



June 24, 2015

Ms. Carolyn Small  
Postsecondary Registration Administrator  
Iowa College Student Aid Commission  
403 E. Grand Avenue, FL 3  
Des Moines, IA 50309

Dear Ms. Small,

Enclosed please find the PDF Application for Registration (Authorization) of Postsecondary Schools, the Statement of Financial Responsibility and the most recent independent audit report marked "*confidential*" for the University of St. Francis. I have also included a copy of check for the \$1000 application fee that was mailed to:

Iowa College Student Aid Commission  
P.O. Box 310348  
Des Moines, IA 50331-0348

Thank you for your assistance with this process. If there is anything else you need, please feel free to contact me at 815-740-3807 or [jhicks@stfrancis.edu](mailto:jhicks@stfrancis.edu).

Sincerely,

A handwritten signature in black ink that reads "Janine M. Hicks". The signature is enclosed in a thin black rectangular border.

Janine M. Hicks  
Director of Institutional Effectiveness

**Bigger thinking. Brighter purpose.**

*University of St. Francis  
500 Wilcox Street  
Joliet, IL 60435*

*Iowa College Student Aid  
Commission  
Application for Registration  
(Authorization)*

# *Iowa College Student Aid Commission*

## **Application for Registration (Authorization) of Postsecondary Schools Iowa Code Chapter 261B**

This is the application form for all schools that are required to register under Iowa Code Chapter 261B.

All items must be completed. If there is insufficient space on the form to provide all requested information, use additional attachments as required, numbering them to correspond to the application item. Other documents or materials may be attached to the form in lieu of providing the information on the form. In such cases, the material or document should be referenced on the form and *clearly* marked for ease of identification.

Submit the complete and electronically signed PDF of the application and any necessary electronic attachments via email to [Carolyn.Small@iowa.gov](mailto:Carolyn.Small@iowa.gov), or on thumb drive or CD to:

Postsecondary Registration Coordinator  
Iowa College Student Aid Commission  
430 E. Grand Ave., FL 3  
Des Moines, Iowa 50309

A school must submit a \$1000 application fee with the application. Please make the check payable to the Iowa College Student Aid Commission and mail to:

Iowa College Student Aid Commission  
P.O. Box 310348  
Des Moines, IA 50331-0348

The information you provide will be open to public inspection under Iowa Code Chapter 22.11, and posted to the Iowa College Student Aid Commission website under Iowa Code Section 261.2., subsection 7(b).

Exception: A private non-profit or for-profit corporation may submit financial statements associated with its most recent independent auditor's report to the Commission and request that they be treated as confidential. For more information, see item #30:

**For assistance or questions regarding the application, contact the Postsecondary Registration Coordinator at:**

[Carolyn.small@iowa.gov](mailto:Carolyn.small@iowa.gov)  
**(515) 725-3413**



# UNIVERSITY OF ST. FRANCIS

500 Wilcox Street, Joliet, IL 60435 • (800) 359-3500 • www.stfrancis.edu

**WINTRUST**  
BANK  
Chicago

Check Date  
06/23/15

This Check Void After 180 Days

20015102

70-2544

719

Check Amount  
\$\*\*\*\*\*1,000.00

PAY \*\*One Thousand & 00/100\*\*\*\*\*

TO THE ORDER OF

Iowa College Student Aid Commission  
PO Box 310318  
Des Moines IA 50331-0318

*[Signature]*  
\_\_\_\_\_  
*[Signature]*  
\_\_\_\_\_  
AUTHORIZED SIGNATURE(S)

THIS DOCUMENT HAS A VOID PANTOGRAPH AND CHEMICAL SENSITIVITY

⑈0020015102⑈ ⑆07192544⑆ 3805388707⑈

University of St. Francis - Accounts Payable

500 Wilcox Street, Joliet, IL 60435 • 800-359-3500 • stfrancis.edu

INVOICE		DESCRIPTION	GROSS AMOUNT	DISCOUNT	ADDITIONAL CHARGES	NET AMOUNT
NUMBER	DATE					
REGISTRATION	06/16/15	Iowa Registration Fee for Distance Ed Programs	1,000.00	0.00	0.00	1,000.00 USD
<b>CHECK NUMBER</b>	<b>CHECK DATE</b>	<b>VENDOR ID</b>	<b>TOTAL GROSS</b>	<b>TOTAL DISCOUNT</b>	<b>TOTAL ADDL CHARGES</b>	<b>CHECK AMOUNT</b>
20015102	06/23/15	IOW0031	1,000.00	.00	.00	1,000.00

(1) Provide the name of school and address of the principal office as defined in Iowa Code Section 490.140 or 510.141: [(261B.4(2))] and [(261B.4(1))]

Name of School: University of St. Francis  
 Suite: Suite: Street: 500 Wilcox Street  
 City: Joliet State: IL Zip: 60435 Country: United States

Telephone Number for the schools' primary state authorization contact (including country or area code):  
 815-740-3807

E-mail address for the schools' primary authorization contact:  
 jhicks@stfrancis.edu

(2) Type of school:  For-profit  Non-profit  Public

(3) If applicable, provide the address of all locations in Iowa where instruction will occur. For a school that is applying for registration to offer distance education programs and who has established, or plans to establish a permanent Iowa site(s) at which students will participate in a structured field experience, the school may record below the location of that Iowa field experience site(s).

Suite: NOT APPLICABLE Street:  
 City: State: Zip:

Telephone:

(4) Provide the **total** estimated tuition charges, fees and other costs payable to the school by a student over the course of each entire program. [(261B.4(3))] If the school is applying to offer both residential programs that require some face-to-face interaction between student and faculty at an Iowa location, in addition to programs that are offered fully "at a distance," please separately list distance education programs, as illustrated below.

	Residential Program to be Offered in Iowa	Tuition	Fees	Books and Supplies	Other	Estimated <b>Total</b> Program Charges
<input type="button" value="Add Row"/>						
<input type="button" value="Delete Row"/>						
	Distance Education Program to be Offered in Iowa	Tuition	Fees	Books and Supplies	Other	Estimated <b>Total</b> Program Charges
<input type="button" value="Add Row"/>						
<input type="button" value="Delete Row"/>	Bachelor of Science in Health Care Leadership	\$21,564	\$450	\$1,200		\$23,214

<a href="#">Add Row</a>	Master of Science in Training and Development	\$26,280	\$750	\$1,200		\$28,230
<a href="#">Delete Row</a>						
<a href="#">Add Row</a>	Doctor of Educational Leadership	\$40,800	\$1,250	\$2,000		\$44,050
<a href="#">Delete Row</a>						
<a href="#">Add Row</a>	Master of Science in Management	\$26,280	\$750	\$1,200		\$28,230
<a href="#">Delete Row</a>						
<a href="#">Add Row</a>	Master of Science in Nursing	\$35,720	\$1,000	\$1,600		\$38,320
<a href="#">Delete Row</a>						
<a href="#">Add Row</a>	Master of Science in Nursing Administration	\$27,360	\$750	\$1,200		\$29,310
<a href="#">Delete Row</a>						
<a href="#">Add Row</a>	Master of Science in Health Administration	\$26,280	\$750	\$1,200		\$28,230
<a href="#">Delete Row</a>						
<a href="#">Add Row</a>	Master of Science in Higher Education	\$24,090	\$750	\$1,200		\$26,040
<a href="#">Delete Row</a>						
<a href="#">Add Row</a>	Doctor of Nursing Practice	\$30,800	\$875	\$1,400		\$33,075
<a href="#">Delete Row</a>						
<a href="#">Add Row</a>	Masters in Business Administration	\$27,720	\$750	\$1,200		\$29,670
<a href="#">Delete Row</a>						

Add Row	Master of Science in Teaching and Learning	\$26,280	\$750	\$1,200		\$28,230
Delete Row						
Add Row	Bachelor of Science in Business Administration	\$28,752	\$600	\$1,600		\$30,952
Delete Row						
Add Row	Bachelor of Science in Nursing Fast-Track	\$30,380	\$600	\$1,600		\$32,580
Delete Row						

(5) Please list all distance education programs that include a structured field experience that the school will permit an Iowa resident to participate in at an Iowa location. For each program that includes a field experience, please attach documentation that describes the expectations of the student, school faculty, and a site supervisor.

Bachelor of Science in Nursing Fast Track (see attachment #5)

Master of Science in Nursing

Doctor of Nursing Practice

(6) Provide the name of all other State of Iowa agencies required to approve the applicant school in Iowa and the school's contact person at the agency. Attach documentation of the school's approval.

State of Iowa Agency Name:

Iowa Board of Nursing (see attachment #6)

Contact Person:

Kathy Weinberg

Telephone Number:

515-281-4828

E-mail address:

Kathy.weinberg@iowa.gov

(7) Does the school plan to offer in, Iowa, a program that prepares a student for first-time, licensed professional employment?

No

Yes

List the program and the Iowa professional licensure board that licenses persons to practice the profession for which the school's program prepares a student. For each program, attach documentation demonstrating that the school's program either meets the requirements of a programmatic accrediting agency approved by the Iowa professional licensure board, or that the school's program meets the Iowa professional licensure board's curriculum requirements such that a student who completes the school's program is not required to complete additional coursework or practicum hours that the school did not offer in its program.

(8) Provide a link to the school's Internet site, or a description of the school's refund policy for the return of refundable portions of tuition, fees, or other charges [(261B.4(4))] For a for-profit school with at least one program of more than four months in length that leads to a recognized educational credential, the school's tuition refund for Iowa students must comply with Iowa Code Section 714.23. For more information about Iowa Code Section 714.23, contact the Postsecondary Registration Coordinator or see the *Postsecondary Registration* tab on the Commission's main web page at [www.iowacollegeaid.gov](http://www.iowacollegeaid.gov).

<https://www.stfrancis.edu/admissions/financial-aid/tuition-fees-room-and-board-refund-policy/>

(9) Provide the name, business address and telephone number of the chief executive officer of the school: [(261B.4(7))]

Name: Suite: Street:  
Dr. Arvid C. Johnson 500 Wilcox Street  
City: State: Zip: Country: Telephone Number:  
Joliet IL 60435 United States 815-740-3369

(10) Provide a link(s) to the school's Internet site, or describe below the means by which the school provides the following disclosure to students. If the school provides this information in one or more web-based documents, please provide both the link to the document and the page number within the document where the disclosure(s) is located.

1. The name or title of the course.
2. A brief description of the subject matter of the course.
3. The tuition charge or other fees charged for the course. If a student is enrolled in more than one course at the school, the tuition charge or fee for all courses may be stated in one sum.
4. The refund policy of the school for the return of their fundable portion of tuition, fees, or other charges. If refunds are not to be paid, the information shall state that fact.
5. Whether the credential or certificate issued, awarded, or credited to a student upon completion of the course or the fact of completion of the course is applicable toward a degree granted by the school and, if so, under what circumstances the application will be made.
6. The name of the accrediting agency recognized by the United States Department of Education or its successor agency which has accredited the school.

Please see attachment # 10

University of St. Francis 2014-2016 Online Catalog:

<http://www.stfrancis.edu/content/newimages/registrar/14-16-catalog/catalog14-16.pdf>

(11) Provide the name, address, and telephone number of a contact person in Iowa. [(261B.4(10))]. If the school is applying for distance education and has elected to register with the Iowa Secretary of State as a corporation transacting business in Iowa, please list the corporation's Iowa resident agent. If a distance education provider has not registered with the Iowa Secretary of State, the response to this question may be "not applicable" distance education provider."

Name: Suite:  
Thomas Beck  
Street: City: State: Zip:  
911 NW Waterfront Drive Ankeny IA 50023  
Country: Telephone Number (including country or area code):  
United States 515-964-8441

(12) Provide the name, address, and title of the other officers and members of the legal governing body of the school: [(261B.4(6))]

Officer Number 1

Name: Suite:  
Kathleen McGowan (see attachment #12)  
Street: City: State: Zip:  
500 Wilcox Street Joliet IL 60435

Country: Telephone Number (including country or area code):  
United States 815-740-3369

For officers 2 or more, add pages as needed.

(13) For a for-profit institution, provide the names and business addresses of persons owning more than 10% of the school: [(261B.4(6))]

Name: Suite:  
NOT APPLICABLE  
Street: City: State: Zip:  
Country: Telephone Number (including country or area code):

For owners 2 or more, add pages as needed.

(14) Name all agencies accrediting the institution and programs offered in Iowa **that are recognized by the U.S. Department of Education.** [(261B.4(9))] Attach a copy of the school's accreditation status for each agency. Provide all documentation in the school's records about any pending or final accrediting agency sanction.

If the school is applying to initiate in-person instruction at an Iowa location and the school's accrediting agency has not approved the Iowa location, provided either: 1) documentation from the accrediting agency that its approval is not required, or 2) documentation that the accrediting agency will not consider the school's approval request until the Commission approves the school to operate in Iowa.

Accrediting Agency 1  
Name: Suite:  
Higher Learning Commission 7-500  
Street: City: State: Zip:  
230 South LaSalle Street Chicago IL 60604  
Country: Telephone Number (including country or area code):  
United States 500-621-7440  
Contact Person:  
Jeff Rosen

Accrediting Agency 2  
Name: Suite:  
National Council for Accreditation of Teacher Educa 500  
Street: City: State: Zip:  
2010 Massachusetts Ave NW Washington DC 20036  
Country: Telephone Number (including country or area code):  
United States  
Contact Person:  
Nate Thomas - 202-466-7496

Accrediting Agency 3

Name: Commission on Collegiate Nursing Education Suite: 530  
 Street: One Dupont Circle, NW City: Washington State: DC Zip: 20036  
 Country: United States Telephone Number (including country or area code): 202-887-6791  
 Contact Person: Nicholas Battiste

For additional accrediting agencies, add additional pages.

(15) Describe the procedures followed by the school for safeguarding (e.g., storage, security and back-up processes) and preservation of student records. [(261B.4(12))]

A disaster recovery plan is vital to University of St. Francis' academic and administrative operations in order to insure continued operational functions under emergency or disaster situations. Various conditions and events such as extended technology interruptions, natural disasters, or criminal action could require implementation of part or the entire plan. This disaster recovery plan must be flexible enough to apply under as many conceivable conditions as possible.

See attachment #15

(16) Provide the contact information to be used by students and graduates who seek to obtain transcript information.

Name: University of St. Francis -Registrar's Office Suite:  
 Street: 500 Wilcox Street City: Joliet State: Illinois Zip: 60435  
 Country: United States Telephone Number (including country or area code): (800) 736-6300 or (815) 740-3391

E-mail address and/or web site:

registrar@stfrancis.edu

(17) List the states and licensure/authorization agencies for all states that require the school to obtain authorization to operate, maintain a presence, or offer distance education in that state. Attach documentation of the school's licensure/authorization status in each state. Do not list states in which the school's status is "exempt."

	State	Agency Name
Add Row Delete Row	Alabama	Alabama Department of Postsecondary Education Office of Private School Licensing Division
Add Row Delete Row	Wyoming	Wyoming Department of Education
Add Row Delete Row	Wisconsin	Wisconsin Educational Approval Board
Add Row Delete Row	Washington	Washington Student Achievement Council

<input type="button" value="Add Row"/>	Utah	Utah Division of Consumer Protection
<input type="button" value="Delete Row"/>		
<input type="button" value="Add Row"/>	Tennessee	Tennessee Higher Education Commission Division of Postsecondary School Authorization (DPSA)
<input type="button" value="Delete Row"/>		
<input type="button" value="Add Row"/>	South Dakota	South Dakota Secretary of State's Office
<input type="button" value="Delete Row"/>		
<input type="button" value="Add Row"/>	Pennsylvania	Pennsylvania Department of Education
<input type="button" value="Delete Row"/>		
<input type="button" value="Add Row"/>	North Dakota	North Dakota University System
<input type="button" value="Delete Row"/>		
<input type="button" value="Add Row"/>	New Mexico	New Mexico Higher Education Department
<input type="button" value="Delete Row"/>		
<input type="button" value="Add Row"/>	Nevada	Nevada Commission on Postsecondary Education
<input type="button" value="Delete Row"/>		
<input type="button" value="Add Row"/>	Montana	Montana University System Office of the Commissioner of Higher Education
<input type="button" value="Delete Row"/>		
<input type="button" value="Add Row"/>	Mississippi	Mississippi Commission on College Accreditation
<input type="button" value="Delete Row"/>		
<input type="button" value="Add Row"/>	Minnesota	Minnesota Office of Higher Education
<input type="button" value="Delete Row"/>		
<input type="button" value="Add Row"/>	Michigan	Michigan Department of Licensing and Regulatory Affairs
<input type="button" value="Delete Row"/>		
<input type="button" value="Add Row"/>	Maryland	Maryland Higher Education Commission
<input type="button" value="Delete Row"/>		
<input type="button" value="Add Row"/>	Kansas	Kansas Board of Regents
<input type="button" value="Delete Row"/>		
<input type="button" value="Add Row"/>	Indiana	Indiana Commission for Higher Education (CHE)
<input type="button" value="Delete Row"/>		
<input type="button" value="Add Row"/>	Idaho	Idaho State Board of Education
<input type="button" value="Delete Row"/>		
<input type="button" value="Add Row"/>	Georgia	Georgia Non-public Postsecondary Education Commission
<input type="button" value="Delete Row"/>		

Add Row	Florida	Commission for Independent Education Florida Department of Education
Delete Row		
Add Row	Alaska	Alaska Commission on Postsecondary Education
Delete Row		

(18) Has a state ever revoked the school's approval to operate in that state?

No  Yes. If yes, attach documentation from the state of its revocation action.

(19) Has a state sanctioned the school within the year prior to the date of this application?

No  Yes. If yes, attach documentation from the state of its sanction action.

(20) Is the school presently under investigation by or bound to the terms of a judgment issued by a state's attorney general or other enforcement authority?

No  Yes. If yes, attach documentation of the investigation or judgment from the enforcement authority.

(21) Will the school certify that it will immediately notify the Commission of any pending or final sanction issued by the school's accrediting agency, another state agency that registers or licenses the school during its Iowa registration term, or a state attorney general's office or other enforcement authority?

Yes  No

(22) Describe the academic and instructional methodologies and delivery systems to be used by the school and the extent to which the school anticipates each methodology and delivery system will be used, including, but not limited to, classroom instruction, correspondence, internet, electronic telecommunications, independent study, and portfolio experience evaluation. [261B.4(13)]

The University of Francis uses Canvas as its course management system for delivery of all of its online courses. The instructors in the online courses use a variety of Canvas tools to deliver and facilitate instruction: See attached for more details.

\* See attachment # 22

(23) Is the school subject to a limitation, suspension or termination (LST) order issued by the U.S. Department of Education?

Yes  No

Please attach a copy of the school's current Federal Student Aid Program Participation Agreement with the U.S. Department of Education.

(24) Do you currently:

Enroll students in Iowa?  No  Yes. How many? 19 (Summer 2015)

Employ Iowa faculty?  No  Yes. How many full-time? How many part-time?

Provide the name(s) of and business contact information for any Iowa resident that the school compensates to provide instruction or academic supervision in the programs its offers in Iowa.

(25) Do you compensate Iowa residents to perform other operational activities for the school besides teaching (e.g., program or Iowa site coordinator, call-taker, admissions representative)?

No  Yes. How many? How many full-time? How many part-time?

Provide the names, titles, and business contact information for all Iowa residents that the school compensates to provide operational support other than teaching. Attach a resume, other documentation, or provide a link to the school's Internet site that provides a curriculum vitae summary for each Iowa resident employee.

(26) Of the total number of faculty (including those that may not be Iowa residents) who will provide instruction in programs offered to Iowa residents, how many are full-time? 3 How many are part-time? 11

Attach resumes, other documentation, or links to your Internet site that describe 1) the educational and experiential qualifications of all faculty or instructors who teach the courses offered to Iowans, and 2) the general subject matter in which they teach.

(27) How will your school comply with *Iowa Code* section 261B.7, which requires the school to disclose: 1) that it is registered by the Commission, and 2) the Commission's contact information for student questions or complaints?

See attachment #27

<http://www.stfrancis.edu/academics/accreditations/state-authorizations-and-grievance-statements/>  
<http://www.stfrancis.edu/content/newimages/registrar/14-16-catalog/catalog14-16.pdf>



(28) Will your school comply with the requirements of Iowa Code Section 261.9(1)"e" to "h"?

Yes  No

Note: Schools that apply for registration to offer distance education programs and who have no compensated parties working remotely for the school from an Iowa location are not required to comply with Iowa Code Section 261.9(1)"h". For more information about Iowa Code Section 261.9(1), please contact the Postsecondary Registration Coordinator or see the Postsecondary Registration/Authorization tab on the Commission's main web page at [www.iowacollegeaid.gov](http://www.iowacollegeaid.gov).

**You must attach policies that are ready for implementation upon registration approval and that comply with these requirements.**

(29) Does the school agree to file annual reports that the Commission requires from all Iowa Colleges and Universities? (Note: at this time the Commission does not require annual reports for out-of-state distance education program providers.)

Yes  No

(30) Attach a copy of the applicant school's most recent independent audit report prepared by a certified public accounting firm no more than 12 months prior to the application and state below where, in the audit report, there is evidence that the auditor is providing an unqualified opinion.

Note: A school may submit to the Postsecondary Registration Coordinator financial statements associated with an independent audit in a separate electronic file that is marked "confidential." In that case, the Commission will not disclose the school's financial statements to the public.

**Separate Electronic File- Unqualified opinion by auditor is on page 4 of the Audit Report.**

(31) Describe how your school provides students with learning resources, including appropriate library and other support services requisite for the school's programs.

Library support for adult online learners is essential to an excellent and effective academic program. As part of its mission to provide quality education, the University of St. Francis is committed to providing the most effective library resources available to its students throughout the nation.

See attachment #31

(32) Provide evidence that faculty within an appropriate discipline are involved in developing and evaluating curriculum for the program(s) to be registered in Iowa.

Full-time faculty member in the appropriate academic department have designed all of the online degree programs. They have gone through Academic Approvals at the university level as well as the Board of Trustees level. These programs are identical to the on-campus curriculum. All departments are required to assess the curriculum on an annual basis as part of the USF Assessment Process.

(33) If applicable, please provide evidence that the school has adequate physical facilities appropriate for the program(s) and students services to be offered and are located in the state. For a school that applies for registration to open a fixed instructional site, include a copy of a signed agreement for a facility purchase or lease or option to purchase or lease.

The University of St. Francis does not have a physical address/presence in the state of Iowa.

(34) For a for-profit institution, provide an organizational plan that shows the physical address and contact information for all internet-based and site-based educational locations, administrative, and service centers operated by the applicant and any parent organization.

NOT APPLICABLE

(35) Provide documentation showing the school's policy for the resolution of student and graduate comments and complaints. Provide complete contact information to which complainants may be referred.

Academic and Non-Academic - <http://www.stfrancis.edu/student-complaint-process/>

If an online student does not feel the complaint has been resolved, they may take the complaint a step further to their state higher education department. The State Complaint Process is a compilation of all the complaint process web links and/or explanation of the process for the 68 agencies within the US <http://www.stfrancis.edu/content/newimages/ie/off-campus-state-complaint-process-2.pdf>

Contact Information: Janine M. Hicks, Director, Office of Institutional Effectiveness

(36) Provide the most recent official Stafford loan cohort default rate that the U.S. Department of Education reports for the school. If the school has multiple campuses and is applying for distance education programs, report the cohort default rate for the campus that supports the school's online programs.

FY2012 - 5%

37) Provide the average loan debt upon graduation of individuals completing programs at your institution.

\$27,367

(38) Provide the graduation rate for each branch location that the school reports to the U. S. Department of Education National Center for Education Statistics. If the school had multiple campuses for which it reports a graduation rate and is applying for distance education programs, report the graduation rate for the campus that supports the schools online programs.

56%- University of St. Francis (Main Campus which supports online programs)

**SIGNATURE**

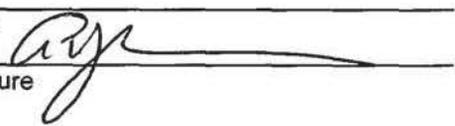
**Applicant School Chief Executive Officer**

Dr. Arvid C. Johnson

President

Name

Signature



Title

Date

6/10/15

**By my signature above, I commit to the delivery of programs my school offers in Iowa, and agree to provide alternatives for students to complete programs at other institutions if my school closes a program, or the school closes before students have completed their courses of study.**

**Additional Instructions:**

- If any information in this application changes before the Commission considers the application the school should inform the Commission via email.
- A registration fee of \$1000 is due and payable to the State of Iowa upon registration approval.
- Registrations must be renewed every two years. During a registration term, a school must submit a written request for amendment via email and remit an additional \$1000 amendment fee upon any substantive change in program offerings, location, or accreditation.
- During a registration term, changes that occur to the information provided in this application must be submitted in writing (e-mail is acceptable) to the Postsecondary Registration Coordinator within 90 days of the change (e.g., a new program that does not require the approval of an agency of the state of Iowa).
- During a registration term, a school that offers distance education programs that include a mandatory structured field experience must notify the Commission of the Iowa field experience location within 90 days of establishing the Iowa field experience site.

# *University of St. Francis*

## *Attachment #5*

*For each program that includes a field experience, please attach documentation that describes the expectations of the student, school faculty, and a site supervisor.*

**University of St. Francis  
Cecily and John Leach College of Nursing  
Undergraduate & Graduate Programs**

College of Nursing Faculty Role

1. Assumes responsibility for overall coordination of the student's experience.
2. Maintains a collegial relationship between the University and the health care agency.
3. Orients the preceptor to the philosophy of the Cecily and John Leach College of Nursing, the precepting concept, and responsibilities of the preceptor.
4. Communicates what knowledge base and skills the preceptor should expect from the students.
5. Informs the student about the course requirements, planning, and achievement of objectives.
6. Schedules periodic conferences concerning the clinical experience.
7. Participates in ongoing evaluation of the student's clinical experience with student and preceptor.
8. Reviews the student's clinical log related to course and personal objectives.
9. Provides the final decisions in the student's evaluation process, integrating input from preceptor and student.

Preceptor Role

1. Assumes the role of resource person, role model, and consultant for the student's advanced nursing clinical experience.
2. Creates and maintains an atmosphere that promotes learning and trust within the parameters of the health care agency.
3. Orients the student to the clinical facility, personnel, policies and procedures.
4. Chooses assignments with the student to fulfill student objectives and the objectives of the course.
5. Formally communicates at least twice during the semester with the faculty member to facilitate the learning and evaluation process.
6. Contacts the faculty member as needed to clarify any issues, which may arise.
7. Reviews student clinical performance with the faculty member using course objectives listed in the clinical evaluation tool.
8. Encourages the student to assume increasing responsibility/independence during the clinical experience.

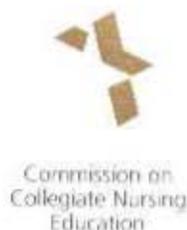
9. The preceptor shall be licensed as certified advanced practice nurse or physician and practice within the state approved guidelines.

# *University of St. Francis*

## *Attachment #6*

*Provide the name of all other State of Iowa agencies required to approve the applicant school in Iowa and the school's contact person at the agency. Attach documentation of the school's approval.*

November 15, 2010



Serving the  
Public Interest  
Through Quality  
Accreditation

One Dupont Circle, NW  
Suite 500  
Washington, DC  
20036-1129  
Tel: 202-887-6793  
Fax: 202-887-8476  
[www.aacn.nche.edu](http://www.aacn.nche.edu)

Carol Jo Wilson, PhD, ANP, CFNP  
Interim Dean  
College of Nursing and Allied Health  
University of St. Francis  
500 Wilcox Street  
Joliet, IL 60435

Dear Dr. Wilson:

On behalf of the Commission on Collegiate Nursing Education (CCNE), I am pleased to advise you that the CCNE Board of Commissioners acted at its meeting on October 14-16, 2010, to grant accreditation of the baccalaureate and master's degree programs in nursing at University of St. Francis for the term of 10 years, extending to December 31, 2020. The Board also acted to grant accreditation of the Doctor of Nursing Practice (DNP) program for the term of 5 years, extending to December 31, 2015. These accreditation actions are effective as of March 24, 2010, which was the first day of the programs' recent CCNE on-site evaluation.

You should plan for the next on-site evaluation of the baccalaureate and master's programs to take place in the spring of 2020. You should plan for the next on-site evaluation of the DNP program to take place in the spring of 2015.

At its meeting, the Board determined that the programs met all four accreditation standards. The Board additionally determined that there are no compliance concerns with respect to the key elements.

As is required for all accredited programs, the Board requested that each program submit a Continuous Improvement Progress Report (CIPR) at the mid-point of the accreditation term. The CIPR should address the nursing program's continued compliance with all accreditation standards.

The deadline for the baccalaureate and master's programs to submit the progress report to CCNE is December 1, 2015. The Report Review Committee, and then the Board of Commissioners, will review the progress report in the spring of 2016.

The deadline for the DNP program to submit the progress report to CCNE is December 1, 2013. The Report Review Committee, and then the Board of Commissioners, will review the progress report in the spring of 2014.

Please note that the aforementioned CIPRs will need to address the CCNE standards that are in effect at the time of submission. In the reminder letter sent approximately 5 months prior to the CIPR due date, CCNE will inform the program of the specific standards to be used and will provide guidance for the preparation of the report. For more information about CIPRs, please refer to the CCNE *Procedures for Accreditation of Baccalaureate and Graduate Degree Nursing Programs*, available at <http://www.aacn.nche.edu/Accreditation/pdf/Procedures.pdf>.

A copy of the accreditation report that was sent to you earlier, along with your response to it, is being transmitted to the institution's chief executive officer as the Commission's official report to University of St. Francis. We hope that both the

results of your self-study process and the accreditation report will be useful to the continued growth and development of the nursing programs. Certificates of accreditation are enclosed.

As a reminder, programs are expected to continue to comply with the CCNE standards and procedures throughout the period of accreditation. This includes advising CCNE in the event of any substantive change in your nursing programs or of any major organizational changes that may affect the programs' administration, scope, or quality. Substantive change notifications must be submitted to CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 after implementation or occurrence of the change. These reporting requirements are discussed further in the CCNE *Procedures*.

We appreciate the many courtesies and the helpfulness extended to the CCNE evaluation team in the spring of 2010. The Commissioners join me in expressing our best wishes as you proceed with tasks important to the future of your nursing programs.

Sincerely,

A handwritten signature in cursive script, appearing to read "C. Ledbetter".

Carol Ledbetter, PhD, FNP, BC, FAAN  
Chair, Board of Commissioners

cc: President Michael Vinciguerra  
CCNE Board of Commissioners  
CCNE Accreditation Review Committee  
CCNE Evaluation Team



Lori Schroeder  
Director of Accreditation Services  
Commission on Collegiate Nursing Education  
One Dupont Circle, NW Suite 530  
Washington, DC 20036  
Phone: (202) 887-6791  
Fax: (202) 887-8476

April 7, 2015

Dear Lori Schroeder and CCNE:

The University of St. Francis Leach College of Nursing agrees with the written assessment of the CCNE site team that we have met all four standards with no areas of concern. The review process provided us with the opportunity to showcase our graduate nursing (DNP and FNP/PMHNP certificate) programs. The visitors were knowledgeable and thorough in their assessments. We are in the process of clarifying how the LCON mission relates to program goals and expected student outcomes in our graduate student handbook and other university publications. As part of our continuous quality assessment, we will be examining and revising, as needed, expected outcomes in our "Systematic Evaluation Plan".

Sincerely,

A handwritten signature in cursive script that reads "Carol Wilson".

Carol Wilson, PhD, FNP-BC  
Dean & Professor  
Leach College of Nursing  
University of St. Francis  
500 Wilcox Street  
Joliet, IL 60435  
815-740-3859  
cwilson@stfrancis.edu



# Evaluation Team Report on the Accreditation Review of the Doctor of Nursing Practice Program and Post-Graduate APRN Certificate Program at the University of St. Francis

Commission on Collegiate Nursing Education

On-Site Evaluation: February 9-11, 2015

Evaluation Team:

Sandra Edwardson, PhD, RN, FAAN, Team Leader

Kelly Harden, DNSc, APRN, FNP-BC, FAANP

Marjorie Vogt, PhD, DNP, RN, APRN-BC, FNP,  
PNP, CNE

## Table of Contents

Introduction .....	1
Meeting of CCNE Standards .....	3
Standard I. Program Quality: Mission and Governance .....	4
Standard II. Program Quality: Institutional Commitment and Resources .....	9
Standard III. Program Quality: Curriculum and Teaching-Learning Practices.....	13
Standard IV. Program Effectiveness: Assessment and Achievement of Program Outcomes .....	20

## Introduction

This report presents the findings of the evaluation team from the Commission on Collegiate Nursing Education (CCNE), the accrediting body responsible for the evaluation of baccalaureate and graduate nursing programs, regarding the Doctor of Nursing Practice (DNP) and the post-graduate advanced practice registered nurse (APRN) certificate program at the University of St. Francis (USF) and their compliance with CCNE's standards for accreditation. The DNP program is being reviewed for continuing accreditation and the post-graduate APRN certificate program is being reviewed for initial accreditation.

USF is a Franciscan private liberal arts institution chartered in 1920 and headquartered in Joliet, Illinois. In addition to the main campuses in Joliet, the university has a campus in Albuquerque, New Mexico. It is governed by a 31-member Board of Trustees selected by the president, who is also responsible to the board. USF is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools. An accreditation review of the university is scheduled for 2015. The university is classified as Master's L: Master's Colleges and Universities (larger programs).

As reported in the self-study document, "the mission of the university is to serve the community by providing educational opportunities to students of all ages, cultures, backgrounds, and viewpoints in an environment that provides a value based Christian education, which encourages ongoing personal and professional growth." The university considers itself a national leader in providing distance learning to working professionals. USF offers 48 undergraduate, 16 master's and 2 doctoral programs, one of which is the DNP. The total enrollment is 3,764 students, approximately half of which are distance learning students.

The Cecily and John Leach College of Nursing (LCON) began as a diploma program in 1920, became a baccalaureate college in 1987, then became the College of Nursing and Allied Health in 1997, and finally became the LCON in 2011. In addition to the programs under review, the LCON offers accredited Bachelor of Science in Nursing (BSN) and Master of Science in Nursing (MSN) programs. The first BSN class graduated in 1990 and the MSN program began in 2000. At first MSN preparation included adult health clinical nurse specialists (CNS) and adult or family nurse practitioners (FNP). The CNS and adult nurse practitioner tracks were subsequently terminated and the psychiatric mental health nurse practitioner (PMHNP) track was added. The PMHNP option received state approval in 2012. The DNP and post-graduate APRN (FNP and PMHNP) certificate programs under review are fully online. On-campus immersion learning experiences are also used at the Joliet and Albuquerque campuses. Preceptors are selected from the six states within reasonable driving distance of one of the campuses (Illinois, Iowa, Wisconsin, Indiana, New Mexico and Arizona). In its self-study document, the LCON reported being rated as number one in online graduate nursing education in Illinois by *U.S. News and World Report*.

The team was afforded full cooperation in its efforts to assess the program and to confirm the self-study document. The team would like to take this opportunity to thank the program for its hospitality and consideration during the on-site evaluation.

As part of the review, the team verified that the program afforded the opportunity for constituents to submit third-party comments directly to CCNE, in accordance with CCNE procedures. The following notice appeared on the LCON main website: “We invite our communities of interest (students, alumni, faculty, employers, and Board of Trustees) to provide written input into the deliberations of the CCNE evaluation team. Written and signed third-party comments will be accepted by CCNE until January 10, 2015” (<http://www.stfrancis.edu/academics/college-of-nursing/#.VNfqSxyhNd4>). No comments were received.

## Meeting of CCNE Standards

While visiting the campus in Joliet, Illinois, the evaluation team had an opportunity to interview school and university officials; program faculty, students, and alumni; and community representatives. The team reviewed information in the self-study document and in the resource room, as well as other materials provided at its request. In addition, the team also observed online classroom and clinical activities. The following assessments were made regarding compliance with the *CCNE Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* by the DNP program and the post-graduate APRN certificate program at the institution.

## Standard I Program Quality: Mission and Governance

The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

This standard is met for the Doctor of Nursing Practice program.

This standard is met for the post-graduate APRN certificate program.

### I-A. The mission, goals, and expected program outcomes are:

- congruent with those of the parent institution; and
- consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

*Elaboration: The program's mission statement, goals, and expected program outcomes are written and accessible to current and prospective students, faculty, and other constituents. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. A mission statement may relate to all nursing programs offered by the nursing unit or specific programs may have separate mission statements. Program goals are clearly differentiated by level when multiple degree/certificate programs exist. Student outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.*

*The program identifies the professional nursing standards and guidelines it uses. CCNE requires, as appropriate, the following professional nursing standards and guidelines:*

- *The Essentials of Baccalaureate Education for Professional Nursing Practice* [American Association of Colleges of Nursing (AACN), 2008];
- *The Essentials of Master's Education in Nursing* (AACN, 2011);
- *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006); and
- *Criteria for Evaluation of Nurse Practitioner Programs* [National Task Force on Quality Nurse Practitioner Education (NTF), 2012].

*A program may select additional standards and guidelines.*

*A program preparing students for certification incorporates professional standards and guidelines appropriate to the role/area of education.*

*An APRN education program (degree or certificate) prepares students for one of the four APRN roles and in at least one population focus, in accordance with the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).*

Compliance Concern?	DNP:	No
	Post-graduate APRN certificate:	No

### Rationale:

The mission, goals, and expected program outcomes are written and accessible to current and prospective students, faculty, and other constituents. USF's mission statement is printed in the university catalog. The mission, goals, and expected outcomes of the DNP and post-graduate APRN certificate programs are included in their respective handbooks. Program value statements are concordant with the university mission and purpose. Expected program outcomes are included in the USF graduate degree programs website. USF's employee policy

manual describes the areas for review of faculty performance as well as criteria used in review processes.

The programs use the following professional standards and guidelines in planning and executing their objectives:

- *The Essentials of Masters Education in Nursing (Master's Essentials)* (AACN, 2011)
- *The Essentials of Doctoral Education for Advanced Nursing Practice (Doctoral Essentials)* (AACN, 2006)
- *Population-Focused Nurse Practitioner Competencies* (National Organization of Nursing Practitioner Faculties, 2013)
- *Criteria for Evaluation of Nurse Practitioner Programs (NTF Criteria)* [National Task Force on Quality Nurse Practitioner Education (NTF), 2012].

Although there are not separate program goals and student learning outcomes for the post-graduate APRN certificate program, an interview with faculty confirmed that post-graduate APRN certificate students are integrated with the MSN students. Therefore, the program goals and student learning outcomes are the same for both programs. Consistency between DNP and MSN program outcomes, LCON philosophy, and the USF mission and strategic plan are outlined in Appendices D and E, respectively. There are appropriate distinctions made between expected outcomes for the two levels of programs.

**I-B. The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect:**

- professional nursing standards and guidelines; and
- the needs and expectations of the community of interest.

*Elaboration: There is a defined process for periodic review and revision of program mission, goals, and expected student outcomes. The review process has been implemented and resultant action reflects professional nursing standards and guidelines. The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are reflected in the mission, goals, and expected student outcomes. Input from the community of interest is used to foster program improvement.*

<b>Compliance Concern?</b>	DNP:	No
	Post-graduate APRN certificate:	No

**Rationale:**

USF holds a retreat each spring to review its mission and goals. The LCON graduate committee reviews the mission statement for the college every two years, most recently in May 2014.

The college defines its community of interest to include university administrators, faculty (nursing and other disciplines), staff, students, clients in the metropolitan Joliet and Chicagoland areas, clinical agencies, and community partners that provide student learning experiences and employ graduates. State and local politicians and community organizations are also included. The LCON Advisory Board provides third-party input into curricular decisions. In addition, USF established an assessment committee composed of two representatives from each college and academic department. This assessment committee reviews the learning

outcomes and program evaluations of all academic programs annually, and provides feedback to the program directors and faculty. This feedback is recorded in the assessment documents. The DNP program's annual assessment reports for the years 2009-2014 are recorded and available online to LCON faculty and administrators to enhance ongoing program improvement.

**I-C. Expected faculty outcomes are clearly identified by the nursing unit, are written and communicated to the faculty, and are congruent with institutional expectations.**

*Elaboration: The nursing unit identifies expectations for faculty, whether in teaching, scholarship, service, practice, or other areas. Expected faculty outcomes are congruent with those of the parent institution.*

<b>Compliance Concern?</b>	DNP:	No
	Post-graduate APRN certificate:	No

**Rationale:**

The tenure process was reinstated in 2006 for all full-time faculty who teach in the DNP and post-graduate APRN certificate programs. USF's Academic Assembly and Board of Trustees approved a clinical track for nursing faculty. This process was subsequently adopted for the entire university in May 2014. Faculty responsibilities, promotion, hiring, and outcome expectations are included in the USF policy manual that is available on the website. Expectations regarding teaching, service, academic advising and scholarly activities are specified for time in rank and by whether the individual is on the tenure or clinical track.

**I-D. Faculty and students participate in program governance.**

*Elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation. Nursing faculty are involved in the development, review, and revision of academic program policies.*

<b>Compliance Concern?</b>	DNP:	No
	Post-graduate APRN certificate:	No

**Rationale:**

Faculty participate in elected university standing committees and appointed task forces. Within LCON faculty participate in standing committees (curriculum, learning resource, undergraduate, graduate, nominations, and admissions and progression) and departmental meetings. Full-time faculty are expected to participate in one college and one university committee. The governance structure and process are outlined in the USF policy manual that was available in the resource room. Although students are willing participants in LCON governance, the fact that they are distance students with work responsibilities limits their ability to do so. They are able to participate in meetings using Adobe Connect/Presenter technology and pre-arranged phone conferences.

**I-E. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.**

*Elaboration: References to the program’s offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate. For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate.<sup>1,2</sup>*

*If a program chooses to publicly disclose its CCNE accreditation status, the program uses either of the following statements:*

*“The (baccalaureate degree in nursing/master’s degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) at (institution) is accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, 202-887-6791.”*

*“The (baccalaureate degree in nursing/master’s degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.aacn.nche.edu/ccne-accreditation>).”*

<sup>1</sup> *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (July 2008).

<sup>2</sup> *Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2012).

<b>Compliance Concern?</b>	DNP:	No
	Post-graduate APRN certificate:	No

**Rationale:**

Online and printed references to the program’s offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. There is information about licensure and certification examinations. The transcripts of APRN students specify the role and population for which the graduate is prepared. Online listings of USF programs specify that the DNP and MSN programs are accredited by the CCNE.

**I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected student outcomes. These policies are:**

- fair and equitable;
- published and accessible; and
- reviewed and revised as necessary to foster program improvement.

*Elaboration: Academic policies include, but are not limited to, those related to student recruitment, admission, retention, and progression. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. Differences between the nursing program policies and those of the parent institution are identified and support achievement of the program’s mission, goals, and expected student outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.*

<b>Compliance Concern?</b>	DNP:	No
	Post-graduate APRN certificate:	No

**Rationale:**

Policies regarding student recruitment, admissions, retention, and graduation can be found in the USF catalog and student handbooks. USF policies dictate that LCON policies must be at least equal to those of the university but that LCON policies may exceed USF policies. LCON policies for grading and admission grade point average (GPA) have higher benchmarks than those of USF. Information about requirements is included on the USF website and student handbooks and is reviewed as part of the faculty's ongoing program evaluation process.

## Standard II Program Quality: Institutional Commitment and Resources

The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty, as a resource of the program, enable the achievement of the mission, goals, and expected program outcomes.

This standard is met for the Doctor of Nursing Practice program.

This standard is met for the post-graduate APRN certificate program.

### II-A. Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed.

*Elaboration: The budget enables achievement of the program's mission, goals, and expected outcomes. The budget also supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of qualified faculty and staff. Physical space is sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the program's mission, goals, and expected outcomes.*

*A defined process is used for regular review of the adequacy of the program's fiscal and physical resources. Review of fiscal and physical resources occurs and improvements are made as appropriate.*

Compliance Concern?	DNP:	No
	Post-graduate APRN certificate:	No

#### Rationale:

On the Joliet campus LCON is located in Donovan Hall, which has regular and SMART classrooms; a skills and simulation laboratory which houses SimMan®, SimBaby® and Birthing Mother®; and faculty offices. On the Albuquerque campus there are multiple fully equipped classrooms, simulation rooms, a cadaver lab, faculty offices, student lounge, library, computer room, kitchen, and other support areas. There is ongoing evaluation of the skills and simulation laboratories using verbal feedback and written surveys conducted by the learning resource Committee. Staff members are adequate to support faculty needs.

Each fall the LCON dean (in collaboration with associate deans, other administrators, faculty and staff) develops an expenditure budget for personnel and non-personnel expenses. Following review by the provost, the proposed budget is forwarded to the president. The LCON budget is comparable to that of other colleges in the university. Budgets have been sufficient to permit some growth. Comparison with peer colleges in the Midwest shows that LCON mean salaries are between the 50th and 75th percentile at all ranks. LCON officials judge the fiscal resources to be sufficient to achieve the school's mission, goals and expected outcomes.

### II-B. Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.

*Elaboration: Academic support services (e.g., library, technology, distance education support, research support, admission, and advising services) are adequate for students and faculty to meet program*

requirements and to achieve the mission, goals, and expected program outcomes. There is a defined process for regular review of the adequacy of the program's academic support services. Review of academic support services occurs and improvements are made as appropriate.

Compliance Concern?	DNP:	No
	Post-graduate APRN certificate:	No

**Rationale:**

Academic support services (e.g., library, technology, distance education support, research support, admission and advising services, academic resource center, financial aid, athletics, bookstore, career development, counseling and a wellness center) are adequate for students and faculty to meet program requirements. The dean and faculty interviewed described the process for regular review of the adequacy of these resources.

**II-C. The chief nurse administrator:**

- is a registered nurse (RN);
- holds a graduate degree in nursing;
- holds a doctoral degree if the nursing unit offers a graduate program in nursing;
- is academically and experientially qualified to accomplish the mission, goals, and expected program outcomes;
- is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and
- provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.

*Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is perceived by the communities of interest to be an effective leader of the nursing unit. The program provides a rationale and a plan to come into compliance if the chief nurse administrator does not hold a graduate degree in nursing and a doctoral degree (if applicable).*

Compliance Concern?	DNP:	No
	Post-graduate APRN certificate:	No

**Rationale:**

The LCON dean is a registered nurse (RN) with a graduate degree in nursing as an FNP and a Doctor of Philosophy in curriculum and instruction. She held administrative posts prior to becoming dean five years ago. Her administrative authority is comparable to that of other deans. Interviewees attested to her constructive participation in deliberations of the four college deans with the provost. She is also the secretary of the state association of nursing educators.

**II-D. Faculty are:**

- sufficient in number to accomplish the mission, goals, and expected program outcomes;
- academically prepared for the areas in which they teach; and
- experientially prepared for the areas in which they teach.

*Elaboration: The full-time equivalency (FTE) of faculty involved in each program is clearly delineated, and the program provides to CCNE its formula for calculating FTEs. The overall faculty (whether full-time or part-time) is sufficient in number and qualifications to achieve the mission, goals, and expected*

*program outcomes. Faculty-to-student ratios ensure adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.*

*Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching in the nursing program have a graduate degree. The program provides a rationale for the use of any faculty who do not have a graduate degree.*

*Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available.*

<b>Compliance Concern?</b>	DNP:	No
	Post-graduate APRN certificate:	No

**Rationale:**

There are 10 full-time and 12 part-time faculty devoted to the graduate programs. Eight of the full-time faculty (80%) are doctorally prepared in nursing, seven are certified nurse practitioners, and one is a certified CNS/psychotherapist. While the faculty acknowledged a wish for more faculty for the programs, they described the use of adjunct faculty to supplement the work of the regular faculty.

**II-E. Preceptors, when used by the program as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.**

*Elaboration: The roles of preceptors with respect to teaching, supervision, and student evaluation are:*

- *clearly defined;*
- *congruent with the mission, goals, and expected student outcomes; and*
- *congruent with relevant professional nursing standards and guidelines.*

*Preceptors have the expertise to support student achievement of expected outcomes. Preceptor performance expectations are clearly communicated to preceptors and are reviewed periodically. The program ensures preceptor performance meets expectations.*

<b>Compliance Concern?</b>	DNP:	No
	Post-graduate APRN certificate:	No

**Rationale:**

The graduate programs contract with preceptors who meet the requirements of state licensure as RNs and APRN certification or non-nursing doctoral credentials as well as immunizations, criminal background checks and drug screening requirements. Preceptors for the programs under review must be credentialed and licensed to practice in their population-focused and/or specialty area of practice. Doctoral preparation is preferred for preceptors of DNP students. Preceptor curricula vitae (CVs) located in the resource room attest to the fact that preceptors are educationally and experientially qualified.

**II-F. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.**

*Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role and in support of the mission, goals, and expected faculty outcomes. For example:*

- *Faculty have opportunities for ongoing development in the scholarship of teaching.*
- *If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.*
- *If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence, and institutional support ensures that currency in clinical practice is maintained for faculty in roles that require it.*
- *If service is an expected faculty outcome, expected service is clearly defined and supported.*

<b>Compliance Concern?</b>	DNP:	No
	Post-graduate APRN certificate:	No

**Rationale:**

Faculty teaching is supported by the information technology unit, which offers courses for faculty who are new to online teaching. Financial support is also provided for faculty to participate in professional conferences. As noted in USF’s employee policy manual, other professional development opportunities are available such as mini-grants to participate in research and writing or leadership in professional organizations. Evidence presented in the resource room confirms that seven of the faculty have been involved in publishing in recent years. In addition to meeting certification requirements for continued credentialing, several faculty members maintain clinical practice with the support of the administration. The president noted that the nursing faculty are active in university governance and community volunteer activities.

In discussion with the evaluation team, faculty stated scholarship is an important component of the faculty role, and additional support for research, such as the dedicated use of a statistician or formal writing groups, may be helpful. USF provides some limited resources for the development of scholarly projects, such as the SPSS statistical package and library support. In a discussion with the evaluation team, faculty also indicated that additional professional development resources, including financial resources, would be helpful in the dissemination of scholarship activities.

## Standard III

### Program Quality: Curriculum and Teaching-Learning Practices

The curriculum is developed in accordance with the program's mission, goals, and expected student outcomes. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected student outcomes. The environment for teaching-learning fosters achievement of expected student outcomes.

This standard is met for the Doctor of Nursing Practice program.

This standard is met for the post-graduate APRN certificate program.

**III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program's mission and goals, and with the roles for which the program is preparing its graduates.**

*Elaboration: Curricular objectives (e.g., course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected learning that relate to student outcomes. Expected outcomes relate to the roles for which students are being prepared.*

<b>Compliance Concern?</b>	DNP:	No
	Post-graduate APRN certificate:	No

#### **Rationale:**

The DNP and post-graduate APRN certificate program curricula have been developed and revised with the input of faculty, program directors, and students. The LCON confirmed that the mission, goals and expected student outcomes are congruent with those of the parent institution. In a review of the USF 2014-2015 graduate catalog, DNP handbook, MSN handbook, and LCON website, the mission of LCON was explicitly stated only in the DNP handbook. As presented in tables in the appendices of the self-study document, student-centered program outcomes are portrayed as congruent with those of the university, as opposed to those of the LCON. This conflation of terms - mission, goals, and objectives - creates semantic confusion in that it is not clear how the LCON mission relates to program goals and expected student outcomes. The program goals listed for the MSN program are actually student-centered and not program-centered. While no program goals were found in written form for the DNP program, an interview with the dean stated that "the goals of all of our programs are to prepare practitioners in specialized areas to meet the needs of specific populations." The DNP website states, "The DNP degree will prepare graduates to provide the most advanced level of health care for populations based on evidence-based scientific, medical and nursing research and practice guidelines." The self-study document includes program goals for the MSN (referred to as "graduate") and DNP program, but these goals were not listed in USF publications and therefore are not available for current and prospective students.

The evaluation team concluded that this confusion did not rise to the level of a compliance concern because the total picture supports congruence among mission, goals, and expected outcomes. Although there are not separate program goals and student learning outcomes for the post-graduate APRN certificate program, an interview with faculty stated that those students are integrated with the MSN students. Therefore, the program

goals and student learning outcomes are the same for both programs. Curricula are revised via two processes: a "curriculum day" retreat involving all faculty at the end of each semester where input from faculty and students is used to review and revise as needed, and an annual course report that compares aggregate student learning to course outcomes.

**III-B. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).**

- Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).
- Master's program curricula incorporate professional standards and guidelines as appropriate.
  - a. All master's degree programs incorporate *The Essentials of Master's Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.
  - b. All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).
- Graduate-entry program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.
- DNP program curricula incorporate professional standards and guidelines as appropriate.
  - a. All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.
  - b. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).
- Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).

*Elaboration: Each degree/certificate program incorporates professional nursing standards and guidelines relevant to that program, area, role, population focus, or specialty. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.*

*APRN education programs (degree and certificate) (i.e., Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) incorporate separate comprehensive graduate level courses to address the APRN core, defined as follows:*

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

*Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.*

*Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master's DNP programs who hold current national certification as advanced practice nurses, unless the program has deemed this necessary.*

*Master's programs that have a direct care focus but are not APRN education programs (e.g., nursing education and Clinical Nurse Leader), incorporate graduate level content addressing the APRN core. They are not required to offer this content as three separate courses.*

Compliance Concern?	DNP:	No
	Post-graduate APRN certificate:	No

**Rationale:**

The DNP program incorporates the *Doctoral Essentials*. Members of the original doctoral committee used the *Doctoral Essentials* to create the original curriculum. A review of all DNP courses showed that all of the *Doctoral Essentials* have been included with regard to content and expected student outcomes. A table illustrating how the *Doctoral Essentials* are incorporated can be found in Appendices F and O of the self-study document.

The post-graduate APRN certificate program prepares graduates to practice as FNPs and PMHNPs. The curricula incorporate the *NTF Criteria*. A review of courses and expected learning outcomes confirmed congruence with the criteria. Separate courses in advanced health assessment, pathophysiology, and advanced pharmacology are included. In addition, the post-graduate PMHNP certificate track incorporates the *Population-Focused Psychiatric-Mental Health Nurse Practitioner Competencies* (AACN, 2013). A table illustrating examples of these is located in Appendices G and H of the self-study document.

Using updates from nationally published guidelines and position papers, the LCON graduate committee updates and revises curricular elements as necessary. For example, publication of *Standards of practice for culturally competent nursing practice 2011 update* (Rosenkoetter & Nardi, 2011) led to revision of NURS 816 Diversity and Social Justice.

**III-C. The curriculum is logically structured to achieve expected student outcomes.**

- Baccalaureate curricula build upon a foundation of the arts, sciences, and humanities.
- Master’s curricula build on a foundation comparable to baccalaureate level nursing knowledge.
- DNP curricula build on a baccalaureate and/or master’s foundation, depending on the level of entry of the student.
- Post-graduate APRN certificate programs build on graduate level nursing competencies and knowledge base.

*Elaboration: Baccalaureate program faculty and students articulate how knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Post-baccalaureate entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) as well as advanced course work.*

*Graduate curricula are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Accelerated programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire baccalaureate level knowledge and competencies delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree.*

*DNP programs, whether post-baccalaureate or post-master’s, demonstrate how students acquire doctoral-level competencies delineated in The Essentials of Doctoral Education for Advanced Nursing*

*Practice (AACN, 2006). The program provides a rationale for the sequence of the curriculum for each program.*

<b>Compliance Concern?</b>	DNP:	No
	Post-graduate APRN certificate:	No

**Rationale:**

The DNP is a post-master’s DNP program, so the curriculum builds on the MSN coursework as foundational to DNP education. As stated in the self-study document, the DNP program builds on the content of master’s-level nurses. The program describes the foundation at the master’s level, which provides support for courses in the DNP program. It is clear that the final scholarly initiative (the term used for the final project) builds on the content of the DNP curriculum. Level of achievement is measured by GPA, completed coursework, and evidence of creative scholarly work. Successful completion of DNP competencies is demonstrated by evidence of application of *Doctoral Essentials* in courses and practice hours, development and implementation of the scholarly initiative (project), and scholarly presentations. The program has analyzed the courses in relation to course objectives, *Doctoral Essentials* and program outcomes in Appendices F and G of the self-study document. Students who met with the evaluation team said that they feel well prepared by the program.

The post-graduate APRN certificate program also builds on the undergraduate and master’s-level competencies of the student. Students have completed a BSN and MSN from an accredited institution prior to entering the program. A gap analysis is completed to ensure that students have had the foundational coursework required. Illustrations are found in Appendix P of the self-study document.

**III-D. Teaching-learning practices and environments support the achievement of expected student outcomes.**

*Elaboration: Teaching-learning practices and environments (classroom, clinical, laboratory, simulation, distance education) support achievement of expected individual student outcomes identified in course, unit, and/or level objectives.*

<b>Compliance Concern?</b>	DNP:	No
	Post-graduate APRN certificate:	No

**Rationale:**

For the DNP and post-graduate APRN certificate programs, teaching-learning practices have been developed to “support preparation of advanced nursing practice clinicians through active and collaborative learning methods that foster critical thinking, leadership, and autonomy” (self-study document, page 40). Examples of this include online discussions, written assignments, examinations, and projects. In addition, students come to campus intermittently for orientation and a skills day. These on-campus experiences are designed to keep students informed about the program and university, obtain feedback from them, and support them in their skill-building with scholarly endeavors such as suggestions for preparing internal review board (IRB) applications, writing for publication, grant writing, and other topics designed to nurture and support professional dialogue and enhance learning opportunities. Teaching-learning practices are part of the overall

evaluation plan as outlined in LCON's systematic evaluation plan and are revised as needed. Interviews with faculty confirmed that there are many resources to assist faculty with teaching. Students also indicated satisfaction with the various teaching methods and learning environments.

**III-E. The curriculum includes planned clinical practice experiences that:**

- enable students to integrate new knowledge and demonstrate attainment of program outcomes; and
- are evaluated by faculty.

*Elaboration: To prepare students for a practice profession, each track in each degree program and post-graduate APRN certificate program affords students the opportunity to develop professional competencies in practice settings aligned to the educational preparation. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences involve activities that are designed to ensure students are competent to enter nursing practice at the level indicated by the degree/certificate program. The design, implementation, and evaluation of clinical practice experiences are aligned to student and program outcomes.*

Compliance Concern?	DNP:	No
	Post-graduate APRN certificate:	No

**Rationale:**

The DNP curriculum includes up to 1,000 clinical hours; credit for 500 of these hours may be granted from the MSN program after a gap analysis. There are five practice-based courses in the DNP curriculum. The post-graduate APRN certificate program includes 600 clinical hours for the FNP track and 501 clinical hours for the PMHNP track (self-study document, pp. 44 and 46). Evaluation of course syllabi and expected student outcomes shows congruence with program outcomes. Preceptors and clinical sites are evaluated and approved by faculty prior to the student beginning those courses. A wide variety of preceptors and sites are utilized in order to provide a rich experience for the student. Clinical experiences in each program are evaluated by clinical practice course chairs, and site visits are performed by full-time faculty at least once per term. In addition, evaluation of clinical practice experiences is carried out via Skype, phone conferences, and other forms of communication with preceptors and mentors. The evaluation team reviewed summative and formative evaluations in the resource room and confirmed appropriate implementation and evaluation of clinical experiences that foster learning. Students also complete an evaluation of preceptors, mentors, and clinical sites. Each preceptor and mentor evaluates the student, but faculty have the final responsibility for grading. Clinical experiences also are evaluated at the annual "curriculum day" and revised as necessary.

**III-F. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.**

*Elaboration: The curriculum and teaching-learning practices (e.g., use of distance technology, didactic activities, and simulation) are appropriate to the student population (e.g., adult learners, second language students, students in a post-graduate APRN certificate program) and consider the needs of the program-identified community of interest.*

Compliance Concern?	DNP:	No
	Post-graduate APRN certificate:	No

**Rationale:**

The community of interest is defined to include “both internal and external groups that are interested in or affected by the LCON and its graduates” (self-study document, p. 48). In meetings with the evaluation team, current DNP and post-graduate APRN certificate students shared examples of the response and support of the LCON faculty. Students appreciate that courses are offered online with intermittent campus visits so they can continue their employment.

An example of meeting the needs of the community of interest is the relationship that is fostered between faculty and organizations that are potential employers of graduates. For DNP students, clinical experiences can serve as practice hours and contribute to the development of the scholarly initiative, but can also serve to demonstrate DNP competencies to clinical partners and engage them as potential employers of DNP graduates. In a meeting with the evaluation team, constituents of the community of interest stated that the relationships built by the LCON are beneficial to both parties and enhance the delivery of health care in their institutions. The community of interest was very complimentary of the relationship building led by the LCON. Other members of the community of interest are leadership organizations and professional societies. The support the LCON provides in introducing and promoting professional organizations to students provides increased opportunities for students to demonstrate leadership in the profession.

**III-G. Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.**

*Elaboration: Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students. In instances where preceptors facilitate students’ clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.*

<b>Compliance Concern?</b>	DNP:	No
	Post-graduate APRN certificate:	No

**Rationale:**

In a review of course syllabi, the team confirmed that student performance is evaluated. Students are given clear expectations of performance through the course objectives and expectations of papers, projects and other methods of evaluation. Explanation of student grading policies is consistently displayed in course syllabi. Examples of student performance were observed in the resource room; these included students’ scholarly initiatives (final projects), other projects, and papers. Students document their practice hours in their clinical courses in Typhon. LCON grading policies are somewhat have higher benchmarks than those of the USF; the policies are outlined in the MSN and DNP handbooks and are located in each syllabus. Along with an overview of LCON, all students are informed of grading procedures and other policies at the beginning of their programs

during the orientation, and these policies and procedures are displayed in the student handbooks. Each course syllabus includes the stated objectives for the course. The objectives are approved as part of the course development process and also serve as the basis for evaluation. Students are evaluated through a variety of methods including written papers, class participation, presentations, group projects, case study analyses, course examinations, and computer-based assignments. Faculty who are responsible for the clinically based courses evaluate the student's clinical performance. Post-graduate APRN certificate students take an exit exam that was implemented in the spring of 2012 through Health Education Systems Incorporated (HESI).

**III-H. Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.**

*Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. Curriculum is regularly evaluated by faculty and other communities of interest as appropriate. Data from the evaluation of curriculum and teaching-learning practices are used to foster program improvement.*

<b>Compliance Concern?</b>	DNP:	No
	Post-graduate APRN certificate:	No

**Rationale:**

There is clear evidence that the curricula and teaching-learning practices are regularly evaluated and revised. This is accomplished through administrative oversight, the annual course report, student course evaluations, and the program assessment plans. In addition, DNP students complete a *Doctoral Essentials* table each semester. Clinical sites, preceptors, and mentors are evaluated each semester. Sites and preceptors that do not positively contribute to student learning are not used during subsequent semesters. A review of course evaluations, clinical evaluations, and meeting minutes in the resource room confirmed this process. An example was found in the curriculum committee meeting minutes from May 4, 2012, when the DNP program was streamlined and two courses were eliminated.

## Standard IV

### Program Effectiveness: Assessment and Achievement of Program Outcomes

The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

This standard is met for the Doctor of Nursing Practice program.

This standard is met for the post-graduate APRN certificate program.

#### IV-A. A systematic process is used to determine program effectiveness.

*Elaboration: The program uses a systematic process to obtain relevant data to determine program effectiveness. The process:*

- *is written, ongoing, and exists to determine achievement of program outcomes;*
- *is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; and other program outcomes);*
- *identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;*
- *includes timelines for collection, review of expected and actual outcomes, and analysis; and*
- *is periodically reviewed and revised as appropriate.*

Compliance Concern?	DNP:	No
	Post-graduate APRN certificate:	No

#### Rationale:

The LCON uses a program effectiveness plan for the MSN and DNP programs as ongoing processes for determining program effectiveness. The program effectiveness plan includes the systematic evaluation plan (SEP) and the outcome assessment. The SEP includes identification of the strengths and areas of concern of all aspects of both programs, and the outcome assessments measure the students' and graduates' growth and development from admission to post-graduation and the changes that have occurred as a direct result of their participation in the program. The data for the SEP is collected throughout the year, tallied and analyzed each summer and reviewed by the graduate programs faculty and dean each fall. The calendars for collection of data for the MSN, post-graduate PMHNP certificate and DNP programs were located in the resource room. The SEPs are available to faculty each year in order to modify existing curriculum as needed. The SEP assessments were found in the resource room for the MSN program from 2010-2014 and for the DNP program from 2012-2014. The SEP assessment for the post-graduate PMHNP certificate was available for January-December, 2014. The minutes of the May 5, 2014, curriculum day committee meeting and the December 1, 2014, graduate committee meeting reflect review of the SEPs.

Data collected as part of the evaluation process include annual course reports, student course grades, alumni surveys, employer surveys, preceptor evaluations, clinical site evaluations, student course and faculty evaluations, the graduating student exit survey, student self-report of employment data, graduation rates and student satisfaction surveys as described in the self-study document. Confirmation of the data collected for the past three years for the post-graduate FNP certificate track and the DNP program was reviewed by the

evaluation team in the resource room. The post-graduate PMHNP certificate data are limited because the first cohort graduated in December 2014.

#### IV-B. Program completion rates demonstrate program effectiveness.

*Elaboration: The program demonstrates achievement of required program outcomes regarding completion. For each degree program (baccalaureate, master's, and DNP) and post-graduate APRN certificate program:*

- *The completion rate for each of the three most recent calendar years is provided.*
- *The program specifies the entry point and defines the time period to completion.*
- *The program describes the formula it uses to calculate the completion rate.*
- *The completion rate for the most recent calendar year is 70% or higher. However, if the completion rate for the most recent calendar year is less than 70%, (1) the completion rate is 70% or higher when the annual completion rates for the three most recent calendar years are averaged or (2) the completion rate is 70% or higher when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.*

*A program with a completion rate less than 70% for the most recent calendar year provides a written explanation/analysis with documentation for the variance.*

*This key element is not applicable to a new degree or certificate program that does not yet have individuals who have completed the program.*

<b>Compliance Concern?</b>	DNP:	No
	Post-graduate APRN certificate:	No

#### **Rationale:**

The program definition of timely completion gives DNP students five years from the time of admission to complete the program. Only six students who started the program full-time have been able to complete the program in two years, according to the self-study document. An average of twelve students (i.e. 10-16) began the DNP program each year, but in the past five years there have been only eighteen graduates through Spring 2014. Faculty identified students who decided to change their major or transfer to another program in calculating their completion rate. The completion rate of the first DNP cohort (2009-2014), using the five-year limit, has been calculated to be 91.7% as reported in the self-study document. Discussion with faculty confirmed that the DNP students are usually working full-time and in the middle adult years, with numerous non-academic responsibilities that may necessitate unexpected personal or medical leaves of absence from the university. The faculty stated they work closely with these students to encourage their return to the program.

The post-graduate FNP certificate students also have five years to complete their programs. According to the associate dean and FNP program director, these students typically complete within 18 months. When averaged for the past five years, the post-graduate FNP certificate student retention rate was reported as 85%. It was noted in the self-study document that in 2009-2010, one student changed majors resulting in a decreased retention rate only for that year. Although five students started in the post-graduate PMHNP certificate track in Spring 2014, only two students completed the program by December 2014; the other students withdrew due to personal or employment issues. These students also have five years to complete the program so retention

rate data for this program is incomplete at this time. The program did not report completion rates for the combined student body for the certificate programs, but using the data provided, the team calculated a completion rate of 71% when the limited tenure of the PMHNP certificate is added in. However, the PMHNP program is new with only two completers as of December 2014 and these numbers bring the percentage down.

#### IV-C. Licensure and certification pass rates demonstrate program effectiveness.

*Elaboration: The pre-licensure program demonstrates achievement of required program outcomes regarding licensure.*

- *The NCLEX-RN® pass rate for each campus/site and track is provided for each of the three most recent calendar years.*
- *The NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year. However, if the NCLEX-RN® pass rate for any campus/site and track is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that campus/site or track is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.*

*A campus/site or track with an NCLEX-RN® pass rate of less than 80% for first-time takers for the most recent calendar year provides a written explanation/analysis with documentation for the variance and a plan to meet the 80% NCLEX-RN® pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, data relative to specific campuses/sites or tracks, and data on repeat takers.*

*The graduate program demonstrates achievement of required program outcomes regarding certification. Certification results are obtained and reported in the aggregate for those graduates taking each examination, even when national certification is not required to practice in a particular state.*

- *Data are provided regarding the number of graduates and the number of graduates taking each certification examination.*
- *The certification pass rate for each examination for which the program prepares graduates is provided for each of the three most recent calendar years.*
- *The certification pass rate for each examination is 80% or higher for first-time takers for the most recent calendar year. However, if the pass rate for any certification examination is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that certification examination is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.*

*A program with a pass rate of less than 80% for any certification examination for the most recent calendar year provides a written explanation/analysis for the variance and a plan to meet the 80% certification pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, and data on repeat takers.*

*This key element is not applicable to a new degree or certificate program that does not yet have individuals who have taken licensure or certification examinations.*

<b>Compliance Concern?</b>	DNP:	No
	Post-graduate APRN certificate:	No

**Rationale:**

Because the DNP program is post-master’s, licensure and certification are not program outcomes identified for the DNP program. Admission criteria to the DNP program require an MSN from an accredited graduate nursing program. The majority of the students (81.3%) are board-certified APRNs and 18.7% are MSN generalists who practice as administrators, educators, or nursing informatics. No graduate of the DNP program has applied for additional national certification.

Students in the post-graduate FNP certificate track consistently have scored well on the national certification examination with a school pass rate of 80% or higher for first-time takers in the past three years for the ANCC and American Association of Nurse Practitioners (AANP) national certification examinations, as reported in the self-study document. These data include cohorts from the Joliet and Albuquerque campuses.

Data were not available in the self-study document for the post-graduate PMHNP certificate track; however, in discussion with the program director, it was reported that one out of two students has successfully passed the certification examination.

**IV-D. Employment rates demonstrate program effectiveness.**

*Elaboration: The program demonstrates achievement of required outcomes regarding employment rates.*

- *The employment rate is collected separately for each degree program (baccalaureate, master’s, and DNP) and post-graduate APRN certificate program.*
- *Data are collected within 12 months of program completion. For example, employment data may be collected at the time of program completion or at any time within 12 months of program completion.*
- *The employment rate is 70% or higher. However, if the employment rate is less than 70%, the employment rate is 70% or higher when excluding graduates who have elected not to be employed.*

*Any program with an employment rate less than 70% provides a written explanation/analysis with documentation for the variance.*

*This key element is not applicable to a new degree or certificate program that does not yet have individuals who have completed the program.*

<b>Compliance Concern?</b>	DNP:	No
	Post-graduate APRN certificate:	No

**Rationale:**

According to the self-study document, all graduating DNP students from 2011-2014 have been employed in advanced nursing roles, as nursing faculty, in an administrative position in the clinical setting, or in an advanced practice position in a clinical setting. Students complete an exit survey with the director of the DNP program and indicate where they hope to seek employment. Alumni surveys conducted by the Office of Institutional Effectiveness are also used to collect employment data. Results of these surveys were located in the resource room.

The post-graduate FNP certificate alumni have also been employed consistently in the last four years, primarily in advanced practice roles. According to the alumni surveys of 2011-2014, more than 90% of graduates have been employed in an advanced practice position with the exception of 2012, when only 75% were employed in an advanced practice position. However, it is noted that the average response rate to the survey is 34-57% and includes responses from the post-graduate FNP certificate and the traditional MSN-FNP alumni. Employment data are not yet available for the post-graduate PMHNP track.

#### **IV-E. Program outcomes demonstrate program effectiveness.**

*Elaboration: The program demonstrates achievement of outcomes other than those related to completion rates (Key Element IV-B), licensure and certification pass rates (Key Element IV-C), and employment rates (Key Element IV-D); and those related to faculty (Key Element IV-F).*

*Program outcomes are defined by the program and incorporate expected levels of achievement. Program outcomes are appropriate and relevant to the degree and certificate programs offered and may include (but are not limited to) student learning outcomes; student and alumni achievement; and student, alumni, and employer satisfaction data.*

*Analysis of the data demonstrates that, in the aggregate, the program is achieving its outcomes. Any program with outcomes lower than expected provides a written explanation/analysis for the variance.*

<b>Compliance Concern?</b>	DNP:	No
	Post-graduate APRN certificate:	No

#### **Rationale:**

Program effectiveness for the DNP program is based on teaching-learning outcomes; student, employer and alumni satisfaction; graduation rates; and employment rates. The self-study document gives numerous examples of teaching-learning outcomes, which were confirmed by the documents in the resource room. A graduate exit survey has been completed by 66.6% of the students with consistently above average results on the identified outcome measures specifically related to leadership preparation, meeting program outcomes, synthesis of content, demonstration of teamwork, interpretation of therapies, advancement of the profession of nursing and enhancing knowledge to improve patient outcomes. These data were reviewed by the evaluation team in the resource room. Students are expected to disseminate information related to their scholarly initiatives, and this was confirmed through publications located in the resource room related to the student honors and awards convocation and the annual scholarship day.

The DNP alumni also complete an alumni survey at one year and five years post-graduation. Based on response rates of approximately 62.5%, the LCON has decided to use the AACN/Educational Benchmarking, Inc. (EBI) alumni survey with ten additional survey questions specifically related to the DNP program in order to increase response rates and compare results with peer institutions. Responses on the alumni survey have indicated high levels of satisfaction (8-10 on a 10-point scale) related to preparation in the identified outcome measures. In discussion with current and alumni DNP students, high satisfaction responses were indicated. For example, one student indicated that he did not believe he would learn anything in a DNP program, but he was amazed at

what increased knowledge he did receive. Other students and alumni indicated that the program is quite rigorous and expanded their knowledge and prepared them for expanded leadership roles.

Employers of DNP alumni were also surveyed and responded positively to the preparation of the DNP alumni, with one exception. However, the response rate was only 37.5%, so the LCON will be using the AACN/EBI employer survey next year to capture a higher response rate, as reported in the self-study document.

The alumni in the post-graduate FNP certificate track responded positively to their preparation for advanced practice roles. According to the post-graduate FNP certificate alumni survey results that were aggregated from 2011-2014, approximately 80% of the alumni indicated that the program prepared them for an advanced nursing practice role. The alumni surveys also indicated that overall, students were prepared to meet the LCON program goals. The alumni survey included post-graduate FNP certificate and MSN-FNP students, and the average survey response rate was 34%. In the team's discussion with students and alumni, one student spoke of the opportunities to explore various clinical settings, from the rural to the suburban, with the focus on serving the underserved. This student confirmed that she feels well prepared to meet the program outcomes. Alumni survey data are not yet available for the post-graduate PMHNP certificate track.

#### **IV-F. Faculty outcomes, individually and in the aggregate, demonstrate program effectiveness.**

*Elaboration: The program demonstrates achievement of expected faculty outcomes. Expected faculty outcomes:*

- *are identified for the faculty as a group;*
- *incorporate expected levels of achievement;*
- *reflect expectations of faculty in their roles and evaluation of faculty performance;*
- *are consistent with and contribute to achievement of the program's mission and goals; and*
- *are congruent with institution and program expectations.*

*Actual faculty outcomes are presented in the aggregate for the faculty as a group, analyzed, and compared to expected outcomes.*

<b>Compliance Concern?</b>	DNP:	No
	Post-graduate APRN certificate:	No

#### **Rationale:**

According to the self-study document and confirmed by the university president and provost, teaching, service and scholarship are important indicators of faculty success. The president indicated that the university mission is focused on teaching and that the nursing faculty are leaders in the area of online classes and distance education. He stated that the nursing faculty commitment to service in the community, the profession and the university is high, and the faculty integrated the Boyer model of scholarship of application. The president also indicated that although faculty were not required to do so, many nursing faculty sought and were successful in obtaining grant funding particularly directed toward student scholarships. The provost indicated that faculty members are able to accomplish their outcomes through significant professional development support. Discussion with faculty members also indicated that they are aware of the teaching, service and scholarship

indicators of faculty success.

The self-study document indicates that the SEP benchmark for teaching is that 100% of the nursing faculty members receive ratings of good to excellent in student evaluations. Limited faculty evaluations were available in the resource room; however, some course evaluations indicated that not all nursing faculty received ratings of good to excellent. In discussion with faculty, one faculty member indicated that the faculty standards and expectations for students are high, which may influence faculty evaluations.

The self-study document indicates that the SEP benchmark for scholarship as defined by USF (100% of nursing faculty participate in scholarly endeavors) is met. The most recent *USF Magazine* (2014-2015, Issue I) included an article on recent nursing faculty scholarship endeavors including publications and presentations at various state and national conferences. The magazine also included an article on grants, including an Advanced Education Nursing Traineeship Grant, received recently by faculty in the LCON.

The self-study document indicates that the SEP benchmark for service (100% of faculty provide service to the college, university, community and profession) is met. Several faculty indicated their service includes providing direct patient care at local federally qualified health care centers. Many faculty are affiliated with national organizations and serve on national task forces related to the professional organizations.

#### **IV-G. The program defines and reviews formal complaints according to established policies.**

*Elaboration: The program defines what constitutes a formal complaint and maintains a record of formal complaints received. The program's definition of formal complaints includes, at a minimum, student complaints. The program's definition of formal complaints and the procedures for filing a complaint are communicated to relevant constituencies.*

<b>Compliance Concern?</b>	DNP:	No
	Post-graduate APRN certificate:	No

#### **Rationale:**

A grievance and appeal procedure is defined in the USF catalog. Faculty were able to describe the process of grievance and appeals. According to the self-study document, there have been two incidents of email complaints in the past six years initiated by DNP students related to two adjunct faculty who were less than responsive to student concerns and assignment evaluations. After evaluation and discussion with the students and the faculty by the dean, contracts for these two faculty were not renewed.

According to the self-study document, and confirmed through discussion with the faculty, there have been several complaints regarding faculty and assignment evaluations from the FNP students that have been resolved through communication with the program director. There have been no complaints from the post-graduate PMHNP certificate students.

#### IV-H. Data analysis is used to foster ongoing program improvement.

*Elaboration: The program uses outcome data for improvement. Data regarding completion, licensure, certification, and employment rates; other program outcomes; and formal complaints are used as indicated to foster program improvement.*

- Data regarding actual outcomes are compared to expected outcomes.
- Discrepancies between actual and expected outcomes inform areas for improvement.
- Changes to the program to foster improvement and achievement of program outcomes are deliberate, ongoing, and analyzed for effectiveness.
- Faculty are engaged in the program improvement process.

Compliance Concern?	DNP:	No
	Post-graduate APRN certificate:	No

#### Rationale:

The self-study document outlines the use of data analysis to revise the curriculum of the DNP program based on the data obtained in the 2011 and 2012 exit surveys, course evaluations, annual course reports, and curriculum mapping with the *Doctoral Essentials*. Based on the results of these data, the DNP curriculum was revised and implemented in the past two years to include a leadership thread throughout all the courses, a standardized four semester credit hours for each of the ten courses in the DNP program, and a mapping of the *Doctoral Essentials* contained in each course. This was confirmed in the minutes of the May 4, 2012, meeting of the curriculum committee. The mapping of the *Doctoral Essentials*, course objectives and assignments was located in the resource room. The faculty has also included a self-reflective, self-monitoring activity for students to thread throughout the curriculum. These revisions will be assessed in the course evaluations and exit surveys of the graduates in Spring 2015.

In the post-graduate FNP certificate track, the HESI APRN-FNP exit exam was implemented to foster ongoing program improvement and evaluate individual student performance in 2011, according to the FNP program director. The HESI exit exam scores have been higher than the national mean for Spring 2013 and 2014, although these scores included the post-graduate FNP certificate students and the MSN-FNP students. The mean score for Summer 2014 was slightly below the expected mean of 800, but students remain successful in first-time pass rates on certification examinations.

Based on students' clinical course evaluations, exit surveys, and alumni surveys, including the AACN/EBI survey, additional interactive case studies and expanding skills workshops were added in 2013 to the post-graduate FNP certificate and MSN-FNP curriculum. According to the faculty, the interactive case studies from Med U that were adopted have been very positively received by the students. Student evaluations of the skills workshops reviewed by the evaluation team in the resource room also indicated very high satisfaction with this experience.

The SEP for the post-graduate PMHNP certificate track has been developed and is being implemented; however, there have only been two graduates thus far in the program (in December 2014), so evaluation data

are limited.

**Other State Of Iowa Agencies Required  
To Approve the Applicant School In Iowa**

>>> "Reyes, Jimmy [BON]" <Jimmy.Reyes@iowa.gov> 6/9/2015 12:51 PM >>>

Good Afternoon Janine,

The Iowa Board of Nursing does not have out-of-state programs go through the official approval process, however, the Board has approved criteria out-of-state programs must be aware of and follow as appropriate. Please see web link below with criteria for your review. Also, please note that all programs must contact the Iowa College Student Aid Commission. I am including Ms. Carolyn Small, Postsecondary Registration Coordinator, in this communication.

<https://nursing.iowa.gov/education/criteria-out-state-nursing-programs>

Please let me know if you have other questions/comments.

Thank you,

Jimmy

Jimmy A. Reyes, DNP, AGNP, RN  
Associate Director of Practice and Education  
Iowa Board of Nursing  
400 S.W. 8th St., Suite B  
Des Moines, Iowa, 50309  
Office: [515-281-4828](tel:515-281-4828)  
Fax: [515-281-4825](tel:515-281-4825)  
Email: [Jimmy.reyes@iowa.gov](mailto:Jimmy.reyes@iowa.gov)  
Website: <http://Nursing.iowa.gov>

"The mission of the board is to protect the public health, safety, and welfare by regulating the licensure of nurses, the practice of nurses, nursing education, and continuing education".

**From:** Janine Hicks [<mailto:JHicks@stfrancis.edu>]  
**Sent:** Tuesday, June 09, 2015 9:34 AM  
**To:** Weinberg, Kathy [BON]  
**Cc:** Green, Classandra  
**Subject:** University of St. Francis online nursing programs in Iowa

Dear Dr. Weinberg,

The University of St. Francis is up for renewal of its online programs in Iowa. Included in our online programs are the Bachelor of Science in Nursing (degree completion program for registered nurses), the Master of Science in Nursing and the Doctorate in Nursing Practice. Are there any new regulations we should be aware of from the Iowa Board of Nursing?

Sincerely,



**Janine M. Hicks**

Director of the Office of Institutional Effectiveness

phone: [815-740-3807](tel:815-740-3807) toll free: [800-735-3500](tel:800-735-3500)

**University of St. Francis**

500 Wilcox St.

Joliet, IL 60435

[stfrancis.edu](http://stfrancis.edu)

# *University of St. Francis*

## *Attachment #10*

*Provide a link(s) to the school's Internet site, or describe below the means by which the school provides the following disclosure to students. If the school provides this information in one or more web-based documents, please provide both the link to the document and the page number within the document where the disclosure(s) is located.*

## Student Disclosure

Page number or website link	Catalog and Website Checklist
Catalog: Undergraduate: pgs. 160-241 Graduate: pgs. 287- 332	1. The name or title of the course.
Catalog: Undergraduate: pgs. 70-159 Graduate: pgs. 252-286	2. A brief description of the subject matter of the course.
Website: <a href="http://www.stfrancis.edu/admissions/financial-aid/tuition-fees-room-and-board-refund-policy/">http://www.stfrancis.edu/admissions/financial-aid/tuition-fees-room-and-board-refund-policy/</a>	3. The tuition charge or other fees charged for the course. If a student is enrolled in more than one course at the school, the tuition charge or fee for all courses may be stated in one sum.
Catalog: pg. 23-24 Website: <a href="http://www.stfrancis.edu/admissions/financial-aid/tuition-fees-room-and-board-refund-policy/">http://www.stfrancis.edu/admissions/financial-aid/tuition-fees-room-and-board-refund-policy/</a>	4. The refund policy of the school for the return of their fundable portion of tuition, fees, or other charges. If refunds are not to be paid, the information shall state that fact.
Catalog:  Pg. 25	5. Whether the credential or certificate issued, awarded, or credited to a student upon completion of the course or the fact of completion of the course is applicable toward a degree granted by the school and, if so, under what circumstances the application will be made.  In most cases, completion of a Bachelor degree program at USF requires completion of 128 credit hours. Students earning a Bachelor degree must complete the academic program with no more than 150% of the attempted number of credits required for graduation (e.g. 128 X 150% = 192 credit hours).  In most cases, completion of a Master degree program at USF requires the completion of at least 36 credit hours. Students earning a Master degree must complete the program with no more than 150% of the attempted number of credits required for graduation (e.g. 36 X 150% = 54 credit hours).
Catalog: pg. 5  <a href="http://www.stfrancis.edu/academics/accreditations/">http://www.stfrancis.edu/academics/accreditations/</a>	6. The name of the accrediting agency recognized by the United States Department of Education or its successor agency which has accredited the school. The Higher Learning Commission

# *University of St. Francis*

## *Attachment #12*

*Provide the name, address, and title of the other officers and members of the legal governing body of the school:*



# UNIVERSITY OF ST. FRANCIS

RESPECT. SERVICE. INTEGRITY. COMPASSION.

## Board of Trustees

Kathleen J. McGowan  
University of St. Francis  
500 Wilcox Street  
Joliet, IL 60435

Chrystel L. Gavlin, J.D.  
University of St. Francis  
500 Wilcox Street  
Joliet, IL 60435

Anthony Arellano  
University of St. Francis  
500 Wilcox Street  
Joliet, IL 60435

Robert J. Baron, J.D.  
University of St. Francis  
500 Wilcox Street  
Joliet, IL 60435

Mark D. Bass  
University of St. Francis  
500 Wilcox Street  
Joliet, IL 60435

DeWitt Buchanan  
University of St. Francis  
500 Wilcox Street  
Joliet, IL 60435

Karen Ciarlette  
University of St. Francis  
500 Wilcox Street  
Joliet, IL 60435

Michael Dowd  
University of St. Francis  
500 Wilcox Street  
Joliet, IL 60435

Brian Giegerich  
University of St. Francis  
500 Wilcox Street  
Joliet, IL 60435

Marisue Grabavoy  
University of St. Francis  
500 Wilcox Street  
Joliet, IL 60435

Sr. Margaret Guider, OSF, Th.D.	University of St. Francis 500 Wilcox Street Joliet, IL 60435
Diane F. Habiger	University of St. Francis 500 Wilcox Street Joliet, IL 60435
Steven Hernandez, J.D.	University of St. Francis 500 Wilcox Street Joliet, IL 60435
Arvid C. Johnson, Ph.D.	University of St. Francis 500 Wilcox Street Joliet, IL 60435
Sr. Dorothy Kinsella, OSF, Ph.D.	University of St. Francis 500 Wilcox Street Joliet, IL 60435
Rev. James B. Lewis, O.Carm.	University of St. Francis 500 Wilcox Street Joliet, IL 60435
Joseph T. Mallof	University of St. Francis 500 Wilcox Street Joliet, IL 60435
Karl Maurer	University of St. Francis 500 Wilcox Street Joliet, IL 60435
Candice Rosen	Elected to Board 2014 President and CEO Candice Rosen Health Counseling La Canada Flintridge, California
Arthur Scheuber	University of St. Francis 500 Wilcox Street Joliet, IL 60435
Paramjit (PJ) Sidhu	University of St. Francis 500 Wilcox Street Joliet, IL 60435
Cheryl Stepney	University of St. Francis 500 Wilcox Street Joliet, IL 60435
Faith Szambelanczyk, OSF	University of St. Francis 500 Wilcox Street Joliet, IL 60435

Michael Turk  
University of St. Francis  
500 Wilcox Street  
Joliet, IL 60435

Thomas Vana  
University of St. Francis  
500 Wilcox Street  
Joliet, IL 60435

Anthony Villa  
University of St. Francis  
500 Wilcox Street  
Joliet, IL 60435

Patricia S. Wheeler  
University of St. Francis  
500 Wilcox Street  
Joliet, IL 60435

Phyllis M. Wilson, Ph.D.  
University of St. Francis  
500 Wilcox Street  
Joliet, IL 60435

Lawrence A. Wyllie, Ed.D.  
University of St. Francis  
500 Wilcox Street  
Joliet, IL 60435

Mary Jo Young, OSF, Ph.D.  
University of St. Francis  
500 Wilcox Street  
Joliet, IL 60435

Sr. Dolores Zemont, OSF  
University of St. Francis  
500 Wilcox Street  
Joliet, IL 60435

Michael J. Vinciguerra, Ph.D.  
Joliet, Illinois

**Officers of the Corporation**

President  
Secretary  
Treasurer

Kathleen J. McGowan  
Arvid C. Johnson  
Elizabeth Laken, Vice President of Administration  
and Finance

# *University of St. Francis*

## *Attachment #15*

*Describe the procedures followed by the school for safeguarding (e.g., storage, security and back-up processes) and preservation of student records. [(261B.4(12))]*

University of St. Francis  
Information Technology and Library Services  
Updated February 2014

## Disaster Recovery Plan

### GENERAL

A disaster recovery plan is vital to University of St. Francis' academic and administrative operations in order to insure continued operational functions under emergency or disaster situations. Various conditions and events such as extended technology interruptions, natural disasters, or criminal action could require implementation of part or the entire plan. This disaster recovery plan must be flexible enough to apply under as many conceivable conditions as possible.

In the event that a disaster occurs, a disaster emergency alert is called notifying the Disaster Management Team. This committee will make an assessment of the situation, and under the direction of the University's Disaster Plan Coordinator and the Vice President of Information Technology and Library Services will, incorporate implementation strategies based upon the severity of the problem and the immediate informational needs of the campus administration.

A disaster is any event, which results in an unexpected disruption or shutdown of the university's technology structure, such as significant alteration to the normal operating processes. This disaster recovery plan provides a description of the resources, procedures and decisions required before, during and after such a disaster, to insure that the essential academic and administrative functions of the campus continue in an orderly fashion.

This plan is developed to meet the disaster recovery requirements of a minor or major disaster, as defined below.

### DEFINITIONS

- An **INTERRUPTION OF TECHNOLOGY SERVICES** is defined as a situation in which the information system is down and precludes normal operations for a period of less than 24 hours. No facility damage has occurred. An example would be minor hardware or software problems, or a power or communication outage.
- A **MINOR DISASTER** is defined as an operational interruption that can be restored to, or nearly to, normal operational capacity within four (4) days. Examples would be a system down awaiting parts, a minor fire or flood, or software problems. Little or no facility damage would have occurred.
- A **MAJOR DISASTER** is defined as an operational interruption that is expected

to be down for more than four days. A long-term loss of administrative and/or academic computing support at the particular site can be expected. A more extensive fire or flood, or minor terrorist activity or civil disorder could place us in a position where damage is extensive and could require a new facility or replacement of major components or entire systems. The campus, itself, would still be in operation and require administrative computer support.

- A CATASTROPHIC DISASTER is defined to be one wherein the operation of the entire campus is disrupted, and there would be no need for computer support until rebuilding took place and normal campus activities could begin again.

## OBJECTIVES

The primary objective of the ITLS Disaster Recovery Plan is to help ensure the continued operation of the University by providing the ability to successfully recover computer services in the event of a disaster.

Specific goals of the Plan, relative to an emergency include:

1. To detail the correct course of action to follow,
2. To minimize confusion, errors, and expense to the University, and
3. To effect a quick and complete recovery of services.

Secondary objectives of this Plan are:

1. To reduce risks of loss of services,
2. To provide ongoing protection of university assets, and
3. To ensure the continued viability of this plan.

## OVERVIEW

This Disaster Recovery Plan is a comprehensive document containing the necessary instruction, policies, organization, and information required for the University to be prepared for an emergency that would affect our computer services. The Plan consists of seven major sections:

- Section 1 - The Readiness Team
- Section 2 - Major Applications and Responsibilities
- Section 3 - General Procedures for Potential Interruptions
- Section 4 - Policies for Reducing Risks
- Section 5 - Contingency Site Description
- Section 6 - Recovery Procedures for a Major Disaster
- Section 7 - Testing and Maintenance of the Plan

## **SECTION 1 - THE READINESS TEAM**

Described in this section is the establishment of an organization of personnel known as the Readiness Team. This Team is responsible for constructing and maintaining the Disaster Recovery Plan, for managing the disaster recovery activities, and for the continued viability of the Plan.

## **SECTION 2 - MAJOR APPLICATIONS AND RESPONSIBILITIES**

This section includes a list of major applications and the group responsible for them.

## **SECTION 3 - GENERAL PROCEDURES FOR POTENTIAL INTERRUPTIONS**

Potential, non-major interruptions of service are described and general instructions for handling each type of interruption are provided. Typical interruptions include fire, power outage, and telecommunications failure.

## **SECTION 4 - POLICIES FOR REDUCING RISKS**

Included in this section are policies designed to reduce risks (1) of disasters occurring, (2) of excessive damage when they do occur, and (3) of failing to recover from a disaster.

## **SECTION 5 - CONTINGENCY SITE DESCRIPTION**

The contingency site is detailed. This section includes a description of the facilities provided and all requirements associated with the use of the site.

## **SECTION 6 - RECOVERY PROCEDURES FOR A MAJOR DISASTER**

Instructions and procedures to be followed in the event of a major disaster are described in this section. Included are activation of emergency procedures, establishment of computer operations at the contingency site, and subsequent restoration of normal operations.

## **SECTION 7 - TESTING AND MAINTENANCE OF THE PLAN**

This section contains the policies and procedures needed to ensure that the Plan remains viable as the business environment evolves.

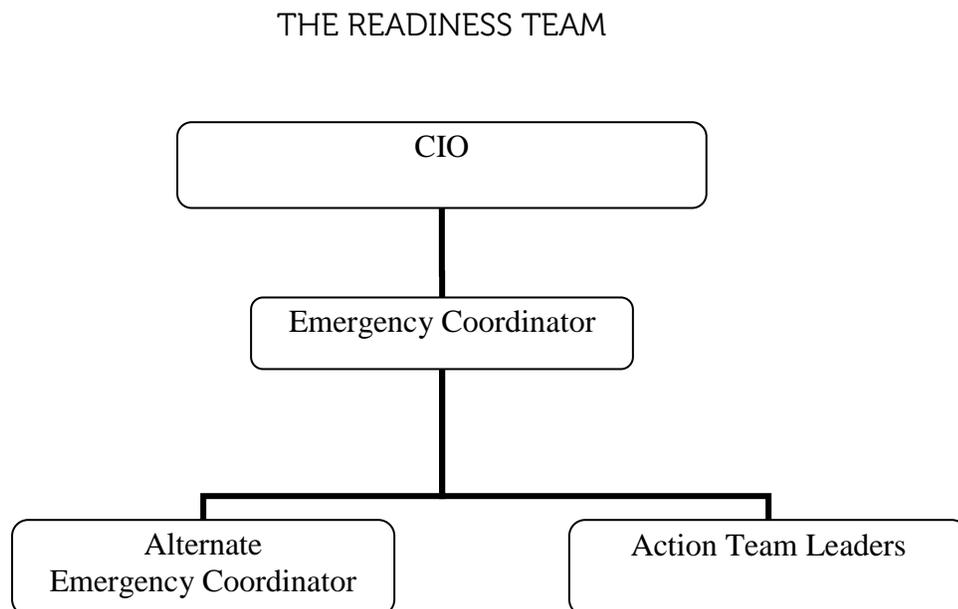
## SECTION 1 - THE READINESS TEAM

### 1.1 PURPOSE

The purpose of the Readiness Team is to establish and direct plans of action to be followed during an interruption or cessation of computer services caused by a disaster or lesser emergency. As the name implies, the Readiness Team maintains readiness for emergencies by means of the Disaster Recovery Plan. The Readiness Team is also responsible for managing the disaster recovery activities following a disaster, and can be thought of as the "disaster management team". The Readiness Team will consider personnel safety, protection of property and business continuation in all phases of the Plan.

### 1.2 ORGANIZATION AND PLANNING

The Readiness Team consists of an Emergency Coordinator, an Alternate Emergency Coordinator, the Action Team Leaders, and any other designated individuals. The list of designated members of the Readiness Team, showing names and functions, is provided in Appendix A - Emergency Notification List (Readiness Team).

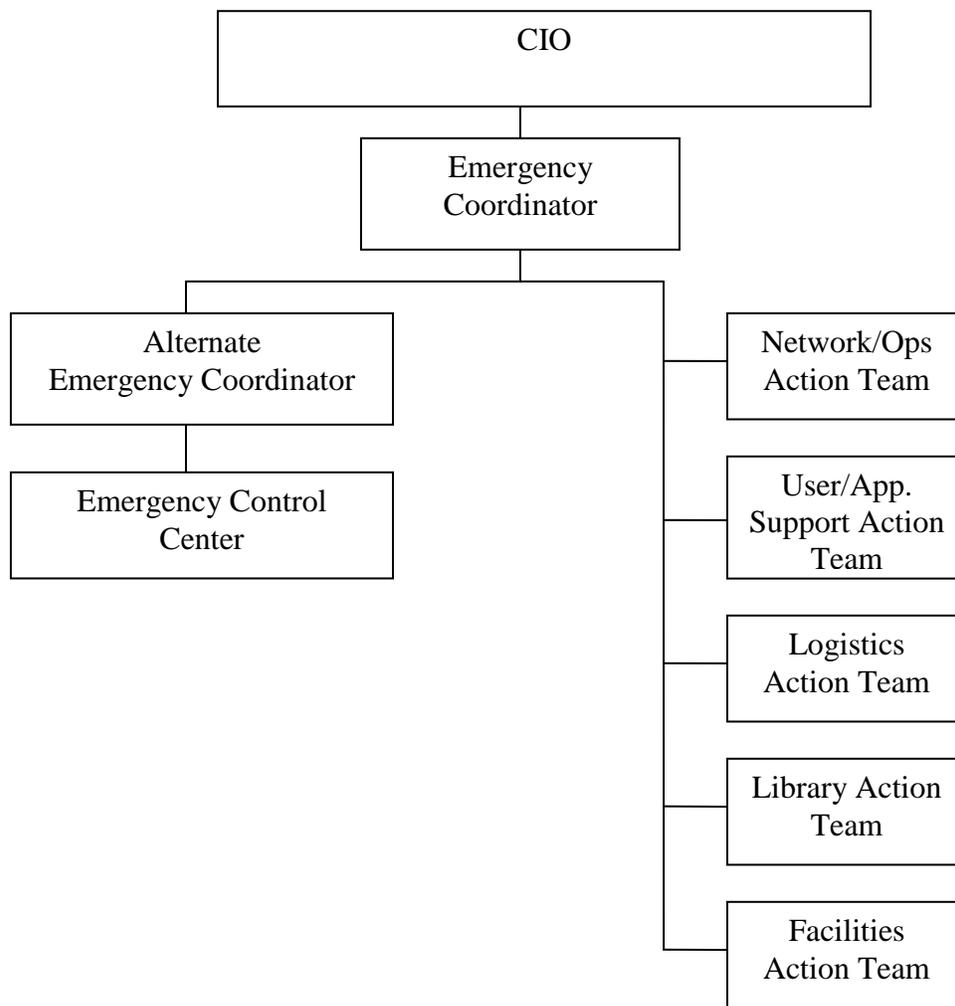


The responsibilities of individuals assigned to the Readiness Team are in addition to their regular assignments and are made on the basis of familiarity and competence in their respected areas or specialties.

The Emergency Coordinator and the Alternate Emergency Coordinator administer the Plan. The Alternate Coordinator is also responsible for maintaining an Emergency Control Center. Emergency Action Teams are used to facilitate the response to various types of emergency situations.

The responsibilities of the Coordinators, the functions of Emergency Action Teams and team leaders, and the purpose of the Emergency Control Center are discussed in the following sub-sections. The following diagram illustrates the overall organization for the management of emergencies.

### ORGANIZATION FOR EMERGENCIES



### **1.3 CIO**

The Chief Information Office (CIO) serves on the University Crisis Management team and is responsible for providing communication, coordination and leadership to the Emergency Coordinator and the Emergency Action Teams. The Emergency Coordinator will consult with the CIO on all major issues and actions that are to be taken to meet the emergency.

### **1.4 EMERGENCY COORDINATOR**

The Emergency Coordinator is responsible for developing and coordinating the Readiness Team. During an emergency situation, the Emergency Coordinator will activate and then direct all activities in conjunction with the CIO or until the University Crisis Management Team declares the emergency is under control. In the absence of the Coordinator, the Alternate Emergency Coordinator will assume those duties. Additionally, the Coordinator is responsible for the following:

- Participate in the evaluation and updates of the Disaster Recovery Plan to assure that all emergency situations have been adequately considered and that appropriate contingency plans have been prepared.
- Ensuring that the emergency teams and other employees receive proper training of emergency plans and procedures. This will routinely be done as part of an annual review of the disaster plan. The Coordinator will also work with departmental managers to ensure that new employees are properly trained and that certain emergency procedures are reviewed as frequently as necessary.
- Keep all members of the Readiness Team fully briefed on all aspects of the disaster plan.
- Evaluate the readiness and proficiency of each Emergency Action Team and the appropriateness of their assignments.
- Keep management informed of the status of the Readiness Team and the Disaster Recovery Plan.
- Communicate the status of emergency situations to management promptly and efficiently.
- Maintain liaison with local fire and police agencies, other company locations, and other involved parties as appropriate.
- In conjunction with the AVP of ITLS, will be responsible for activating the appropriate Emergency Control Center.

### **1.5 ALTERNATE EMERGENCY COORDINATOR**

In the absence of the Emergency Coordinator, the Alternate Emergency Coordinator will assume his/her duties. The following additional duties are assigned to the Alternate Coordinator:

- Assisting the Emergency Coordinator in maintaining an up-to-date Disaster Recovery Plan and other emergency procedures, and in directing proper distribution of the plans.
- Provide emergency evacuation programs and posting them on bulletin boards or otherwise distributing them to all personnel.
- Maintain up-to-date listings of Emergency Action Team members, and emergency telephone numbers.
- Opening the Emergency Control Center and administering Coordinators, Emergency Action Team members, and emergency telephone numbers.
- Keep the Emergency Control Center properly equipped and in a state of readiness.

## **1.6 THE USE OF EMERGENCY ACTION TEAMS**

Emergency Action Teams are used for specific functions during an emergency situation and subsequent recovery. The teams and their responsibilities are defined in Section 6. Designated leaders and members of Emergency Action Teams are identified in Appendix A.

In general, the Team Leader of each team is responsible for the following duties:

- Periodically reviewing and evaluating the emergency planning with particular emphasis on completeness and accuracy of specific recovery procedures, team responsibilities, assignments of and changes in personnel, and availability of equipment, facilities, and services.
- Recommend to the Emergency Coordinator any necessary changes or improvements in the Plan.
- Recruit and training personnel for emergencies and maintaining proficiency at a high level. All team members must be capable of performing their duties quickly under stress.
- Inform the Emergency Coordinator of any additions or changes of individuals assigned to the Action Team.

## **1.7 EMERGENCY CONTROL CENTER**

In the event of a major disaster, the Emergency Control Center will be established from which all communications and activities will be directed. The Control Center will be used to coordinate the management of recovery procedures, and will serve as the center of all communications between the Emergency Coordinators, the Action Teams, and all other personnel.

The administration of the Control Center is the responsibility of the Alternate Emergency Coordinator.

- The designated Emergency Control Center and alternate locations are identified in Section 6.4.
- The Emergency Control Center will be activated when a major disaster has occurred, especially when the personal safety of employees or property is jeopardized. Readiness and activation of the Control Center are the responsibility of the Alternate Coordinator. Direction of activities and communications from the Control Center is the responsibility of the Emergency Coordinator.
- This center will provide centralized and coordinated control of communications during emergencies. When the Emergency Control Center is in operation, Emergency Coordinators and Action Team Leaders will coordinate with the center and keep it informed of status and progress.
- If conditions warrant closing of facilities, the Emergency Control Center will assist in the communication of the closing notice through the University Crisis Management Team.

## **SECTION 2 – MAJOR APPLICATIONS AND RESPONSIBILITIES**

The priority requirements and scheduling needs of the University vary considerably over a relatively short period of time based on the daily, weekly, monthly, quarterly, yearly or academic calendars. By the very nature of a disaster, it is almost impossible to document each possible disaster scenario and contingency. However, key steps must be followed to allow recovery of services provided by Information Technology and Library Services.

Based on when a disaster occurs, functions/applications specified as “critical” would be determined by the User/Applications Action Team and processed based on available resources. The following situations would be considered “critical”;

- A minor disaster
- A major disaster
- Catastrophic disaster

In the event of a disaster, the User/Applications Action Team would convene to:

- Review report of damage assessment for production capability of data center
- Request production schedule from users and Operations with recommendations of which high-priority jobs must be done
- Assess the availability of critical data
- Develop processing priorities for interim and ultimate recovery to normal
- Assign responsibility for production preparation
- Prepare action plan for each application as required

(See APPENDIX D for a list of the University's major applications and services.)

## **SECTION 3 - GENERAL PROCEDURES FOR POTENTIAL INTERRUPTIONS**

The following procedures serve as a reference for prompt and appropriate actions to be taken in potential emergencies or events which cause interruption of computer service.

Each ITLS Director is responsible for meeting periodically to familiarize their employees with these procedures and to outline responsibilities in the event of such emergencies.

All ITLS Director and Action Team members will have copies of this Plan at home and at work.

### **3.1 3.1 CONTINGENCY PLAN FOR FIRES**

#### **3.1.1 PREVENTION**

- Review all areas of ITLS operations for combustible material.
- Operational areas are to be sight checked daily and particularly if area is to be left unoccupied. Monthly, inspect and clean below raised floors. Floor panel lifters are located in the Data Center area.
- Education of the staff, as well as new employees, about the fire plan. The location of exits, location and proper use of extinguishers, location of fire alarms, etc. will be reviewed with each employee by their respective supervisor.
- The Safety Office, upon request, will perform site inspections which include a general area review, and checks of electrical connections, fire extinguishers, and smoke detectors.
- Smoking is not allowed in any area within the complex.
- Candles or other open flames are not permitted

#### **3.1.2 DETECTION**

- The Data Center has a fire detection and suppression system. Smoke detectors are located in/on the ceiling and beneath the raised-floor, around the perimeter of the room. If smoke is detected, horns will sound inside and outside the Data Center. The detection system is connected to the building alarm system, which will automatically send the alarm to the local fire department and, if multiple zones are detected, will activate the ECARO 25 fire suppression system.

#### **3.1.3 PROCEDURES IN THE EVENT OF A FIRE**

- If the fire is small, use a fire extinguisher. Pull the pin on the fire extinguisher, and then discharge the extinguisher by aiming at the base of the fire using a side-to-side sweeping motion.
- If the fire is of significant strength, at the discretion of the employee, immediately evacuate the building.
- If there is a fire and no alarm has sounded notify USF Security at 3200 and pull the emergency fire alarm switch.
- Invoke the emergency call list immediately.

### **3.2 CONTINGENCY PLAN FOR ELECTRICAL POWER OUTAGES**

The data center is protected by an uninterruptible power supply (UPS) which will support operations during most routine power outages. The UPS battery backup provides sufficient power to maintain operations for 60 minutes or until the emergency generator powers up.

### **3.3 CONTINGENCY PLAN FOR NETWORK FAILURES**

All networking infrastructure/communication equipment in the data center is covered by a maintenance contract on a yearly basis. Core campus routers, switches, and network communications servers serve both the data center and multiple components of the campus network, backbone, internet connections, and the users. The cable plant supporting communications to the network equipment is placed in protective sleeving, termination boxes, or conduit. This is made up of both fiber optic and copper cabling. The station cabling supporting connectivity to the file servers, mainframe, user workstations, and network communications servers, are customized.

- In the event of a partial disaster, every effort will be made to determine the scope and severity of the failure or outage and reported to the appropriate action team leader. On-hand temporary replacement parts or re-routing of data services will be provided until the appropriate replacement parts become available. In the event that the cable plant has been compromised, a joint effort between Network Support Services and the Maintenance Department must take place to provide the necessary re-routing, splicing, or temporary replacement of cabling until a more permanent solution can be achieved. In some partial disaster scenarios, a combination of both temporary equipment and cabling will be necessary. Every effort will be made to restore service as quickly as possible with all available coordinating parties involved.
- In the event of a major disaster with the data center possibly being destroyed, a complete re-routing of cabling services and network infrastructure will be required. The tape back-ups will contain the

necessary network server OS, router images, system configurations and equipment OS to restore to the replacement network equipment or any usable, non-damaged existing equipment from the data center. As long as the main backbone cable plant entry point in Marian Hall or the pathway from it to the data center has not been compromised, the retrieval and installation of off-site equipment in an approved auxiliary space will provide minimum data service within 48 hours of dispatch. If Marian Hall has been compromised, damaged, or destroyed, the provisions for utilizing a "mobile recovery room/vehicle" will be necessary to provide cable plant "junctions" in the Tower Hall telecom room. Network infrastructure equipment under maintenance or off-site equipment provided by the disaster recovery vendor will replace damaged, destroyed, or compromised equipment and possibly run communications out of this facility. The Emergency Coordinator will make the decisions on the viability of the facility. Every effort will be made to provide minimum campus data service with the above structures in place within 72 hours of dispatch.

In both partial and major disasters, having the infrastructure equipment in close proximity to network servers, and other key campus servers and services that currently reside in the data center or any of the systems replaced due to disaster, is key to reliable network and data service recovery.

### **3.4 CONTINGENCY PLAN FOR SERVER FAILURES**

In the event of a disaster where Shared Network System (SNS) or Network Application (NA) are destroyed, the following procedures will be used to recover to a full production environment:

Localized Disaster:

Defined as the loss of a single server at any location or the loss of a single remote server location. Procedures to recover in either situation are documented below.

#### **1. 1. Loss of single Server.**

##### **A. Recovery**

1. Determine server function.
2. Assign appropriate Network/Ops Systems Action Team.
3. Determine configuration of destroyed server.
4. Pull like server from Test Lab.
5. Configure test server to closely duplicate destroyed server.
  - a. Install Network Operating System (W2008, Linux or Novell OES 11).
  - b. Restore non-system files from latest backup tape.

c. Verify functionality of the server.

B. Replacement

1. Prepare requisition to replace destroyed server.
2. Upon arrival of replacement server.
  - a. Assign appropriate Network/Ops Systems Action Team.
  - b. Install Network Operating System (W2008, Linux or Novell OES 11).
  - c. Restore non-system files from latest backup tape.
  - d. Verify functionality of the server.

• **Data Center Disaster:**

Defined as a partial or complete loss of Shared Network System (SNS) or Network Application (NA). Procedures to recover in either situation are documented below.

1. 1. Partial loss of SNS or NA server(s):
  - A. Recovery
    - a) Assign first Network/Ops Systems Action Team.
      1. Identify and salvage all functional servers.
      2. Relocate to recovery site.
      3. Set up and place in production status.
    - b) Assign second Network/Ops Systems Action Team.
      1. Identify destroyed servers.
      2. Prioritize recovery according to criticality of university business needs.
      3. At recovery site, install Network Operating System (W2008, Linux or Novell OES 11).
      4. Restore non-system files from latest backup tape.
      5. Verify functionality of the server.
      6. Place in production status.
  - B. Replacement
    - a) Prepare requisition to replace destroyed servers.
    - b) After renovation of existing or relocation to new facilities.
    - c) Upon arrival of replacement servers.
    - d) Assign appropriate Network Systems Action Teams.
      1. Install Network Operating System (W2008, Linux or Novell OES 11).
      2. Restore non-system files from latest backup tape.
      3. Verify functionality of the servers.

4. Place in production status.
2. Complete loss of SNS or NA server(s):
    - A. Recovery
      - a) Assign Network/Ops Systems Action Teams.
      - b) Identify destroyed servers.
      - c) Prioritize recovery according to criticality of university business needs.
      - d) At recovery site, install Network Operating System (W2008, Linux or Novell OES 11).
      - e) Restore non-system files from latest backup tape.
      - f) Verify functionality of the server.
      - g) Place in production status.
    - B. Replacement
      - a) Prepare requisition to replace destroyed servers.
      - b) After renovation of existing or relocation to new facilities.
      - c) Upon arrival of replacement servers.
      - d) Assign appropriate Network/Ops Systems Action Teams.
        1. Install Network Operating System (W2008, Linux or Novell OES 11).
        2. Restore non-system files from latest backup tape.
        3. Verify functionality of the servers.
        4. Place in production status.

### **3.5 CONTINGENCY PLAN FOR FLOODING**

#### **3.5.1 PREVENTION**

- It is the responsibility of the Maintenance Department to be aware of, and consult with, the Director of Network Support Services, relative to the risks of flooding with respect to the Data Center.
- Maintenance Department should know where water pipes and drains are in respect to the Data Center, and to know what the potential is for flooding from above (upper floors or roof).
- Maintenance Department will periodically arrange for inspection of all pipes and valves within the computer facility for leaks.
- Power connections located under the raised floor in the main Data Center should use watertight connectors to prevent electrical shock and equipment damage.

### **3.5.2 DETECTION**

The detection of water within the computer facility, particularly under the raised floors, is vitally important to prevent electrical shocks, short-circuits, or equipment damage. The Data Center has under-floor water detectors located around the perimeter. These devices will emit an intermittent high-pitched alarm when activated.

### **3.5.3 EMERGENCY PROCEDURES FOR FLOODING**

- Invoke the emergency call list immediately.
- If flooding is such that there is no risk of electrical shock, computer operators should invoke the emergency power down the system(s) before cutting power. Otherwise, computer operators should leave the area immediately.
- Before evacuation, all power is to be shut off to equipment. In the Data Center, emergency power off (EPO) switch is located at the exit. This switch will cut off all power to the equipment in the Data Center.
- If time allows, do all that is possible to provide for the protection of the equipment. If flooding is coming from overhead, drape the equipment with heavy plastic.

### **3.6 CONTINGENCY PLAN FOR HARDWARE FAILURES**

In most circumstances, the hardware can be repaired sufficiently to restore operation within several hours. Even if the downtime was as long as a day, the preferred approach is to allow the hardware support and service vendor to make their repairs in the normal manner. Hardware failures generally require either repair or replacement.

### **3.7 CONTINGENCY PLAN FOR SOFTWARE FAILURES**

Operating System software is typically under maintenance from the vendor. In the event of a system failure, Network Support Services, in conjunction with the appropriate application area(s), will work to determine whether the failure is hardware or software related. If the failure is software related, the appropriate area will work with the Vendors technical support staff to correct the problem in a timely manner.

### **3.8 CONTINGENCY PLAN FOR APPLICATIONS FAILURES**

Applications software is very similar to systems software, as far as failures of new versions of the programs. In-house change control procedures provide for adequate testing before making changes and for backing out the changes if problems are detected.

However, a more serious type of application failure is one where, through error of a program, a user, or other means, data is caused to be incorrect to the degree that business consequences are serious.

In this case, the application staff who supports the failed application must determine how the erroneous data will be corrected. Backups of data files on tape may or may not be useful depending on the amount of time elapsed during which the error proliferated. In serious cases, special-purpose programming may be required to repair the data. In the worst case, the original source transactions will be re-input in order to rebuild the data files, after correcting the programs and removing the erroneous data.

### **3.9 CONTINGENCY PLAN FOR VIRUS AND DENIAL OF SERVICE ATTACKS**

Computer viruses and other forms of sabotage, such as denial of service attacks, are frequent occurrences in the connected world of the Internet. The internal network is protected via a firewall solution that will stop most attempts of computer hackers that wish to flood the system with erroneous messages. In addition, filtering software is run on incoming and outgoing email to prevent the occurrence of email borne viruses proliferating and interrupting service to the campus.

In the event of a virus and/or hacker attack on the enterprise, there are several steps that can be taken to contain and/or eliminate the disruption of services. A packet scanner solution can aid in the identification of where the virus and/or attack is originating. The offending device can be disconnected and the threat contained. In the event of a wide spread outbreak, sections of the network can be isolated and disconnected, in order to provide the highest availability to critical business applications. If the threat is originating from the Internet, filters can be configured to contain the attack and, if necessary, Internet connections can be terminated to insure internal operations of the network until the attack subsides or is identified and neutralized.

## **SECTION 4 - POLICIES FOR REDUCING RISKS**

### **4.1 PROTECTION OF COMPUTER DATA**

Computer data is protected by a combination of backup procedures and off-site storage procedures. Backups copy the data from disk to removable media (usually magnetic tape) so data that is lost or damaged for any reason can be restored. Off-site storage for magnetic tapes (or other forms of information) protects the data in the event that the computer itself is destroyed due to a disaster in the Data Center.

### 4.1.1 Banner Server Backups

There are three servers that are components of the Banner system requiring regular backups.  
 Bannerpr – Production Database Server  
 Bannerte – Development Database Server  
 USFAS1 – Banner Forms Server

The backup strategy for these servers is comprised of one or more of the pieces below:

- Nightly Scripts that copy incremental backups of the oracle specific pieces to the server USFBACKUP2.
- A script running every 15 minutes that copies Oracle archive logs to the backup server usfbackup2. This stores incremental changes to the oracle database onto a backup server for a near real time recovery in case of a disaster.
- A Suncsort BEX server that regularly comes in and takes a full backup of the bannerpr, bannerte, and usfas1 disk systems.

The servers bannerpr, bannerte, and USFAS1 are all located in the USF data center. The backup server usfbackup2 is located in the library so that backups of the servers are located at a remote location.

The details of the backup processes for each server are listed below:

#### USFAS1 (Banner Application Server)

The nightly script that runs on USFAS1 is /home/oracle/scripts/oracle\_as\_backup.sh and performs the following functions:

USFAS1 is also backed up in its entirety using Veritas every Saturday.

#### Bannerpr

Bannerpr has a nightly backup job that runs at 8pm every night and backs

Frequency	Type	Description
Everyday @7pm	Full-Oracle	PROD (Production database) backup using RMAN. Backup set is copied to the usfbackup2 at BANNERPR/rman/PROD. The backup script is run by the oracle user through cron. The script is located at /usr/local/banner/oracle/scripts/rman_clone_database.sh
Every 15 Minutes	Incremental-ArchiveLog	Every fifteen minutes the archive logs created for the production database are copied to usfbackup2 in the

		directory BANNERPR/arch/PROD
--	--	------------------------------

Bannerpr is also backed up in its entirety using Syncsort BEX.

- BannerPR/Root on Mon, Wed, Fri. and Sat. @ 1:15 AM. Archive to Media for then runs at ~5am on M,W,F. Retention is 6 days on disk and Archive to Media are stored for 30 days.

- BannerPR/usr\_local\_banner every Tuesday and Thursday @ 5:30 am 45 day retention

## **Bannerte**

Bannerte is backed up only using Syncsort BEX. Nothing is copied to the backup server usfbackup2.

- BannerTE/Root every Friday @2:30am File Level Backup only. 45 day retention.

- BannerTE/usr\_local\_banner every Tuesday and Thursday @ 5:30 am. 45 day retention.

## **Devops**

Devops is backed up using SyncSort BackEx only. Nightly base backup of only /opt and /var/lib/artifactory. 45 day retention. Full System file-level backup on Friday @ 4pm 45 day retention.

## 4.1.2 Network Services Backup Procedures

The backup server, advanced recovery server and tape drive are located in the motherhouse first floor north end wiring closet. There is also a pc in the library, main floor, wiring closet that has additional hard drive space to facilitate Oracle backups for banner, portal and blackboard.

USFBackup08.stfrancis.edu = 10.0.0.72

USFAdvbackup.stfrancis.edu = 10.0.0.71

### Job

NW-LDAP	Tape	No data volume	
L-BannerUSR	Tape		
L-DevOps	Tape	Full BackupDaily	only /opt and /var/lib/artifactory
L-DevOps-full	Tape	Full Backup 1x per week	
L-ezproxy	Tape	Full1x Per Week	
L-imaging_all	Tape	Full Backup 1x per week	entire server
L-Login	Tape	Full Backup 1x per week	
L-singularity	Tape	Full Backup Daily	only /usr/local/Singularity
L-USFAS1	Tape	Full Backup 1x per week	
L-usfweb1e	Tape	Full Backup Daily	only /backup and /var/www/html
L-VcenterDB	Tape	Full Backup Daily	only /u01/app/oracle/flashrecovery
L-WebCTApp_DB	Tape	Full Backup 1x per week	
NW-usfpicture (on 3)	Tape	Full 1x Per Week	DataVolume
NW-usf1avm	Tape	Full Backup 1x/wk Diff. Nightly	DataVolume
NW-USF2_Data1	Tape	Full Backup 1x/wk Diff. Nightly	DataVolume
NW-usf3avm	Tape	Full Backup 1x/wk Diff. Nightly	DataVolume
NW-USFapps_apps	Tape	Full Backup 1x/wk Diff. Nightly	DataVolume
NW-usfweb1a	Tape	Full Backup 1x/wk Diff. Nightly	DataVolume
OES-admpo1PO	Tape	Full Backup 1x/wk Diff. Nightly	MailVolume Only
OES-archive1	Tape	Full Backup 1x	
OES-gwpo1	Tape	Full Backup 1x/wk Diff. Nightly	MailVolume Only
OES-iprint	Tape	Full Backup MWF	/opt/papercut & /var/opt/novell/iprint db
OES-mail3	Tape	Full Backup Daily	Domain Directory and DB
OES-po3	Tape	Full 1x Per Week	mail volume only
OES-stu1	Tape	Diff. M-Th./ Full -Sat.	MailVolume Only
OES-stu2	Tape	Diff. M-Th./ Full -Sat.	MailVolume Only

OES-stu3	Tape	Diff. M-Th./ Full -Sat.	MailVolume Only
OES-stu4	Tape	Diff. M-Th./ Full -Sat.	MailVolume Only
OES-usfmail	Tape	Full Backup Daily	Domain Directory and DB
OES-usfpic	Tape	Full 1x Per Week	DataVolume
OES-usfpo	Tape	Full Backup 1x/wk Diff. Nightly	MailVolume Only
W-BannerDB	Tape	Full Backup 2x/wk Diff. Nightly	From Server in Lib.
W-BB_database	Tape	Full Backup 1x/wk Diff. Nightly	From Server in Lib.
W-BB_Section	Tape	Full Backup 1x/wk Diff. Nightly	From Server in Lib.
W-Catalog	Tape	Full 1x Per Week	Syncsort BEX catalog in the event the master is restored.
W-Cbord	Tape	Full Backup Daily	Cbord1 - backup folder CBord2 -various folders
W-Connect8db	Tape	Full DB Daily	DB backed up locally then to tape
W-evisions	Tape	Full1x Per Week	
W-USFTitaniumDB	Tape	Full DB Daily	DB backed up locally then to tape
X-AConnect8	Advanced	1x Per Week	Allows for Full System Restore.
x-bannerNew	Advanced	M,W,F,Sat.	Allows for Full System Restore.
X-myusf	Advanced	7 days	Allows for Full System Restore.
x-usfas1	Advanced	1x Per Week	
X-Identipass	Advanced	1x Per Week	
XR-ImageEdrive	adv. To tape	Full 1x Per Week	Tape backup of advanced servera data volume
XR-ImageFdrive	adv. To tape	Full 1x Per Week	Tape backup of advanced servera data volume

Backup and restore procedures are outlined in the Syncsort BEX documentation, which is the backup software solution that is utilized in these procedures. Documentation is contained on CDRROM, which is stored in the off site storage location for backup material.

### 4.1.3 BACKUP STORAGE PROCEDURES

Backup tapes are stored either on-site or off-site. On-site storage of a fire proof file cabinet outside the data center (Director of NSS office). The off-site storage facility for computer data is fully identified (name, location, etc.) in Appendix C, along with procedures for recovering the backup tapes.

## 4.2 PROTECTION OF DATA CENTER OPERATION

### 4.2.1 ACCESIBILITY TO DATA CENTER

Authorized personnel provided access to the main data center in Marian Hall and the telecommunications room in Tower Hall is limited to ITLS staff. Access to these facilities by other University employees and/or third party vendors is to be supervised by the appropriate ITLS staff personnel. Individuals

desiring access to these facilities should contact ITLS at extension 3432 or by stopping at the ITLS offices located in room MG07 of Marian Hall.

The data center, located in Marian Hall, is equipped with a ECARO 25 fire protection system. Caution must be used in the event of an alarm in this facility. Any personnel in the room at the time of an alarm, should proceed, **immediately**, to exit the room. ECARO 25, by design, will clear the room of oxygen in order to smother a fire.

#### 4.2.2 PHYSICAL SECURITY

Access to the Data Center is restricted to authorized personnel only. All non-authorized persons must submit a prior request to gain access to the Data Center. Non-authorized personnel must sign-in when admitted to the Data Center.

The risk of fire in the Data Center is reduced by:

- A fire detection and suppression (ECARO 25) system
- Separation of paper storage from equipment
- Other: No smoking permitted in the Data Center, routine monthly cleaning under the raised floor, hand-held fire extinguishers in each area, etc.

The risk of water damage due to broken pipes or flooding is reduced by:

- Water detectors under raised floor
- No water pipes in ceiling
- Other: Maintenance Department routinely checks A/C drains to ensure proper drainage within the main Data Center

The risk of electronic component damage due to electrical spikes, surges, over-voltages, and under-voltages is reduced by:

- Power surge protector with noise filter via UPS.

The risk of service interruptions caused by power outages is reduced by:

- Uninterruptible power supply with natural gas generator backup.
- A separate power feed (transformer) for the main Data Center

#### 4.2.3 COMPUTER ACCESS SECURITY

Access to computer records is controlled by the use of login procedures (IDs), passwords, other access restrictions provided by system software, and manual procedures for the control and restriction of access information.

## **SECTION 5 - CONTINGENCY SITE**

### **5.1 Main campus contingency site**

The primary contingency site on the main campus for limited damage to computing facilities is the Moes Room in Tower Hall. This room is equipped with sufficient infrastructure to support as many as 24 users for a short term outage of specific areas, i.e. Business office damage or some of their offices.

The Moes room is equipped with 14 phone and data lines (reference appendix F) and is in close proximity to a direct uplink wiring closet. This will provide, at minimum, 100 megabits of bandwidth directly to the campus wide network. If it becomes necessary to maintain a presence in this room for a longer period of time, the uplink can be scaled up to 1 gigabit of bandwidth or higher. This additional bandwidth could sustain data center operations in this facility for the entire campus.

The phone and data services for a specific area can be redirected to this facility in the event of localized damage. This facility will not be utilized in the case of a major disaster to the main campus resulting in extensive damage to Tower Hall. However, this facility could be used if Marian Hall sustained damage and the data center needed to be reconstituted.

### **5.2 Remote contingency site**

In the case that the main campus is unable to support computing services, the contingency site will be the Twin Oaks facility on West Jefferson Street. This facility has sufficient phone lines and data support to create a communication hub in case of disaster and to sustain a limited computing environment for emergency services. If the outage of the main campus becomes long term, this facility can be reconfigured for longer term use.

## SECTION 6 - RECOVERY PROCEDURES FOR A MAJOR DISASTER

The following contingency plans are for use in a major disaster, that is, a disaster of serious enough magnitude to require computer processing to be moved to a contingency site.

### 6.1 EMERGENCY ACTION TEAMS AND RESPONSIBILITIES

The following Emergency Action Teams have been defined for use in disasters or major emergencies. The purpose, responsibilities, and members of these Teams are described on the following pages. The Teams will be activated selectively by the Emergency Coordinator and/or the Readiness Team according to the nature of the emergency. The Teams report to the Emergency Coordinator, or the Offsite Coordinator if offsite.

#### Emergency Action Teams

User/Applications Team  
Network/Operations Team  
Facilities Team  
Library Team  
Logistics Team

The use of Emergency Action Teams and the general responsibilities of Team Leaders are discussed in Section 1.6. Designated leaders and members of the Action Teams are identified in Appendix A.

#### **6.1.1 USER/APPLICATIONS TEAM**

##### **PURPOSE:**

The purpose of the User/Applications Team is to ensure proper functioning of the applications and to coordinate with users about how their applications should be operated during the contingency period.

##### **RESPONSIBILITIES:**

- In an emergency, the User/Applications Team must participate in preparation and validation of the production environment at the contingency site. If problems are identified with how an application will operate at the contingency site, the User/Applications Team must

- prepare and document solutions for the problems.
- In a disaster, obtain offsite documentation and contingency plans in order to assist in restoring contingency site operations.
  - Coordinate with Network/Operations Team and users to determine work that was in progress at the time of the disaster. When operations are restored at the contingency site, the User/Applications Team must first help recover any lost work that was in progress.
  - Once production capability has been recovered, coordinate with the users about any changes in the way they will interface to their applications and provide assistance as necessary.
  - Participate in the evaluation and selection of all desktop hardware-related contingency planning.
  - In the event of a disaster, assess the extent of damage or the affect of failures on desktop computers.

### **6.1.2 NETWORK/OPERATIONS TEAM**

#### **PURPOSE:**

The Network/Operations Team is responsible for the operating system and application software for all Shared Network System and Application servers, as well as, repair or replacement of all wiring and associated communications hardware, the installation and testing, and all contingency planning - whether at the original site, the replacement site, or the contingency site.

#### **RESPONSIBILITIES:**

- Participate in the evaluation and selection of contingency site(s), testing at the contingency site, and all hardware-related contingency planning.
- In the event of a disaster, assess the extent of damage or the affect of failures on hardware and telecommunications.
- Coordinate with vendors in obtaining necessary repairs or replacement of hardware.
- Implementation and maintenance of the emergency phone plans, outlined in appendix E.
- Coordinate with Purchasing, Finance, Insurance, and other departments in equipment salvage, insurance claims, and financing for replacement equipment.
- Install and test all new/replacement hardware or data lines, and supervise all problem solving when problems or failures are encountered.

### **6.1.3 FACILITIES TEAM**

#### **PURPOSE:**

The purpose of the Facilities Team is to restore or replace the Data Center, wiring closets, the Telecom room in the attic of Tower Hall and other data processing and building facilities following a disaster.

#### **RESPONSIBILITIES:**

- Maintain current configurations of the data processing facilities, either as an appendix to the Plan or as part of supporting documentation also backed up in offsite storage. The configurations should include space layouts, lists of all facilities, such as air conditioning, power distribution, power conditioning, etc., and specifications of model numbers, capacities, electrical requirements, and so on.
- In the event of a disaster, assess the damage and recoverability of the facilities. If the facility is usable, proceed to organize immediate repairs.
- If the data processing facilities are destroyed and not usable, proceed to locate replacement facilities that can be acquired quickly and are usable for a reasonably long period, if not permanently. Again, facilities include not only requisite square footage in a building, but raised flooring, cabling, air conditioning, power, etc.
- Coordinate with facilities vendors to provide necessary facilities - buildout, equipment, installation, and permits - on an emergency basis. As much as possible, negotiate contingency plans in advance.
- Coordinate with Purchasing, Finance, Insurance, Legal and other departments in ordering new equipment, contracting for space and buildout, and financing the new facilities.

#### **6.1.4 LIBRARY TEAM**

#### **PURPOSE:**

The purpose of the Library Action Team is to ensure that services and resources are restored as quickly as possible by coordinating with appropriate ITLS action teams, and advising, as necessary, concerning special treatment of print and special administrative needs of electronic resources. These services include, but are not limited to, the following materials and/or services: circulating and non-circulating print books, reference materials, reserve materials, universal borrowing items, maps, magazines, video recordings, audio recordings, works of art, AV equipment, microfilm, microfiche, fiche/film readers, archival print materials, archival and cataloging processing equipment, electronic databases, document delivery servers and services, electronic archives, electronic backup materials, databases, printers, proxy servers, notebook, and desktop computers.

## **RESPONSIBILITIES:**

- Provide expertise to all Disaster Recovery Teams in the handling of library and archival materials/equipment in accordance with the history, tradition and mission of the University.
- Provide instruction in the usage of damaged library and archival materials.
- Handle specific incidents of damage to library and archival materials resulting from fire, wind, moisture, extreme light exposure and electric power surges.
- In the event of a disaster, assess the extent of damage on any and all library services/materials on a case-by-case and material-type/service-type basis.
- Coordinate with vendors in obtaining necessary repairs or replacement of materials/equipment.
- Coordinate with Purchasing, Finance, Insurance, and other departments in equipment salvage, insurance claims, and financing for replacement equipment.
- In a disaster, obtain all appropriate backups from offsite storage, including tapes, supplies, and documentation.
- Provide an assessment and timeline for the reconstitution of all library services in the event of any type of disaster.

### **6.1.5 LOGISTICS TEAM**

#### **PURPOSE:**

The Logistics Team is responsible for all activities in the disaster recovery process which are not handled by the other Emergency Action Teams. These activities would include arranging transportation, housing, expense advances, shipping, etc., and performing clerical and other administrative functions. The Logistics Team is to ensure scheduled processing at the contingency site until such time that operations can resume at the original or replacement data center.

#### **RESPONSIBILITIES**

- Periodically review and evaluate the appropriateness and completeness of procedures for backups, offsite storage, and recovery.
- In a disaster, obtain all appropriate backups from offsite storage, including tapes, supplies, and documentation.
- Participate in initiating operations at the contingency computer site. Then continue contingency operations until the contingency site is no longer required. This will require communication with the other Teams

- to understand levels of service and functional differences in the contingency mode. Work with the User/Applications Team to prepare a revised processing schedule concerning status of work.
- Coordinate with users about how to submit job requests to the contingency site and about distribution of output.
  - If contingency operations continue for an extended period of time, ensure that adequate levels of operating supplies are maintained at the contingency site.
  - Provide manpower to support the offsite operations. Coordinate, if necessary, for transportation and housing of the operations staff. Revise operator schedules as appropriate to the needs of the emergency situation.
  - Handle all administrative arrangements for transportation, housing, shipping, expense advances, etc., and do all subsidiary accounting. Assist in facilitating arrangements, administrative approvals, and so on, with other departments.
  - Perform clerical and administrative functions as needed during the disaster recovery.

## **6.2 NOTIFICATION OF THE READINESS TEAM**

A critical aspect of disaster recovery is the quick reaction of the Readiness Team. This requires immediate notification of appropriate personnel so that the Disaster Recovery Plan can be initiated as quickly as possible.

The Emergency Coordinator has established and will maintain an Emergency Notification List (see Appendix A) and will ensure that all key personnel have it available. In the event of a disaster, the following notification procedures will be followed:

### **PROCEDURES:**

1. If the disaster occurs while operations staff is on duty, they should initiate the notification process as soon as possible. If operations staff is NOT on duty, Security Department will contact the Emergency Coordinator or use the emergency contact list located at the main security desk.
2. The Emergency Coordinator is at the top of the Notification List. If the Emergency Coordinator cannot be reached, the Alternate Emergency Coordinator or other named persons will be called until a member of the Readiness Team has been notified.

3. The first member of the Readiness Team notified is responsible to notify other critical members of the Readiness Team and to initiate action. The initial action will be to assemble the team at the Data Center, the Emergency Control Center, or the backup meeting site (alternate Emergency Control Center).

### **6.3 INITIAL READINESS TEAM PROCEDURES**

Once the Readiness Team has been notified, they must proceed to make an immediate assessment of the situation and to initiate appropriate actions.

#### **PROCEDURES**

1. The first member of the Readiness Team notified is responsible to notify other critical members of the Readiness Team and to initiate action. The initial action should be to assemble the team at the ITLS Office, the Emergency Control Center, or the backup meeting site (alternate Emergency Control Center).
2. If the Emergency Coordinator has not yet been reached, the Alternate or persons listed next on the Emergency Notification List will assume full responsibilities of the Emergency Coordinator, until he or she has arrived and been fully briefed. The Emergency Coordinator or acting Coordinator will proceed to implement the contingency plans.
3. Make an assessment of the situation directly at the scene if possible, or if not, indirectly based on reported information from the notification sources.
4. Based on the Team's assessment of the situation, determine the severity of the problem and decide on the appropriate action.
5. If the Readiness Team judges the emergency to be a major disaster, proceed to do the following:
  - Activate the Emergency Control Center
  - Notify the appropriate Emergency Action Teams
  - Notify top management
  - Notify the offsite storage site
  - Notify the contingency computer site

These steps constitute activation of the contingency plans for a major disaster. Additional procedures are provided on the following pages for these tasks.
6. If the emergency is not regarded as a major disaster, then the appropriate correction or contingency plans will be implemented. In

such case, selected Action Teams may still be required and will be notified to take action.

#### **6.4 ACTIVATION OF THE EMERGENCY CONTROL CENTER**

In the event of a major disaster, a centralized control center will be established from which the Emergency Coordinator can direct all communications and activities.

#### ***EMERGENCY CONTROL CENTER LOCATION***

- The primary Emergency Control Center location will be: The ITLS offices located in Marian Hall – Room MG07
- In the event that an alternate location becomes necessary, designated backup control sites are: The Moes Room in Tower Hall.
- If designated sites are not accessible, the Alternate Coordinator is responsible to select another location: Mode Building 15 W. Van Buren St.

#### **PROCEDURES:**

1. The Alternate Emergency Coordinator is responsible to maintain an Emergency Control Center in a state of readiness. He or she will work with the Logistics action team to insure that the Control Center is equipped with table(s), chairs, telephones, marker boards, flip charts, etc. Certain emergency supplies are backed up offsite along with other emergency materials.
2. When the Emergency Coordinator, in consultation with the CIO, has declared a major emergency, the Alternate Coordinator will proceed to take all steps necessary to activate the Control Center.
3. The first step will be the selection of the primary, alternates, or some other location for the Control Center. For all designated sites, the Coordinators have requisite keys and other items, including names, addresses, and phone numbers, necessary to gain access to the site(s). The Alternate Coordinator will notify the owners, managers, and other responsible personnel.

4. If necessary, telephones will be ordered from the telephone company for emergency installation, and supplies obtained from backup or other sources to properly equip the Center.
5. All emergency personnel and organizations will be notified of the location and telephone numbers of the Control Center (if other than the designated primary control center).

## **6.5 NOTIFICATION OF ACTION TEAMS AND TOP MANAGEMENT**

In the event of a major emergency, Emergency Action Teams and top management of the organization will also be notified and apprised of the situation. Top management needs to know about the emergency and the current status of personnel, property, and so on. The Action Teams are intended to carry out very specialized functions in a disaster recovery situation, and will be called in to act according to the emergency.

The Emergency Action Teams are defined in Section 6.1. Designated Team Leaders, and the members of each team, are identified in Appendix A.

### **PROCEDURES:**

1. Determine which Emergency Action Teams should be activated and if the presence of any top management is required to support the emergency activities or contingency procedures.
2. The Emergency Coordinator will notify the CIO. The Coordinator or anyone else on the Readiness Team can notify the Emergency Action Teams.
3. In notifying top management, inform them briefly of what has happened, the current status, the plan of action, and the location and phone numbers of the Emergency Control Center. The Emergency Coordinator should inform the executives whether their presence is required and when.
4. In activating the Emergency Action Teams, the Team Leaders of each required team will be called from the Notification List in Appendix A. Inform them briefly of what has happened, the current status, the plan of action, and the location and phone numbers of the Emergency Control Center. Each Team Leader has the Disaster Recovery Plan at home and is expected to be prepared to initiate action appropriate to his Team. He or she is responsible for notifying the team to assemble and act according to their contingency plans.

## **6.6 NOTIFICATION OF OFFSITE STORAGE AND CONTINGENCY SITES**

Activation of contingency plans will require retrieval of backup tapes, documentation, and supplies from offsite storage, and establishing computer operations at the contingency site. To expedite the initial recovery process, the Readiness Team will notify both the offsite storage site and the contingency computer site that a disaster has occurred and that the contingency plans have been activated.

## **6.7 SUMMARY OF PROCEDURES FOR CONTINGENCY OPERATIONS**

This section provides an overview of contingency operations.

### **SUMMARY OF PROCEDURES**

1. The Network/Operations Team, or designated members, will go to the offsite storage site and remove the items required by the contingency plans. The Network/Operations Team will verify the materials, making any necessary adjustments, and then assemble at the Emergency Control Center.
2. All other activated teams will assemble at the Emergency Control Center for briefing, discussion of any identified problems, and coordination of the contingency plans. If necessary, the Administration Team will make travel and accommodation arrangements for the teams going to the contingency site.
3. The User/Applications Team will proceed to identify the work in progress that needs to be recovered and how that can best be accomplished. The User/Applications Team will go to the contingency site to help bring up the applications and recover work in progress. They will be responsible for notifying the user departments and coordinating their interface procedures.
4. The Network/Operations Team will proceed to the contingency site, immediately, and begin loading software and data to prepare for computer operations. Once established, processing will be maintained at the contingency site as long as required. An Offsite Emergency Coordinator will be in charge if there are extended offsite operations involving a significant number of staff, especially user department personnel.
5. Phone services, in the event that facilities on the main campus have been damaged beyond use, will be redirected by the Network/Operations Team via the CLAR solution outlined in appendix E.
6. If hardware has been destroyed, damaged, or negatively affected, the Network/Operations Team will proceed to take the appropriate contingency measures to repair or replace the affected hardware.

7. If facilities have been destroyed, damaged, or negatively affected, the Facilities Team will proceed to take the appropriate contingency measures to repair or replace the affected facilities.
8. The Logistics Team will support the operation of the Emergency Control Center and the Action Teams, as required.
9. The Emergency Coordinator will continue to maintain the Emergency Control Center as long as appropriate, and will coordinate the contingency operations until they can be returned to a normal, non-emergency state.

## **6.8 PROCEDURES FOR REPLACEMENT OF DATA CENTER**

If the data center is destroyed, steps will be taken immediately to establish a replacement data center. A location must be found with adequate space; Data Centers must be constructed or modified; and computers, air conditioners, power distribution equipment, raised flooring, cabling, etc., must all be obtained and installed to prepare a working data center.

### **PROCEDURES:**

1. If equipment or facilities are salvageable, the Operations, Network, Applications and Facilities teams will assess what is usable or repairable and what needs to be replaced. They will initiate all salvage, relocation, and repair activities as necessary.
2. The Network/Operations, Logistics and Facilities Teams will initiate ordering of all new replacement equipment and facilities on an emergency (rush) basis. Financial, legal, and insurance issues will be dealt with in this process. Any action(s) should be reviewed with the CIO for approval.
3. The Network/Operations, Logistics and Facilities Teams will coordinate with the Maintenance Department on all construction issues, including obtaining permits, installation, wiring, etc., to ensure that the data center is properly prepared.
4. The Network/Operations, User/Applications and Facilities Teams will test the readiness of the new data center. When it is ready, they will coordinate the transfer of operations from the contingency site to the new data center.
5. The procedures will be complete when all problems with the new data center have been resolved and operations have been normalized.

## **6.9 PROCEDURES FOR RETURN TO NORMAL OPERATIONS**

The following procedures are for returning to normal operations after emergency (contingency) operations.

### **PROCEDURES:**

1. When the computer operation is transferred back, either to the original data center or to a new replacement data center, employees are to be kept informed. This is the job of the Emergency Coordinator. Appropriate ITLS staff, users, and management all have an interest and a need to know what is happening. There must be understanding and coordination of changes.
2. As the computer operation is transferred back, the contingency operation will very quickly be phased down. The Network/Operations team is responsible for leaving the contingency site with all property and materials belonging to the organization, and to use due care and caution to protect all data and software.
3. The Emergency Coordinator and Readiness Team are responsible for maintaining a full state of readiness during and, particularly, after returning to normal operations. The Network/Operations team will be directed to return materials back to their proper offsite storage, including current backup tapes.
4. An official statement, via memorandum, will be made to all employees stating that the emergency is over and that operations are now, or soon to be, returned to normal. The Emergency Control Center will be deactivated.
5. The final activity of the disaster recovery process will be the meeting and debriefing of the Readiness Team, all Coordinators, and Action Teams concerning the activities of the disaster recovery. The Emergency Coordinator is responsible to make sure that events, problems and solutions, etc., are documented. Once documentation has been completed, the Action Teams and Readiness Team can be deactivated. During the next review of the Plan, the Emergency Coordinator will be responsible to ensure that any lessons learned are incorporated into the Plan.

## **SECTION 7 - MAINTENANCE OF THE PLAN**

### **7.1 POLICIES AND PROCEDURES**

The effectiveness of the contingency plan is impacted by changes in the environment that the plan was created to protect. Some major factors, which will impact the plan, are new equipment, changing software environment, staff and organizational changes, and new or changing applications.

The following policies and procedures have been developed to ensure that the Plan is reviewed and updated on a regular and reliable basis.

#### PROCEDURES:

- The CIO will periodically appoint a review team of one or more people to review and update the Disaster Recovery Plan.
- When the review team has completed their review and update process, the Emergency Coordinator will also review and approve the revised Plan.
- In conjunction with the process of review and update of the Plan, the Emergency Coordinator will design, schedule and notify team members of the annual review. The test may vary from year to year, in order to evaluate different elements of the Plan, but, at the least, it must address all major procedures involving all teams and must test the ability to process at the contingency site.
- The Emergency Coordinator will ensure that plan-holders receive the revisions to the Plan.
- More frequent reviews/updates of the Plan may be initiated by the Emergency Coordinator, but shall require the approval of the CIO because of probable impact on other projects.

## Appendix A. EMERGENCY CONTACT LIST

NAME	ACTION TEAM	HOME PHONE	PAGER/CELL
Mark Snodgrass Director of Network Support Services	Emergency Coordinator/	815-741- 8109	815-955-6296
	Alternate Emergency Coordinator/		
Mark Snodgrass Director of Network Support Services	Network/Operations Action Team Leader	815-741- 8109	815-955-6296
Ben Gunnink	User/Applications Support Action Team Leader	815-733- 5767	815-922-1456
Steve Wettergren Department of Academic Technology	Logistics Support Action Team Leader		
Terry Cottrell	CIO	None	815-931-5662
Michael Decman Director of Buildings and Grounds	Facilities Action Team Leader	815-725- 6713	815-666-6929

**NOTE:** The emergency contact list for Maintenance Department is maintained by Security. Call 740-3200 to request emergency assistance or information.

### Network/Operations Action Team

Team Member	Department	Work Phone	Home Phone	Cell Phone
Jonathon Paul	NSS	815-740-3524	815-485-2843	815-600-2478
Scott Oyer	NSS	815-740-2260	N/A	217-504-1886

### User/Applications Support Action Team

Team Member	Department	Work Phone	Home Phone	Cell Phone
Joe Bozen	ITLS	815-740-3207	815-838-7846	708-743-5666
Ben Gunnink	User/Applications Support Action Team Leader	815-733-5767	815-922-1456	

### Logistics Action Team

Team Member	Department	Work Phone	Home Phone	Cell Phone
Cathy Wehrle	ITLS	815-740-3432	815-467-9330	815-274-7173
Gina Stevens	Technology Support Center	815-740-5080		815-474-8701

### Library Action Team

Team Member	Department	Work Phone	Home Phone	Cell Phone
Bridgitte Bell	Library	815-740-3447	630-715-2662	
Jennifer Ho	Library	815-740-3539	858-740-8255	
Gail Gawlik	Library	815-740-3582	815-741-1238	815-474-4200
Shannon Pohrte	Library	815-740-5061	847-344-9457	

### Campus Security

Dispatcher		815-740-3383	
------------	--	--------------	--

### Vendors

AT&T – telephone/data service	Customer Service	T1 data lines – 888-272-6565 Phone service – 800-480-8088	
CDWG	Hardware/Software Supplier	Angie Bania 877-826-1289 EMail: angieandbrian@cdwg.com	
Ellucian Corporation	Banner Student Information System	972-383-7600	
Centurylink Communications	ISP	877-726-6875	
Instructure	Online Course Management System	801-869-5215	

## Appendix B. DISTRIBUTION LIST FOR THE MANUAL

Terry Cottrell – CIO

Mark Snodgrass – Director of Network Support Services - Emergency Coordinator

Steve Wettergren – Director of Academic Technology

Jason Reid – Interim Director of Safety and Security

Mike Decman – Director of Building and Grounds

## **Appendix C. OFF-SITE STORAGE PROCEDURE**

Disaster recovery backups and materials are stored at:

Mode Building  
15 W. Van Buren St.  
Joliet, IL 60435

Only authorized individuals will be allowed to retrieve materials stored off-site.  
The following persons are authorized to retrieve materials:

Terry Cottrell  
Mark Snodgrass  
Jonathon Paul

**ONLY AUTHORIZED PERSONNEL MAY HAVE ACCESS  
TO THE RECORDS.**

Appendix D: Listing of the University's major applications and support staff responsible for each:

**ADVANCEMENT – MAJOR APPLICATIONS & RESPONSIBILITIES**

<u>APPLICATION</u>	<u>SUPPORT STAFF</u>	
	<u>DEVELOPMENT</u>	<u>USER</u>
Constituent Management/Gift Tracking	ERS – Joe Bozen	Regina Block
Letter Generation and Communications	ERS – Joe Bozen	Regina Block
Prospect Management	ERS – Joe Bozen	Regina Block

**FINANCIAL RECORDS SYSTEM – MAJOR APPLICATIONS & RESPONSIBILITIES**

<u>APPLICATION</u>	<u>SUPPORT STAFF</u>	
	<u>DEVELOPMENT</u>	<u>USER</u>
<i>General Ledger</i>		
Accounts Payable	ERS – Joe Bozen	Jodi Schager
Purchasing	ERS – Joe Bozen	Jodi Schager
Budgeting	ERS – Joe Bozen	Jodi Schager
Library Payment Process	ERS – Joe Bozen	Jodi Schager
Fixed Assets	ERS – Joe Bozen	Jodi Schager
Cash Receipts	ERS – Joe Bozen	Jodi Schager
Billing & Receivables	ERS – Joe Bozen	Jodi Schager

**HUMAN RESOURCE SYSTEM – MAJOR APPLICATIONS & RESPONSIBILITIES**

**SUPPORT STAFF**

<u>APPLICATION</u>	<u>DEVELOPMENT</u>	<u>USER</u>
<i>Payroll</i>	ERS – Joe Bozen	Molly Knapczyk
Personnel	ERS – Joe Bozen	Molly Knapczyk
Position Control	ERS – Joe Bozen	Molly Knapczyk

**RECRUITING AND ADMISSIONS – MAJOR APPLICATIONS & RESPONSIBILITIES**

<u>APPLICATION</u>	<u>SUPPORT STAFF</u>	
	<u>DEVELOPMENT</u>	<u>USER</u>
Recruit and Applicant Tracking	ERS – Joe Bozen	Ed Soldan
Letter Generation and Communications	ERS – Joe Bozen	Ed Soldan
Call Center	ERS – Joe Bozen	Brenda Robinson

**STUDENT INFORMATION SYSTEM – MAJOR APPLICATIONS & RESPONSIBILITIES**

<u>APPLICATION</u>	<u>SUPPORT STAFF</u>	
	<u>DEVELOPMENT</u>	<u>USER</u>
<i>Registration</i>	ERS – Joe Bozen	Chuck Beutel
Grade Processing	ERS – Joe Bozen	Chuck Beutel
Transcripts	ERS – Joe Bozen	Chuck Beutel
Schedule of Classes	ERS – Joe Bozen	Chuck Beutel
Student Record Maintenance	ERS – Joe Bozen	Chuck Beutel
Financial Aid Award Letters	ERS – Joe Bozen	Mary Shaw

Financial Aid IAM, EDConnect &  
Express

ERS - Joe  
Bozen

Mary Shaw

**RECRUITING AND ADMISSIONS – MAJOR APPLICATIONS & RESPONSIBILITIES**

**SUPPORT STAFF**

<u>APPLICATION</u>	<u>DEVELOPMENT</u>	<u>USER</u>
Recruit and Applicant Tracking	ERS – Joe Bozen	Ed Soldan
Letter Generation and Communications	ERS – Joe Bozen	Ed Soldan
Call Center	ERS – Joe Bozen	Brenda Robinson

**STUDENT INFORMATION SYSTEM – MAJOR APPLICATIONS & RESPONSIBILITIES**

**SUPPORT STAFF**

**NETWORK BASED – MAJOR APPLICATIONS & RESPONSIBILITIES**

**SUPPORT STAFF**

<u>APPLICATION</u>	<u>DEVELOPMENT</u>	<u>USER</u>
Microsoft Office Suite – Word, Access, Excel and PowerPoint	NSS	System
Novell GroupWise	NSS	System
SPSS	NSS	System
E Deskcopy	NSS	Janine Hicks
Adobe Acrobat Reader	NSS	System
EZPROXY	NSS	Terry Cottrell
Illiad – Web Application	NSS	Terry Cottrell
OCLC Connexion – Web Application	NSS	Terry Cottrell
Data Warehouse	ERS	System
Microsoft Internet Explorer	NSS	System

## *Disaster Recovery Information for servers*

Server	Description	Server Admin	App Admin
Usfldap1	Ldap Services	NSS	
USFAD	Active Directory	NSS	
Usfradius4	Radius server for wifi	NSS	
Usfldapvm	Ldap Services	NSS	
Netsight3.3	Network Management	NSS	
Premisys	Prox Card Management	NSS	Mark Snodgrass
USFwebctapp	BlackBoard App	Suzanne Bogovich	Suzanne Bogovich
Usfwebctdb	Blackboard DB	Suzanne Bogovich	Suzanne Bogovich
Usfpic	Picture Volume	NSS	
Usfappsvm	O drive	NSS	
Usf3avm	Faculty File Server	NSS	
Usf2vm	Student File Server/netstorage	NSS	
Usf1avm	Adm/staff file server	NSS	
Usf6vm	DNS/DHCP	NSS	
Usfarchive	Archive file server	NSS	
devops	Infrastructure	Ben Gunnink	Ben Gunnink
staging	portal	Ben Gunnink	Ben Gunnink
usfbannerpr	Banner Prodction	Ben Gunnink/Joe Bozen	Ben Gunnink/Joe Bozen
usfbannerte	Banner Test	Ben Gunnink/Joe Bozen	Ben Gunnink/Joe Bozen
usflog	Web server for loquitor	NSS	
Usfencounter	Webserver for encounter	NSS	
Imaging	DocManagement	Suzanne Bogovich	Suzanne Bogovich
usfevisions	Check Print	Joe Bozen	Joe Bozen
myusf	Portal	Ben Gunnink	Ben Gunnink
Usfas1	Banner Forms	Ben Gunnink/Joe Bozen	Ben Gunnink/Joe Bozen
Ezproxy	Proxy for Lib DB	NSS	Terry Cottrell / Shannon P.
Usfsign9	Digital Signage	NSS	
Usfconnect8	Adobe Connect	NSS	Glen Gummess
Usfiprint	Iprint/PaperCut	NSS	

Usfgwpo2	GW Domain/GWIA	NSS	
Usfpo3	archivePO	NSS	
Usfgwpo1	'FACPO'	NSS	
Usfwebmail3	GW webaccess	NSS	
Usfmail3	GW Domain	NSS	
Usfstu3	Student PO	NSS	
Usfadmpo1	GW PO	NSS	
USFadmpo2	GW PO	NSS	
Usfstu4	Student PO	NSS	
Syncmail2	Mobile email	NSS	
USFmail	GW Primary Domain/GWIA	NSS	
USFGWAVA	spam	NSS	
usfstu1	Student PO	NSS	
Usfstu2	Student PO	NSS	
usfzmm	ZenworkS Mobile	NSS	
usfzmmssql	ZMM DB	NSS	
Usfvcenterdb	VMWARE DB	NSS	
USFVCenter5	Vcenter APP	NSS	
Usfweb1e	webserver	NSS	Mike Planeta
Usfweb1f	webserver	NSS	
usfavast	AV management	NSS	
Usfzcm	Zenworks	NSS	
usftitanium	counseling	NSS	
usfupdate	License server SPSS, mathematica	NSS	
usf3	Picture Volume time SLP DA	NSS	
usf5	stores crap	NSS	
usfweb1a	K drive	NSS	Mike Planeta
usfbackup08	Syncsort BEX Master	NSS	
usfadvbackup	Syncsort Advanced	NSS	
usfbackup2	Banner DB Backups	NSS	
usfveritas2	Blackboard DB backups	NSS	
usfns	Outside DNS	NSS	
ariel	ariel library	NSS	Terry Cottrell
usfidpass	identocard	NSS	Mark Snodgrass
nac	enterasys access control	NSS	
wifi	wireless controller	NSS	
usfcview	san management	NSS	

## Appendix E: CLAR – Customer Location Alternate Routing and Groundstart configuration:

SBC's Customer Location Alternate Routing (CLAR) can provide customers the ability to quickly reroute incoming calls to other locations and stay in business in the event of a disaster, such as a power outage, flood, fire, equipment failure, or cable cut. CLAR can also provide the customer a way to reroute a percentage of incoming calls to other locations, when call volumes become too large for a particular location to handle.

In the event of a disaster on the main campus and the necessity to reconstitute to the Jefferson St. REAL location, the CLAR solution will provide the University the ability to switch the main campus numbers to this facility. This will provide the institution with the necessary communication capabilities to rapidly and efficiently communicate with the outside.

If the need arise to implement this solution, an authorized individual can initiate the service via touch tone telephone or via the Internet. The predefined numbers from the main campus will immediately be routed to assigned numbers at the REAL facility on West Jefferson St. in Joliet.

The defined numbers to be alternate routed are:

815-740-3360 – Main Local University number  
815-740-3400 - Main University 800 number  
815-740-3383 – Security Emergency number  
815-740-3373 – COPS and COB 800 number

Available numbers at REAL Facility, which are POTS lines used in the case that the phone system on the main campus has been damaged, are:

815 741-2643  
815 741-2660  
815 741-2673  
815 741-3049  
815 741-3142

Below are the incoming and outbound 800 numbers for the University. The relocation of numbers to the REAL facility, via the CLAR solution, should be established from this list for the most effective communication purposes.

<b>800 Number</b>	<b>Rings to</b>	<b>Department</b>
(800)359-3500	740-3688	Business Office
(800)605-6637	740-3492	LCON
(800)726-2600	740-3373	COB and COPS
(800)736-6300	740-3391	Registrar
(800)726-6500	740-5096	Library
(800)729-2700	740-3394	Book Store
(800)735-4723	740-2281	COB and COPS
(800)735-7500	740-3400	Main 800 number - Little House
(866)337-1497	740-2262	Department of Academic Technology - Self Help
(866)890-8331	740-3403	Financial Aid
(866)890-8329	740-3526	Off-Campus Admissions
(866)890-8353	740-3657	Academic Advising and State Relations
(800)822-8280	740-3380	Alumni
(866)849-5839	774-2922	REAL - Little house

The charge for this service is billed month to month at \$1.00 per phone number that is defined for alternate routing. The initial set up fee for this service \$223.

#### **Appendix F: Moes Room telephone numbers**

<u><b>TN</b></u>	<u><b>Number</b></u>	<u><b>Room</b></u>	<u><b>Type</b></u>
020 1 14 10	774-2929	Moes Pres Rm	DID
004 0 05 10	774-2930	Moes Pres Rm	DID

004 0 08 10	774-2931	Moes Pres Rm	DID
004 0 13 10	774-2832	Moes Pres Rm	DID
012 0 06 11	774-2933	Moes Pres Rm	DID
004 0 07 13	774-2934	Moes Pres Rm	DID
012 0 11 11	774-2935	Moes Pres Rm	DID
004 0 11 11	774-2936	Moes Pres Rm	Non DID
004 0 11 12	774-2937	Moes Pres Rm	Non DID
004 0 11 13	774-2938	Moes Pres Rm	Non DID
004 0 11 14	774-2939	Moes Pres Rm	Non DID
004 0 13 11	774-2940	Moes Pres Rm	Non DID
004 0 12 13	774-2941	Moes Pres Rm	Non DID
004 0 12 14	774-2943	Moes Pres Rm	Non DID

**CLAR Service layout for emergency phone service in the event of the failure of the campus phone system.**

CLAR Wilcox campus due to power failure on Switch

	University Extension	Pots Lines - Wilcox St.	
Main Local University number	815-740-3360	815-740-1264	Marian Desk
Main University 800 number	815-740-3400	815-740-1214	Ticket Booth- Main Entrance
COPS and COB 800 number	815-740-3373	815-740-1176	Reference Desk
President's Office	815-740-3369	815-740-1243	Presidents Office

CLAR to Mode Building - TBD.

	University Extension	Pots Lines -
Main Local University number	815-740-3360	TBD
Main University 800 number	815-740-3400	TBD
Security Emergency number	815-740-3383	TBD
COPS and COB 800 number	815-740-3373	TBD
President's Office	815-740-3369	TBD

In the event of failure of the phone system, groundstart emergency lines will be activated and located at the following locations on the main campus –

**Main Campus**

**Ground Start Trunks**

Ground Start Numb	Building	Location	Ext
740-1176	Library	Reference Desk	5041
	Rec		
740-1197	Center	Security Desk	3414
740-1213	St. Albert's	1st floor house phone	4009
		Ticket Booth-Main	
740-1214	Tower	Enterance	2924
	Mother	2nd floor rm 220 <b>Fax</b>	
740-1228	House	<b>Line</b>	4243
740-1243	Marian	MG07 ITLS	2012
740-1264	Marian	Marian Desk	3434

**Pots Lines/Emergency Phones**

Numbers	Building	Location	
740-1112	Tower Hall	Outside Café	Emergency Phone
740-3535	Rec Center	Outside Rec Center	Emergency Phone
740-6300	Tower Hall	Uno Lounge	Emergency Phone
740-3383	Tower Hall	Elevators/Tower Sec Desk	Emergency Phone
NonDID 6110	Lot B	Wilcox & Douglas	Code Blue Emergency Phone
NonDID 6111	Lot D	Taylor St.	Code Blue Emergency Phone

# *University of St. Francis*

## *Attachment #22*

*Describe the academic and instructional methodologies and delivery systems to be used by the school and the extent to which the school anticipates each methodology and delivery system will be used, including, but not limited to, classroom instruction, correspondence, internet, electronic telecommunications, independent study, and portfolio experience evaluation. [261B.4(13)]*

(22) Describe the academic and instructional methodologies and delivery systems to be used by the school and the extent to which the school anticipates each methodology and delivery system will be used, including, but not limited to, classroom instruction, correspondence, internet, electronic telecommunications, independent study, and portfolio experience evaluation. [261B.4(13)]

The University of Francis uses Canvas as its course management system for delivery of all of its online courses. The instructors in the online courses use a variety of Canvas tools to deliver and facilitate instruction:

- \* Asynchronous discussions are held to facilitate conversation between students and instructor
- \* Instructors provide links to course materials that they have created to support content and instruction;
- \* Instructors provide links to web resources to support instruction;
- \* Objective testing is facilitated with the Canvas Assessment tool;
- \* Students upload completed documents that reflect their course work and learning, with the instructor providing feedback to the course work within Canvas;
- \* Student and instructor regularly communicate via the course Mail feature;
- \* Students share thoughts and ideas with other students and the instructor via blogging and journaling tools.

In addition, Adobe Connect is used to interact with students synchronously, with instructors using live webinars to hold virtual office hours, as well as a means for students to perform presentations to the rest of the class. Instructors also use Adobe Presenter to add audio, video and interactivity to Power Point presentations that are delivered within the Canvas learning management system.

The University also uses:

- Small and large group discussions
- Reading assignments
- Case studies
- Lab work
- Presentations
- Group projects
- Project development
- Clinicals (students in nursing programs)

# *University of St. Francis*

## *Attachment #23*

*Please attach a copy of the school's current Federal Student Aid Program Participation Agreement with the U.S. Department of Education.*



FEDERAL STUDENT AID START HERE. GO FURTHER.™

UNITED STATES DEPARTMENT OF EDUCATION

FEDERAL STUDENT AID  
SCHOOL ELIGIBILITY CHANNEL  
SCHOOL PARTICIPATION TEAM  
CHICAGO TEAM

Dr. Arvid C. Johnson  
President  
University of Saint Francis  
500 Wilcox Street  
Joliet, IL 60435-6188

07/02/2014

OPE ID 00166400

**Approval Notice**

Reason for Action: Additional Location  
Officials/Directors of Institution  
Board of Directors

Approval Date: Effective 06/24/2014

Dear Dr. Johnson:

The Chicago Case Management Team has completed its review of the documentation that University of Saint Francis (Institution) submitted regarding its additional location, officials/directors of institution and board of directors.

As a result of that review, we have approved the following:

New official(s):

Dr. Arvid C. Johnson, President  
Dr. Arvid C. Johnson, Member of the Board  
Mr. Mark D. Bass, Member of the Board  
Ms Diane F. Habiger, Member of the Board  
Dr. Lawrence A. Wyllie, Member of the Board  
Sr Dolores Zemont, Member of the Board  
Mr. Arthur Scheuber, Member of the Board  
Mr. DeWitt Buchanan, Member of the Board  
Dr. Arvid C. Johnson, Boards Recording Secretary

New vocational program(s):

CIP: 52.0301 - Certificate in Accounting, 12 Semester Hours, 16 Weeks  
CIP: 13.1401 - Teaching & Learning Adult TESOL Certificate, 18 Semester Hours, 16 Weeks  
CIP: 13.0501 - Certificate in E-Learning, 12 Semester Hours, 16 Weeks  
CIP: 52.1301 - Certificate in Business Analytics, 12 Semester Hours, 16 Weeks  
CIP: 52.1001 - Certificate in Human Resource Management, 12 Semester Hours, 16 Weeks  
CIP: 52.0801 - Certificate of Finance, 12 Semester Hours, 16 Weeks

Change of address:

OPEID: 30166420 - University of Saint Francis - Church on the Mall/Plymouth Meeting Mall,  
500 West Germantown Mall, Plymouth Meeting, PA 19462-1353

Please print a copy of this notice and the Eligibility and Certification Approval Report (ECAR) from the EAPP website at <http://eligcert.ed.gov/eapp/owa/ecar>. This Approval Notice is an addendum to the Institution's Program Participation Agreement (PPA). Please retain this notice and the ECAR with the PPA for compliance purposes.

Should you have any questions, please contact Nicholas Koufermos at (312) 730-1693.

Sincerely,

Douglas Parrott  
Area Case Director  
School Participation Team, NW  
Chicago Team

cc: Mary V. Shaw, Director of Financial Aid Services



FEDERAL STUDENT AID **START HERE. GO FURTHER.**

**UNITED STATES DEPARTMENT OF EDUCATION**

**FEDERAL STUDENT AID  
SCHOOL ELIGIBILITY CHANNEL**

**PROGRAM PARTICIPATION AGREEMENT**

Effective Date of Approval: The date on which this Agreement is signed on behalf of the Secretary of Education  
 Approval Expiration Date: **June 30, 2018**  
 Reapplication Date: **March 31, 2018**

Name of Institution: **University of Saint Francis**  
 Address of Institution: **500 Wilcox Street  
 Joliet, IL 60435-6188**

OPE ID Number: **00166400**

DUNS Number: **076883941**

Taxpayer Identification Number (TIN): **362170999**

**The execution of this Agreement by the Institution and the Secretary is a prerequisite to the Institution's initial or continued participation in any Title IV, HEA Program.**

The postsecondary educational institution listed above, referred to hereafter as the "Institution," and the United States Secretary of Education, referred to hereafter as the "Secretary," agree that the Institution may participate in those student financial assistance programs authorized by Title IV of the Higher Education Act of 1965, as amended (Title IV, HEA Programs) indicated under this Agreement and further agrees that such participation is subject to the terms and conditions set forth in this Agreement. As used in this Agreement, the term "Department" refers to the U.S. Department of Education.

**SCOPE OF COVERAGE**

This Agreement applies to all locations of the Institution as stated on the most current ELIGIBILITY AND CERTIFICATION APPROVAL REPORT issued by the Department. This Agreement covers the Institution's eligibility to participate in each of the following listed Title IV, HEA programs, and incorporates by reference the regulations cited.

- **FEDERAL PELL GRANT PROGRAM**, 20 U.S.C. §§ 1070a *et seq.*; 34 C.F.R. Part 690.
- **FEDERAL FAMILY EDUCATION LOAN PROGRAM**, 20 U.S.C. §§ 1071 *et seq.*; 34 C.F.R. Part 682.
- **FEDERAL DIRECT STUDENT LOAN PROGRAM**, 20 U.S.C. §§ 1087a *et seq.*; 34 C.F.R. Part 685.
- **FEDERAL PERKINS LOAN PROGRAM**, 20 U.S.C. §§ 1087aa *et seq.*; 34 C.F.R. Part 674.
- **FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT PROGRAM**, 20 U.S.C. §§ 1070b *et seq.*; 34 C.F.R. Part 676.
- **FEDERAL WORK-STUDY PROGRAM**, 42 U.S.C. §§ 2751 *et seq.*; 34 C.F.R. Part 675.
- **ACADEMIC COMPETITIVENESS GRANT AND NATIONAL SCIENCE AND MATHEMATICS ACCESS TO RETAIN TALENT GRANT PROGRAMS**, 20 U.S.C. §§ 1070a-1 *et seq.*; 34 C.F.R. Part 691.
- **TEACHER EDUCATION ASSISTANCE FOR COLLEGE AND HIGHER EDUCATION GRANT PROGRAM**, 20 U.S.C. §§

1070g *et seq.*; 34 C.F.R. Part 686.

- **IRAQ AND AFGHANISTAN SERVICE GRANT**, 20 U.S.C. §§ 1070d *et seq.*

## GENERAL TERMS AND CONDITIONS

1. The Institution understands and agrees that it is subject to and will comply with the program statutes and implementing regulations for institutional eligibility as set forth in 34 C.F.R. Part 600 and for each Title IV, HEA program in which it participates, as well as the general provisions set forth in Part F and Part G of Title IV of the HEA, and the Student Assistance General Provisions regulations set forth in 34 C.F.R. Part 668.  
*The recitation of any portion of the statute or regulations in this Agreement does not limit the Institution's obligation to comply with other applicable statutes and regulations.*
2.
  - a. The Institution certifies that on the date it signs this Agreement, it has a drug abuse prevention program in operation that it has determined is accessible to any officer, employee, or student at the Institution.
  - b. The Institution certifies that on the date it signs this Agreement, it is in compliance with the disclosure requirements of Section 485(f) of the HEA (Campus Security Policy and Campus Crime Statistics).
3. The Institution agrees to comply with --
  - a. Title VI of the Civil Rights Act of 1964, as amended, and the implementing regulations, 34 C.F.R. Parts 100 and 101 (barring discrimination on the basis of race, color or national origin);
  - b. Title IX of the Education Amendments of 1972 and the implementing regulations, 34 C.F.R. Part 106 (barring discrimination on the basis of sex);
  - c. The Family Educational Rights and Privacy Act of 1974 and the implementing regulations, 34 C.F.R. Part 99;
  - d. Section 504 of the Rehabilitation Act of 1973 and the implementing regulations, 34 C.F.R. Part 104 (barring discrimination on the basis of physical handicap); and
  - e. The Age Discrimination Act of 1975 and the implementing regulations, 34 C.F.R. Part 110.
  - f. The Standards for Safeguarding Customer Information, 16 C.F.R. Part 314, issued by the Federal Trade Commission (FTC), as required by the Gramm-Leach-Bliley (GLB) Act, P.L. 106-102. These Standards are intended to ensure the security and confidentiality of customer records and information. The Secretary considers any breach to the security of student records and information as a demonstration of a potential lack of administrative capability as stated in 34 C.F.R. 668.16(c). Institutions are strongly encouraged to inform its students and the Department of any such breaches.
4. The Institution acknowledges that 34 C.F.R. Parts 602 and 667 require accrediting agencies, State regulatory bodies, and the Secretary to share information about institutions. The Institution agrees that the Secretary, any accrediting agency recognized by the Secretary, and any State regulatory body may share or report information to one another about the Institution without limitation.
5. The Institution acknowledges that the HEA prohibits the Secretary from recognizing the accreditation of any institution of higher education unless that institution agrees to submit any dispute involving the final denial, withdrawal, or termination of accreditation to initial arbitration prior to any other legal action.

### SELECTED PROVISIONS FROM GENERAL PROVISIONS REGULATIONS, 34 C.F.R. PART 668.14

An institution's program participation agreement applies to each branch campus and other location of the institution that meets the applicable requirements of this part unless otherwise specified by the Secretary.

(b) By entering into a program participation agreement, an institution agrees that--

- (1) It will comply with all statutory provisions of or applicable to Title IV of the HEA, all applicable regulatory provisions prescribed under that statutory authority, and all applicable special arrangements, agreements, and limitations entered into under the authority of statutes applicable to Title IV of the HEA, including the requirement that the institution will use funds it receives under any Title IV, HEA program and any interest or other earnings thereon, solely for the purposes specified in and in accordance with that program;
- (2) As a fiduciary responsible for administering Federal funds, if the institution is permitted to request funds under a Title IV, HEA program advance payment method, the institution will time its requests for funds under the program to meet the institution's immediate Title IV, HEA program needs;
- (3) It will not request from or charge any student a fee for processing or handling any application, form, or data required to determine a student's eligibility for, and amount of, Title IV, HEA program assistance;
- (4) It will establish and maintain such administrative and fiscal procedures and records as may be necessary to ensure proper

and efficient administration of funds received from the Secretary or from students under the Title IV, HEA programs, together with assurances that the institution will provide, upon request and in a timely manner, information relating to the administrative capability and financial responsibility of the institution to--

- (i) The Secretary;
  - (ii) A guaranty agency, as defined in 34 CFR part 682, that guarantees loans made under the Federal Stafford Loan and Federal PLUS programs for attendance at the institution or any of the institution's branch campuses or other locations;
  - (iii) The nationally recognized accrediting agency that accredits or preaccredits the institution or any of the institution's branch campuses, other locations, or educational programs;
  - (iv) The State agency that legally authorizes the institution and any branch campus or other location of the institution to provide postsecondary education; and
  - (v) In the case of a public postsecondary vocational educational institution that is approved by a State agency recognized for the approval of public postsecondary vocational education, that State agency;
- (5) It will comply with the provisions of § 668.15 relating to factors of financial responsibility;
  - (6) It will comply with the provisions of § 668.16 relating to standards of administrative capability;
  - (7) It will submit reports to the Secretary and, in the case of an institution participating in the Federal Stafford Loan, Federal PLUS, or the Federal Perkins Loan Program, to holders of loans made to the institution's students under that program at such times and containing such information as the Secretary may reasonably require to carry out the purpose of the Title IV, HEA programs;
  - (8) It will not provide any statement to any student or certification to any lender in the case of an FFEL Program loan, or origination record to the Secretary in the case of a Direct Loan Program loan that qualifies the student or parent for a loan or loans in excess of the amount that the student or parent is eligible to borrow in accordance with sections 425(a), 428(a)(2), 428(b)(1)(A) and (B), 428B, 428H and 455(a) of the HEA;
  - (9) It will comply with the requirements of Subpart D of this part concerning institutional and financial assistance information for students and prospective students;
  - (10) In the case of an institution that advertises job placement rates as a means of attracting students to enroll in the institution, it will make available to prospective students, at or before the time that those students apply for enrollment--
    - (i) The most recent available data concerning employment statistics, graduation statistics, and any other information necessary to substantiate the truthfulness of the advertisements; and
    - (ii) Relevant State licensing requirements of the State in which the institution is located for any job for which an educational program offered by the institution is designed to prepare those prospective students;
  - (11) In the case of an institution participating in the FFEL Program, the institution will inform all eligible borrowers, as defined in 34 CFR part 682, enrolled in the institution about the availability and eligibility of those borrowers for State grant assistance from the State in which the institution is located, and will inform borrowers from another State of the source for further information concerning State grant assistance from that State;
  - (12) It will provide the certifications described in paragraph (c) of this section;
  - (13) In the case of an institution whose students receive financial assistance pursuant to section 484(d) of the HEA, the institution will make available to those students a program proven successful in assisting students in obtaining the recognized equivalent of a high school diploma;
  - (14) It will not deny any form of Federal financial aid to any eligible student solely on the grounds that the student is participating in a program of study abroad approved for credit by the institution;
  - (15) (i) Except as provided under paragraph (b)(15)(ii) of this section, the institution will use a default management plan approved by the Secretary with regard to its administration of the FFEL or Direct Loan programs, or both for at least the first two years of its participation in those programs, if the institution --
    - (A) Is participating in the FFEL or Direct Loan programs for the first time; or
    - (B) Is an institution that has undergone a change of ownership that results in a change in control and is participating in the FFEL or Direct Loan programs.
  - (ii) The institution does not have to use an approved default management plan if --
    - (A) The institution, including its main campus and any branch campus, does not have a cohort default rate in excess of 10 percent; and
    - (B) The owner of the institution does not own and has not owned any other institution that had a cohort default rate in excess of 10 percent while that owner owned the institution.
  - (16) For a proprietary institution, the institution will derive at least 10 percent of its revenues for each fiscal year from sources other than Title IV, HEA program funds, as provided in § 668.28(a) and (b), or be subject to sanctions described in § 668.28(c);
  - (17) The Secretary, guaranty agencies and lenders as defined in 34 CFR part 682, nationally recognized accrediting agencies, the Secretary of Veterans Affairs, State agencies recognized under 34 CFR part 603 for the approval of public postsecondary vocational education, and State agencies that legally authorize institutions and branch campuses or other locations of institutions to provide postsecondary education, have the authority to share with each other any information pertaining to the institution's eligibility for or participation in the Title IV, HEA programs or any information on fraud and abuse;
  - (18) It will not knowingly --
    - (i) Employ in a capacity that involves the administration of the Title IV, HEA programs or the receipt of funds under those

programs, an individual who has been convicted of, or has pled *nolo contendere* or guilty to, a crime involving the acquisition, use, or expenditure of Federal, State, or local government funds, or has been administratively or judicially determined to have committed fraud or any other material violation of law involving Federal, State, or local government funds;

(ii) Contract with an institution or third-party servicer that has been terminated under section 432 of the HEA for a reason involving the acquisition, use, or expenditure of Federal, State, or local government funds, or that has been administratively or judicially determined to have committed fraud or any other material violation of law involving Federal, State, or local government funds; or

(iii) Contract with or employ any individual, agency, or organization that has been, or whose officers or employees have been--

(A) Convicted of, or pled *nolo contendere* or guilty to, a crime involving the acquisition, use, or expenditure of Federal, State, or local government funds; or

(B) Administratively or judicially determined to have committed fraud or any other material violation of law involving Federal, State, or local government funds;

(19) It will complete, in a timely manner and to the satisfaction of the Secretary, surveys conducted as a part of the Integrated Postsecondary Education Data System (IPEDS) or any other Federal collection effort, as designated by the Secretary, regarding data on postsecondary institutions;

(20) In the case of an institution that is co-educational and has an intercollegiate athletic program, it will comply with the provisions of § 668.48;

(21) It will not impose any penalty, including, but not limited to, the assessment of late fees, the denial of access to classes, libraries, or other institutional facilities, or the requirement that the student borrow additional funds for which interest or other charges are assessed, on any student because of the student's inability to meet his or her financial obligations to the institution as a result of the delayed disbursement of the proceeds of a Title IV, HEA program loan due to compliance with statutory and regulatory requirements of or applicable to the Title IV, HEA programs, or delays attributable to the institution;

(22)(i) It will not provide any commission, bonus, or other incentive payment based in any part, directly or indirectly, upon success in securing enrollments or the award of financial aid, to any person or entity who is engaged in any student recruitment or admission activity, or in making decisions regarding the award of title IV, HEA program funds.

(A) The restrictions in paragraph (b)(22) of this section do not apply to the recruitment of foreign students residing in foreign countries who are not eligible to receive Federal student assistance.

(B) For the purpose of paragraph (b)(22) of this section, an employee who receives multiple adjustments to compensation in a calendar year and is engaged in any student enrollment or admission activity or in making decisions regarding the award of title IV, HEA program funds is considered to have received such adjustments based upon success in securing enrollments or the award of financial aid if those adjustments create compensation that is based in any part, directly or indirectly, upon success in securing enrollments or the award of financial aid.

(ii) Notwithstanding paragraph (b)(22)(i) of this section, eligible institutions, organizations that are contractors to eligible institutions, and other entities may make--

(A) Merit-based adjustments to employee compensation provided that such adjustments are not based in any part, directly or indirectly, upon success in securing enrollments or the award of financial aid; and

(B) Profit-sharing payments so long as such payments are not provided to any person or entity engaged in student recruitment or admission activity or in making decisions regarding the award of title IV, HEA program funds.

(iii) As used in paragraph (b)(22) of this section,

(A) *Commission, bonus, or other incentive payment* means a sum of money or something of value, other than a fixed salary or wages, paid to or given to a person or an entity for services rendered.

(B) *Securing enrollments or the award of financial aid* means activities that a person or entity engages in at any point in time through completion of an educational program for the purpose of the admission or matriculation of students for any period of time or the award of financial aid to students.

(1) These activities include contact in any form with a prospective student, such as, but not limited to--contact through preadmission or advising activities, scheduling an appointment to visit the enrollment office or any other office of the institution, attendance at such an appointment, or involvement in a prospective student's signing of an enrollment agreement or financial aid application.

(2) These activities do not include making a payment to a third party for the provision of student contact information for prospective students provided that such payment is not based on--

(i) Any additional conduct or action by the third party or the prospective students, such as participation in preadmission or advising activities, scheduling an appointment to visit the enrollment office or any other office of the institution or attendance at such an appointment, or the signing, or being involved in the signing, of a prospective student's enrollment agreement or financial aid application; or

(ii) The number of students (calculated at any point in time of an educational program) who apply for enrollment, are awarded financial aid, or are enrolled for any period of time, including through completion of an educational program.

(C) *Entity or person engaged in any student recruitment or admission activity or in making decisions about the award of financial aid* means--

(1) With respect to an entity engaged in any student recruitment or admission activity or in making decisions about the award of financial aid, any institution or organization that undertakes the recruiting or the admitting of students or that makes

decisions about and awards title IV, HEA program funds; and

(2) With respect to a person engaged in any student recruitment or admission activity or in making decisions about the award of financial aid, any employee who undertakes recruiting or admitting of students or who makes decisions about and awards title IV, HEA program funds, and any higher level employee with responsibility for recruitment or admission of students, or making decisions about awarding title IV, HEA program funds.

(D) *Enrollment* means the admission or matriculation of a student into an eligible institution.

(23) It will meet the requirements established pursuant to Part H of Title IV of the HEA by the Secretary and nationally recognized accrediting agencies;

(24) It will comply with the requirements of § 668.22;

(25) It is liable for all--

(i) Improperly spent or unspent funds received under the Title IV, HEA programs, including any funds administered by a third-party servicer; and

(ii) Returns any title IV, HEA program funds that the institution or its servicer may be required to make;

(26) If the stated objectives of an educational program of the institution are to prepare a student for gainful employment in a recognized occupation, the institution will--

(i) Demonstrate a reasonable relationship between the length of the program and entry level requirements for the recognized occupation for which the program prepares the student. The Secretary considers the relationship to be reasonable if the number of clock hours provided in the program does not exceed by more than 50 percent the minimum number of clock hours required for training in the recognized occupation for which the program prepares the student, as established by the State in which the program is offered, if the State has established such a requirement, or as established by any Federal agency; and

(ii) Establish the need for the training for the student to obtain employment in the recognized occupation for which the program prepares the student.

(27) In the case of an institution participating in a Title IV, HEA loan program, the institution --

(i) Will develop, publish, administer, and enforce a code of conduct with respect to loans made, insured or guaranteed under the Title IV, HEA loan programs in accordance with 34 CFR 601.21; and

(ii) Must inform its officers, employees, and agents with responsibilities with respect to loans made, insured or guaranteed under the Title IV, HEA loan programs annually of the provisions of the code required under paragraph (b)(27) of this section;

(28) For any year in which the institution has a preferred lender arrangement (as defined in 34 CFR 601.2(b)), it will at least annually compile, maintain, and make available for students attending the institution, and the families of such students, a list in print or other medium, of the specific lenders for loans made, insured, or guaranteed under Title IV, of the HEA or private education loans that the institution recommends, promotes, or endorses in accordance with such preferred lender arrangement. In making such a list, the institution must comply with the requirements in 34 CFR 682.212(h) and 34 CFR 601.10;

(29) (i) It will, upon the request of an enrolled or admitted student who is an applicant for a private education loan (as defined in 34 CFR part 601.2(b)), provide to the applicant the self-certification form required under 34 CFR 601.11(d) and the information required to complete the form, to the extent the institution possesses such information, including --

(A) The applicant's cost of attendance at the institution, as determined by the institution under part F of Title IV, of the HEA;

(B) The applicant's estimated financial assistance, including amounts of financial assistance used to replace the expected family contribution as determined by the institution in accordance with Title IV, for students who have completed the Free Application for Federal Student Aid; and

(C) The difference between the amounts under paragraphs (b)(29)(i)(A) and (29)(i)(B) of this section, as applicable.

(ii) It will, upon the request of the applicant, discuss with the applicant the availability of Federal, State, and institutional student financial aid;

(30) The institution --

(i) Has developed and implemented written plans to effectively combat the unauthorized distribution of copyrighted material by users of the institution's network, without unduly interfering with educational and research use of the network, that include --

(A) The use of one or more technology-based deterrents;

(B) Mechanisms for educating and informing its community about appropriate versus inappropriate use of copyrighted material, including that described in § 668.43(a)(10);

(C) Procedures for handling unauthorized distribution of copyrighted material, including disciplinary procedures; and

(D) Procedures for periodically reviewing the effectiveness of the plans to combat the unauthorized distribution of copyrighted materials by users of the institution's network using relevant assessment criteria. No particular technology measures are favored or required for inclusion in an institution's plans, and each institution retains the authority to determine what its particular plans for compliance with paragraph (b)(30) of this section will be, including those that prohibit content monitoring; and

(ii) Will, in consultation with the chief technology officer or other designated officer of the institution--

(A) Periodically review the legal alternatives for downloading or otherwise acquiring copyrighted material;

(B) Make available the results of the review in paragraph (b)(30)(ii)(A) of this section to its students through a Web site or

other means; and

(C) To the extent practicable, offer legal alternatives for downloading or otherwise acquiring copyrighted material, as determined by the institution; and

(31) The institution will submit a teach-out plan to its accrediting agency in compliance with 34 CFR 602.24(c), and the standards of the institution's accrediting agency upon the occurrence of any of the following events:

(i) The Secretary initiates the limitation, suspension, or termination of the participation of an institution in any Title IV, HEA program under 34 CFR 600.41 or subpart G of this part or initiates an emergency action under § 668.83.

(ii) The institution's accrediting agency acts to withdraw, terminate, or suspend the accreditation or preaccreditation of the institution.

(iii) The institution's State licensing or authorizing agency revokes the institution's license or legal authorization to provide an educational program.

(iv) The institution intends to close a location that provides 100 percent of at least one program.

(v) The institution otherwise intends to cease operations.

(c) In order to participate in any Title IV, HEA program (other than the LEAP and NEISP programs), the institution must certify that it--

(1) Has in operation a drug abuse prevention program that the institution has determined to be accessible to any officer, employee, or student at the institution; and

(2)(i) Has established a campus security policy in accordance with section 485(f) of the HEA; and

(ii) Has complied with the disclosure requirements of § 668.47 as required by section 485(f) of the HEA.

(d)(1) The institution, if located in a State to which section 4(b) of the National Voter Registration Act (42 U.S.C. 1973gg-2 (b)) does not apply, will make a good faith effort to distribute a mail voter registration form, requested and received from the State, to each student enrolled in a degree or certificate program and physically in attendance at the institution, and to make those forms widely available to students at the institution.

(2) The institution must request the forms from the State 120 days prior to the deadline for registering to vote within the State. If an institution has not received a sufficient quantity of forms to fulfill this section from the State within 60 days prior to the deadline for registering to vote in the State, the institution is not liable for not meeting the requirements of this section during that election year.

(3) This paragraph applies to elections as defined in Section 301(1) of the Federal Election Campaign Act of 1971 (2 U.S.C. 431(1)), and includes the election for Governor or other chief executive within such State.

(e)(1) A program participation agreement becomes effective on the date that the Secretary signs the agreement.

(2) A new program participation agreement supersedes any prior program participation agreement between the Secretary and the institution.

(f)(1) Except as provided in paragraphs (g) and (h) of this section, the Secretary terminates a program participation agreement through the proceedings in subpart G of this part.

(2) An institution may terminate a program participation agreement.

(3) If the Secretary or the institution terminates a program participation agreement under paragraph (f) of this section, the Secretary establishes the termination date.

(g) An institution's program participation agreement automatically expires on the date that--

(1) The institution changes ownership that results in a change in control as determined by the Secretary under 34 CFR part 600; or

(2) The institution's participation ends under the provisions of § 668.26(a)(1), (2), (4), or (7).

(h) An institution's program participation agreement no longer applies to or covers a location of the institution as of the date on which that location ceases to be a part of the participating institution.

## **WILLIAM D. FORD FEDERAL DIRECT LOAN PROGRAM**

If an institution participates in the William D. Ford Federal Direct Loan (Direct Loan) Program, the institution and its representatives shall comply with the statute, guidelines, and regulations governing the Title IV, Part D, William D. Ford Federal Direct Loan Program as required by 20 U.S.C. §§ 1087a *et seq.* (Part C) and 34 C.F.R. Part 685.

The institution will:

1. Provide for the establishment and maintenance of a Direct Loan Program at the Institution that will:

Identify eligible students who seek student financial assistance in accordance with Section 484 of the Higher Education Act of 1965, as amended (the HEA).

Estimate the need of students as required under Title IV, Part F of the HEA.

Provide a certification statement of eligibility for students to receive loans that will not exceed the annual or aggregate

limits, except the Institution may exercise its authority, under exceptional circumstances identified by the Secretary, to refuse to certify a statement that permits a student to receive a loan, or certify a loan amount that is less than the student's determination of need, if the reason for such action is documented and provided in written form to a student.

Establish a schedule for disbursement of loan proceeds to meet the requirements of Section 428G of the HEA.

Provide timely and accurate information to the Secretary concerning 1) the status of borrowers while students are in attendance, any new information pertaining to the status of student borrowers of which the Institution becomes aware after the student leaves the Institution, and 2) the utilization of Federal funds under Title IV, Part D of the HEA at such times and in such manner as prescribed by the Secretary.

2. Comply with requirements established by the Secretary relating to student loan information with respect to the Direct Loan Program.
3. Provide that students at the Institution and their parents (with respect to such students) will be eligible to participate in the programs under Title IV, Part B of the HEA, Federal Family Education Loan programs, at the discretion of the Secretary for the period during which such Institution participates in the Direct Loan Program, except that a student or parent may not receive loans under both Title IV, Part B and Part D of the HEA for the same period of enrollment.
4. Provide for the implementation of a quality assurance system, as established by the Secretary and developed in consultation with Institutions of higher education, to ensure that the Institution is complying with program requirements and meeting program objectives.
5. Provide that the Institution will not charge any fees of any kind, regardless of how they are described, to student or parent borrowers for loan application, or origination activities (if applicable), or the provision and processing of any information necessary for a student or parent to receive a loan under Title IV, Part D of the HEA.
6. Provide that the Institution will originate loans to eligible students and parents in accordance with the requirements of Title IV, Part D of the HEA and use funds advanced to it solely for that purpose (Option 2 only).
7. Provide that the note or evidence of obligation of the loan shall be the property of the Secretary (Options 2 and 1 only).
8. Comply with other provisions as the Secretary determines are necessary to protect the interest of the United States and to promote the purposes of Title IV, Part D of the HEA.
9. Accept responsibility and financial liability stemming from its failure to perform its functions under this Program Participation Agreement.

### **CERTIFICATIONS REQUIRED FROM INSTITUTIONS**

The Institution should refer to the regulations cited below. Signature on this Agreement provides for compliance with the certification requirements under 34 C.F.R. Part 82, "New Restrictions on Lobbying," 34 C.F.R. Part 84, "Governmentwide Requirements for Drug-Free Workplace (Financial Assistance)," 34 C.F.R. Part 85, "Governmentwide Debarment and Suspension (Nonprocurement)," and 34 C.F.R. Part 86, "Drug and Alcohol Abuse Prevention." Breach of any of these certifications constitutes a breach of this Agreement.

#### **PART 1 CERTIFICATION REGARDING LOBBYING; DRUG-FREE WORKPLACE; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG AND ALCOHOL ABUSE PREVENTION**

##### *1. Lobbying*

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 34 C.F.R. Part 82, for persons entering into a Federal contract, grant or cooperative agreement over \$100,000, as defined at 34 C.F.R. Part 82, Sections 82.105, and 82.110, the undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or

attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

- (3) The Institution shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

### ***2a. Drug-Free Workplace (Grantees Other Than Individuals)***

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 C.F.R. Part 84, Subpart B, for grantees, as defined at 34 C.F.R. Part 84, Sections 84.200 through 84.230 -

The Institution certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a drug-free workplace statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an on-going drug-free awareness program to inform employees about-
  - (1) The dangers of drug abuse in the workplace;
  - (2) The Institution's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will -
  - (1) Abide by the terms of the statement, and
  - (2) Notify the employer in writing if he or she is convicted for a violation of a criminal drug statute occurring in the workplace no more than five calendar days after such conviction;
- (e) Notifying the agency, in writing, within 10 calendar days after receiving notice under this subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director, Grants and Contracts Service, U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, DC 20202. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted -
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1972, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

### ***2b. Drug-Free Workplace (Grantees Who Are Individuals)***

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 C.F.R. Part 84, Subpart C, for recipients who are individuals, as defined at 34 C.F.R. Part 84, Section 84.300 -

1. As a condition of the grant, the Institution certifies that it will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity related to the award; and
2. If any officer or owner of the Institution is convicted of a criminal drug offense resulting from a violation occurring during the conduct of any award activity, the Institution will report the conviction, in writing, within 10 calendar days of the conviction, to: Director, Grants and Contracts Service, U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, DC 20202. Notice shall include the identification number(s) of each affected grant.

### ***3. Debarment, Suspension, and Other Responsibility Matters***

As required by Executive Order 12549, Debarment and Suspension, and implemented at 34 C.F.R. Part 85, for prospective participants in primary covered transactions as defined at 34 C.F.R. Part 85, Sections 85.105 and 85.110, the Institution certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against

them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public or private agreement or transaction; violation of Federal or State antitrust statutes; commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice; or commission of any other offense indicating a lack of business integrity or business honesty that seriously and directly affects their present responsibility.

- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

#### ***4. Drug and Alcohol Abuse Prevention***

As required by the Drug-Free Schools and Communities Act Amendments of 1989, which added section 1213 to the Higher Education Act, and implemented at 34 C.F.R. Part 86, the undersigned Institution certifies that it has adopted and implemented a drug prevention program for its students and employees that, at a minimum, includes--

1. The annual distribution in writing to each employee, and to each student who is taking one or more classes for any kind of academic credit except for continuing education units, regardless of the length of the student's program of study, of:
  - Standards of conduct that clearly prohibit, at a minimum, the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on its property or as part of any of its activities.
  - A description of the applicable legal sanctions under local, State or Federal law for the unlawful possession or distribution of illicit drugs and alcohol.
  - A description of the health risks associated with the use of illicit drugs and the abuse of alcohol.
  - A description of any drug or alcohol counseling, treatment, or rehabilitation or re-entry programs that are available to employees or students.
  - A clear statement that the Institution will impose disciplinary sanctions on students and employees (consistent with local, State and Federal law), and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution, for violation of the standards of conduct. A disciplinary sanction may include the completion of an appropriate rehabilitation program.
2. A biennial review by the Institution of its program to:
  - Determine its effectiveness and implement changes to the program if they are needed.
  - Ensure that its disciplinary sanctions are consistently enforced.

**PART 2 CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION -- LOWER TIER COVERED TRANSACTIONS**

The Institution is to obtain the signatures of Lower Tier Contractors on reproduced copies of the certification below, and retain the signed certification(s) in the Institution's files.

<b>CERTIFICATION BY LOWER TIER CONTRACTOR</b> (Before Completing Certification, Read Instructions for This Part 3, below)	
(1) The prospective lower tier participant certifies by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or Agency.	
(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.	
<u>University of St. Francis</u> Name of Lower Tier Organization	<u>001129</u> PR/Award Number or Project Name
<u>Dr. Michael Vinciguerra</u> Name of Authorized Representative	<u>President</u> Title of Authorized Representative
<u>MVca</u> Signature of Authorized Representative	<u>11/6/12</u> Date

- By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
- The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
- Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**NOTE:** A completed copy of the "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions" form must be retained by the Institution. The original blank certification must be returned with the PPA.

IN WITNESS WHEREOF

the parties hereto have caused this Agreement to be executed by their duly authorized representatives.

Signature of Institution's  
Chief Executive Officer:

MVg

Date: 11/6/12

Print Name and Title:

Dr. Michael Vinciguerra  
President

For the Secretary:

\_\_\_\_\_

Date: \_\_\_\_\_

U.S. Department of Education

# *University of St. Francis*

## *Attachment #27*

*How will your school comply with Iowa Code section 261B.7, which requires the school to disclose: 1) that it is registered by the Commission, and 2) the Commission's contact information for student questions or complaints?*

# State Authorizations for Off Campus Programs

## Alabama

Each school and or course/program domiciled outside the State of Alabama shall designate a registered state agent who is a resident of Alabama to service all complaints against the school. For the University of St. Francis, the state agent is Mr. Maurice Gandy of Mobile AL who can be reached at [mgandy1110@aol.com](mailto:mgandy1110@aol.com). In the event that he cannot be reached, contact Janine Hicks at [jhicks@stfrancis.edu](mailto:jhicks@stfrancis.edu).

The Alabama Department of Postsecondary Education Private School Licensing Division Link to the Complaint Process: <https://www.accs.cc/index.cfm/school-licensure/complaints/>.

## Arizona

Any complaints regarding the University of St. Francis should be made to the Director of Institutional Effectiveness, 500 Wilcox St., Joliet, IL 60435. Telephone is (815) 740-3807. If the complaint cannot be resolved at the institutional level, the student may file a complaint with the Arizona State Board for Private Postsecondary Education. The student should contact the State Board at (602) 542-5709 for further details. (The publication of this procedure is required by the Arizona State Board for Private Postsecondary Education.)

## Florida

In Florida, the University of St. Francis is licensed by the Commission for Independent Education, Florida Department of Education. Additional information regarding this institution may be obtained by contacting the Commission at 325 West Gaines Street, Suite 1414, Tallahassee, FL 32399. The toll-free number is 888-224-6684.

### Grievance Procedure

Florida students who feel a grievance is unresolved may refer their grievance to the Executive Director, Commission for Independent Education, 325 West Gaines Street, Suite 1414, Tallahassee, FL 32399, 850-245-3200 or toll free 888-224-6684.

## Indiana

The University of St. Francis is authorized by: The Indiana Board for Proprietary Education, 101 W. Ohio St., Suite 370, Indianapolis, IN 46204-1984.

## Iowa

The University of St. Francis is registered with the Iowa College Student Aid Commission. The Iowa College Student Aid Commission (Iowa College Aid) has created a complaint form to document concerns, questions and complaints related to postsecondary educational institutions. Iowa College Aid accepts concerns and complaints from any student attending an Iowa school, regardless of the student's state of residency, and from an Iowa resident attending any school, regardless of its location. The form can be found at: <https://www.iowacollegeaid.gov/content/constituent-request-review>

## Maryland

The University of St. Francis is registered with: Maryland Higher Education Commission 6 North Liberty Street, 10th Floor, Baltimore, MD 21201.

The University of St. Francis is registered with the Maryland Higher Education Commission to enroll Maryland students in online distance education programs. Registration does not constitute approval or endorsement of the college or its programs by the state of Maryland.

### **Complaints against the institution:**

Complaints may be submitted to either of the following after following the complaint/grievance procedures established by the University of St. Francis, which can be found in the college catalog.

Maryland Higher Education Commission

6 North Liberty Street, 10th Floor

Baltimore, MD 21201

410-767-3388

<http://www.mhec.state.md.us/highered/acadAff/MHECStudentComplaintProcess.pdf>

Office of the Attorney General, Consumer Protection Division

200 St. Paul Place

Baltimore, MD 21202

Consumer Protection Hotline: 410-528-866

<http://www.oag.state.md.us/Consumer/complaint.htm>

## Minnesota

The University of St. Francis is registered as a private institution with the Minnesota Office of Higher Education pursuant to sections 136A.61 to 136A.71. Registration is not an endorsement of the institution. Credits earned at the institution may not transfer to all other institutions.

## Nevada

In Nevada, as a result of the adoption of Assembly Bill 411, a tuition recovery fund has been established. The fund is used to indemnify students who are enrolled in an institution that closes and leaves students without the ability to complete their training.

## New Mexico

Refund statement: Any student signing an enrollment agreement or making an initial deposit or payment toward tuition and fees of the institution shall be entitled to a cooling off period of at least three work days from the date of agreement or payment or from the date that the student first visits the institution, whichever is later. During the cooling off period the agreement can be withdrawn and all payments shall be refunded. Evidence of personal appearance at the institution or deposit of a written statement of withdrawal for delivery by mail or other means shall be deemed as meeting the terms of the cooling off period. For more information:

<http://www.nmcpr.state.nm.us/nmac/parts/title05/05.100.0002.htm>.

### **Complaints against the institution:**

The link to the complaint form is: <http://www.hed.state.nm.us/students/complaints.aspx>

The NMHED contact information is: New Mexico Higher Education Department, 2048 Galisteo Street, Santa Fe, NM 87505. Phone# 505-476-8400

## Tennessee

### **Tennessee Authorization**

The Tennessee Higher Education Commission authorizes the University of St. Francis. This authorization must be renewed each year and is based on an evaluation by minimum standards concerning quality of education, ethical and business practices, health and safety and fiscal responsibility.

### **Grievance Procedure**

Any complaints regarding the University of St. Francis should be made to the Director of Institutional Effectiveness, 500 Wilcox St., Joliet, IL 60435. Telephone is (815) 740-3807. If a complaint is not settled at the institutional level, the student may contact the Tennessee Higher Education Commission, Nashville, TN 37243-0830. Telephone is (615) 741-3605. (The State of Tennessee Higher Education Commission requires the publication of these statements). For more information on the complaint/grievance process for all of the states where the University of St. Francis offers online degree programs please go to: Your Right to Know on the USF Website.

### **Non-Discrimination Statement**

The University of St. Francis is committed to equal opportunity for all and does not discriminate in admission, or access to, or treatment, or employment in its programs and activities on the basis of race, color, religion, creed, marital status, national origin, sex, age, or handicap. Further, the University of St. Francis is committed to a program of affirmative action to ensure access equity, and fairness in educational programs, related activities, and employment for minorities, women, persons with disabilities, veterans with disabilities, and veterans of the Vietnam and Iraq era. The goal of the University's program is a system of employment in which the best-qualified person is hired and continued employment is based on satisfactory job performance and the developing needs of the University.

### **Rights Reserved Statement**

The provisions of this publication are not to be regarded as an irrevocable contract. The University of St. Francis reserves the right to modify, revoke, or add to any and all regulations at any time, and to cancel the registration of any student for reason of deficiency in scholarship, unsatisfactory conduct, or for other just cause. Among other things, this includes the right to change credit for courses, fees charged, graduation requirements, and any regulations affecting students whether they be academic or pertaining to student life.

### **Financial Statement**

The University makes available its most recent audited financial statements, University budget, and the IRS 990 Tax Return for public reviews at the circulation desk of the University Library, 600 Taylor Street, Joliet, IL 60435

### **State Authorization and Grievance Statements for Off Campus Programs**

#### **Alabama**

Each school and or course/program domiciled outside the State of Alabama shall designate a registered state agent who is a resident of Alabama to service all complaints against the school. For the University of St. Francis, the state agent is Mr. Maurice Gandy of Mobile AL who can be reached at [mgandy1110@aol.com](mailto:mgandy1110@aol.com). In the event that he cannot be reached, contact Janine Hicks at [jhicks@stfrancis.edu](mailto:jhicks@stfrancis.edu). The Alabama Department of Postsecondary Education Private School Licensing Division Link to the Complaint Process: <https://www.accs.cc/index.cfm/school-licensure/complaints/>.

#### **Arizona**

Any complaints regarding the University of St. Francis should be made to the Director of Institutional Effectiveness, 500 Wilcox St., Joliet, IL 60435. Telephone is (815) 740-3807. If the complaint cannot be resolved at the institutional level, the student may file a complaint with the Arizona State Board for Private Postsecondary Education. The student should contact the State Board at (602) 542-5709 for further details. (The publication of this procedure is required by the Arizona State Board for Private Postsecondary Education.)

#### **Florida**

In Florida, the University of St. Francis is licensed by the Commission for Independent Education, Florida Department of Education. Additional information regarding this institution may be obtained by contacting the Commission at 325 West Gaines Street, Suite 1414, Tallahassee, FL 32399. The toll-free number is 888-224-6684.

#### **Florida Grievance Procedure**

Florida students who feel a grievance is unresolved may refer their grievance to the Executive Director, Commission for Independent Education, 325 West Gaines Street, Suite 1414, Tallahassee, FL 32399, 850-245-3200 or toll free 888-224-6684.

#### **Indiana**

The University of St. Francis is authorized by: The Indiana Board for Proprietary Education  
101 W. Ohio St. Suite 670, Indianapolis, IN 46204-1984

#### **Iowa**

The University of St. Francis is registered with the Iowa College Student Aid Commission.  
The Iowa College Student Aid Commission (Iowa College Aid) has created a complaint form to document concerns, questions and complaints related to postsecondary educational institutions. Iowa College Aid accepts concerns and complaints from any student attending an Iowa school, regardless of the student's state of residency, and from an Iowa resident attending any school, regardless of its location. The form can be found at: <https://www.iowacollegeaid.gov/content/constituent-request-review>

# *University of St. Francis*

## *Attachment #31*

*Describe how your school provides students with learning resources, including appropriate library and other support services requisite for the school's programs.*

(31) Describe how your school provides students with learning resources, including appropriate library and other support services requisite for the school's programs.

Library support for adult online learners is essential to an excellent and effective academic program. As part of its mission to provide quality education, the University of St. Francis is committed to providing the most effective library resources available to its students throughout the nation.

The USF Library Online Catalog contains all the books, print journals, CDs, DVDs and videos the library has in its collection of over 150,000 items. If you are interested in a book we have in our collection, you can request that it be mailed to your home address, free of charge. Return postage is the responsibility of the borrower. In addition to having access to all the items housed in USF Library, the I-Share catalog allows users to search the collections of 76 libraries throughout Illinois and request to borrow books from other institutions free of charge where it will be mailed to your home address.

If you are looking for journal articles, USF Library subscribes to over 75 online database that index millions of journal articles and has subscription access to more than 15,000 online full text journals. You can search for articles on a particular topic through these online databases or browse through a listing of available journals by title or subject through the Find It system. If during the course of your research come across an article you would like, but cannot access a full text copy through USF Library, our Inter-Library Loan service allows you to request a copy of the article, most often for free, and have a PDF copy sent to your email address within a few days.

In addition to providing you access to information in print and online, USF Library strives to assist users make the most of the information that is available to them. The creation of print and video tutorials assist users in developing their skills in locating, evaluating and using the information available to USF Library and the subject guides have been created as places where highly relevant information has been compiled for students to use as their starting points in using the library and completing library research. Finally, as much of being a student, especially an online student, is completed through writing, the USF Library Citation Guide was developed to assist students properly format citations within their writing.

If you have questions about using the library or any of the library resources, reference librarians are available all hours the library is open to assist you. Reference librarians are available via phone, text, chat and email. For more information on how to contact a USF Librarian visit the Ask-A-Librarian page.