase of \$6 per game for Personal Seat License (PSL) and Reserved Public tickets in the lower bowl seats, and an increase of \$4 per game for Reserved Public tickets in the upper bowl seats.
- For Conference games only, an increase of \$4.50 per game for Faculty/Staff tickets in the lower bowl seats, and an increase of \$3 per game for Faculty/Staff tickets in the upper bowl seats.
- For Conference games only, an increase of \$1 per game for Student tickets in all seat locations.
- Option to designate up to five (5) select Non-Conference or Conference home games as "Premier Games" and price the Personal Seat License seats at \$47, Reserved Public lower bowl seats at \$46, Reserved Public upper bowl seats at \$25, Faculty/Staff lower bowl seats at \$37, Faculty/Staff upper bowl seats at \$20, and Student tickets at \$13 per game.
- There will be no price increase for all Non-Conference games, except for those designated as "Premier Games".

The Ohio State University
Board of Trustees

February 1, 2013

For 2013 Golf Course Membership Dues and Green Fees (Fiscal Year 2014) –

- A 1.5% increase is proposed for annual membership dues for Alumni/Affiliates, Faculty/Staff, OSU Student and OSU Affiliate Family membership categories.
- Daily green fees for all groups, the food and beverage minimum and the annual tournament fee remains unchanged.

CONSIDERATIONS:

Football Tickets:

- The proposed single game ticket price is the first increase requested in three seasons since 2010.
- The proposed \$79 single game ticket price is the top of the Big Ten Conference, however, it remains below the premier game prices charged by other conference institutions and comparable high-profile athletic programs.
- We are introducing the option of “Premier Game” ticket pricing that has been in use by other Big Ten institutions and various athletic programs across the country. In our experience the Ohio State Buckeyes, as the visiting team, has been the premium-priced game for other conference institutions and high-profile opponents. Following the conclusion of the football season, the Department of Athletics (in consultation with Athletic Council) would have the option to identify up to two home game opponents in the next season as “Premier Games” and price those games within the range identified.
- The student ticket price increases \$2 for the 2013 season, but the \$34 student ticket price is 43% of the reserved public ticket price.

Men’s Basketball Tickets:

- The proposed single game ticket price increase is the first increase requested in two seasons since 2011-2012. The requested ticket price increase is for conference games only. There will be no price increase for most non-conference games. This proposed increase will keep our price in line with the top basketball programs at benchmark universities.
- We are introducing the option of “Premier Game” ticket pricing in basketball that has been in use by other Big Ten institutions and various athletic programs across the country. Each spring, the Department of Athletics (in consultation with Athletic Council) would have the option to identify up to five home game opponents in the next season as “Premier Games”.

Golf Course Fees:

- Alumni/Affiliates, Faculty/Staff, OSU Student and OSU Affiliate Family membership dues will increase 1.5% for 2013, but the new dues continue to be 50% of the average 2012 membership for similar public courses in this area.
- Daily green fees will be unchanged from last year.

REQUESTED OF FINANCE COMMITTEE:

Approval

The Ohio State University
Board of Trustees

February 1, 2013

APPROVAL OF NEW 350 BLOCK MEAL PLAN AND ITS RELATED FEE

SYNOPSIS: New meal plans were established with the beginning of the semester structure for Autumn Semester 2012. At the end of this first semester, there were a significant number of students who had purchased the smallest available block plan (450 Block Meal Plan) and had a surplus number of blocks remaining at the end of the semester. At the end of the semester, Student Life issued a \$3 credit for each of the unused blocks and posted the amount to each student's BuckID cash. As a result, the University developed a new block meal plan (350 Block Meal Plan) for implementation for Spring Semester based on the student feedback from Autumn Semester. The new 350 Block Meal Plan will provide a smaller number of blocks while still maintaining the flexibility of the block meal plan system. The 350 Block Meal Plan will be the second most affordable meal plan and will be priced at \$1,850/semester, which includes \$150 BuckID cash. In order to implement this plan for Spring Semester, provisional approval for the new plan and its related fee was received from Robert H. Schottenstein, Chair of the Board of Trustees and W.G. Jurgensen, Chair of the Finance Committee, Board of Trustees.

WHEREAS the Board of Trustees of The Ohio State University supports the University's continued implementation of the Academic Plan and its initiatives to meet the needs of Ohio State students; and

WHEREAS it was determined that an additional meal plan was needed to reflect the needs and wishes of parents and students; and

WHEREAS provisional approval for this new plan and its related fee was received from Robert H. Schottenstein and W.G. Jurgensen:

NOW THEREFORE

BE IT RESOLVED, That the 350 Block Meal Plan will be formally established and the new fee implemented as outlined in the attached memo and documentation as presented for provisional approval of the fee in December 2012 and to the Finance Committee of the Board of Trustees on January 31, 2013; and

BE IT FURTHER RESOLVED, That the new fee shall be effective Spring Semester 2013.

The Ohio State University
Board of Trustees

February 1, 2013

Background on New 350 Block Meal Plan

Beginning with the conversion to semesters, the Office of Student Life implemented new meal plans for Fall Semester 2012, replacing the swipe program. These new plans included a 600 Block Meal Plan and a 450 Block Meal Plan. At the end of Fall Semester, many students who had purchased the 450 Block Meal Plan had a significant number of blocks remaining. Students were refunded \$3 per block and the cash was posted to their BuckId account.

After assessing the situation, it was determined that an additional plan with fewer blocks was needed. A plan was developed for a 350 Block Meal Plan to be implemented for Spring Semester 2013. The 350 block meal plan has been priced between the previously approved 450 block and the traditional plan adjusted for volume discount. Given that this meal plan is a new service level with a new fee it is necessary for the Board of Trustees to approve the fee.

See the attached chart which outlines the meal plans to be offered beginning Spring Semester 2013.

The Ohio State University

FY 2013 Room and Board Rates as Approved by the Board of Trustees

Predominate Undergraduate Room and Board Rates

Room		FY 2012	FY 2013	Change
Rate I	(air-conditioned doubles w/suite bath, singles, Neilwood & Worthington/Neil apts)	\$6,810	\$7,220	6.0%
Rate II	(air-conditioned quads w/suite bath, semi-private baths, doubles w/corridor bath)	\$5,685	\$6,020	5.9%
Rate III	(non air-conditioned doubles, triples, and quads w/corridor bath)	\$5,295	\$5,620	6.1%
Board		FY 2012	FY 2013	Change
Deluxe	(250 meal swipes/quarter plus \$300 Buck ID flex spending)	\$5,235		
Buckeye	(200 meal swipes/quarter plus \$300 Buck ID flex spending)	\$4,980		
Scarlet	(150 meal swipes/quarter plus \$300 Buck ID flex spending)	\$4,470		
Carmen	(125 meal swipes/quarter plus \$300 Buck ID flex spending)	\$4,080		
Gray	(100 meal swipes/quarter plus \$300 Buck ID flex spending)	\$3,675		
Traditional	(19 meals/week no Buck ID flex spending)	\$3,375		

New Meal Plans for FY 2013

Students will have improved meal plan options available Autumn semester when more flexible block plans replace the current swipe plans. Meal plans will have more blocks available, each with an approximate value of \$4.45. Menu pricing will determine the number of blocks used for each purchase, enabling students to use only one block for a smaller meal instead of the full value swipe used today. Enhancements to the Traditional plan will increase attractiveness and flexibility for students. In addition to the current 19 meals per week, the plan will have an additional 2 blocks available for use at any dining location.

Unlimited	(Included \$300 Buck ID flex spending)	\$5,300
600 Block	(600 blocks/semester plus \$300 Buck ID flex spending)	\$5,100
450 Block	(450 blocks/semester plus \$300 Buck ID flex spending)	\$4,350
Traditional	(19 meals plus 2 blocks per week no Buck ID flex spending)	\$3,475

Room and Board Combined		FY 2012	FY 2013	Change
Rate I with base meal plan		\$10,185	\$10,695	5.0%
Rate II with base meal plan		\$9,060	\$9,495	4.8%
Rate III with base meal plan		\$8,670	\$9,095	4.9%

Proposed new Block Plan

350 Block	(350 blocks/semester plus \$300 Buck ID flex spending)	\$3,700
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The Ohio State University
Board of Trustees

February 1, 2013

FISCAL YEAR 2013 MAY SESSION AND SUMMER SESSION ROOM AND BOARD

Synopsis: Fiscal Year 2013 May Session and Summer Session room and board rates at the Columbus Campus, Agricultural Technical Institute (ATI), Mansfield Campus and Newark Campus at The Ohio State University for Fiscal Year 2013 are proposed, effective May Session of Fiscal Year 2013.

WHEREAS the Board of Trustees of The Ohio State University supports the University's continued implementation of the Academic Plan and its initiatives to meet the needs of Ohio State students; and

WHEREAS consultations have taken place within the University to determine the appropriate May Session and Summer Session room and board charges, as described in the accompanying text and tables which have been reviewed and recommended:

NOW THEREFORE

BE IT RESOLVED, That the May Session and Summer Session Room and Board rates will be implemented as outlined in the attached document as presented to the Finance Committee of the Board of Trustees; and

BE IT FURTHER RESOLVED, That these increases described in the attached document shall be effective May Session of Fiscal Year 2013.

The Ohio State University
Board of Trustees

February 1, 2013

**The Ohio State University Board of Trustees
Finance Committee**

January 31, 2013

Topic:

May Session and Summer Session Room and Board for Fiscal Year 2013

Content:

Establishing specific room and board charges for May Session and Summer Session for Fiscal Year 2013 now will allow students to plan for their summer room and board needs.

Summary:

- Approval of May Session room and board rates for the Columbus campus, the Agricultural Technical Institute, Mansfield Campus and Newark Campus
- Approval of Summer Session room and board rates for the Columbus campus, the Agricultural Technical Institute, Mansfield Campus and Newark Campus

Requested of Finance Committee:

Approval of the attached resolution regarding Fiscal Year 2013 May Session and Summer Session room and board rates.

The Ohio State University
Board of Trustees

February 1, 2013

Proposed Fiscal Year 2013 May Session and Summer Session Room and Board Rates

The Summer Term as constructed with the implementation of the semesters consists of a May Session that is four weeks and a Summer Session that is nine weeks. Given that this structure is different than the Autumn and Spring Semesters, it is necessary to implement specific fees for these unique terms.

May Session

Given that individual students can have significantly different needs based on the coursework they choose for May Session, it was decided that the May Session Room rates would be based on a daily, weekly or full term plan and May Session Board rates would be either daily or an 80 Block Meal Plan for the Columbus Campus. The Regional Campuses will have the same Board rates, but the room rates are specific to their campuses. See the attached chart for rates. It is anticipated that many students will be participating in study abroad programs and may only spend a limited amount of time on campus and other courses may not utilize the full four week timeframe.

The Board Plan for the May Session will be optional.

Summer Session

There will be two Summer Session room rates for the Columbus Campus. There will be three options for Board plans that include a set amount of blocks and BuckID flex spending cash. The Regional Campuses will have the same Board rates, but the room rates are specific to their campuses. See the attached chart for details.

The Board Plan for the Summer Session will be optional.

Summer Term

If a student chooses to attend both May Session and Summer Session, that student will pay the total of the options they choose for May Session and for the Summer Session for the Summer Term.

The May Session and Summer Sessions rates are proportional to the Fiscal Year 2013 Semester Room Rate I or Room Rate II on the Columbus Campus and to the Fiscal Year 2013 Semester Rates at each of the regional campuses. May Session and Summer Session is 13 weeks, or 76%, of the 17 weeks in Spring Semester. The total rate for the May Session and Summer Session equals 75% of the total Semester Rate at each campus.

The Ohio State University
Proposed FY 2013 May Session and Summer Session Room and Board Rates

Room	Spring Semester 2013	May/Summer 2013
Columbus Campus		
May Session		
Daily Rate (6 days or less)	\$35	
Weekly Rate	\$210	
Full May Session	\$800	
Summer Session Room Rate I	\$1,910	
Summer Session Room Rate II	\$1,460	
Summer Term Room Rate I	\$2,710	
Summer Term Room Rate II	\$2,260	
Spring Semester Room Rate I	\$3,610	
Spring Semester Room Rate II	\$3,010	
ATI		
May Session	\$800	
Summer Session	\$1,600	
Spring Semester Rate	\$3,200	
Mansfield		
May Session	\$800	
Summer Session	\$1,525	
Spring Semester Rate	\$3,100	
Newark		
May Session	\$800	
Summer Session	\$1,810	
Spring Semester Rate	\$3,480	
Board - Same plans for Columbus and Regional Campuses		
May Session - Columbus and Regional Campuses		
Daily Rate (3 blocks per day)	\$14.25	
80 Block (80 blocks plus \$25 BuckID flex spending)	\$400	
Summer Session - Columbus and Regional Campuses		
80 Block (80 blocks plus \$25 BuckID flex spending)	\$400	
160 Block (160 blocks plus \$50 Buck ID flex spending)	\$780	
196 Block (196 blocks plus \$120 BuckID flex spending)	\$1,000	
Spring Semester - Columbus Campus		
Unlimited	\$2,650	
600 Block (600/semester plus \$300 BuckID flex spending)	\$2,550	
450 Block (450 blocks/semester plus \$300 BuckID flex spending)	\$2,175	
350 Block (350 blocks/semeter plus \$300 BuckID flex spending)	\$1,850	
Traditional (19 meals plus 2 blocks per week; no BuckID flex spending)	\$1,738	
Spring Semester - Regional Campuses		
80 Block (80 blocks plus \$25 BuckID flex spending)	\$400	
160 Block (160 blocks plus \$50 Buck ID flex spending)	\$780	

The Ohio State University
Board of Trustees

February 1, 2013

CONTRACTS

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACTS

Infrastructure Master Plan Update

Rhodes, Doan, James Cancer Center Renovation Planning
Steam and Condensate Distribution System Phase 3

APPROVAL TO ENTER INTO/INCREASE CONSTRUCTION CONTRACTS

OARDC – Replace Agronomy and Forestry Greenhouses

Smith Lab Rehabilitation
Steam and Condensate Distribution System Phase 3

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

WHEREAS in accordance with the attached materials, the University desires to undertake and enter into professional services contacts for the following projects:

	Prof. Serv.	Total Project	
Infrastructure Master Plan Update	\$0.3M	\$0.3M	FOD funds
Rhodes, Doan and James Cancer Center Renovation Planning	\$2.0M	\$2.0M	WMC Operating Capital
Steam and Condensate Distribution System Upgrades Phase 3	\$1.3M	\$8.4M	University debt

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

	Const.	Total Project	
OARDC – Replace Agronomy and Forestry Greenhouses	\$4.3M	\$4.6M	Insurance funds General funds
Smith Lab Rehabilitation	\$10.8M	\$12.6M	State appropriations General funds University debt
Steam and Condensate Distribution System Upgrade Phase 3	\$7.1M	\$8.4M	University debt

NOW THEREFORE

BE IT RESOLVED, That the President and/or Senior Vice President for Administration and Planning be authorized to enter into professional services contracts and enter into/increase 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.

Project Data Sheet for Board of Trustees Approval

Infrastructure Master Plan Update

OSU-120715

Project Location: N/A

N/A GSF

- **approval requested and amount**
professional services \$0.34M
- **project budget**
professional services \$0.34M
project contingency \$0.02M
total project budget \$0.36M
- **funding sources**
repair and renovation funds
- **project schedule**
study start 02/13
study completion 05/13
- **project scope**
 - update the Infrastructure Master Plan that was developed in 2006 to align with the Ohio State Framework, which was completed in 2010
 - develop plans to provide heating and cooling for potential developments in five campus areas – Health Sciences District, St. John Arena and North Resident District, Academic Core North, Herrick Drive Research Corridor, and River Housing District
 - systems to be considered are steam, chilled water, gas, domestic water, telecommunications, district electrical service and infrastructure tunnels
- **approval requested**
 - approval is requested to enter into professional services contracts



-
- **project team**
University project manager: Glen Yoder
A/E – feasibility study: tbd

Project Data Sheet for Board of Trustees Approval**OARDC – Replace Agronomy and Forestry Greenhouses**

OSU-120212

Project Location: Agronomy Field Greenhouse

16,340 GSF

• approval requested and amount

construction increase \$4.3M

• project budget

construction w/contingency \$4.3M

other costs (fees, equip, etc.) \$0.3M

total project budget \$4.6M

• funding sources

insurance settlement funds, general funds

• project schedule

BoT approval 02/12

design 06/12 – 05/13

construction 06/13 – 03/14

• project scope

- construct replacement greenhouses at Williams Hall that were heavily damaged by the September 2010 tornado
- the project will also construct a headhouse
- existing greenhouses have already been demolished
- replacement of this facility supports the campus priority of providing modern research facilities
- this project will be delivered as a design/build with a criteria architect/engineer and a design/build firm

• approval requested

- approval is requested to increase construction contracts; the total project cost increased from \$4.1M to \$4.6M; the project estimate was refined by the criteria architect, resulting in an increase to the project cost to best achieve the project scope
- the increase will be covered by department general funds

**• project team**

University project manager:

Rick Van Deusen

criteria architect:

SFA Architects

design/build:

tbd

The Ohio State University
Board of Trustees

February 1, 2013

BACKGROUND

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACT THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER RHODES, DOAN, JAMES CANCER CENTER RENOVATION PLANNING

The new Cancer Hospital and Critical Care Tower remains on target for a substantial completion date of September 2014. The move out of the existing James Cancer Hospital occurs throughout the remainder of 2014. The facility is to be largely vacated at that time. It will then be 25 years old, having opened in 1989.

This contract engages national thought leaders in planning and programming to work with user groups in developing functional and space programs for a Brain and Spine Hospital in the vacated James. Similar programming will occur for an embedded Women and Infants program in the portions of Rhodes, Doan and the vacated James which best leverage current spaces and previous investments. All beds will become private. Programming of Rhodes Hall upgrades also includes the creation of all private patient room accommodations, as well as an identity for OSUWMC's flagship University hospital.

Services include review and analysis of previous planning work, analysis of existing facilities, accommodation of OSUWMC's three core mission groups in programmed spaces, application of best practices and benchmarking related to Top Tier Academic Facilities and their programs (Neurosciences, Transplant, Women and Infants, General and Specialty Medical Surgical Services), cost estimating and scheduling. Deliverables utilize the University's template for a Program of Requirements.

These planning services seek for existing facilities a level of 'reasonable comparability' to the new buildings. This involves patient satisfiers and public amenities, workplace of choice investments for staff, improved way finding, and the inclusion of some academic and research spaces. The basic strategy uses Doan to support Rhodes once demand allows Doan beds to be decommissioned. Standardization is encouraged over customization for operating economies, with private rooms arrayed in 12 bed groupings. This planning is viewed as a key step in a longer term reinvestment strategy where the Ross Heart Hospital is the metric for 'reasonable comparability'.

Timing of this approval allows for the Program of Requirements and related deliverables on or about June 30, 2013. This then permits subsequent reviews and approvals, professional selection, and A/E services such that construction occurs when the building is vacant.

Project Data Sheet for Board of Trustees Approval

Smith Lab Rehabilitation

OSU-090442

Project Location: Smith Laboratory

133,735 / 219,438 GSF

- **approval requested and amount**

construction	\$10.8M
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- **project budget**

construction w/contingency	\$10.8M
professional services	\$1.4M
other costs (commissioning)	\$0.4M
total project budget	\$12.6M

- **funding sources**

state appropriations, general funds, university debt

- **project schedule**

BoT design approval	04/09
design/bidding	04/11 – 03/13
construction	03/13 – 04/14

- **project scope**

- mechanical upgrades to the HVAC in the 1957 and 1967 additions; upgrades to the fire alarm and sprinkler systems throughout the building
- HVAC work includes improvements to duct work, terminal boxes and controls
- chilled water will be supplied from the chilled water plant and replace the building chillers
- project work will be phase based on building occupancy and uses
- the project will be delivered using the CM at Risk method

- **approval requested**

- approval is requested to enter into construction contracts



- **project team**

University project manager:
AE/design architect:
CM at Risk

Mark Scott
Prater Engineering Associates
Gilbane Building Co.

Project Data Sheet for Board of Trustees Approval**Steam and Condensate Distribution System Upgrades Phase 3**

OSU-1308009

Project Location: N/A

N/A GSF

• approval requested and amount

professional services	\$1.3M
construction	\$7.1M

• project budget

professional services	\$1.3M
construction w/ contingency	\$7.1M
total project budget	\$8.4M

• funding sources

University debt

• project schedule

design/bidding	05/13 – 12/13
construction	01/14 – 12/14

**• Framework context**

- this project is consistent with the Framework principles to improve existing campus infrastructure and provide for future growth

• project scope

- address steam and condensate issues in the Midwest campus area; due to failures in the existing system, condensate is not being returned to these areas resulting in increased energy costs
- provide return condensate from James Cancer Center, Postle Hall, Jennings Hall and Arnoff Laboratory.

• approval requested

- approval is requested to enter into professional services and construction contracts

• project team

University project manager:	Kevin Koesters
AE/design architect:	tbd
major contractors	tbd

The Ohio State University
Board of Trustees

February 1, 2013

**LONG-TERM GROUND LEASE BETWEEN THE OHIO STATE UNIVERSITY AND
BIOHIO RESEARCH PARK CORPORATION - OARDC WOOSTER CAMPUS**

SYNOPSIS: Authorization is requested to enter into a 40 year ground lease, with options for two 10 year renewal periods, with BioHio Research Park Corporation for approximately 90 acres of land located at the Ohio Agricultural Research and Development Center (OARDC) Wooster Campus.

WHEREAS in 2010 OARDC recommended, together with local, regional, and state partners, the establishment of BioHio as an agbiosciences research park associated with the Wooster campus; and

WHEREAS upon Trustee approval the BioHio Research Park Corporation (BRPC) was established as a University affiliate, to support the research, development and commercialization of agbioscience and related technologies; and

WHEREAS in support of the mission of BioHio, the University is proposing a lease of approximately 90 acres of land for an initial term of 40 years, and subject to two 10 year renewal options; and

WHEREAS all building, facilities and other improvements to the leased premises are to be constructed and maintained by the BRPC at its sole cost and expense:

NOW THEREFORE

BE IT RESOLVED, That the President and/or the Senior Vice President for Business and Finance be authorized to take any action required to effect the execution of a 40 year ground lease, with options to renew for two ten-year periods, for approximately 90 acres of land located in Wooster, Ohio under terms and conditions determined to be in the best interest of the University.

The Ohio State University
Board of Trustees

February 1, 2013

**LONG-TERM GROUND LEASE BETWEEN THE OHIO STATE UNIVERSITY AND
BIOHIO RESEARCH PARK CORPORATION - OARDC WOOSTER CAMPUS**

Background

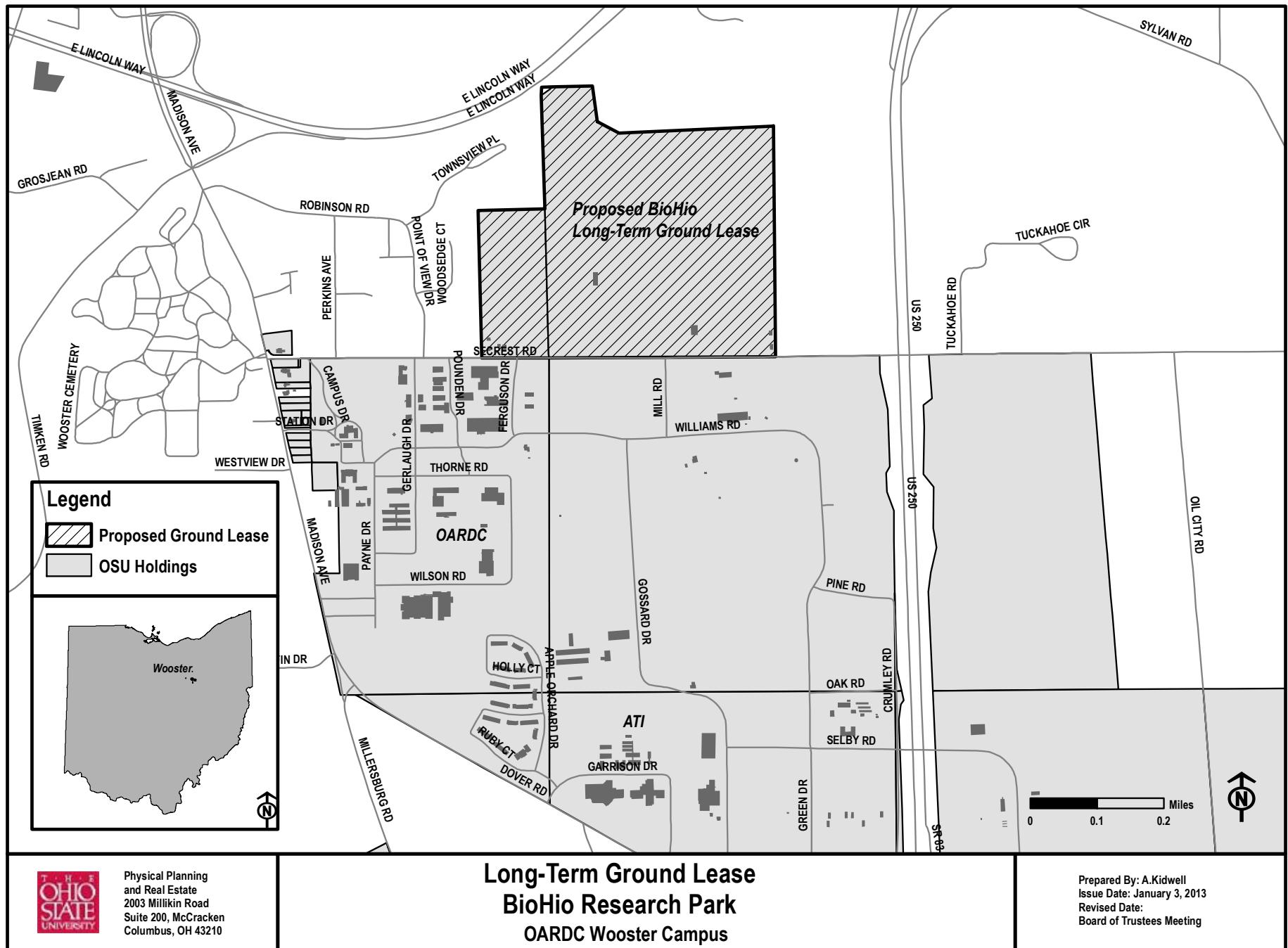
In 2010, The Ohio State University's Ohio Agricultural Research and Development Center (OARDC) recommended to the Board of Trustees, together with local, regional, and state partners, the establishment of BioHio as an agbiosciences research park associated with the Wooster campus. Upon Trustee approval the BioHio Research Park Corporation (BRPC) was established as a University affiliate, to support the research, development and commercialization of agbioscience and related technologies. In support of the mission of BioHio, the University is proposing a lease of approximately 90 acres of land at the Wooster campus to the BRPC.

Terms of Lease

The proposed lease is for an initial term of 40 years at an annual rent rate of \$1.00, and subject to two 10 year renewal options. Development of the land shall conform to an initial comprehensive Master Development Plan to be prepared by BRPC and approved by the University. The renewals are subject to University approval of the BRPC's updated Master Development Plan. Rent for the renewal terms shall be negotiated prior to the commencement of such renewal terms. The proposed lease is subject to cancellation by either party by giving 6 months prior notice. The Lease would terminate as to those undeveloped portions of the leased premises. Existing leases would revert to the University.

The terms of the lease are subject to certain performance measures acceptable to the University. All building, facilities and other improvements are to be constructed by the BRPC at its sole cost and expense and subject to University approval prior to construction. The University shall have no responsibility for any costs associated with the operation and maintenance related to the leased premises. The BRPC will notify OSU of any proposed subleases, subject to objection based upon incompatibility of the proposed sublessee's operation with purposes of the Ground Lease, incompatibility with surrounding area, competition with OSU programs or regulatory issues, or environmental concerns.

The total term of the proposed lease requires Board approval to enter into a forty-year ground lease of approximately 90 acres of land to the BRPC, with options to renew the lease for two 10 year periods, under terms and conditions acceptable to the University. If the request is approved OSU Legal Affairs will prepare the 40 year Ground Lease.



This map was produced by The Office of Physical Planning and Real Estate, OSU, as is, without warranty of any kind, either expressed or implied. This map should not be used for legal, commercial, engineering, or surveying purposes.
DATA SOURCES: Wayne County GIS (2012); The Office of Physical Planning and Real Estate, OSU (2013). FILENAME: BoT_2013_BioHio.mxd

The Ohio State University
Board of Trustees

February 1, 2013

**ROADWAY EASEMENT BETWEEN THE OHIO STATE UNIVERSITY AND THE
CITY OF WOOSTER, SECREST ROAD AND MADISON AVENUE, WOOSTER, OHIO 44691**

SYNOPSIS: Authorization to grant easements to the City of Wooster, Ohio at or near the intersection of Secrest Road and Madison Avenue, Wooster, Ohio for the reconstructed Secrest Road.

WHEREAS the City of Wooster, Ohio, has requested a series of easements along Secrest Road and Madison Avenue at the north boundary of the Ohio Agricultural Research and Development Center (OARDC) campus, being 0.001 acres, 0.169 acres, 1.279 acres, 1.246 acres, 1.246 acres, 0.346 acres and 0.055 acres for the final placement of the reconstructed Secrest Road; and

WHEREAS these easements will benefit the University including improved access to the BioHio Research Park at the Wooster campus. The ninety acre business and technology center was established to support the research, development and commercialization of agbioscience and related technologies; and

WHEREAS Resolution 2008-129 originally granted approval for the transfer of multiple tracts to the City of Wooster as a twenty-five year road right-of-way easement. However, after further review the Offices of Physical Planning and Real Estate and Legal Affairs recommend conveying the roadway as a perpetual roadway easement; and

WHEREAS the University recently acquired property on Madison Avenue and due to its proximity to the above named tracts, is seeking to include the 0.084 acres located just north of the intersection of Madison Avenue and Secrest Road to this perpetual roadway easement:

NOW THEREFORE

BE IT RESOLVED, That the President and/or Senior Vice President for Business and Finance be authorized to approve and the Ohio Department of Administrative Services be authorized to process appropriate documents and grant this easement to the City of Wooster upon such terms and conditions as are in the best interests of the university.

The Ohio State University
Board of Trustees

February 1, 2013

**ROADWAY EASEMENT BETWEEN THE OHIO STATE UNIVERSITY AND THE
CITY OF WOOSTER, SECREST ROAD AND MADISON AVENUE, WOOSTER, OHIO 44691**

BACKGROUND

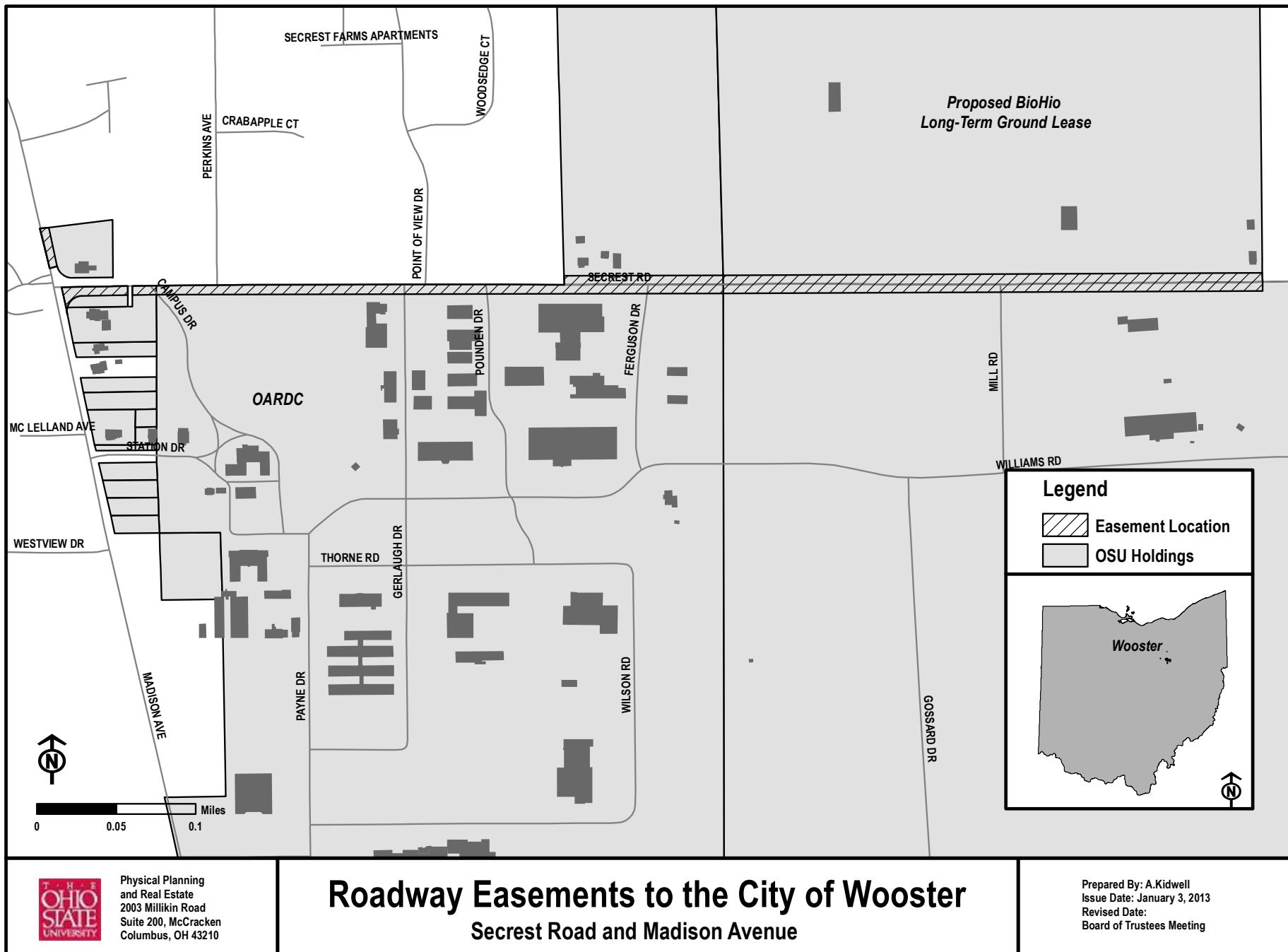
The City of Wooster, Ohio requested easements along Secrest Road and Madison Avenue at the north boundary of the OARDC campus, being 0.001 acres, 0.169 acres, 1.279 acres, 1.246 acres, 1.246 acres, 0.346 acres, and 0.055 acres for the final placement of the reconstructed Secrest Road. OSU Board Resolution 2008-129 originally granted approval for the transfer of 25 year road right-of-way easements to the City of Wooster for the long-term maintenance and operation of Secrest Road, Wooster, Ohio. However, the 0.055 acre tract was inadvertently omitted from this original conveyance. In addition, the University recently acquired property on Madison Avenue, and as result of its proximity to the above tracts, wishes to include transfer of road right-of-way for this newly acquired 0.084 acres in this action.

The Offices of Physical Planning and Real Estate and Legal Affairs recommend amending the original conveyance (Resolution 2008-129) from a 25 year road right-of-way easement to a perpetual roadway easement. If approved, this will eliminate the need for future Board action.

The series of perpetual roadway easement tracts include:

- a. 0.001 acres – south side of Secrest Road
- b. 0.169 acres – south side of Secrest Road
- c. 1.279 acres – south side of Secrest Road
- d. 1.246 acres – north side of Secrest Road
- e. 1.246 acres – south side of Secrest Road
- f. 0.346 acres – north side of Secrest Road
- g. 0.055 acres – south side of Secrest Road
- h. 0.084 acres – west side of Madison Avenue (just north of the Secrest Road intersection)

The proposed easement will largely benefit the BioHio Research Park, a 90 acre site established to support the research, development, and commercialization of agbioscience and related technologies. In support of the future infrastructure needs of the Research Park consideration for the roadway easement is \$1.00.



The Ohio State University
Board of Trustees

February 1, 2013

BOARD OF TRUSTEES MEETING SCHEDULE

FRIDAY, FEBRUARY 1, 2013
LONGABERGER ALUMNI HOUSE
2200 OLENTANGY RIVER ROAD

- 9:30am **Board Meeting Reconvenes** (Sanders Grand Lounge)
- Student Recognition Awards
 - Recognition of Football Team – Mr. Smith, Mr. Meyer
 - President's Report
 - Partners Achieving Community Transformation (PACT)
 - Judge Marbley, Ms. Bartley, Mr. Culley
 - Committee Reports
 - Consent Agenda
 - 1. Amendments to the *Bylaws and Rules and Regulations of the Medical Staff* of The Ohio State University Hospitals
 - 2. Amendments to the *Bylaws and Rules and Regulations of the Medical Staff* of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
 - 3. Amendments to the *Bylaws* of The Ohio State University Medical Center Board
 - 4. Amendments to the *Rules of the University Faculty*
 - 5. Resolutions in Memoriam
 - 6. Approval of Committee Charters
 - 7. University Seal Revision
 - 8. Approval to establish a Master in Animal Sciences degree program, College of Food, Agricultural, and Environmental Sciences
 - 9. Approval to establish a Master of Science degree within the Integrated Biomedical Science Graduate Program, College of Medicine
 - 10. Approval to establish a Bachelor of Science in Health Promotion, Nutrition, and Exercise Sciences tagged degree program, College of Education and Human Ecology
 - 11. Honorary Degrees
 - 12. Personnel Actions
 - 13. Distinguished Service Awards
 - 14. University Foundation Report
 - 15. Naming of the Multi-Sport Arena
 - 16. Naming of the Practice Fields
 - 17. Naming of the Home Team Tunnel
 - 18. Naming of Alumni Conference Room 136
 - 19. Naming of the Office of Alumni Career Management
 - 20. Naming of the Oncology Rehabilitation Suite
 - 21. Naming of the Baseball Field
 - 22. Naming of Multiple Spaces in the Varsity Indoor Tennis Center
 - 23. Naming of Multiple Spaces located at the Varsity Tennis Courts
 - 24. Naming of the Pedestrian Walkway
 - 25. Naming of Spaces in the Les Wexner Football Complex
 - 26. Re-naming of Harold L. Enarson Hall and Central Classroom Building

The Ohio State University
Board of Trustees

February 1, 2013

BOARD OF TRUSTEES MEETING SCHEDULE

FRIDAY, FEBRUARY 1, 2013
LONGABERGER ALUMNI HOUSE
2200 OLENTANGY RIVER ROAD

- 9:30am **Board Meeting Reconvenes** (Sanders Grand Lounge)
Consent Agenda (cont'd)
27. Authorization for Establishment of a New University Affiliate:
Partners Achieving Community Transformation (PACT)
28. Authorization to approve athletic ticket prices and fees
29. Approval of new 350 block meal plan and its related fee
30. Approval of fiscal year 2013 May Session and Summer Session room
and board rates
31. Authorization to enter into and/or increase Construction Contracts
32. Lease of Real Estate: BioHio Research Park Corporation
33. Lease of Real Estate: Roadway Easement

The Ohio State University
Board of Trustees

February 1, 2013

EXPRESSION OF APPRECIATION

WHEREAS the 2012 Men's Football Team had an undefeated season with a 12-0 record and was recognized nationally with an AP ranking of 3rd in the country; and

WHEREAS the time and commitment put forth by our student-athletes are significant and their accomplishments in the classroom and on the field are achieved through hard work, dedication and perseverance; and

WHEREAS our outstanding coaching staff has spent countless hours on and off the field training and developing our student-athletes, not only in their sport, but also personally and professionally:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees of The Ohio State University offers its congratulations and sincere gratitude to the players and coaches of the 2012 Undefeated Football team.

The Ohio State University
Board of Trustees

February 1, 2013

**AMENDMENTS TO THE BYLAWS AND RULES AND REGULATIONS
OF THE MEDICAL STAFF OF THE OHIO STATE UNIVERSITY HOSPITALS**

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

WHEREAS the proposed amendments to the *Bylaws and the Rules and Regulations of the Medical Staff* of The Ohio State University Hospitals were approved by The Ohio State University Medical Center Board on December 19, 2012:

NOW THEREFORE

BE IT RESOLVED, That the attached *Bylaws and Rules and Regulations of the Medical Staff* of The Ohio State University Hospitals are hereby adopted, effective immediately.

The Ohio State University
Board of Trustees

February 1, 2013

**AMENDMENTS TO THE BYLAWS AND RULES AND REGULATIONS
OF THE MEDICAL STAFF OF THE ARTHUR G. JAMES CANCER
HOSPITAL AND RICHARD J. SOLOVE RESEARCH INSTITUTE**

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

WHEREAS the proposed amendments to the *Bylaws and the Rules and Regulations of the Medical Staff* of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute were approved by The Ohio State University Medical Center Board on December 19, 2012:

NOW THEREFORE

BE IT RESOLVED, That the attached *Bylaws and Rules and Regulations of the Medical Staff* of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute are hereby adopted, effective immediately.

The Ohio State University
Board of Trustees

February 1, 2013

**AMENDMENTS TO THE *BYLAWS OF THE*
*OHIO STATE UNIVERSITY MEDICAL CENTER BOARD***

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

WHEREAS the proposed amendments to the *Bylaws* of The Ohio State University Medical Center Board were approved by The Ohio State University Medical Center Board on December 19, 2012:

NOW THEREFORE

BE IT RESOLVED, That the attached *Bylaws* of The Ohio State University Medical Center Board are hereby adopted, effective immediately.

The Ohio State University
Board of Trustees

February 1, 2013

AMENDMENTS TO THE *RULES OF THE UNIVERSITY FACULTY*

Synopsis: Approval of the following amendments to the *Rules of the University Faculty* is recommended.

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 the proposed changes in the *Rules of the University Faculty* were approved by the University Senate on November 15, 2012 and January 17, 2013:

NOW THEREFORE

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

The Ohio State University
Board of Trustees

February 1, 2013

RESOLUTIONS IN MEMORIAM

Charles L. Babcock

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on December 7, 2012, of Charles L. Babcock, Professor Emeritus in the College of Arts and Sciences.

Professor Charles Babcock came to The Ohio State University in 1966 to be chair of the Classics Department, a position he held from 1966-68 and again from 1980-1988. In 1968 he became the first dean of the newly created College of Humanities. He received numerous awards from Ohio State, including the Distinguished Teaching Award and the Distinguished Service Award. A Berkeley trained Latinist, he was a premier figure in the field of Latin studies, and was, for decades an emblem of the premier Classics programs in the United States. His dissertation students include many of the prominent senior figures in the field today.

Professor Babcock shared his great love of ancient Rome and the Latin language with many, not only through his teaching but also through programs he directed in Rome; The Summer School at the American Academy (1966) Intercollegiate Center for Classical Studies (1974-1975) Mellon Professor in Charge, and School of Classical Studies at the American Academy in Rome (1988-1089). He is particularly remembered for his energetic activities as one of the founders of the Intercollegiate Center for Classical Studies (ICC) in Rome, an institution which has served and continues to serve as the door unto the city for many young students of Latin literature, Roman archaeology and topography, and Roman art history. These students are an ever growing group of aficionados and enthusiasts for the Eternal City, and for them Professor Babcock is an inspirational figure.

On behalf of the University Community, the Board of Trustees expresses to the family of Professor Charles L. Babcock its deepest sympathy and sense of understanding of 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.

Frank W. Brumfield, DDS

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on October 21, 2012, of Dr. Frank W. Brumfield, Assistant Professor Emeritus of Periodontology in the College of Dentistry.

Dr. Brumfield earned a Bachelor of Science degree in Business from The Ohio State University, where he also received a Doctor of Dental Surgery in 1961 and completed advanced training in Periodontology in 1985. He was an excellent and dedicated educator at The Ohio State University College of Dentistry from 1966 until 2005, receiving The Ohio State University Teaching Excellence Award in 1989. Moreover, he was a beloved and highly respected colleague at the College of Dentistry, being elected as a faculty member into the Theta Chapter of Omicron Kappa Upsilon Honorary Dental Society in 1986 and as an honorary member of Zeta Chapter of Sigma Phi Alpha Dental Hygiene Honor Society in 1987. His dedication to the College extended to a number of committees, including the Post College Assembly Committee, where he served from 1973-1978, the Faculty Council, 1981-1983, and the Dean's Search Committee, 1990-1991.

Dr. Brumfield also served his country for more than 30 years, first in the United States Air Force Dental Corps and then in the Ohio National Guard, retiring as a full Colonel in 1996, a very rare achievement for a dentist. He received the Air Force Meritorious Service Award and an Air Force Commendation Medal in 1986.

The Ohio State University
Board of Trustees

February 1, 2013

RESOLUTIONS IN MEMORIAM (cont'd)

Dr. Brumfield was a member of the American Academy of Periodontology, the Columbus Academy of Periodontology, where he served as President in 1993, the American Dental Association, and the Ohio Dental Association. He held a number of offices in the Columbus Dental Veterans, including President in 1981-1982.

On behalf of the University community, the Board of Trustees expresses to the family of Dr. Frank W. Brumfield its deepest sympathy and sense of understanding of their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered as an expression of the Board's heartfelt sympathy.

Dr. Garth A. Cahoon

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on November 1, 2012, of Garth A. Cahoon, Professor Emeritus at the Ohio Agricultural Research and Development Center (OARDC).

Dr. Garth A. Cahoon is well known to many of the long time grape growers of Ohio. Dr. Cahoon inspired and instilled sound cultural practices to hundreds of growers throughout the State of Ohio and around the country through his strong grape research and hands on extension outreach programs.

A native of Delta, Utah, Dr. Cahoon earned a degree in technical soils from the Utah State University in 1950 and a Ph.D. in Plant Science from the University of California at Los Angeles in 1953. He worked as a horticulturist at the University of California, Riverside, from 1953 to 1963 before coming to OARDC as an associate professor in Horticulture in 1963. By 1967 he was made full professor and in 1983 assumed the role of assistant Chair of the Department of Horticulture at OARDC. Professional assignments in India, Somalia and the Caribbean broadened his knowledge of small fruit horticulture.

Dr. Garth Cahoon's training was in soil nutrition and he was instrumental in establishing the nutrient standards used today to test petiole and soil samples. Dr. Cahoon helped develop the REAL lab (Research Extension Analytical Lab) where most growers would send their petiole and soil samples to be tested. Dr. Garth Cahoon would interpret the results and send the growers his recommendations to improve the fertility in their vineyards, apples, brambles and stone fruits.

Among many honors, Dr. Cahoon was one of the first members to be inducted into the Ohio Wine Hall of Fame. In 1992, Dr. Cahoon was awarded the Monteith Trophy. The perpetual sterling silver Tiffany Monteith Trophy is considered one of the most elegant and prestigious awards in the U.S. wine industry. Since 1980, it has been presented to individuals or organizations that have performed exceptional contributions to the development and sustainability of the American wine industry by actively providing leadership and motivation in addressing both legislative and regulatory issues that confront the industry, supporting innovative and technical research in both the fields of enology and viticulture, also encouraging wine and health related studies, as well as contributing to consumer public wine education and appreciation through the arts, literature and the public media.

Wendell H. Cornetet Jr.

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on November 18, 2012 of Wendell H. Cornetet Jr., Professor Emeritus of Electrical and

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RESOLUTIONS IN MEMORIAM (cont'd)

Computer Engineering in the College of Engineering.

Professor Cornetet, a native of Huntington, West Virginia, earned a Bachelor of Science in Electrical Engineering and a Master of Science in Electrical Engineering from West Virginia State University. He earned his PhD in Electrical Engineering from The Ohio State University in 1958.

Professor Cornetet joined The Ohio State University in 1951 as a member of the research staff in the Department of Electrical Engineering and became a member of the faculty in 1956. He was a principal researcher in Professor E.M. Boone's work in electron tube research during the 1950s and early 60s, which was a vital and reputation enhancing area of research for the department.

After research activity in the electron tube area diminished, Professor Cornetet devoted his energies to teaching and service. He was regarded as an outstanding teacher and was highly respected by his students and colleagues.

Professor Cornetet spearheaded several important initiatives in the department, including establishing the industry advisory council which continues to this day. He also instituted and managed the advanced professional programs for students who wanted advanced training in specific topics to enhance their career objectives, but were not interested in obtaining a graduate degree. He managed the department's cooperative education program during its infancy and was an active member of several department committees, including the curriculum committee.

Wendell Cornetet Jr. served his profession at the highest level. He was awarded the Ralph L. Boyer Award for meritorious achievement in academic endeavors in 1975 and was a Schmitt Scholar to the National Engineering Consortium. While a student at WVU, he was president and charter member of Eta Kappa Nu, an honorary society of electrical engineering. Professor Cornetet was a Senior Member of the Institute of Electrical and Electronics Engineers and a member of Tau Beta Pi, the Engineering Honor Society.

After 34 years of service to the University, Professor Cornetet helped found and became president of Softcad Electronics Company.

On behalf of the University community, the Board of Trustees expresses to the family of Professor Emeritus Wendell Cornetet Jr. its deepest sympathy and sense of understanding of 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.

Dr. Cecil G. Gouke

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on November 28, 2012, of Cecil G. Gouke, Professor Emeritus of African American Studies and Economics in the College of Arts and Sciences.

Dr. Gouke was one of the founding members of the African American and African Studies Department, where he served as an accomplished professor, great advocate and mentor to students, and valued colleague for most of the 1970's through 1990's. Professor Gouke was one of the first African American economics professors hired at The Ohio State University, African American and African Studies,

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RESOLUTIONS IN MEMORIAM (cont'd)

then known as the Black Studies Department, benefited from his expertise and research, and from his generosity.

Professor Gouke's research on economic development made him an expert in third world development, particularly in countries in Africa and the Caribbean. Cecil received his B.A. and M.A. degrees from City College of New York and his Ph.D. from New York University. As a skillful professor of Economics and African American and African Studies, Professor Gouke was a tireless and unwavering advocate for African American students. Students who worked with Cecil were impressed by his tremendous intellect and his academic accomplishments, but beyond that he was a man who cared about them. Colleagues recognized Cecil as a man of principle and fairness, unwilling to go along with inequity and injustice to gain political favor. A man of excellent humor, good character, and social grace, staff members reported Professor Gouke brought candy and flowers to the office for them on Valentine's Day, even after his retirement. In sum, Professor Gouke has been missed since his retirement from The Ohio State University. We are honored to join the chorus of those who knew and loved him for his contributions to students and faculty at Ohio State. He will not be forgotten.

On behalf of the University community, the Board of Trustees expresses to the family of Professor Cecil Gouke its deepest sympathy and sense of understanding of 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.

Joan E. Gritzammer

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on November 5, 2012, of Joan E. Gritzammer, Professor Emeritus of Home Economics Education, Department of Human Development and Family Science, in the College of Education and Human Ecology.

Dr. Gritzammer was recognized nationally for teaching entrepreneurship and was an expert in research methodology and design. In the classroom, and while advising more than 20 master's and doctoral candidates, she focused on research and evaluation methods graduates could use in their careers.

An outstanding educator, she was honored twice with the university's Alumni Award for Distinguished Teaching, first in 1977 and again in 1984.

She was co-editor of several books, including *Home Economics Education: A Review and Synthesis of the Research* and *Child Development/Parent Education Program Effectiveness*. In addition she wrote chapters in texts such as *Evaluation of Student Teaching in Home Economics* and numerous journal articles.

Dr. Gritzammer served her profession as president and president pro-tem of the Ohio Association of Family and Consumer Sciences, the National Association of Family and Consumer Science Teacher Educators, and the Franklin County Family and Consumer Sciences Association. In addition, she served on many college, university, local, state and national committees and was active in Ohio State's Association of Staff and Faculty Women.

She earned a master's degree and a Ph.D. in home economics education from Cornell University. She came from Purdue University to The Ohio State University in 1972.

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RESOLUTIONS IN MEMORIAM (cont'd)

After retirement in 1995, she worked with the Ohio Department of Education's Gender Equity Project for three years. The American Education Research Association's Women Educators Special Interest Group recognized the effort.

Dr. Gritzammer continued as a staunch supporter of her profession and established the Joan E. Gritzammer Endowed Fund for Family and Consumer Sciences Education Scholarships and the Joan E. Gritzammer Endowed Fund for Family and Consumer Sciences Education.

On behalf of the University community, the Board of Trustees expresses to the family of Professor Joan E. Gritzammer its deepest sympathy and sense of understanding of their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be rendered to her family as an expression of the Board's heartfelt sympathy.

Charles L. Hastings

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on November 1, 2012, of Charles Hastings, Assistant Professor Emeritus of The Ohio State University Extension Service.

Charlie was born June 28, 1920, in LaRue, Ohio. He completed his Bachelor of Science degree in 1952, and his Master of Science degree in 1972, both in Agriculture from The Ohio State University.

His Extension career at The Ohio State University began on February 16, 1966 as the County Extension Agent, Agriculture in Knox County. On November 1, 1969 he became the Area Agent, Community Resource Development for the Mt Gilead Area. On February 1, 1978, he was named Area Supervisor for the Fremont Area. He retired on June 30, 1985.

Mr. Hastings was recognized for his outstanding leadership in community resource development programs. He was also a key member of Extension administrative cabinet when he served as the Area Supervisor during his career. He was a member of and served on many committees of several professional organizations. He was awarded the District Achievement Award from the Ohio County Extension Agents' Association for outstanding accomplishments in Extension education in agriculture.

On behalf of the University community, the Board of Trustees expresses to the family of Professor Charles Hastings its deepest sympathy and sense of understanding of their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered as an expression of the Board's heartfelt sympathy.

Maynard Muntzing

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on January 9, 2013, of Maynard Muntzing, Associate Professor Emeritus of The Ohio State University Extension Service.

Maynard was born March 12, 1933, in Scherr, West Virginia. He received his Bachelor of Science degree

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RESOLUTIONS IN MEMORIAM (cont'd)

in 1955 in agriculture from West Virginia University, and the Master of Science degree in 1965, in agriculture from The Ohio State University.

His Extension career at The Ohio State University began on November 1, 1958 as the Associate Co-Extension Agent in Ross County. On July 1, 1959 he was appointed the County Extension Agent, 4-H in Ross County. On October 1, 1964 he became the County Extension Agent, Agriculture in Ross County and continued in this position until his retirement on March 31, 1988.

Maynard was recognized for his outstanding educational programs in agriculture including agronomy, working with young commercial farm families and developing an outstanding junior fair with 4-H youth in the county. He was a member of and served on many committees of several professional organizations. He was awarded the Distinguished Service Award by the National Association of County Agricultural Agents for outstanding accomplishments in Extension education in agriculture.

On behalf of the University community, the Board of Trustees expresses to the family of Professor Maynard Muntzing its deepest sympathy and sense of understanding of their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees as an expression of the Board's heartfelt sympathy.

Joseph J. Parnicky

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on October 1, 2012, of Joseph J. Parnicky, Professor Emeritus in the College of Social Work.

Professor Joseph Parnicky earned a bachelor's degree in sociology in 1940. In 1942, he was awarded a master's degree in clinical social work from Boston University. From 1942 to 1946, Professor Parnicky served as a psychologist in a Numbered Army Hospital and retired with the rank of Lieutenant Colonel.

As a civilian, Professor Parnicky first professional position was with the Community Service Society in New York City. He joined the faculty at Adelphi University in 1954 and received his doctorate in clinical psychology. He later joined the faculty at Rutgers University. Following that appointment he was recruited to be the superintendent at the E. R. Johnstone Training Research Center. In 1968, Professor Parnicky was invited to join The Ohio State University Nisonger Center and the faculty in the College of Social Work. He remained at Ohio State as tenured professor until his retirement in 1989.

Throughout his career at Ohio State, Dr. Parnicky enjoyed the esteem and admiration of his faculty colleagues for his dependable and uncompromising commitment to the service field of developmental disabilities. Through his leadership, the College was able to offer a first-class curriculum focused on developmentally disadvantaged youth, which continues today. Dr. Parnicky was the primary author of this curriculum, and through his research, rich practice experience and his dual appointment with the University's Nisonger Center, he guided a significant number of graduate students to successful careers in this area. Beyond his professional contributions to the College and University, Joe was beloved by his colleagues, students and staff both in the College and throughout the University for his generous and giving spirit, his intellectual curiosity, his affinity for interdisciplinary collaboration and for his wise and prudent counsel. Dr. Parnicky was the quintessential faculty colleague.

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RESOLUTIONS IN MEMORIAM (cont'd)

In 1995, Professor Parnicky was awarded the Norman Guitry Award for outstanding leadership in the promotion of mental health and the prevention of mental illness. In more recent years, he worked to help build houses for Habitat for Humanity. For six years, he was also visiting professor at the University of Otago (Dunedin, New Zealand).

On behalf of the University community, the Board of Trustees expresses to the family of Professor Joseph J. Parnicky its deepest sympathy and sense of understanding of 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.

John F. Vermilya

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on December 10, 2012, of John Vermilya, Associate Professor Emeritus of The Ohio State University Extension Service.

John was born July 19, 1919, in Bowling Green, Ohio. He completed his Bachelor of Science degree in 1946, and the Master of Science degree in 1961, both in Agricultural Economics from The Ohio State University.

His Extension career at The Ohio State University began on February 16, 1948 as the County Extension Agent, 4-H in Montgomery County. On July 1, 1970 he became the County Extension Agent, Agriculture in Darke County. He retired on May 31, 1979.

Mr. Vermilya was recognized for his outstanding leadership in agricultural programming including grain marketing, taxation, farm management and agronomy. He was awarded the Ohio Public Information Award by the National Association of County Agricultural Agents and was also recognized by this association for his writing ability and newspaper columns.

On behalf of the University community, the Board of Trustees expresses to the family of Professor John F. Vermilya its deepest sympathy and sense of understanding of their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered as an expression of the Board's heartfelt sympathy.

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APPROVAL OF COMMITTEE CHARTERS

Synopsis: Adoption of Board Committee Charters is proposed.

WHEREAS the delineation and description of each committee function will enable the board to be more effective in the execution of its duties and responsibilities; and

WHEREAS each committee of the Board should have a Charter to define and guide the committee's work; and

WHEREAS each committee charter has been thoroughly reviewed and discussed at the committee level; and

WHEREAS the Governance Committee recommends the proposed Charters be approved by the full Board:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees adopts the committee charters that have been distributed and approved effective immediately.

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UNIVERSITY SEAL REVISION

Synopsis: Revision of the official University Seal to replace the circular "O" with the university's block-styled "O" as a means to further align the seal as part of the university's One University strategy and enlarge the proportion of the open book to reinforce the university's leadership in research and academic excellence is proposed.

WHEREAS The Ohio State University Board of Trustees has on previous occasions approved the design for the official Seal of the University; and

WHEREAS in its role as Ohio's land-grant institution, the University serves the entire State of Ohio through its missions of teaching, research, and related public services; and

WHEREAS the University's influence and reputation, potential body of students, and alumni population extend throughout Ohio, across the United States, and around the world; and

WHEREAS the Board of Trustees proudly acknowledges that The Ohio State University serves all Ohioans and is international in scope, influence, and reputation:

NOW THEREFORE

BE IT RESOLVED, That the official Seal of The Ohio State University and Commercial Seal of the University be redrawn so as to replace the circular "O" with the university's block-styled "O" and enlarge the proportion of the open book and that these revised Seals be registered with the United States Patent and Trademark Office and the Office of the Secretary of State of Ohio; and

BE IT FURTHER RESOLVED, That the Secretary of the Board be directed to ensure that the revised Seals be used for all official University purposes and adopted for all official University uses effective February 1, 2013.

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**APPROVAL TO ESTABLISH A MASTER IN ANIMAL SCIENCES DEGREE PROGRAM,
COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES**

Synopsis: A proposal from the Council on Academic Affairs to establish a Master in Animal Sciences degree program, College of Food, Agricultural, and Environmental Sciences, is proposed.

WHEREAS students interested in animal science-based careers will face a growing complexity and diversity of issues that span this global industry, and this degree program will prepare them for positions of responsibility and leadership within the animal industries; and

WHEREAS this program aims to provide an applied, non-thesis degree for graduates and professionals: for students who want to broaden their knowledge and experience for career preparation but do not have goals of entering academia or research professions; for working professionals who want to gain new knowledge in various subjects to advance their careers; and for science teachers to fulfill continuing education needs; and

WHEREAS the proposed curriculum requires a minimum of 35 semester credit hours (including core courses, an area of specialization, and electives), a culminating paper, and a comprehensive written and oral examination administered by an advisory committee, and there are opportunities for students to earn credit for specialized mentored experiences with industry partners; and

WHEREAS the program has well defined learning goals, and will be administered through the Department of Animal Sciences; there are appropriate resources to implement and maintain it; and it is not meant to replace the traditional thesis master's option currently offered by the Department; and

WHEREAS the proposal was approved by the Department of Animal Sciences, the College of Food, Agricultural and Environmental Sciences, and the Graduate School; and

WHEREAS the proposal was reviewed and approved by the Council on Academic Affairs at its meeting on July 18, 2012; and

WHEREAS the proposal was reviewed and approved by the University Senate at its meeting on November 15, 2012:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the proposal to establish the Master in Animal Sciences degree program in the College of Food, Agricultural, and Environmental Sciences, effective upon the approval by the Ohio Board of Regents.

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February 1, 2013

**APPROVAL TO ESTABLISH A MASTER OF SCIENCE DEGREE PROGRAM WITHIN THE
INTEGRATED BIOMEDICAL SCIENCE GRDUATE PROGRAM, COLLEGE OF MEDICINE**

Synopsis: A proposal from the Council on Academic Affairs to establish a Master of Science degree within the Integrated Biomedical Science Graduate Program, College of Medicine, is proposed.

WHEREAS the motivation for the new Master of Science degree is to provide an opportunity for those students who cannot complete their Ph.D. dissertation to leave the program with a graduate degree, and be competitive for work in business, biotechnology, consulting, and regulatory affairs; and

WHEREAS there is no new curriculum for this degree and students will never be admitted directly into the Master of Science degree program; and

WHEREAS students must complete the core curriculum, pass a candidacy examination, and pass a master's thesis examination; and

WHEREAS the program will be administered by the Integrated Biomedical Science Graduate Program, the faculty and facilities are in place, and there are no projected additional costs for the program; and

WHEREAS the proposal was approved by the administration of the Integrated Biomedical Science Graduate Program, the College of Medicine, and the Graduate School; and

WHEREAS the proposal was reviewed and approved by the Council on Academic Affairs at its meeting on July 18, 2012; and

WHEREAS the proposal was reviewed and approved by the University Senate at its meeting on November 15, 2012:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the proposal to establish a Master of Science degree within the Integrated Biomedical Science Graduate Program in the College of Medicine, effective upon the approval by the Ohio Board of Regents.

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**APPROVAL TO ESTABLISH A BACHELOR OF SCIENCE IN HEALTH
PROMOTION, NUTRITION, AND EXERCISE SCIENCES TAGGED DEGREE
PROGRAM IN THE COLLEGE OF EDUCATION AND HUMAN ECOLOGY**

Synopsis: A proposal from the Council on Academic Affairs to establish a Bachelor of Science in Health Promotion, Nutrition, and Exercise Sciences tagged degree program in the College of Education and Human Ecology is proposed.

WHEREAS in response to the College of Education and Human Ecology's curriculum collaboration initiative during the semester conversion process, faculty in the Department of Human Nutrition and the School of Physical Activity and Educational Services (PAES) developed a new tagged degree program – a Bachelor of Science in Health Promotion, Nutrition, and Exercise Sciences; and

WHEREAS this program specializes in the integration of nutrition science, exercise science, and health education strategies with the goal of improving the health of the populations served by its graduates; and will replace the current nutrition and community health undergraduate major in Human Nutrition, and the community health strand in the Health and Exercise Science section in PAES; and

WHEREAS there are well-defined program goals, a student learning outcomes assessment plan, and a well-developed pre-major program; and

WHEREAS such programs have emerged recently at peer institutions and have grown in size and stature; and

WHEREAS the proposal was approved by the two academic units and by the College of Education and Human Ecology; and

WHEREAS the proposal was reviewed and approved by the Council on Academic Affairs at its meeting on July 17, 2011; and

WHEREAS the proposal was reviewed and approved by the University Senate at its meeting on November 15, 2012:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the proposal to establish the Bachelor of Science in Health Promotion, Nutrition, and Exercise Sciences tagged degree in the College of Education and Human Ecology, effective upon the approval by the Ohio Board of Regents.

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February 1, 2013

HONORARY DEGREES

Synopsis: The awarding of honorary degrees is recommended for approval.

WHEREAS the Committee on Honorary Degrees and the University Senate, pursuant to rule 3335-5-488 of the Administrative Code, have approved for recommendation to the Board of Trustees the awarding of honorary degrees as listed below:

Leonard Berkowitz Doctor of Science

Albert H. Soloway Doctor of Science

NOW THEREFORE

BE IT RESOLVED, That the above honorary degrees be awarded in accordance with the recommendation at a time convenient to the University and the recipient.

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PERSONNEL ACTIONS

BE IT RESOLVED, That the personnel actions as recorded in the Personnel Budget Records of the University since the November 9, 2012, meeting of the Board, including the following Appointments, Reappointments, Appointment/Reappointment of Chairpersons/Directors, Professional Improvement Leaves, and Emeritus Titles be approved.

Appointments

Name: DAVID P. CARBONE
Title: Professor (Barbara J. Bonner Chair in Lung Cancer Research)
Unit: Comprehensive Cancer Center – The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
Term: October 1, 2012 through September 30, 2016

Name: STEVEN K. CLINTON
Title: Professor (The John B. and Jane T. McCoy Chair in Cancer Research)
Unit: Comprehensive Cancer Center – The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
Term: October 1, 2012 through September 30, 2016

Name: CHRISTOPHER F. GELPI
Title: Professor (Chair in Peace Studies)
College: Arts and Sciences
Term: January 1, 2013 through September 30, 2013

Name: MICHAEL R. GREVER
Title: Professor (The Bertha Bouroncle, M.D. and Andrew Pereny Chair of Medicine)
College: Medicine
Term: October 1, 2012 through September 30, 2016

Name: GUIDO MARCUCCI
Title: Professor (The Charles Austin Doan Chair of Medicine)
College: Medicine
Term: October 1, 2012 through September 30, 2016

Name: KEITH MYERS*
Title: Associate Vice President
Office: Administration and Planning
Effective: January 1, 2013

Name: RYAN R. NASH *
Title: Associate Professor-Clinical (The Hagop S. Mekhjian M.D. Chair in Medical Ethics and Professionalism)
College: Medicine
Term: March 11, 2013 through March 10, 2017

*New personnel to the University

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Name: DAVID B. WILLIAMS
Title: Dean (Monte Ahuja Endowed Dean's Chair)
College: Engineering
Term: July 13, 2013 through June 30, 2017

Reappointments

Name: THAD M. MATTA
Title: Men's Head Basketball Coach
Department: Athletics
Term: July 1, 2012 through June 30, 2019

Name: KEITH L. SMITH
Title: Associate Vice President
College: Director, OSU Extension
Term: Food, Agricultural, and Environmental Sciences
August 1, 2012 through July 31, 2013

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2013 DISTINGUISHED SERVICE AWARDS

Synopsis: Approval of the University's 2013 Distinguished Service Awards is proposed.

WHEREAS the Senior Management Council, upon the recommendation of the Committee on Distinguished Service Awards, nominated and recommended the following for approval by the Board of Trustees to receive the Distinguished Service Award at a time convenient to the University and the recipient:

- Carole A. Anderson
- Rudine Sims Bishop
- William Blair
- Ruann F. Ernst
- George Skestos
- Justine ("Tina") Skestos
- Daniel Wampler

WHEREAS these awards are given in recognition of distinguished service to The Ohio State University and the awards are in accordance with action taken by the Board of Trustees in 1952:

NOW THEREFORE

BE IT RESOLVED, That the 2013 Distinguished Service Awards be approved for awarding as designated above.

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February 1, 2013

UNIVERSITY FOUNDATION REPORT

Synopsis: The University Foundation Report as of December 31, 2012, is presented for Board acceptance.

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 Development Fund and The Ohio State University Foundation; and

WHEREAS this report includes the establishment of the Monte Ahuja Endowed Dean's Chair, the Henry L. Cox Endowed Professorship, the establishment of twenty-three (23) named endowed fund, and the revision of six (6) named endowed funds:

NOW THEREFORE

BE IT RESOLVED, That the acceptance of the report from The Ohio State University Foundation as of December 31, 2012, be approved.

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February 1, 2013

NAMING OF THE MULTI-SPORT ARENA

**For the life of the physical facility located at
Fred Taylor Drive, Department of Athletics: Covelli Arena**

Synopsis: The naming of the Covelli Arena located on Fred Taylor Drive on The Ohio State University Columbus campus that will be the new multi-sport arena is proposed.

WHEREAS the generosity of Caryn and Sam Covelli has made a lasting impact at The Ohio State University by providing opportunities for outstanding student-athletes to showcase their athletic talents; and

WHEREAS Caryn and Sam Covelli have provided significant contributions to the Department of Athletics; and

WHEREAS the Covelli Arena is the future competition venue for the sports of Men's and Women's Fencing, Men's and Women's Gymnastics, Men's and Women's Volleyball, and Wrestling:

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the aforementioned arena be temporarily named the Covelli Arena and officially be named upon the completion and opening of the arena for the life of the physical facility.

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NAMING OF THE PRACTICE FIELDS

**At the Woody Hayes Athletic Center,
Department of Athletics: Harmon Family Football Park**

Synopsis: The naming of the Harmon Family Football Park located at The Woody Hayes Athletic Center on Olentangy River Road, one of the finest outdoor practice facilities in the country is proposed.

WHEREAS this state-of-the-art facility, dedicated in 2010, provides the best engineered practice complexes with two natural grass and two artificial turf fields; and

WHEREAS the Woody Hayes Athletic Complex continues to advance Ohio State's athletic reputation and to help attract and retain the best prospective student-athletes; and

WHEREAS Jole and Jim Harmon and The Harmon Family Foundation have provided a significant contribution to the Ohio State football program:

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the practice fields at the Woody Hayes Athletic Center be named the Harmon Family Football Park.

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NAMING OF THE HOME TEAM TUNNEL

At Ohio Stadium, Department of Athletics: Hazelwood Family Tunnel

Synopsis: The naming of the Home Team Tunnel, located in the historic Ohio Stadium at 411 Woody Hayes Drive is proposed.

WHEREAS Ohio Stadium is one of the most recognizable landmarks in all of college athletics, built in 1922 and renovated in 2001; and

WHEREAS Ohio Stadium continues to advance Ohio State's athletic reputation and to help attract and retain the best prospective student-athletes; and

WHEREAS the game begins within the home team tunnel, where fans begin to get a glimpse of the Buckeyes decked out in their scarlet and gray; and

WHEREAS the home team tunnel is where the student-athletes stand and gather their focus and get pumped for the challenge that lies ahead; and

WHEREAS Mark Hazelwood has provided a significant contribution to the Ohio State football program:

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the home team tunnel at the Ohio Stadium be named the Hazelwood Family Tunnel.

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NAMING OF THE ALUMNI CONFERENCE ROOM 136

**Located in Cunz Hall at 1841 Neil Avenue, College of Public Health:
R. Edward Howell Alumni Conference Room**

Synopsis: The naming of the Alumni Conference Room in Cunz Hall, located at 1841 Neil Avenue, Room 136, Cunz Hall, which serves as the hub of alumni recognition for the College of Public Health and an open meeting space for faculty, staff, students, and all alumni groups is proposed.

WHEREAS the college is Ohio's first and only accredited College of Public Health and the MHA program is ranked 14th in the country; and

WHEREAS the college moved into the newly renovated Cunz Hall in 2011, the first renovated building on campus to be LEED certified, and expected to achieve at least LEED Silver Certification. The building still has 90 percent of its original walls, floors, and ceilings, and opened in 1969 as the Dieter Cunz Hall of Languages; and

WHEREAS alumnus R. Edward Howell has provided a significant contribution to the College of Public Health Special Initiatives fund to support the renovations of Cunz Hall:

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the Alumni Conference Room 136 in Cunz Hall be named the R. Edward Howell Alumni Conference Room.

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NAMING OF THE OFFICE OF ALUMNI CAREER MANAGEMENT

**For the life of the program currently located at the Longaberger Alumni House at
2200 Olentangy River Road, The Ohio State University Alumni Association, Inc.:
The Bill and Susan Lhota Office of Alumni Career Management**

Synopsis: The naming of the Alumni Career Management Office, a department of The Ohio State University Alumni Association, Inc. (OSUAA) located at 2200 Olentangy River Road in the Longaberger Alumni House as The Bill and Susan Lhota Office of Alumni Career Management that will serve our alumni at all stages of their career by providing the tools and guidance alumni need to help further, change, or enhance their career aspirations is proposed.

WHEREAS the Alumni House serves as the headquarters for an international network of graduates, former students, and friends of the university who work together to strengthen Ohio State through programs, services, and events; and

WHEREAS Bill and Susan Lhota are some of the OSUAA's most dedicated friends and key volunteers, including Bill's service as Chair and Vice-Chair of the OSUAA Board of Directors; and

WHEREAS Bill and Susan Lhota enjoy a close affiliation professionally and personally with Archie Griffin, Ohio State Senior Vice President for Alumni Relations and OSUAA President/CEO, and many other leaders both in the campus community and broader Central Ohio community; and

WHEREAS the Lhota name is synonymous with leadership, ethics, and service:

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the Office of Alumni Career Management, for the life of the program, be named The Bill and Susan Lhota Office of Alumni Career Management.

The Ohio State University
Board of Trustees

February 1, 2013

NAMING OF THE ONCOLOGY REHABILITATION SUITE

**In the Stefanie Spielman Comprehensive Breast Cancer, at the OSUCCC–James:
The Buckeye Cruise for Cancer Physical Therapy and Oncology Rehabilitation Suite**

Synopsis: The naming of the Physical Therapy and Oncology Rehabilitation Suite in the Stefanie Spielman Comprehensive Breast Center, located at 739 West Third Avenue on the Gowdy Field Development campus that is the only comprehensive breast center of its kind in the Midwest is proposed.

WHEREAS the Stefanie Spielman Comprehensive Breast Center is part of the Wexner Medical Center expansion campaign; and

WHEREAS The Buckeye Cruise for Cancer has provided contributions to the Stefanie Spielman Fund for Breast Cancer Research for ground breaking breast cancer research; and

WHEREAS The Buckeye Cruise for Cancer has provided significant contributions to the OSUCCC–James:

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the aforementioned Physical Therapy and Oncology Rehabilitation Suite in the Stefanie Spielman Comprehensive Breast Center be named The Buckeye Cruise for Cancer Physical Therapy and Oncology Rehabilitation Suite.

The Ohio State University
Board of Trustees

February 1, 2013

NAMING OF THE BASEBALL FIELD

**Located at Bill Davis Stadium on Fred Taylor Drive,
Department of Athletics: Nick Swisher Field**

Synopsis: The naming of Nick Swisher Field in Bill Davis Stadium, located on Fred Taylor Drive on The Ohio State University Columbus campus, that will be the new state of the art competition field is proposed.

WHEREAS Nick Swisher made a significant impact on the OSU Baseball Program as an outstanding student-athlete; and

WHEREAS the generosity of Nick Swisher will have a lasting impact at The Ohio State University by providing opportunities for outstanding baseball student-athletes to showcase their athletic talents; and

WHEREAS Nick Swisher has provided a significant contribution to the Department of Athletics; and

WHEREAS the Nick Swisher Field is the current competition venue for The Ohio State University Baseball Program:

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the aforementioned field be named the Nick Swisher Field.

The Ohio State University
Board of Trustees

February 1, 2013

NAMING OF MULTIPLE SPACES

**In the Varsity Indoor Tennis Center located at
880 West Henderson Road, Department of Athletics**

Synopsis: The naming of spaces in the Varsity Indoor Tennis Center, located at 880 West Henderson Road, Columbus, Ohio is proposed.

WHEREAS this state-of-the-art facility, originally dedicated in 2007, has been designed to improve the indoor training and competition environment for the OSU Men's and Women's Tennis Programs; and

WHEREAS the Varsity Indoor Tennis Center will help attract and retain the best prospective student-athletes; and

WHEREAS the donors listed below have provided significant contributions to the Varsity Tennis Programs:

- Dave E. Kass and Jonathan Kass
- Racquet Club of Columbus and James N. Hendrix
- Ann Rarey
- Tana V. and John E. Sandefur and the Sandefur Charitable Foundation
- Smith Family Foundation and Joseph Smith

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the following spaces be named:

- Tennis Court #1 In Honor of Paul Sorren
- Dr. John W. Hendrix Scoreboard
- John and Ann Rarey Family Trophy Case
- Sandefur Storage Room
- Marge P. Barge Assistant Coaches Office

The Ohio State University
Board of Trustees

February 1, 2013

NAMING OF MULTIPLE SPACES

**Located at the Varsity Tennis Courts on
2491 Olentangy River Road, Department of Athletics**

Synopsis: The naming of multiple spaces at the Varsity Tennis Courts, located at 2491 Olentangy River Road, Columbus, Ohio is proposed.

WHEREAS this state-of-the-art facility, originally dedicated in 2012, has been designed to improve the outdoor training and competition environment for the OSU Men's and Women's Tennis Programs; and

WHEREAS the Varsity Tennis Courts will help attract and retain the best prospective student-athletes; and

WHEREAS the Varsity Tennis Courts will provide a quality tennis competition venue for high school, state and regional competitions; and

WHEREAS the donors listed below have provided significant contributions to the Varsity Tennis Programs:

- Jewish Community Federation of Cleveland and Jennifer G. Goldberg
- Patricia and Michael Schiff
- Ellie and Tom Shulman
- Dr. Robert J. Weiler

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the following spaces be named:

- Goldberg Scoreboard
- Court #1 – The Schiff Family Court
- Court #8 – The Tom and Ellie Shulman Court
- Court #10 – The Coach Ty Tucker Court

The Ohio State University
Board of Trustees

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NAMING OF THE PEDESTRIAN WALKWAY

**Between Mason Hall and Schoenbaum Hall,
Max M. Fisher College of Business: Bert L. and Iris S. Wolstein Gateway**

Synopsis: The naming of the Bert L. and Iris S. Wolstein Gateway between Mason Hall and Schoenbaum Hall, located on the campus of the Max M. Fisher College of Business that will serve to bridge the entrepreneurship and undergraduate programs is proposed.

WHEREAS Mason Hall and Schoenbaum Hall serve as the home of entrepreneurship and undergraduate education at the Max M. Fisher College of Business; and

WHEREAS the walkway between Mason Hall and Schoenbaum Hall is a primary entrance into the Max M. Fisher College of Business campus; and

WHEREAS the Bertram L. and Iris S. Wolstein Foundation have made a significant commitment designated to the Max M. Fisher College of Business to fund the Bert L. and Iris S. Wolstein Entrepreneurial Leadership Initiative:

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the aforementioned walkway between Mason Hall and Schoenbaum Hall be named the Bert L. and Iris S. Wolstein Gateway.

The Ohio State University
Board of Trustees

February 1, 2013

NAMING OF SPACES

In the Les Wexner Football Complex at the Woody Hayes Athletic Center, Department of Athletics

Synopsis: The naming of spaces in the Les Wexner Football Complex at the Woody Hayes Athletic Center, located at 535 Irving Schottenstein Drive is proposed.

WHEREAS this state-of-the-art facility, originally dedicated in 1987 in memory of the late Woody Hayes, has been redesigned to improve the teaching environment and solidify the Buckeyes' football practice facility as one of the nation's best; and

WHEREAS the renovated Les Wexner Football Complex at the Woody Hayes Athletic Center will advance Ohio State's athletic reputation and help attract and retain the best prospective student-athletes; and

WHEREAS the donors listed below have provided significant contributions to the renovation of the Les Wexner Football Complex at the Woody Hayes Athletic Center:

- Dr. David and Carol Adamkin
- John Antonucci
- William T. Baker
- Shirley and John Berry
- Buckeye Boosters
- Wilma and David Boyer
- Gwen and William Buschman
- Brenda and Keith Carpenter
- Robin and Kenneth Carpenter
- Sara and Christopher Connor
- Andrew Dunn
- Chuck Eddy
- E. Christopher Ellison, MD
- Erwin R. Thal, MD
- Michael J. Fagert
- Dr. John F. Geletka
- The Lyden Company
- Douglas Sweeney
- David Goss
- Jeffrey J. Greiner
- Archie Griffin Scholarship Foundation
- Jole and Jim Harmon
- Dr. Raul and Constance Hernandez
- Geoff Hulme
- Anonymous
- John V. Johnson
- Jon Kleinke
- George J. Kontogiannis
- Connie and Donald Malenick
- John G. McCoy
- M/I Homes Foundation

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- Jeffrey A. Norris
- R+L Carriers
- Anne and David Rismiller
- Lee Schear
- Michael Scholler
- Ellie and Thomas Schulman
- Barbara and Joseph Schwebel
- Martin G. Solomon
- Summers Family Foundation
- Michael J.P. Telich II
- Judith and James Thomas
- James and Ellen Tressel
- Rock VanWey
- Frank and Norma Watson
- William Weprin and the Beerman Foundation
- James and Linda Wiggins
- Robert F. Wolfe and Edgar T. Wolfe Foundation
- Worthington Industries
- Leo Yassenoff Foundation

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the following spaces be named:

- The Athletic Training Locker Room, Generously donated by Dr. David and Carol Adamkin
- Room 154 - Linebacker Coach's Office, Generously donated by William T. Baker
- Room 176 - Staff Conference Room, Generously donated by John and Shirley Berry
- Scholars Bay, Generously donated by Buckeye Boosters
- National Champions Bay, Generously donated by Buckeye Boosters
- Room 162 - Offensive Coordinators Office, Generously donated by David and Wilma Boyer
- Room 158 - Defensive Coordinators Office, Generously donated by David and Wilma Boyer
- Room 181L - Head Athletic Trainers Office, Generously donated by William and Gwen Buschman in honor of Ernie Biggs, Head Athletic Trainer 1945-1972
- Player's Entrance, Generously donated by the Keith and Brenda Carpenter Family and the Kenneth and Robin Carpenter Family
- All American Hallway, Generously donated by Sara and Christopher Connor
- Room 162 - Quarterback Coach's Office, Generously donated by the Dunn Family
- Room 181P - Physical Exam Room #1, Generously donated by Erwin R. Thal, MD and E. Christopher Ellison, MD
- Room 181R - Physical Exam Room #2, Generously donated by Erwin R. Thal, MD and E. Christopher Ellison, MD
- Room 163 - Team Meeting Room 1, Generously donated by the Antonucci Family in honor of Jack Antonucci, the Dr. John F. Geletka Family, Michael and Mary Jo Fagert, the Lyden Family, the Douglas and Patricia Sweeney Family, the Bob Eddy Family, and the Chuck Eddy Family
- Room 186 - Coach Emeritus' Office, Generously donated by Dave Goss and Family

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- Theatre Room, Generously donated by Jeff and Lori Greiner
- Media Lounge, Generously donated by the Archie Griffin Scholarship Fund
- Rivalry Bay Michigan Clock, Generously donated by the Jim Harmon Family
- Room 181K Athletic Trainer Conference Room, Generously donated by Raul Hernandez, MD and Constance Hernandez
- Woody Hayes Bay, Generously donated by the Geoff Hulme and Bob Mansfield Families
- Player Television Lounge, Generously donated by the John V. Johnson Family
- Room 181Q - X-Ray Room, Generously donated by the Kleinke Family
- Room 184 - Internal Operations/Compliance Office, Generously donated by George Kontogiannis
- Room 166 - Tight Ends Coach's Office, Generously donated by Don and Connie Malenick
- The John and Jeanne McCoy Locker Room
- Irving Schottenstein Drive
- Room 198T - Storage Room, Generously donated by the Jeffrey A. Norris Family
- Coaches Bay, Generously donated by R+L Carriers
- Room 168 – The David A. and Anne B. Rismiller Running Backs Coach's Office
- The Ohio State Media Bay, Generously donated by Bucknuts
- Room 176 - The Bucknuts Media Conference Room
- Room 194 - Support Staff Office, Generously donated by the Scholler Family
- Room 159 - Small Defensive Team Room, Generously donated by Tom and Ellie Shulman in memory of Louis and Blanche Shulman
- Big Ten Bay, Generously donated by Barbara and Joe Schwebel
- Room 185A - The Howard Solomon (B Arch, 1940) Strength and Conditioning Coach's Office
- Weight Room Michigan Clock, Generously donated in honor of Mark Summers
- Room 190 - The Michael J. and Laura S. Telich McDonald's Break Room
- Heisman Trophy Display, Generously donated by the James and Judith Thomas Family
- The Watson-Tressel Coaches Locker Room
- Room 164 - Offensive Line Coach's Office, Generously donated by the VanWey Family
- Multi Purpose Room, Generously donated by Barbara and Bill Weprin and the Beerman Foundation
- Room 150 - The Linda and Jim Wiggins Receivers Coach's Office
- Room 181 - The Robert F. Wolfe and Edgar T. Wolfe Foundation Medical/Athletic Training Center
- Room 185 - Worthington Industries Steel at Work Strength and Conditioning Room
- The Leo Yassenoff Foundation Lobby

The Ohio State University
Board of Trustees

February 1, 2013

RE-NAMING OF SPACES

Harold L. Enarson Hall and Central Classroom Building

Synopsis: The building located at 153 West 12th Avenue currently known as Frank W. Hale, Jr. Hall is being demolished. The building located at 154 West 12th Avenue is currently known as Harold L. Enarson Hall. The building located at 2009 Millikin Road is currently known as Central Classroom Building.

WHEREAS 153 West 12th Avenue was named for a former university architect in May 1963 and was known as Bradford Commons. In November 1988, The Frank W. Hale Black Cultural Center was named and located in this building. Bradford Commons was re-named Bradford Hall in November 1991. Bradford Hall was renamed Frank W. Hale, Jr. Hall in June 1992 in honor of the university's former Vice Provost for Minority Affairs; and

WHEREAS 154 West 12th Avenue was named the Ohio Union in October 1909. From 1910-1951, the building was referenced under several names: Student's Building; Club House; Student Union; Ohio Union Mess Hall and; SMA Mess Hall. After the new Union opened on High Street, 154 West 12th Avenue was referenced as: Old Ohio Union; Ohio Union Hall; Student Services Building. On April 20, 1979, the building was placed on the National Registry of Historic Places. In May 1986, the building was named Harold L. Enarson Hall in honor of President Enarson; and

WHEREAS 2009 Millikin Road was completed in January 1950, and as part of the Central Services Building served as a hub of activity for consolidated vital University services. In the late 1980s, the facility was given a renewed focus on students, serving as a facility housing classrooms, a bookstore, and administrative offices; and

WHEREAS Harold L. Enarson and Frank W. Hale, Jr. always placed students first, working as leaders in transformative change at the University including the establishment of the Department of Black Studies now known as the Department of African and African American Studies; and

WHEREAS The Office of Diversity and Inclusion and The Frank W. Hale Black Cultural Center will relocate to 154 West 12th Avenue in spring 2013; and

WHEREAS the University wishes to continue to honor President Enarson and Dr. Hale and their legacies posthumously:

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the aforementioned 154 West 12th Avenue be named Frank W. Hale, Jr. Hall and the aforementioned 2009 Millikin Road be named Harold L. Enarson Classroom Building.

The Ohio State University
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February 1, 2013

**AUTHORIZATION FOR ESTABLISHMENT OF A NEW UNIVERSITY AFFILIATE,
PARTNERS ACHIEVING COMMUNITY TRANSFORMATION**

Synopsis: Authorization to establish a new affiliate, Partners Achieving Community Transformation, to facilitate University activity and investment in the Near East Side of Columbus is recommended.

WHEREAS the Board of Trustees adopted the Policy on Affiliated Entities in June 2008 to provide a uniform framework for the establishment and operation of separate entities that are closely affiliated with The Ohio State University (hereinafter "Ohio State" and/or "University"), ensure that such entities serve the best interests of the University, and provide for continuing appropriate oversight by the University and the Board; and

WHEREAS the Senior Vice President and General Counsel and the Senior Vice President for Health Sciences have recommended that a new affiliate, Partners Achieving Community Transformation, as more fully described in the accompanying materials, be established in furtherance of Ohio State's commitment to revitalize one of the city's most historic neighborhoods—the Near East Side of Columbus, home to University Hospital East and CarePoint East; and

WHEREAS the creation of this Affiliated Entity is in support of our commitment to creating a healthy, financially and environmentally sustainable community on the Near East Side of Columbus, including our \$10 million commitment, provided from funds received through a City of Columbus Job Creation Tax Credit for the Medical Center Expansion project, to programmatic and physical development on the Near East Side over the next 10 years:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby authorizes the establishment of the affiliated entity Partners Achieving Community Transformation (hereinafter "PACT"), and authorizes and directs the President and/or Senior Vice President for Business and Finance, in consultation with other University officials as appropriate, to perform such actions and execute such documents as may be necessary or desirable to effect the establishment of this entity; and

BE IT RESOLVED, That the Board of Trustees hereby authorizes the establishment of the affiliated entity PACT, and authorizes and directs the President and/or Senior Vice President for Business and Finance, in consultation with Senior Vice President and General Counsel and other University officials as appropriate, to perform such actions and execute such documents as may be necessary or desirable to effect the establishment of the operational subsidiaries and associated entities that are formed from time to time to implement the business plan; and

BE IT FURTHER RESOLVED, That in accordance with the Policy on Affiliated Entities, the Senior Vice President and General Counsel is hereby designated as the senior University official charged with oversight of this entity and that PACT shall report periodically to the University and Board of Trustees through the designated senior oversight official; and

BE IT FURTHER RESOLVED, That the relationship between the University and PACT shall be memorialized through a memorandum of agreement and that the entity shall operate in accordance with the Policy on Affiliated Entities, the memorandum of agreement, and the entity's approved business plan; and

The Ohio State University
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February 1, 2013

**AUTHORIZATION FOR ESTABLISHMENT OF A NEW UNIVERSITY AFFILIATE,
PARTNERS ACHIEVING COMMUNITY TRANSFORMATION**

BE IT FURTHER RESOLVED, That as appropriate and as directed, Trustees, officers, and employees of The Ohio State University are hereby authorized, designated, and directed to serve as directors, managers, officers, employees, and agents of PACT and its subsidiaries, representing the University in such capacities as part of their official duties and responsibilities to the University and entitling them to any immunity, insurance, indemnity, and representation to which Trustees, officers, and employees of the University now are, or hereafter may become, entitled.

The Ohio State University
Board of Trustees

February 1, 2013

AUTHORIZATION TO APPROVE ATHLETIC PRICES AND FEES

Synopsis: Approval of athletic ticket prices for Fiscal Year 2014 and golf course membership fees for Calendar Year 2013 at the recommended levels is requested.

WHEREAS The Ohio State University Athletics Department 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 Ohio State has not raised ticket prices in more than three years; and

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

WHEREAS the Athletic Council has approved increases for football and men's basketball tickets, and for golf course membership fees shown on the attached tables; 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 increases for football and men's basketball tickets for Fiscal Year 2014, and for golf course membership dues and fees for Calendar Year 2013, be approved.

The Ohio State University
Board of Trustees

February 1, 2013

APPROVAL OF NEW 350 BLOCK MEAL PLAN AND ITS RELATED FEE

SYNOPSIS: New meal plans were established with the beginning of the semester structure for Autumn Semester 2012. At the end of this first semester, there were a significant number of students who had purchased the smallest available block plan (450 Block Meal Plan) and had a surplus number of blocks remaining at the end of the semester. At the end of the semester, Student Life issued a \$3 credit for each of the unused blocks and posted the amount to each student's BuckID cash. As a result, the University developed a new block meal plan (350 Block Meal Plan) for implementation for Spring Semester based on the student feedback from Autumn Semester. The new 350 Block Meal Plan will provide a smaller number of blocks while still maintaining the flexibility of the block meal plan system. The 350 Block Meal Plan will be the second most affordable meal plan and will be priced at \$1,850/semester, which includes \$150 BuckID cash. In order to implement this plan for Spring Semester, provisional approval for the new plan and its related fee was received from Robert H. Schottenstein, Chair of the Board of Trustees and W.G. Jurgensen, Chair of the Finance Committee, Board of Trustees.

WHEREAS the Board of Trustees of The Ohio State University supports the University's continued implementation of the Academic Plan and its initiatives to meet the needs of Ohio State students; and

WHEREAS it was determined that an additional meal plan was needed to reflect the needs and wishes of parents and students; and

WHEREAS provisional approval for this new plan and its related fee was received from Robert H. Schottenstein and W.G. Jurgensen:

NOW THEREFORE

BE IT RESOLVED, That the 350 Block Meal Plan will be formally established and the new fee implemented as outlined in the attached memo and documentation as presented for provisional approval of the fee in December 2012 and to the Finance Committee of the Board of Trustees on January 31, 2013; and

BE IT FURTHER RESOLVED, That the new fee shall be effective Spring Semester 2013.

The Ohio State University
Board of Trustees

February 1, 2013

FISCAL YEAR 2013 MAY SESSION AND SUMMER SESSION ROOM AND BOARD

Synopsis: Fiscal Year 2013 May Session and Summer Session room and board rates at the Columbus Campus, Agricultural Technical Institute (ATI), Mansfield Campus and Newark Campus at The Ohio State University for Fiscal Year 2013 are proposed, effective May Session of Fiscal Year 2013.

WHEREAS the Board of Trustees of The Ohio State University supports the University's continued implementation of the Academic Plan and its initiatives to meet the needs of Ohio State students; and

WHEREAS consultations have taken place within the University to determine the appropriate May Session and Summer Session room and board charges, as described in the accompanying text and tables which have been reviewed and recommended:

NOW THEREFORE

BE IT RESOLVED, That the May Session and Summer Session Room and Board rates will be implemented as outlined in the attached document as presented to the Finance Committee of the Board of Trustees; and

BE IT FURTHER RESOLVED, That these increases described in the attached document shall be effective May Session of Fiscal Year 2013.

The Ohio State University
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February 1, 2013

CONTRACTS

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACTS

Infrastructure Master Plan Update

Rhodes, Doan, James Cancer Center Renovation Planning
Steam and Condensate Distribution System Phase 3

APPROVAL TO ENTER INTO/INCREASE CONSTRUCTION CONTRACTS

OARDC – Replace Agronomy and Forestry Greenhouses

Smith Lab Rehabilitation

Steam and Condensate Distribution System Phase 3

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

WHEREAS in accordance with the attached materials, the University desires to undertake and enter into professional services contacts for the following projects:

	Prof. Serv.	Total Project	
Infrastructure Master Plan Update	\$0.3M	\$0.3M	FOD funds
Rhodes, Doan and James Cancer Center Renovation Planning	\$2.0M	\$2.0M	WMC Operating Capital
Steam and Condensate Distribution System Upgrades Phase 3	\$1.3M	\$8.4M	University debt

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

	Const.	Total Project	
OARDC – Replace Agronomy and Forestry Greenhouses	\$4.3M	\$4.6M	Insurance funds General funds
Smith Lab Rehabilitation	\$10.8M	\$12.6M	State appropriations General funds University debt
Steam and Condensate Distribution System Upgrade Phase 3	\$7.1M	\$8.4M	University debt

NOW THEREFORE

BE IT RESOLVED, That the President and/or Senior Vice President for Administration and Planning be authorized to enter into professional services contracts and enter into/increase 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.

The Ohio State University
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**LONG-TERM GROUND LEASE BETWEEN THE OHIO STATE UNIVERSITY AND
BIOHIO RESEARCH PARK CORPORATION - OARDC WOOSTER CAMPUS**

SYNOPSIS: Authorization is requested to enter into a 40 year ground lease, with options for two 10 year renewal periods, with BioHio Research Park Corporation for approximately 90 acres of land located at the Ohio Agricultural Research and Development Center (OARDC) Wooster Campus.

WHEREAS in 2010 OARDC recommended, together with local, regional, and state partners, the establishment of BioHio as an agbiosciences research park associated with the Wooster campus; and

WHEREAS upon Trustee approval the BioHio Research Park Corporation (BRPC) was established as a University affiliate, to support the research, development and commercialization of agbioscience and related technologies; and

WHEREAS in support of the mission of BioHio, the University is proposing a lease of approximately 90 acres of land for an initial term of 40 years, and subject to two 10 year renewal options; and

WHEREAS all building, facilities and other improvements to the leased premises are to be constructed and maintained by the BRPC at its sole cost and expense:

NOW THEREFORE

BE IT RESOLVED, That the President and/or the Senior Vice President for Business and Finance be authorized to take any action required to effect the execution of a 40 year ground lease, with options to renew for two ten-year periods, for approximately 90 acres of land located in Wooster, Ohio under terms and conditions determined to be in the best interest of the University.

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**ROADWAY EASEMENT BETWEEN THE OHIO STATE UNIVERSITY AND THE
CITY OF WOOSTER, SECREST ROAD AND MADISON AVENUE, WOOSTER, OHIO 44691**

SYNOPSIS: Authorization to grant easements to the City of Wooster, Ohio at or near the intersection of Secrest Road and Madison Avenue, Wooster, Ohio for the reconstructed Secrest Road.

WHEREAS the City of Wooster, Ohio, has requested a series of easements along Secrest Road and Madison Avenue at the north boundary of the Ohio Agricultural Research and Development Center (OARDC) campus, being 0.001 acres, 0.169 acres, 1.279 acres, 1.246 acres, 1.246 acres, 0.346 acres and 0.055 acres for the final placement of the reconstructed Secrest Road; and

WHEREAS these easements will benefit the University including improved access to the BioHio Research Park at the Wooster campus. The ninety acre business and technology center was established to support the research, development and commercialization of agbioscience and related technologies; and

WHEREAS Resolution 2008-129 originally granted approval for the transfer of multiple tracts to the City of Wooster as a twenty-five year road right-of-way easement. However, after further review the Offices of Physical Planning and Real Estate and Legal Affairs recommend conveying the roadway as a perpetual roadway easement; and

WHEREAS the University recently acquired property on Madison Avenue and due to its proximity to the above named tracts, is seeking to include the 0.084 acres located just north of the intersection of Madison Avenue and Secrest Road to this perpetual roadway easement:

NOW THEREFORE

BE IT RESOLVED, That the President and/or Senior Vice President for Business and Finance be authorized to approve and the Ohio Department of Administrative Services be authorized to process appropriate documents and grant this easement to the City of Wooster upon such terms and conditions as are in the best interests of the university.