

MINUTES

**Meeting of the Board of Trustees
University of Kentucky
1:00 P.M .
October 25, 2005
18 th Floor Patterson Office Tower**

Minutes

Accompanying materials:

President's Report and Action Items

- PR 1 President's Report to the Trustees
- PR 2 Personnel Actions
- PR 3 University Staff Emerita Title Be Conferred upon Roberta T. Stinnett
- PR 4 Assistant Dean for Finance and Administration Emeritus Title Be Conferred upon Clifford J. Swauger
- PR 5 Appointment/Reappointment of Board of Directors University of Kentucky Mining Engineering Foundation, Inc.
- PR 6 Proposed Revisions to the Administrative Regulations

Academic Affairs Committee Report

- AACR 1 Change in Name of a Degree – Master of Science in Family Studies with a Major in Family Studies

Finance Committee Report

- FCR 1 Norton Healthcare Pledge
- FCR 2 Gifts and Pledges to the John R. Gaines Endowed Chair in the Humanities
- FCR 3 Dr. Hoonbae Jeon Pledge
- FCR 4 Newman Foundation Pledge
- FCR 5 Dr. Helen Thacker Hill Gift
- FCR 6 Kentucky Medical Services Foundation, Inc. Gift to Replace Unfulfilled Pledges to DePuy Neuro Fellowship
- FCR 7 Kentucky Medical Services Foundation, Inc. Gift to Replace Unfulfilled Pledges to DePuy Neuro /Spine Surgery Fund
- FCR 8 Kentucky Medical Services Foundation, Inc. Gift to Replace Unfulfilled Pledges to Dr. Fred W. Zechman Professorship
- FCR 9 Kentucky Medical Services Foundation, Inc. Gift to Replace Unfulfilled Pledges to Dr. Louis L. Boyarsky Professorship
- FCR 10 UK HealthCare Patient Care Facility – Update and Authorization Consolidation
- FCR 11 Authorization to Sell the Coldstream Center (Formerly Lexel Building)

- Located on Coldstream Research Campus
- FCR 12 A Resolution Authorizing the Issuance and Sale of Approximately \$7,110,000 of General Receipts Obligations (Memorial Coliseum Expansion Project) of the University of Kentucky , Pursuant to the Trust Agreement Dated as of November 1, 2005
- FCR 13 Amendment to 401(a) Qualified Pension Plan
- FCR 14 Approval of Lease
- FCR 15 Approval of 2004-05 Endowment Match Program Annual Report

University Hospital Committee Report

- UHCR 1 University Hospital Committee Operating Rules
- UHCR 2 University Hospital Bylaws of the Medical Staff

Minutes of the Meeting of the Board of Trustees of the University of Kentucky,
Tuesday, October 25, 2005.

The Board of Trustees of the University of Kentucky met at 1:00 p.m. (Lexington time) on Tuesday, October 25, 2005, in the Board Room on the 18th Floor of Patterson Office Tower.

A. Meeting Opened

Mr. James Hardymon, Chair, called the meeting to order at 1:00 p.m. and asked Ms. Barbara Jones, Assistant Secretary and General Counsel, to call the roll.

B. Roll Call

The following members of the Board of Trustees answered the call of the roll: Mira Ball, Stephen Branscum, Penny Brown, Dermontti Dawson, Jeff Dembo, Rebecca A. Ellingsworth, Ann Haney, James Hardymon (Chair), Billy Joe Miles, Roy Moore, Phillip Patton, Frank Shoop, Myra Leigh Tobin, JoEtta Wickliffe, Billy Wilcoxson, Russ Williams, and Barbara Young. Absent from the meeting were: Marianne Smith Edge, Pamela May, and Steven Reed. The university administration was represented by President Lee T. Todd, Jr., Interim Provost Scott Smith, Executive Vice President for Finance and Administration Frank Butler, Executive Vice President for Health Affairs Michael Karpf, Executive Vice President for Research Wendy Baldwin, and General Counsel Barbara W. Jones.

Members of the various news media were also in attendance. A quorum being present, the Chair declared the meeting officially open for the conduct of business at 1:01 p.m. and called upon President Todd for his report.

C. President's Report to the Trustees (PR 1)

President Todd called attention to the following items in PR 1:

UK Reaches 81 Percent of Fundraising Goal

President Todd said that he is pleased with the university's fundraising efforts. The university has received \$811 million of the \$1 billion dollar campaign. Mike Richey has done a tremendous job with building on the platform that Terry Mobley built for the university over the years.

President Todd said that he is also pleased to point out that the university has received an additional 2,000 gifts over the previous year's gifts. The university has to broaden the base of contributors to the institution. The endowment, which the Investment Committee oversees, is up to \$538 million. This has more than doubled since 1979.

UK Enrollment Figures Announced

President Todd reported that the university has once again improved the quality of the freshman class in a significant way; however, there have been articles in the

newspapers recently about the university's failure to enroll an adequate number of African-American students. After two years of record increases in the freshman class, African-American freshman enrollment dropped 40 percent this year. President Todd talked about the concern and some of the past and present actions that are being taken to address the issue.

A diversity enrollment team has been created. Eight new positions, which will be led by an enrollment coordinator, will be added to the recruitment and admissions offices to conduct a more holistic approach to student diversity efforts. There was a Michigan study that pointed out that universities need to look at admissions more holistically. That study influenced the university's decision on its distribution of scholarships and probably cost the university some students. As the university goes to this more holistic approach, it will have to add more people in order to read in detail all of the applications and look beyond test scores.

UK has dedicated nearly \$500,000 from some allocations to a diversity-linked scholarship program.

About \$2.8 million was dedicated to the William C. Parker Scholarship Program, and the university will continue to add to that program.

This African-American issue gives the university a great opportunity to set new records for quality and volume in the diversity area. The university has already made some headway this year with its recruiting effort.

Since President Todd has been in office, the university has put \$1.4 million into a recruiting program for African-Americans. In this program, the President provides the first year salary for any dean that hires an African-American.

There is a Diversity Task Force, which involves all deans, that has a plan to submit to the Commission on Diversity to implement and oversee. It will measure the diversity progress being made in the individual units.

Conversations with some faculty regarding the selection of a new chair for the Commission on Diversity are taking place.

The provost has put together a research committee to look at various aspects of the African-American student issue. The university accepted 350 African-American students this fall, and only 151 chose to attend. The administration needs to know why the others did not choose to attend UK. Some students were highly sought after, but some may have other reasons.

The research committee will need to interview the African-American students who will graduate this year, especially those who came in with low ACT scores, to try to find out what would have indicated their success.

The admission application has already been changed to add some questions about diversity as well as other leadership activities the students could put on their applications. The application process needs some other indicators of success that need to be monitored in order to achieve fairness when accepting students into the programs.

The African-American retention rate at UK is the highest in the state. The administration takes great pride in nurturing those students as well as other students to get them through the process.

The university is making headway with retention; however, the Board's thoughts and assistance are always welcomed. More people need to get involved in the recruiting process, especially in recommending students.

The university has had a program in place for approximately ten years called "Come See for Yourself." Groups of African-American students are invited to campus to come and see what they think about today's University of Kentucky. The university received some positive comments in a recent newspaper article about some students who attended this program.

Three years ago a summer program was developed to invite applications from undergraduate African-American students to work in the laboratories and the offices with the university's "Bucks for Brains" faculty members. There have been over 100 students go through the program, working with over 90 of the top faculty members at the university. It is a very strong program. Each student is given \$3,500, and the professor receives \$1,000 for supplies, etc. Many of the students continue working with the professors beyond their summer experience.

President Todd said that this current issue provides the opportunity to look forward and try to greatly improve the university's efforts in the African-American student area, and he has every confidence that this will be done.

UK Receives \$6 Million from NIH to Pursue Parkinson's Research

The University of Kentucky Morris K. Udall Parkinson's Disease Research Center of Excellence has been awarded nearly \$6 million from the National Institutes of Health (NIH) and the National Institute of Neurological Disorders and Stroke to continue work on the promising drug glial cell line-derived neurotrophic factor and similar compounds. This NIH grant shows great confidence in the research program, and the administration is proud of this research.

The CBS news show *60 Minutes* provided coverage of the Parkinson's Disease work that has been done at the UK. There has been quite a discussion because Amgen, Inc. suddenly withdrew the drug from testing amid allegations of safety and efficacy concerns, to the dismay of many involved in the trial of the drug.

Women's Health Program Receives \$10.4 million from NIH

UK's Women's Health program received its second \$10 million grant from the National Institutes of Health. This is a Center of Biomedical Research Excellence (COBRE) grant. Tom Curry, professor and vice chair of the Department of Obstetrics and Gynecology, will be overseeing ten junior faculty members who will be working on projects that focus on the role of female hormones in various diseases.

President Todd said that he was surprised to learn, when UK started the Women's Health Center a few years ago, that all the statistics you heard about for diseases generally were male dominated. He stated that there are health differences between men and women. This grant reflects \$20 million-plus of funding in UK for research in this important area to study some of these problems. This group of faculty is certainly to be applauded.

President Todd concluded his PR 1 report by mentioning a groundbreaking for a new building at the Coldstream Research Campus that afternoon. He encouraged the Board members to attend.

D. Consent Items

Mr. Hardymon said that there were a number of consent items on the agenda, and it is very important that the Board look at those items, read them, and approve them. The consent items include the Minutes of the September 20 meeting, the Personnel Actions, and FCRs 1 through 9. Mr. Hardymon asked for a motion of approval of the consent items. Mr. Shoop moved approval. Mr. Branscum seconded the motion, and it carried without dissent. The consent items follow:

Minutes – September 20, 2005

PR 2 Personnel Actions

FCR 1 Norton Healthcare Pledge

FCR 2 Gifts and Pledges to the John R. Gaines Endowed Chair in the
Humanities

FCR 3 Dr. Hoonbae Jeon Pledge

FCR 4 Newman Foundation Pledge

FCR 5 Dr. Helen Thacker Hill Gift

FCR 6 Kentucky Medical Services Foundation, Inc. Gift to Replace Unfulfilled
Pledges to DePuy Neuro Fellowship

FCR 7 Kentucky Medical Services Foundation, Inc. Gift to Replace Unfulfilled
Pledges to DePuy Neuro/Spine Surgery Fund

FCR 8 Kentucky Medical Services Foundation, Inc. Gift to Replace Unfulfilled
Pledges to Dr. Fred W. Zechman Professorship

FCR 9 Kentucky Medical Services Foundation, Inc. Gift to Replace Unfulfilled
Pledges to Dr. Louis L. Boyarsky Professorship

E. Goals and Objectives for President Lee T. Todd, Jr.

Mr. Hardymon referred to President Todd's contract that was approved at the September Board meeting and the clause in the contract involving goals and strategic objectives for the president. Following input from the entire Board on the 2005-06 goals and objectives for the President, Mr. Hardymon said that he finalized them and presented them to President Todd. He reported that President Todd has assured him that he concurs with the goals and the direction that the Board has outlined for him and the university.

Mr. Hardymon noted that he has personally been on both sides of the CEO evaluation process many times in his career and said that he feels very good about the goals the Board has established. The goals address day-to-day operations, longer-range initiatives, and areas of special emphasis the Board deems important. A number of the goals are very specific and finite in nature. Others will have objective numbers assigned to them, and some are more subjective in nature, just as the President's job is often subjective in nature. With those goals, an important component of the Executive Committee's review process will be based on the President's self-evaluation and documentation of performance.

The UK staff is sharing the goals with friends in the media; therefore, everyone will be clear about the area of focus the Board has defined for President Todd this year. Mr. Hardymon pointed out that it is important to have the Strategic Plan included with the one-page goals-and-objectives document because the Strategic Plan covers such items as research dollars, retention, graduation, salaries, and things that carry as much weight as the others on the one-page list of goals and objectives.

Mr. Hardymon thanked the members of the Board for their input in the process. He said that he feels confident that the President is already working to achieve the 2005-06 goals and objectives.

F. University Staff Emerita Title Be Conferred upon Roberta T. Stinnett (PR 3)

President Todd said that he would like to acknowledge some special guests in the audience before asking Dr. Wendy Baldwin and Dr. Steve Wyatt for their reports.

He called attention to Ms. Roberta Stinnett who was in the audience and said he was delighted to have her at the meeting. She is recommended for the university staff emerita status in recognition of her long service and dedication to the university for fifty years.

On August 22, 1955, Ms. Stinnett began her long and satisfying career as an account clerk in the General Accounting Department. During her tenure at the University of Kentucky, she faithfully dedicated her full career to serving the needs of the General Accounting Department. She has seen the transformation of the University of Kentucky in a way few employees or citizens of the Commonwealth have experienced. Additionally, she has been able to bridge the movement from manual systems to electronic systems, paper to paperless, and worked with many different supervisors during her successful career. Over

the years, Ms. Stinnett has demonstrated an outstanding work ethic and excellent attitude. At no time during her employment did she give less than 100 percent to her effort. Her years of dedicated service, hard work, generosity, commitment, and kindness have made her one of the university's most well respected and cherished individuals. There is no more loyal or dedicated employee who deserves to have the title of University Staff Emerita conferred upon her by the Board of Trustees than Mrs. Stinnett. (See PR 3 at the end of the Minutes.)

President Todd asked Mrs. Stinnett to stand and be recognized, and she received a round of applause from the Board. He also recognized her husband, Bennis Stinnett, who accompanied her to the meeting, and said that he was also glad to have him at the meeting.

G. Assistant Dean for Finance and Administration Emeritus Title Be Conferred upon Clifford J. Swauger (PR 4)

President Todd said that PR 4 is the recommendation that Mr. Cliff Swauger, another longtime employee of the university, be named assistant dean for finance and administration emeritus in recognition of his long service and dedication to the University of Kentucky College of Arts and Sciences. He recognized Mr. Swauger and his wife Jan in the audience and said he was glad to have both of them at the meeting.

Mr. Swauger, a Kentucky native, received his bachelor of science in mathematics and physics from Eastern Kentucky University. He came to the University of Kentucky as a teaching fellow in the fall of 1959 to pursue a master of science degree in mathematics. After receiving his degree, he was hired by the University of Kentucky Northern Community College as an instructor on September 1, 1962. He transferred to the Lexington campus in 1966 as an administrative assistant and lecturer in the Department of Mathematics. In January of 1976 he was promoted to director of fiscal affairs and operations for the College of Arts and Sciences.

Mr. Swauger is a member of the American Mathematical Society and the Mathematical Association of America. He received the Distinguished Alumni Award for Excellence in Teaching from Eastern Kentucky University in 1974 and is a co-author of a textbook titled, *Brief Calculus with Applications*.

President Todd said that Mr. Swauger is a dedicated and exemplary employee, and he is highly deserving of this emeriti recognition. He congratulated Mr. Swauger and asked him to stand to be recognized, following which he received a round of applause. (See PR 4 at the end of the Minutes.)

H. Robert E. Harding, Jr. Endowed Professorship in the College of Law

President Todd called upon Dean Alan Vestal, College of Law, and asked him to recognize some other guests in the audience who were on campus for a celebration later in the day.

Dean Vestal reported that his college was celebrating the creation of the Robert E. Harding, Jr. endowed professorship in the College of Law. The professorship is being created with a very generous gift from the Harding family along with a Research Challenge Trust Fund match. Mr. Harding graduated from the law school in 1957. He was the second African-American graduate from the College of Law. He had a very successful law practice and career with the federal government and brought real glory to the law school during his career.

Dean Vestal said that the college is particularly pleased that his daughter Roberta Harding is a member of the law school faculty, but for the fact that she went to Harvard Law School and not the University of Kentucky. She, too, has had an exemplary career and joined the College of Law faculty in 1991.

Dean Vestal introduced Dr. Iola Harding and Professor Roberta Harding and said he wanted to give the Board this opportunity to thank them for their generous gift. The Harding family received a round of applause.

President Todd thanked them for their generous gift.

I. Appointment/Reappointment of Board of Directors, University of Kentucky Mining Engineering Foundation, Inc. (PR 5)

President Todd said that he would like to seek the Board's approval for the appointment and reappointment of the individuals listed in the PR 5 document to the Mining Engineering Foundation Board. The new appointments are Peter Socha and Brian Galli, and the reappointments are Catesby Clay, Ari Geertsema, Dell Jagers, Steven Leer, William Mason, Roy Palk, D. J. Patton, Joseph Sottile, William Sturgill, Charles Wesley, and Jack Whitaker.

The nominating committee of the foundation board, which includes the dean of the College of Engineering, recommended these appointments to the interim provost. These recommended appointments require the approval of the Board of Trustees in accordance with the Articles of Incorporation.

Mr. Hardyman called for a motion of approval for PR 5.

Dr. Dembo said that in view of the discussion on diversity and the fact that an institution like UK must actively promote diversity within its ranks at all levels, he would like to point out that the current composition of the Mining Engineering Foundation Board is entirely Caucasian male, and according to a faculty who has followed the activity of this Board for the last 18 years, it has always been Caucasian male. His personal opinion is that the Board will be doing less than actively promoting diversity by approving the Mining Engineering Foundation Board in its current state.

President Todd said that Dr. Dembo raised a very good point. He said that he would certainly recommend to the nominating committee in the future to bring new members to the

Board, but he would still recommend that the Board go ahead and approve this recommendation.

Mr. Hardymon said that it is a good point, and he hopes that the administration makes sure that this information gets to the nominating committee. He called for a vote, and Mr. Miles moved approval. His motion was seconded by Ms. Ball and passed. Dr. Dembo and Dr. Moore opposed the action. (See PR 5 at the end of the Minutes.)

J. Proposed Revisions to the Administrative Regulations (PR 6)

President Todd said that PR 6 involved a revision that was brought about by changes in actions at the Council on Postsecondary Education (CPE). The CPE promulgated some new regulations concerning the residency determinations. In order for UK to move quickly and appropriately to take into consideration the CPE changes, a committee chaired by Dr. David Watt was established to review their requirements. The committee proposed the revisions that are shown in PR 6 with the additions in blue and the deletions in red.

President Todd pointed out that there is one amendment to the revisions. On the first page of the revisions, the word *faculty senate* should be the *University Senate* since the Senate is made up of more than just faculty members. The revisions will be made to reflect this amendment. PR 6 recommends preliminary consideration for approval and adoption at the next Board meeting.

Ms. Ellingsworth said that previously there were six faculty and/or staff members and two students who sat on the committee referred to in PR 6. She has talked to Ms. Jones and President Todd about these revised changes not including students on the committee. She was told that in previous years there was trouble getting student members to attend the meetings, and the committee had trouble having a quorum present. She noted that a quorum for the committee is five members. There were six faculty and/or staff on the committee; therefore, it could not have been only students that were the problem. Further, she was also told that they wanted to reduce the membership so that it was easier to coordinate meeting times, etc. However, she feels that the student voice should not be lost on the committee. She proposed an amendment to add a student member to the committee and continue to keep the student voice on the committee.

President Todd said that he appreciated Ms. Ellingsworth bringing this to their attention. He said that he and Ms. Jones had discussed the question about having a student member serve on the committee. He asked Ms. Jones to read an amendment to the proposed revisions.

Ms. Jones said the amendments to the revisions in paragraph two are as follows:

Second sentence, line two shall read: "The Committee shall be composed of the associate provost for academic affairs, the assistant provost for enrollment management (who is not the residency officer), a faculty member nominated by the Senate, and one student."

The sixth sentence, line 11, shall read: “Three members shall be necessary for committee action, and three members shall constitute a quorum.”

The seventh sentence, line 13, shall now read: “A majority of the committee members present shall be necessary for any decision.”

President Todd said that the amendments put a student back on the committee and allow the committee to function in a more fluid manner to exercise the requirement for residency determination. He asked Ms. Ellingsworth if these amendments were satisfactory with her.

Ms. Ellingsworth said it was satisfactory.

President Todd said that he amended his recommendation to incorporate the changes that Ms. Jones read.

Mr. Hardymon asked for a motion to approve PR 6 as amended. Ms. Ellingsworth moved approval. Dr. Moore seconded her motion, and it carried without dissent. (See PR 6 at the end of the Minutes.)

K. College of Public Health Report

President Todd asked Dr. Steve Wyatt, Dean of the College of Public Health, to give his presentation to the Board.

Dr. Wyatt said that he appreciated the opportunity to talk to the Board about his college. Using a series of slides, he made the following presentation:

The College of Public Health is sixteen months old. During this short period of time much has been accomplished.

- The college’s organizational structure, including filling leadership positions, has been addressed.
- Faculty/staff governance issues/processes have been put into place.
- The infrastructure to enhance research efforts of faculty and staff has been strengthened.
- In June 2005, the college received full accreditation, for five years from the Council on Education for Public Health.

The College provides degree opportunities in the following areas:

- Master of Public Health (MPH)
- Doctor of Public Health (DrPH)
- Doctor of Philosophy in Gerontology

Currently, more than 275 students are enrolled in one of those programs. In the spring of 2005, the college awarded: Doctor of Public Health degrees to the first cohort of students (12 degrees); 35 MPH degrees (for a total of 105 MPH degrees awarded since 2002), and eight gerontology students received a PhD. The student body of the college is diverse, with between 20 to 30 percent of the students in each program area being racial or ethnic minorities.

The college's faculty numbers are small (36 FTE's) in quantity but strong in experience and productivity (\$11.8 million in collaborative research projected for 2005-06). One significant change in the faculty over the past year has been the gender diversity of faculty in leadership positions in the college. In September of 2004, 7 percent of the college's leadership positions were held by women; in August 2005, that proportion increased to 32 percent.

Service and outreach programs are foundation elements in colleges of public health. The UK efforts in this area are exceptional with vibrant programs including:

- Kentucky Injury Prevention Research Center
- Southeast Center for Agricultural Health and Injury Prevention
- Center for Prevention Research
- Health Education through Extension Leadership (HEEL); in partnership with the College of Agriculture
- Occupational/Preventive Medicine Clinics at Toyota and Lexmark
- Tobacco Research Network on Disparities (TReND)
- Cooper-Clayton Method to Stop Smoking
- Mid-South Cancer Information Service Partnership Office
- Donovan Scholars and Council on Aging

Dr. Wyatt concluded his presentation by saying that future directions for the college include offering an off-campus MPH program in either eastern or western Kentucky, development of a PhD program in Epidemiology/Biostatistics, joint degree opportunities in MSW/MPH and MSN/MPH at UK, progress in obtaining support for several endowed chairs/professorships, and hopefully a new academic facility.

President Todd thanked Dr. Wyatt for his report and said that the accreditation achievement of the College of Public Health is historic. It points to the strength of the components that have been put together under Dr. Wyatt's leadership when the college was formed. Forming this college is something the Board can take a lot of pride in having done at a time when the country needs public health excellence as much as it ever has. He thanked Dr. Wyatt for the great job that he is doing.

L. Research Report

President Todd asked Dr. Wendy Baldwin, Executive Vice President for Research, to present information on UK's research endeavors to the Board.

Dr. Baldwin expressed pleasure in having the opportunity to speak to the Board about the university's research program. She presented a series of slides illustrating how research happens and what it takes to help faculty get extramural funding.

In 2005, University of Kentucky faculty received \$274 million in research grants and contracts, of which \$152.2 million came from federal agencies. By far the largest piece of the "funding pie" was \$87.7 million from the National Institutes of Health, but also included was \$2.38 million from other federal agencies. Along with federal funding, UK received \$33 million from non-federal agencies. Research at UK is broad and diverse, leading to a high impact in the state.

The 2005 UKRF budget was \$40 million-\$35.9 million from federal indirect cost dollars and \$4.1 million from other indirect cost dollars. This budget is divided into three categories, Core Services (18 percent), Block Grants (30 percent), and Faculty Support (52 percent).

But how does this budget support faculty research? It provides funds to pay debt service for new research buildings like BBSRB; provides new faculty with start-up funds in areas like lab fit-up, equipment, and technicians; and supports research service units that provide financial, ethical, and policy oversight and awards management. In addition, incentive funds are provided to the department and college, to the graduate school, and to the infrastructure of the university.

One by-product of faculty research Dr. Baldwin often discusses with the Board is intellectual property. From basic research to patent issue is a long process. It involves disclosures to the IP Committee, some of which may be released to the inventor for more research, pre-patent screening, provisional patent filing, a number of patent applications being processed, and finally some patents being issued. Once patents are issued a number of licenses are issued and maybe a few start-up companies are born.

Information and data may be found about faculty research and the research support units on the research web pages (www.research.uky.edu).

She concluded her remarks by mentioning the upcoming groundbreaking ceremony for an exciting, private \$50 million facility that will be built at Coldstream. She encouraged the members of the Board to attend and join in the celebration following the Board meeting.

Mr. Wilcoxson asked Dr. Baldwin if she had calculated the amount of dollars that the university is putting into venture capital.

Dr. Baldwin said that venture capital is very important. Venture capital is a parallel activity that needs to go on when there is a licensing option going to a small company. Fortunately, the university has some state funded activities that are there to help those companies. The university has to be careful about what its role is because it obviously owns the IP, and it frequently has an equity interest in that. She said that she did not want to see the university helping someone set up a business, have an equity interest in it, and maybe get

royalties from it. There is a point where the university would get into a conflict. The university does have a parallel activity going on that helps provide angel and venture capital for small companies. She said that she could go back and look at the companies that have come out of the university's IP and find out what their venture capital projectory has been.

Mr. Wilcoxson asked if it would not be beneficial to look into some of the university's venture capital investments.

Dr. Baldwin said that she thought the university was doing that. One of the changes that she made last year is that when you go to the intellectual property page on the research website, there is an IP list available for licensing. That did not exist before. Now, you can go online and see what the university is doing. You can also see where there is already IP available for licensing.

President Todd said that it would be interesting to look at some of the companies formed and where their capital comes from. Allylix, which was founded by Joe Chappell, a UK professor, and Joe Noel, a researcher from the Salk Institute, just completed a round of \$1.5 million. Some of that money came from the state's seed fund, and some of it came from the local angel fund that the university is an investor in. That fund is fairly new, but they did just close a \$1.5 million round. President Todd said that Dr. Baldwin could look at some of the other companies seeking funding to see where their funding is.

M. Introduction of Staff Senate Chair

Mr. Williams introduced Kyle Dipperry, the new chair of the Staff Senate, and noted that Mr. Dipperry is the Linux administrator in the College of Engineering. Mr. Dipperry received a warm welcome and round of applause from the Board.

N. Change in Name of a Degree – Master of Science in Family Studies with a Major in Family Studies (AACR 1)

Ms. Tobin, chair of the Academic Affairs Committee, reported that the committee met and reviewed one item on the agenda. The recommendation is to change the name of the College of Agriculture's Master of Science in Family Studies with a major in Home Economics to Master of Science in Family Studies with a major in Family Studies, to be effective in the fall 2005 semester. This change is to more accurately update and reflect the programs of that particular unit. She moved approval of AACR 1. Mr. Shoop seconded her motion, and it passed without dissent. (See AACR 1 at the end of the Minutes.)

O. Gifts and Pledges (FCR 1 through 9)

Ms. Wickliffe said that FCRs 1 through 9 are consent items and were approved with the consent agenda. These are gifts and pledges that total \$2.6 million: \$1.5 million is eligible for the endowment match program.

P. UK HealthCare Patient Care Facility – Update and Authorization Consolidation (FCR 10)

Ms. Wickliffe said that FCR 10 is the UK HealthCare Patient Care Facility. This issue is before the Board for approval in accordance with university regulations. It will allow staff to take this issue of consolidation of authorities to the Legislature's Capital Projects and Bond Oversight Committee for final approval.

The scope has been revised from \$375 million to \$450 million incorporating:

- An additional bed tower
- A lobby structure integrating the new facility with the Gill Building and the Critical Care Tower
- Eight operating rooms, same-day surgery intake, post-anesthesia care unit, and recovery
- Expanded radiology support for the Emergency Department
- A strategic contingency of \$27 million.

Financing remains the same, with \$250 million from bonds and the remainder from reserves from operations.

The Hospital Committee approved of the scope change at its October 24 meeting.

On behalf of the Finance Committee, Ms. Wickliffe moved the adoption of FCR 10. Mr. Hardymon asked Dr. Karpf for any comments that he would like to make about FCR 10.

Dr. Karpf said that he very much appreciated the Board's support for this project. It is a very important project for the hospital. This will allow added flexibility in phasing out the old hospital, and it will also save money in terms of construction by building the tower in the same timeframe. Most important, it will minimize disruption for patients in the community by getting most of the major construction out of the way.

Ms. Wickliffe's motion was seconded by Mr. Williams, and it was carried without dissent. (See FCR 10 at the end of the Minutes.)

Mr. Hardymon said that there is no way a weight can be put on projects with the way the administrative process works, but the Board does recognize the tremendous importance of the various projects. As for the Board, this project will probably be the landmark type of item as you look at the university in the years ahead. He thanked Dr. Karpf for keeping the Board informed and challenged him to continue keeping the Board informed.

Dr. Karpf said that he would keep the Board informed and share both glory and concerns with the project.

Mr. Hardymon pointed out that the University Hospital Committee is now meeting the day before the Board meets. This change allows the chair of the committee to present the

committee's report at the Board meeting the following day. He encouraged the members to attend the committee's meetings.

Q. Authorization to Sell the Coldstream Center (Formerly Lexel Building)
Located on Coldstream Research Campus (FCR 11)

Ms. Wickliffe said that FCR 11 is the authorization to sell the Coldstream Center which was formerly called the Lexel Building. This is located on the Coldstream Research Campus. This is a piece of property that UK purchased in 2004, but it is now surplus to the needs of the university. On behalf of the Finance Committee, she moved the adoption of FCR 11. Mr. Dawson seconded her motion.

Mr. Wilcoxson asked if the university would be getting its total price back for what it paid for the property.

Ms. Wickliffe said that the university expected to make some money on the sell.

Mr. Wilcoxson commented that the proceeds will reimburse the university for the purchase price of the building, and the university will anticipate getting \$9.6 million back.

Ms. Wickliffe said that UK anticipates getting a little more than that amount back.

Mr. Hardymon asked Mr. Butler about the timing of the process, and Mr. Butler said UK would have an RFP out fairly quickly.

Mr. Hardymon called for a vote, and FCR 11 passed without dissent. (See FCR 11 at the end of the Minutes.)

R. A Resolution Authorizing the Issuance and Sale of Approximately \$7,110,000
of General Receipts Obligations (Memorial Coliseum Expansion Project) of the University of
Kentucky, Pursuant to the Trust Agreement Dated as of November 1, 2005 (FCR 12)

Ms. Wickliffe said that FCR 12 is the Resolution Authorizing the Issuance and the Sale of Approximately \$7,110,000 of General Receipts Obligations (Memorial Coliseum Expansion Project) of the University of Kentucky, Pursuant to the Trust Agreement Dated as of November 1, 2005. It authorizes a Series Resolution for the issuance and sale of \$7 million of General Receipts Obligation Bonds to fund partially the Memorial Coliseum expansion project. The Board of Trustees approved the construction of the Basketball Practice Facility and its related plan of financing on May 10, 2005, including \$7 million in bond financing. Bonds will be sold approximately December 1. On behalf of the Finance Committee, Ms. Wickliffe moved the adoption of FCR 12. Mr. Branscum seconded her motion.

Judge Patton said that the Board first approved going forward with the project two years ago at its October 2003 meeting. At that time, the Board was assured that it would be funded entirely by private donations. With these assurances, the Board was unanimous in its

support for proceeding with the basketball practice facility. The project has now changed from one that would be funded entirely by academic boosters to one requiring the issuance of \$7 million in bonds. At a time when the university is seeking public support to fund its Top 20 academic mission, some may question the Board's priorities. Judge Patton said that he intended to vote no on the motion to approve FCR 12.

Dr. Dembo said that while he was not on the Board at the time during the vote previously taken in October 2003, to his untrained eye there is still some degree of mystery as to how the facility appeared on the capital construction priority list. Nevertheless, as his colleague Phil Patton has said, others will judge the Board by the priorities in which it outlays the university's money and for a facility that is neither a part of the university's mission statement nor its Strategic Plan. He said that the project will benefit relatively few students, and he could not in good conscience vote for the university to go into debt for something for which a similar amount could either renovate all of the eating facilities that students at the university might go to or might provide air conditioning for a whole residence hall that is not currently air conditioned. And furthermore, if you figure bonds at about 4 percent, the debt service could roughly fund a full-ride scholarship for 20 minority students, if that went towards scholarships instead of debt service. Dr. Dembo said that he would be voting no on the issue.

Dr. Moore said that he echoed the comments made by Judge Patton and Dr. Dembo. He was on the Board when the previous vote was taken, and he voted against it the last time as well. He said that he thinks the Board has to be very careful about the messages that it sends to the Legislature, and he knows that this has been approved by the Legislature. The Legislature does not have to approve the projects that the Board suggests, but given UK's move toward Top 20 status, the Board needs to be very careful about indicating where its priorities are at this institution. He understands a negative vote could possibly delay this particular construction, but a small delay in this case for a big message is certainly something that he thinks the Board ought to communicate. Therefore, he would be voting against the approval of FCR 12.

Mr. Miles asked where the Athletics Department is in the fundraising process, and Mitch Barnhart, Athletics Director, was asked to comment on the question.

Mr. Barnhart said that Athletics has received \$20 million in signed pledges and \$3 million in verbal pledges at this time. He reported that Athletics has not used the naming right on the facility yet. When the project began, cash flow was more of an issue than anything else. The purpose of this bonding issue is to provide a cash flow to the project. All the funds will continue to be out of private funds used in the Athletics Department. Athletics is a privately funded department and sustains its own money.

Mr. Barnhart reminded the Board of some things that Athletics does for the university, such as giving \$1.2 million a year back to the university to help with scholarship programs. He noted that Athletics recently funded five additional Singletary Scholarships. Athletics tries to be a good partner to the university and to the campus in terms of giving back to the university. That has been shown over the last three years.

Athletics' goal in getting this project done is to put together a project that helps a lot of student-athletes as well. It does not benefit as many students as Dr. Dembo would like to have it benefit; however, it does benefit the basketball programs. It will also benefit the coaches in continuity and in terms of offices and other things that they have struggled with for sometime.

Ms. Young asked for the length of time it would delay the project if the Board voted down the issuance of the bonds.

Mr. Barnhart could not tell her at this point in time. He did say that the project is on a time line to have it done by December of next year.

Ms. Young asked what would happen if the Board voted it down.

Mr. Barnhart said that Athletics would obviously have to come up with all the funding between now and December of next year to keep it on task. The Athletics staff has raised more money for this project than any project in the history of Athletic Department fundraising. The most ever raised prior to this was \$4 million for the Nutter Indoor Center and the Nutter Football Complex. The staff has commitments of over \$20 million for this project, and they have done a remarkable job in a very short period of time.

Mr. Barnhart said that the Athletics staff is working very diligently, and he does not have any reason to believe they will not find the naming rights gift which will push the fundraising where it needs to go and obviously take away the cash flow issue that the bonds are hoping to cover.

Mr. Shoop asked if the \$7 million of payback would be coming from the Athletics Department, and Mr. Barnhart said that it would.

Mr. Shoop said that he believes the problem is confusing Athletics Department funds with university funds. He understands this to be a loan to the Athletics Department until they can raise some money to pay it back. He thinks it is symbolic, but the Athletics Department needs a short-term loan until they can raise the money to finish the project that is already in progress.

Ms. Wickliffe said that she probably did not do FCR 12 justice because she should have brought up the fact that this is to fund the cash flow that it needed at the present time.

Ms. Brown asked if this was to be considered a floater type loan.

President Todd said that it is kind of like a bridge loan until they get the pledges.

Ms. Tobin pointed out that there are very few construction projects where you do have pledges which do not require some type of a bridge loan.

Mr. Shoop said that the Board has already approved this project at a previous meeting, and he thinks it is just normal business. It is shortsighted if the Board turns this issuance of bonds down and stops the project at this time.

Dr. Dembo said that he would respectfully disagree. This is a separate action item for the Board. He can agree with Mr. Shoop's comment that it is a highly symbolic issue because it indicates to the public what the Board's priorities are.

Mr. Wilcoxson asked Mr. Henry Clay Owen, treasurer, how much this would eventually pull down the quasi-endowment.

Mr. Owen explained that there was a plan of financing that was approved back in May. The plan in May included a withdrawal from quasi-endowment funds to provide some cash flow in addition to the \$7 million in bonds. He said that he would like to correct one statement. It is not a bridge loan. These are 20-year bonds, and they will have a 20-year maturity schedule that will be repaid over the 20 years. The total payout on principal and interest for these bonds will amount to \$11.4 million. Mr. Barnhart is exactly correct in that he needs the cash from the bonds now to cash flow the project. A portion of the pledges that will come in over the next 5 to 10 years will also be used to repay the debt service as it matures until a certain point in time is reached. The funds will either come from athletics operation revenues or from the pledges that are already secured and will be raised in the future.

Mr. Wilcoxson said that Mr. Owen's statement was important to know.

Mr. Shoop asked if this was very similar to projects in the past and was not an unusual way of handling projects of this kind.

Mr. Owen said that it is unusual in a sense that athletics is using some of the pledge flow over the next 5 to 6 years out of 8 years to repay the debt service.

Mr. Williams said that he has the most concern about the financing scheme that Mr. Owen explained. He thinks it is a planning issue and a timing issue if there is a cash flow issue. Maybe the Board was premature in doing what it has done up to this point without committed funds to do the project. He said that he has a problem adding to the university's debt service and certainly to the amount of \$11.4 million. That is a significant amount of money and a lot of other things could be done with it. He said that he intended to vote against FCR 12.

Mr. Wilcoxson said that he would like to hear President Todd's comments on this issue.

President Todd said that he certainly supports the Athletics Department. UK's Athletics program is one of only 40 in the United States that makes money and provides any funding to the university. Mr. Barnhart is correct in that they have stepped up recently to allow five more Singletary Scholarships. Less than 5 percent of the \$811 million that has

been raised for the university has been raised for athletics. The rest has been raised for academic purposes, for endowed professorships, scholarships, buildings, and facilities. He pointed out that UK has a major debt service on the Pharmacy Building, the BBSRB building, and the Health Sciences building that was finished last year. This is just the way that you build facilities.

He explained that there is a priority question. However, when you look at the university from afar, there are a lot of alumni who stay attached to the institution because of the strength of athletics. Approximately 31 percent of the athletics donors also give to academics. It is not an either/or situation. Some of UK's major donors give to both athletics and academics. It is a part of the university that is attracts a lot of alumni to UK. The bonding issue has been thought through, and there are competitive and timing issues. He encouraged the Board to vote positively for FCR 12.

Mr. Shoop said that it is unfair and unwarranted that the Board single out the Athletics Department with a project that is already started. The Board voted for the hospital project because the hospital showed positive funding to be able to pay on the new hospital renovation. Mr. Barnhart has showed that the Athletics Department can pay for this out of their funds over a period of years. In his opinion, the Board needs to honor the previous commitment it made to do this project and to move on.

Mr. Hardymon said that he believed the Board had discussed this issue pretty thoroughly, and he called for a show of hands vote. Twelve members voted to approve FCR 12 and four members opposed it. Those opposing the vote were Judge Patton, Dr. Dembo, Dr. Moore, and Mr. Williams. Ms. Haney had to leave the meeting early and was not present for the vote. (See FCR 12 at the end of the Minutes.)

S. Amendment to 401(a) Qualified Pension Plan (FCR 13)

Ms. Wickliffe said that FCR 13 is an Amendment to the 401(a) Qualified Pension Plan. This is a retirement plan that was approved by the Board of Trustees in January 2004. The Plan was adopted for employees whose salaries exceed the annual limits for tax-sheltered retirement benefits for contributions under the 403(b) Retirement Plan, which is the University's basic retirement plan.

A Favorable Determination Letter for the 401(a) Plan has been received from the IRS permitting pre-tax treatment for employer contributions but post-tax treatment for employee contributions.

Approval of the amendments to the plan will allow the university to obtain a Private Letter Ruling from the IRS that will allow the employee contributions to also be made on a pre-tax basis. On behalf of the Finance Committee Ms. Wickliffe moved the adoption of FCR 13. Ms. Ball seconded her motion, and it carried without dissent. (See FCR 13 at the end of the Minutes.)

Mr. Hardymon said that someone mentioned in the Finance Committee meeting that this is probably something that belonged in the Human Resources Committee area. He asked Mr. Butler to carefully review the items placed on the Finance Committee agenda, since the committee often has 15 to 30 items on it, and to refer items to another Board committee when applicable. This would help get another Board committee active and also take some of the load off the Finance Committee.

T. Approval of Lease (FCR 14)

Ms. Wickliffe said that FCR 14 is the approval of a lease between the university and the Sterling Road LLC. This is an extension of the current lease for additional space to accommodate the hospital finance department and a few other offices during the construction period. On behalf of the Finance Committee, she moved the adoption of FCR 14. Ms. Tobin seconded her motion.

Mr. Hardymon noted that this is a building that already has some university offices in it. He asked Dr. Karpf to comment about the administrative functions that will be in the building.

Dr. Karpf said that they are trying to make sure that they maximize the space for patient care on campus. Therefore, they are looking for space where they can move programs and functions that do not need to be absolutely contiguously located with the patients and consolidated them for saving dollars and for oversight. They now will have a substantial amount of space at the facility that intersects Alumni and Circle Four. That facility will essentially become corporate headquarters for things that need to be connected electronically but not visibly. This will maximize the use of the space on campus for patient care activities.

Mr. Hardymon called for a vote, and the motion carried without dissent. (See FCR 14 at the end of the Minutes.)

U. Approval of the 2004-05 Endowment Match Program (FCR 15)

Ms. Wickliffe said that FCR 15 is the approval of the 2004-05 endowment match program. The Council on Postsecondary Education requires the Board to approve an annual report on the Endowment Match Program, and this is the annual report. The Endowment Match Program is part of the Research Challenge Trust Fund.

Since the Trust Fund's inception in 1998, the university has received gifts and pledges from over 9,400 donors, including individuals, foundations, and corporations. There have been three rounds of the Endowment Match Program, or as some know it, the "Bucks for Brains" program. The university has been allocated \$66.7 million of state funds each round and has fully matched and endowed all the funds allocated from the first two rounds.

As of June 30, 2005, the university has received \$151.9 million of state funds, of which \$138.6 million has been matched with gifts received. The university has only \$13.3 million of outstanding pledges or 8.7 percent of the total state funds received.

The university matched with gifts and pledges \$14.5 million of state funds in 2004-05. The endowments created through this program had a market value of \$307.6 million as of June 30, 2005.

During the 2004-05 fiscal year, the university used the investment income from these endowments to provide 421 graduate scholarships and fellowships and to create 16 endowed chairs and professorships. As of June 30, 2005, the program had funded 238 endowed positions, of which 152 have been awarded.

Ms. Wickliffe said the university has done a very good job with the funds that have been received. On behalf of the Finance Committee, she moved the adoption of FCR 15. Ms. Ball seconded her motion, and it carried without dissent. (See FCR 15 at the end of the Minutes.)

V. University Hospital Committee Operating Rules (UHCR 1)

Ms. Young, chair of the University Hospital Committee, reported that there were two items to consider. The first is the revision of the University Hospital Committee Operating Rules. She informed the Board that the committee had its first reading of this recommendation for the operating rules at their September meeting. The revision basically strengthens oversight, adds two additional advisory members to the committee, and also allows the appointment of up to five outside advisory committee members. On behalf of the University Hospital Committee, she moved the adoption of the operating rules. Ms. Wickliffe seconded the motion.

Mr. Williams asked if the advisory committee is separate from the Board committee and wanted clarification that this is not the issue of adding non-Board members to the University Hospital Committee.

Ms. Young replied that these are hospital management personnel as opposed to the University Hospital Committee, which is a different situation. She noted that there were a few, small typographical errors in the operating rules, and said these errors will be corrected after the final presentation.

Mr. Hardyman called for a vote, and it passed without dissent. (See UHCR 1 at the end of the Minutes.)

W. University Hospital Bylaws of the Medical Staff (UHCR 2)

Ms. Young presented UHCR 2, the University Hospital Bylaws of the Medical Staff. The bylaws have been thoroughly vetted by the medical staff and approved by the

University Hospital Committee. On behalf of the committee, she moved the adoption of the Bylaws of the Medical Staff.

Mr. Hardymon asked if this item had an amendment to it.

Ms. Young said that Dr. Dembo had pointed out that Article II, Section 3A, has an amendment involving dentists. She asked Dr. Dembo to explain the amendment.

Dr. Dembo said that it has been the practice to have both physicians and dentists on the hospital staff for decades, and elsewhere in the bylaws, it refers always to physicians and dentists. The qualifications for the medical staff membership wording as it is currently written would prohibit dentists from joining the medical staff. There are a few words that can be added to alleviate this inconsistency. The wording has been reviewed by Kevin Nelson on the medical staff and Harry Dadds in the Legal Office. Both agree with the wording on the amendment.

Ms. Young said that a copy of the amendment had been distributed to the Board. She thanked Dr. Dembo and moved approval of the bylaws as amended.

Ms. Wickliffe seconded her motion, and it carried without dissent. (See UHCR 2 at the end of the Minutes.)

Ms. Young reported that the University Hospital Committee had a very good meeting, and the *Herald-Leader* had printed a very good overview of the meeting. She suggested the Board read the article in the *Herald-Leader* if they had not already done so.

The hospital continues to do extremely well. Sergio Melgar, Chief Financial Officer for the hospital, is in New York to sell \$104 million worth of bonds. It is a very good time to go, with the revenues of the hospital in such good shape.

Ms. Young talked about the hospital expansion of Phase I going from \$375 million to \$450 million. Included in that is \$27 million of contingency funds. It is important to allow some flexibility in the plan. Hopefully, all of it will not be used, but it is nice to have a little cushion there.

Ms. Young said that the project is already under way. Buildings have been torn down, the site is being prepared, and construction is scheduled to start in January 2006 with completion by March 2007. Huguelet street widening construction is set to begin in February 2006 with completion in September 2006. This will be a fairly swift project once it is under way.

Ms. Young said that the emergency room has been a real source of trouble because it is too crowded and getting old. That area is undergoing a major renovation because it cannot wait for the new facility to be completed. That construction will start in March 2006 with a scheduled completion date in February 2007. That renovation will at least form a bridge between the antiquated facility and the new one that is going up.

Ms. Young reported that an exciting, quality safety and patience rights program has begun. The funding has come from a \$300,000 gift from the Sarah Scaife Foundation, \$200,000 from UK Hospital, and a match of \$500,000 from the RCTF.

X. Resolution Supporting President Todd

Ms. Ball moved that the Board pass a resolution to support and endorse the efforts of President Todd on the importance of the diversity issue. Mr. Hardymon thanked Ms. Ball for her motion and called for a vote. The motion passed unanimously.

Y. Meeting Adjourned

Mr. Hardymon thanked the Board for coming prepared and for their participation in the meeting. He said that he could not ask for anything more. With no further business to come before the meeting, Mr. Hardymon adjourned the meeting at 2:40 p.m.

Respectfully submitted,

Pamela R. May
Secretary, Board of Trustees

(PR 2, 3, 4, 5, and 6; AACR 1; FCR 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, and 15; and UHCR 1 and 2 which follow are official parts of the Minutes of the meeting.)

PR 1

Office of the President
October 25, 2005

1. UK Reaches 81 Percent of Fundraising Goal

The University of Kentucky has achieved 81 percent of its \$1 billion Campaign for the University and is on track to meet its fundraising goal by the deadline of Dec. 31, 2007. As of Aug. 31, Phase II of the Campaign for the University has boosted total campaign gifts and expectancies to \$811,461,399. In addition, the number of gifts to UK in the 2004-05 fiscal year climbed by about 4 percent to a record 44,549, up some 2,000 over the previous year's gifts. The UK endowment – which depends on donors' gifts – grew by nearly 10 percent last year, reaching \$538.4 million as of June 30. Contributions included gifts from 180 new UK Fellows, persons who give \$10,000 or more to the university. Forty-two UK Fellows have upgraded their contribution levels in the past year: eight reaching the Bowman level of giving (\$50,000), 22 to the Barker level (\$250,000), six to the Patterson level (\$500,000), and six to the presidential level (\$1 million). Kentucky's Endowment Match Program has enabled the university to create nearly 250 endowed chairs, endowed professorships, fellowships, and scholarships.

UK recognized 221 new Fellows and Fellows Society upgrades while applauding the successes of its \$1 billion Capital Campaign – The Campaign for the University of Kentucky: Dream, Challenge, Succeed, at the annual Fellows Society Gala at Rupp Arena on Sept. 24. The annual Development Luncheon honored the UK Development Council and the Campaign's Steering Committee. The UK Fellows Society recognized major donors to the university, including alumni, corporations, foundations, organizations, and friends of the university. Since the program began in 1966, nearly 6,000 Fellows have made or pledged gifts for a total in excess of \$600 million.

2. UK Enrollment Figures Announced

This year's freshman class is the most prepared and accomplished in the university's history, a continuing sign of UK's momentum in achieving national prominence. The class of 3,844 students joins an overall enrollment at UK of 26,682, compared to 26,900 the previous year. About 26 percent of entering freshmen had ACTs of 28 or higher, and 38 percent had a high school GPA of 3.8 or higher. In addition, the middle 50 percent of the ACT scores for the incoming freshmen were a composite of 22-27, well above the national average and comparable to a number of UK's 19 benchmark institutions.

3. UK Receives \$6 Million from NIH to Pursue Parkinson's Research

The University of Kentucky Morris K. Udall Parkinson's Disease Research Center of Excellence was awarded nearly \$6 million from the National Institutes of Health and the National Institute of Neurological Disorders and Stroke to continue work on the promising drug

glial cell line-derived neurotrophic factor (GDNF) and similar compounds. As one of only 12 Udall Centers in the nation, UK's center represents the leading edge of research into Parkinson's disease. GDNF differs from other Parkinson's therapies in that it has demonstrated potential to halt or perhaps reverse the neurodegenerative condition. The \$6 million funding from NIH represents a vote of confidence for the UK Udall Center and its work to date on GDNF and related molecules. UK's research into GDNF made headlines recently. The CBS news show *60 Minutes* broadcast a feature on the controversy that arose when Kentucky and New York patients who were enrolled in a national clinical trial for the drug were left without medical treatment or legal recourse. Amgen Inc., the biotech firm that holds the patent for GDNF, suddenly withdrew the drug from testing amid allegations of safety and efficacy concerns, to the dismay of many involved in the trial.

4. Gill Heart Institute Physicians Make Strides in Preventing Heart Attacks

Patients at risk for a second heart attack could benefit from a combination of anti-clotting drugs, particularly prior to vessel-clearing procedures, according to a recently published article by physicians at the UK HealthCare Jack and Linda Gill Heart Institute. Dr. David J. Moliterno, Gill Heart Institute co-director and professor and chief of cardiovascular medicine in the UK College of Medicine Department of Internal Medicine, and Dr. Steven Steinhubl, associate professor and director of cardiovascular education and clinical research, co-authored an editorial published in the Sept. 14 issue of the *Journal of the American Medical Association*. The op/ed article focused on a recent study exploring the effectiveness of combining anti-clotting drugs such as aspirin and heparin with a more potent anti-clotting drug, clopidogrel. Dr. Moliterno and Dr. Steinhubl say that despite certain risks, treating physicians should consider the anti-clotting combination for patients who have experienced acute heart attack.

5. Von Allmen Center Honored at National Economic Development Symposium

President Lee T. Todd, Jr. addressed the issue of university-led economic development at the U.S. Department of Commerce Economic Development Administration's "Symposium for 21st Century Economic Development" held recently in Arlington, Va. The UK Von Allmen Center for Entrepreneurship, part of the Gatton College of Business and Economics, was honored as a finalist for a 2005 national award from the EDA in the category of "Technology-led Economic Development." In this category, the nominations were evaluated to determine how effectively they support technology-led economic development and reflect the important role of linking universities and industries and technology transfers.

6. UK Joins Community Effort to Serve African Americans with Alzheimer's

The African-American Dementia Outreach Partnership (AADOP) recently sponsored a Branch Out Kentucky conference focusing on African Americans with Alzheimer's disease. The AADOP partnership includes the UK Sanders-Brown Center on Aging, the Commonwealth of Kentucky's Division of Aging Services, the Greater Kentucky and Southern Indiana Chapter of the Alzheimer's Association, UK Office of Multicultural and Academic Affairs, and six African-American churches – Consolidated Baptist, House of God #1, Shiloh Baptist, Imani Baptist, New

Birth Church of Christ, and Historic Pleasant Green Missionary Baptist. Conference presentations focused on how families, health professionals, churches, and community organizations can unite to identify and provide care for African Americans suffering from Alzheimer's disease.

7. Women's Health Program Receives \$10.4 Million from NIH

UK has received \$10.4 million from the National Institutes of Health for a Center of Biomedical Research Excellence (COBRE) in Women's Health. Tom Curry, professor and vice chair of the Department of Obstetrics and Gynecology, will oversee five research projects to help understand the difference between women and men in health and disease. Ten junior faculty will work on projects focusing on the role of female hormones in various diseases. This is the second time NIH has awarded UK a center of excellence grant in women's health and reflects a \$20 million-plus investment in UK for research in this important area.

8. Patterson School and Public Health Address Global Health Issues

Yank Coble, president of the World Medical Association, spoke at the 2005 Global Public Health Fall Conference held recently at UK. Each year, the UK Patterson School of Diplomacy and International Commerce organizes a conference on an important issue in international affairs. This year, for the first time, the school partnered with the UK College of Public Health to focus on global public health.

9. New Opera Faculty Member Makes an Impact on Community

Internationally renowned opera singer Jennifer Lane has joined the UK School of Music faculty and performed her first recital, consisting mostly of 20th century music in English, in September. Before joining UK's faculty, Lane worked at Stanford University, but she is best known as a singer of both early and modern music. A mezzo-soprano, she has sung roles with the San Francisco Opera, Metropolitan Opera, New York City Opera, Opéra Monte Carlo, Opéra du Caen, Les Arts Florissants, and Philharmonia Baroque. She has recorded more than 40 CDs including "Gurrelieder," "Oedipus Rex," and a number of Handel operas, as well as a solo CD, *The Pleasures & Follies of Love*.

10. College of Design Builds Prototype House for Downtown Development Authority

Resonance House, a collaborative design-build project from students and faculty in the UK College of Design, was one of 34 sites in the Lexington Downtown Development Authority's Urban Life and Style Tour in September. Located at 151 Old Georgetown Street, the contemporary final product hopes to enhance its historical setting by using materials, massings, and forms that relate well to the surrounding neighborhood. Students, under the guidance of Professor Gregory Luhan and experts in the college's Schools of Architecture and Interior Design and Department of Historic Preservation, designed and digitally fabricated many components in the house, including the cabinets, flooring, and storage pieces. The goal was to develop a prototype house that boasts both low maintenance and high energy efficiency. The

design class is one of a handful of design-build programs across the nation in architecture schools that allow students to design and erect buildings while receiving college credit.

11. PPD and College of Agriculture Recognize Community Partners

The UK Physical Plant Division (PPD) and the College of Agriculture honored the work of community partners in the Kentucky Department of Corrections, Blackburn Correctional Complex, and Dry Stone Conservancy, Inc., who helped build and repair UK Maine Chance Farm's stone fence. UK PPD and the College of Agriculture presented the community partners with a certificate of appreciation for the service provided to the university at the stone fence location in September.

12. Arts and Sciences Honors Distinguished Alumni

The College of Arts and Sciences will celebrate the contributions of three very diverse alumni – a writer, a politician, and a doctor – during the college's October Hall of Fame Weekend. Wendell Berry, Louise Slaughter and Joseph Kramer will be inducted into the College of Arts and Sciences Hall of Fame during a dinner ceremony featuring Master of Ceremonies and ESPN broadcaster Larry Conley on Oct. 28 at the Lexington Convention Center.

13. Student Awards and Achievements

Deborah Burton, Educational and Counseling Psychology doctoral candidate, is co-author of a paper, "Enhanced Pharmacy Training for Counter-Terrorism and Disaster Response," which will be in the international *Journal of Telemedicine and Telecare* from the Royal Society of Medicine. She also is one of only two people from the United States invited to make a presentation on her paper at the international Telemedicine and e-Health Conference in London this November.

Emily Hagedorn, a 2005 UK Journalism graduate, is a finalist for the Associated Collegiate Press Story of the Year award in the feature story category. Hagedorn is one of five national finalists for the award, which will be presented at the Associated Collegiate Press/College Media Advisers National College Media Convention October 26-30 in Kansas City. Hagedorn's nominated work, "A travelogue: The journey of Ed McClanahan," appeared in the May 2, 2005, issue of the *Kentucky Kernel*.

Bonnie Cutsforth-Huber, Fine Arts, won the National Opera Association Dissertation Competition for most outstanding dissertation on an operatic subject for the 2003-2004 biennium with her dissertation, "The Operas of William Grant Still."

Sean Davis, Family Studies doctoral intern, won the 2005 American Association of Marriage and Family Therapy graduate student research award.

Meg Patrick Haist, Martin School of Public Policy and Administration doctoral student, received the best dissertation award of the National Association of Schools of Public Affairs and Administration (NASPAA) for her dissertation, titled "After the Adoption and Safe Families Act: Permanency Outcomes among Children in Kinship Foster Care." NASPAA has presented an award for the best doctoral dissertation in the fields of public administration, policy, and affairs every year since 1982, and this is the first year the Martin School was honored with the award.

Mira Kruja, Fine Arts 2004 doctoral graduate, won an Innovative Electronic Dissertation International Award. The dissertation, titled “Piano Inside Out: The Expansion of the Expressive, Technical, and Sonorous Spectrum in Twentieth-Century Art-Music Repertoire for the Modern Acoustic Piano,” received the Innovative ETD Award, given by the Networked Digital Library of Theses and Dissertations during the Eighth International Symposium on Electronic Theses and Dissertations, in Sydney, Australia.

Nadezda Nikolova, Martin School of Public Policy and Administration 2005 graduate, has been chosen to receive the Pi Alpha Alpha Masters Manuscript Award. The award continues the Martin School’s string of its students receiving awards 13 consecutive years.

Jill Owczarzak, Anthropology, was selected as a 2004-05 winner of the American Council for Learned Societies fellowship competitions for her dissertation “Mapping HIV Prevention in Poland: Contested Citizenship and the Struggles for Health after Socialism.” Eleven fellowships were awarded to doctoral students for writing dissertations in the social sciences and humanities.

Dominique Talbert, Pharmacology doctoral student, received multiple awards for her work in biochemistry, such as a summer training fellowship to work at Pfizer in 2004, the National Research Service Award from NIH for work on “Mechanisms of ER and PPAR Crosstalk in Breast Cancer,” and the National Institutes of Health (NIH) Reproductive Sciences Training Grant to become an NIH pre-doctoral trainee.

14. Faculty and Staff Awards and Achievements

The following have been appointed to the UK College of Medicine Dean’s Senior Administrative Group: Louis Hersh, senior associate dean for basic science affairs; Dr. Byron Young, senior associate dean for clinical affairs; Dr. Darrell Jennings, senior associate dean for education; Dr. William Balke, senior associate dean for research; James Norton, associate dean for graduate medical education, AHEC, and community relations; Carol Elam, associate dean for admissions and institutional advancement; and Peter Gilbert, associate dean for administration and finance.

Five UK employees received the first Terry B. Mobley Development Awards. The 2005 winners are Marci Hicks, director of regional gifts in the UK Development Office; Susannah Denomme, director of major gifts, Chandler Medical Center; Linda Forbes, staff support associate, alumni and development, College of Agriculture; Eric Crowden, training specialist, Central Development; and Tom Lester, dean of the UK College of Engineering.

Dr. Peter Abadir, Family Practice and Community Medicine at the Center for Rural Health in Hazard, received the American Heart Association Council for High Blood Pressure Research 2004 Merck New Investigator Award for his study of hypertension. Abadir’s study involves the use of a unique cellular receptor called the AT 2 receptor, which reduces high blood pressure and protects the heart and kidneys. The study could potentially result in new ways to treat hypertension and other cardiovascular and renal disorders.

Terry Birdwhistell, UK Libraries, was one of three new members appointed to the State Archives and Records Commission by Gov. Ernie Fletcher on Sept. 15.

Dr. Dennis Bruemmer, Endocrinology and Molecular Medicine and Gill Heart Institute, received the 2005 Irvine Page Award for Young Investigators. Competition for the award is open to new investigators in arteriosclerosis and vascular biology who show the potential to be future

leaders in cardiovascular research. New investigators are those who have been active in research for no more than five years.

James Campbell, Music and Percussion Studies, has taken first place in the Percussive Arts Society (PAS) 2006 Composition Contest. This is the 32nd annual competition. As the contest's first place winner, Campbell receives a cash award and guaranteed publication with HoneyRock Publishing of Everett, Pa. The award-winning composition will also serve as the required work for the finals of the PAS International Solo Collegiate Percussion Competition to be held this November in Columbus, Ohio.

Rich Gates, Biosystems and Agricultural Engineering, reports the department's Wildcat Pulling Team earned third place overall in the 2005 International Quarter-Scale Tractor Design competition sponsored by the American Society of Agricultural and Biological Engineers. The competition requires student proficiency in all aspects of developing a product for the marketplace.

Dr. Wanda Gonsalves has been named the 2005 recipient of the UK College of Medicine Alumni Association's Community Service Award.

Thomas R. Guskey, Educational Policy Studies and Evaluation, released his most recent book, *Benjamin S. Bloom: Portraits of an Educator*, on Sept. 1 by Rowman & Littlefield Publishers. Bloom was one of the most prominent and most influential educational researchers and scholars of the past century. The book includes analyses of some of Bloom's most prominent works, along with a series of personal stories by former students and colleagues of experiences they shared with Bloom.

Ted Hasselbring, Assistive Technology, served on an advisory panel to the National Governor's Association Center for Best Practices. Work was completed on a publication called "Reading to Achieve: A Governor's Guide to Adolescent Literacy," which will be released to the nation's governors in the near future.

Edward T. Jennings, Martin School of Public Policy and Administration, was elected a Fellow in the National Academy of Public Administration. This is the highest honor to be bestowed upon someone in public administration. Jennings will receive official recognition at the Academy's fall meeting on Nov. 17.

Michael McKay and Liz Swanson, Architecture, won the Park Avenue Design Competition sponsored by the American Institute of Architects (AIA) Florida Southwest and the United Arts Council of Collier County in Marco Island, Fla. This is the second international design competition the pair has won this year. The two were recognized at an awards ceremony in September at the AIA Florida Southwest Design Conference.

Anne-Frances Miller, Chemistry, was named the 2006 recipient of the Michael and Kate Bárány Award for Young Investigators from the Biophysical Society. She has received the award primarily based on 10 years of cumulative research in biophysics.

The Kentucky Jazz Repertory Orchestra, under the direction of Miles Osland and Dick Domek, Music, explored the influences on British jazz and popular music by American jazz in the 1920s and 1930s at their "Ellington and the British Connection" concert Oct. 14. Proceeds from the concert will be donated to Hurricane Katrina relief efforts.

Philip Palmgreen, Communications, will be awarded the 2005 Gerald M. Phillips Award for Distinguished Applied Communication Scholarship given by the National Communication Association. The award honors scholars who are responsible for authoring bodies of published research and creative scholarship in applied communication. Palmgreen will be recognized at the NCA convention in Boston this November.

Dr. William Pratt is being presented with the UKCOM Alumni Association 2005 Alumni Service Award.

John Thelin, Educational Policy Studies and Evaluation, was a keynote speaker on "Higher Education in Kentucky: Present and Future" at Eastern Kentucky University's Centennial Celebration Conference.

Kathy Walsh-Piper, UK Art Museum, was selected to attend the invitation-only Acadia Summer Art Program in Mount Desert Island, Maine. The Acadia Summer Art Program is a think-tank of artists, museum directors, curators, architects, musicians, writers, and scholars who gather every summer to share and inspire ideas and collaborations.

Dr. Emery Wilson was named interim director of the Center for Rural Health. Wilson replaces Judy Jones Owens, who will be on special assignment as a consultant on rural health to the dean of the College of Medicine. Wilson, the former long-time dean of UK's College of Medicine, currently serves as director of the College of Medicine's Office of Health Research and Development. The office focuses on increasing the number of health professionals in rural Kentucky, keeping those professionals well-informed, conducting health-related research in rural Kentucky and providing special services to the state's rural population.

Steve Yates, Chemistry, has been selected as the 2006 recipient of the Glenn T. Seaborg Award from the American Chemical Society. He received the award based on research he has conducted in the fields of nuclear chemistry and nuclear physics.

Dr. Byron Young, Clinical Affairs and UK Hospital, was named director of the Kentucky Neurosciences Institute at the UK Chandler Medical Center. The institute is comprised of physicians and scientists with expertise in neurosurgery, neurology, and neuroradiology, pain management, and rehabilitation medicine. The institute provides comprehensive care for patients with diseases and disorders of the brain and nervous system.

16. Faculty Research Activities

Abel, Nick, Physics and Astronomy, Physical Processes in Orion's Veil: A High Resolution UV Absorption Study of the Line of Sight Towards the Trapezium, \$24,776.

Allen, Larry, Rural Ky Healthcare, SHIP Grants Program, \$3,456.

Allen, Larry, Rural Ky Healthcare, SHIP Grants Program, \$342,124.

Anderson, James, Internal Medicine - Endocrinology, Two-year parallel double-blind randomized placebo controlled multi-center study to evaluate the safety tolerability and efficacy of orally administered GI 181771X in overweight and obese subjects, \$309.

Anderson, James, Internal Medicine - Endocrinology, Two-year parallel double-blind randomized placebo controlled multi-center study to evaluate the safety tolerability and efficacy of orally administered GI 181771X in overweight and obese subjects, \$1,191.

Anderson, James, Internal Medicine - Endocrinology, A Phase 2, Multicenter, Randomized, Double-Blind, Placebo-Controlled Study of Combination Therapy for Safety and Efficacy in Subjects with Uncomplicated Obesity, \$2.

Anderson, James, Internal Medicine - Endocrinology, A Two Year Study to Assess the Effectiveness, Safety and Tolerability of L-000899055 in Obese Patients, \$2.

Averill, Alyssa, Psychology, Emotional Disclosure in Patients with Amyotrophic Lateral Sclerosis: A Randomized, Controlled Trial, \$27,388.

Badaker, Viktor, Mining Engineering, Development of a Field Procedure to Evaluate the Reforestation Potential of Reclaimed Surface-Mined Land, \$46,296.

Balk, Thomas, Chemical and Materials Engineering, Characterizing the Nanostructure and Mechanical Behavior of Nanoporous Noble Metals, \$35,000.

Balke, C., Internal Medicine - Cardiology, Ca Permable Na Channels & Cardiacs Cell Excitation, \$47,685.

Balke, C., Internal Medicine - Cardiology, Ca Permable Na Channels & Cardiacs Cell Excitation, \$11,265.

Balke, C., Internal Medicine - Cardiology, Ca Permable Na Channels & Cardiacs Cell Excitation, \$4,039.

Balke, C., Internal Medicine - Cardiology, Ca Permable Na Channels & Cardiacs Cell Excitation, \$85,511.

Ballard, James, Area Health Education Center, Faculty Development in Primary Care, \$282,345.

Bennett, John, Family Practice and Community Medicine, Faculty Development in Primary Care, \$282,345.

Boatright, William, Animal and Food Sciences, Hexanal Synthesis in Isolated Soy Proteins, \$198,089.

Bradford, Kay, Family Studies, The UK/BHMP Cooperative Relationship to Establish a Pro-Marriage/Pro-Family Initiative among Central Kentucky's Communities and Institutions, \$333,333.

Cantrell, Susan, Collaborative Center for Literacy Development, Scientifically-Based Reading Instruction for Adults, \$243,648.

Carlson, Charles, Psychology, Clinical Training Agreement with Eastern State Hospital, \$28,000.

Carlson, Charles, Psychology, Clinical Training Agreement with Eastern State Hospital, \$28,000.

Carpenter, Clyde, Architecture Instruction, Carter Hudgins Preservation Lecture, \$1,167.

Caudill, Timothy, Internal Medicine - General, Training in Primary Care Medicine and Dentistry, \$193,653.

Chen, Mei, Civil Engineering, Freeway Travel Time Estimation Under Incident, \$10,000.

Cliggett, Lisa, Anthropology, Nutrition Security in Context of Migration in Southern Province, Zambia, \$100,375.

Collins-Camargo, Crystal, Social Work, Quality Improvement Centers on Child Protective Services, \$500.

Collins-Camargo, Crystal, Social Work, Quality Improvement Centers on Child Protective Services, \$187,500.

Collins-Camargo, Crystal, Social Work, Quality Improvement Centers on Child Protective Services, \$200.

Collins-Camargo, Crystal, Social Work, Quality Improvement Centers on Child Protective Services, \$14,100.

Collins-Camargo, Crystal, Social Work, Preliminary GAL Evaluation, \$1,036.

Collins-Camargo, Crystal, Social Work, Quality Improvement Centers on Child Protective Services, \$1,475.

Collins-Camargo, Crystal, Social Work, Preliminary GAL Evaluation, \$15,832.

Collins-Camargo, Crystal, Social Work, Quality Improvement Centers on Child Protective Services, \$248,583.

Collins-Camargo, Crystal, Social Work, Quality Improvement Centers on Child Protective Services, \$9,343.

Collins-Camargo, Crystal, Social Work, Preliminary GAL Evaluation, \$150.

Collins-Camargo, Crystal, Social Work, Quality Improvement Centers on Child Protective Services, \$93,880.

Collins-Camargo, Crystal, Social Work, Preliminary GAL Evaluation, \$1,482

Collins-Camargo, Crystal, Social Work, Quality Improvement Centers on Child Protective Services, \$6,650.

Collins-Camargo, Crystal, Social Work, Quality Improvement Centers on Child Protective Services, \$21,600.

Collins-Camargo, Crystal, Social Work, Preliminary GAL Evaluation, \$1,500

Collins-Camargo, Crystal, Social Work, Quality Improvement Centers on Child Protective Services, \$38,896.

Collins-Camargo, Crystal, Social Work, Quality Improvement Centers on Child Protective Services, \$2,273.

Connolly, John, Computational Sciences, EPIC: Engaging People in Cyberinfrastructure, \$25,000.

Crofford, Leslie, Internal Medicine - Rheumatology, Six-Month, Double-Blind, Placebo Controlled Durability of Effect Study of Pregabalin for Fibromyalgia Pain.

Crofford, Leslie, Internal Medicine - Rheumatology, Six-Month, Double-Blind, Placebo Controlled Durability of Effect Study of Pregabalin for Fibromyalgia Pain.

Crooks, Deborah, Anthropology, Nutrition Security in Context of Migration in Southern Province, Zambia, \$100,375.

Daugherty, Alan, Internal Medicine - Cardiology, Role of Endothelial AT1a receptors on sidestream Cigarette Smoke Induced Atherosclerosis and Vascular, \$152,888.

Daugherty, Alan, Internal Medicine - Cardiology, Role of Endothelial AT1a receptors on sidestream Cigarette Smoke Induced Atherosclerosis and Vascular, \$69,112.

Daugherty, Alan, Internal Medicine - Cardiology, Role of Endothelial AT1a receptors on sidestream Cigarette Smoke Induced Atherosclerosis and Vascular, \$3,000.

Daugherty, Alan, Internal Medicine - Cardiology, Role of Endothelial AT1a receptors on sidestream Cigarette Smoke Induced Atherosclerosis and Vascular, \$104,175.

Daugherty, Alan, Internal Medicine - Cardiology, Efficacy of renin inhibition on the development of atherosclerosis, \$50,769.

Daugherty, Alan, Internal Medicine - Cardiology, Efficacy of renin inhibition on the development of atherosclerosis, \$109,655.

Deaton, Paul, Agricultural Programs, Southern Region SARE Professional Development Program, \$10,000.

Digian, Kelly, Psychology, NRSA to Digian: Determinants of Stimulus Preference, \$0.

Dignan, Mark, Cancer Center-Core Support, Kentucky Cancer Prevention and Control Training Program, \$3,000.

Dignan, Mark, Cancer Center-Core Support, Kentucky Cancer Prevention and Control Training Program, \$2,980.

Dignan, Mark, Cancer Center-Core Support, Kentucky Cancer Prevention and Control Training Program, \$9,471.

Dignan, Mark, Cancer Center-Core Support, Kentucky Cancer Prevention and Control Training Program, \$363,194.

Dignan, Mark, Cancer Center-Core Support, Kentucky Cancer Prevention and Control Training Program, \$8,370.

Dignan, Mark, Cancer Center-Core Support, Kentucky Cancer Prevention and Control Training Program, \$2,706.

Dignan, Mark, Cancer Center-Core Support, Kentucky Cancer Prevention and Control Training Program, \$1,423.

Dignan, Mark, Cancer Center-Core Support, Kentucky Cancer Prevention and Control Training Program, \$40,250.

Dignan, Mark, Cancer Center-Core Support, Kentucky Cancer Prevention and Control Training Program, \$29,437.

Dignan, Mark, Cancer Center-Core Support, Kentucky Cancer Prevention and Control Training Program, \$22,599.

Dignan, Mark, Cancer Center-Core Support, Kentucky Cancer Prevention and Control Training Program, \$1,680.

Dignan, Mark, Cancer Center-Core Support, Kentucky Cancer Prevention and Control Training Program, \$3,500.

Ferland, Gary, Physics and Astronomy, Physical Processes in Orion's Veil: A High Resolution UV Absorption Study of the Line of Sight Towards the Trapezium, \$24,776.

Forge, Raymond, Family Studies, The UK/BHMP Cooperative Relationship to Establish a Pro-Marriage/Pro-Family Initiative among Central Kentucky's Communities and Institutions, \$333,333.

Frazier, Donald, Physiology, Interactive Learning Modules for Writing Grant Proposals, \$263,034.

Fleming, Steven, Epidemiology, Faculty Development in Primary Care, \$282,345.

Gedney, Stephen, Electrical and Computer Engineering, A Systematic Numerical Convergence Study of Typical Computational Electromagnetics Schemes, \$25,019.

Getchell, Thomas, Physiology, Cellular and Molecular Neuroscience of Sensory Systems, \$172,126.

Gibson, Jacqueline, Internal Medicine - General, Training in Primary Care Medicine & Dentistry, \$193,653.

Gonzalez-Koch, Alvaro, Internal Medicine - Gastro, A Phase III Randomized, Placebo-Controlled Study of Sorafenib in Patients with Advanced Hepatocellular carcinoma, \$2.

Godell, Tom, WUKY, CPB Digital Radio Conversion Fund, \$75,000.

Griffith, Charles, Internal Medicine, Faculty Development in Primary Care, \$282,345.

Griffith, Charles, Internal Medicine - General, Faculty Development in Prime Care, \$226,352.

Guttmann, Rodney, Gerontology, Development of Novel Calpain Protease Inhibitors Using Phage Peptide Display, \$65,000.

Hansen, Gary, Community and Leadership Development, The UK/BHMP Cooperative Relationship to Establish a Pro-Marriage/Pro-Family Initiative among Central Kentucky's Communities and Institutions, \$333,333.

Hersh, Louis, Molecular and Cellular Biochemistry, Center of Biomedical Research Excellence in the Molecular Basis of Human Disease - Project 1, \$238,904.

Hildreth, Gladys, Family Studies, The UK/BHMP Cooperative Relationship to Establish a Pro-Marriage/Pro-Family Initiative among Central Kentucky's Communities and Institutions, \$333,333.

Hoffman, Doris, Social Work, Training Resource Center: Resource Parent Training and Mentoring Programs, \$717,263.

Hoffman, Doris, Social Work, Training Resource Center: Resource Parent Training and Mentoring Programs (Medically Fragile), \$12,204.

Hoffman, Doris, Social Work, Training Resource Center: Resource Parent Training and Mentoring Programs (Retention Title IV-E), \$312,910.

Hopenhayn, Claudia, Epidemiology, Surveillance, Epidemiology, and End Results (SEER) Program Expansion, \$804,847.

Hoven, Ardis, Internal Medicine - Infectious Disease, Kentucky AIDS Educational Training Center, \$126,198.

Howard, Patricia, Nursing Instruction, Kentucky Seclusion and Restraint Reduction, \$46,993.

Howard, Patricia, Nursing Instruction, CSH Kentucky Medication Algorithm Project - Fidelity Assessments, \$54,446.

Huffman, Gerald, CFFLS, In Situ Electrostatic Separation of Ambient PM2 into Source Specific Fractions During Collection in a FRM Sampler, \$50,000.

Huffman, Gerald, CFFLS, Distinguishing Free and Embedded Quartz in Coal Fly Ash: An Occupational Hazard Investigation, \$48,915.

Huggins, Frank, CFFLS, In Situ Electrostatic Separation of Ambient PM2 into Source Specific Fractions During Collection in a FRM Sampler, \$50,000.

Huggins, Frank, CFFLS, Distinguishing Free and Embedded Quartz in Coal Fly Ash: An Occupational Hazard Investigation, \$48,915.

Jaromczyk, Jerzy, Computer Science, KY - INBRE; Kentucky Infrastructure Network for Biomedical Research, \$684,821.

Kasarskis, Edward, Neurology, Emotional Disclosure in Patients with Amyotrophic Lateral Sclerosis: A Randomized, Controlled Trial, \$27,388.

Kenady, Daniel, Surgery, A Phase 2, Open Label Trial of the Safety and Biological Effect of Pre-Operative Peri-Lymphatic Ultralow Dose of IRX-2 (with Cyclophosphamide, Indomethacin, and Zinc) in Patients with Locally Advanced, Resectable Cancer of the Head and Neck, \$2.

Khraisheh, Marwan, Mechanical Engineering, Super Plastic Forming Process Development, \$51,205.

Kim, Sujin, Library and Information Science, KY - INBRE; Kentucky Infrastructure Network for Biomedical Research, \$684,821.

Kleinert, Harold, Interdisciplinary Human Development Institute, University Center for Excellence in Developmental Disabilities, \$500,000.

Kucera, Barbara, Computational Sciences, EPIC: Engaging People in Cyberinfrastructure, \$25,000.

Levstik, Linda, Curriculum and Instruction, American Legacies II: Immersion Seminars in American History (Harlan County), \$46,156.

Love, Margaret, Family Practice and Community Medicine, Faculty Development in Primary Care, \$282,345.

Mabry, Charles, Pediatrics - Endo/Metabolic, UK Metabolic, \$222,601.

Matheny, Samuel, Family Practice and Community Medicine, Faculty Development in Primary Care, \$282,345.

- McBride, Kim, Anthropology Museum, Historic Preservation Initiative, \$21,000.
- McCormick, Katherine, Special Education and Rehabilitative Counseling, Higher Education Affiliate Partnership, \$10,000.
- McCullers, Margot, Sponsored Projects Administration, Interactive Learning Modules for Writing Grant Proposals, \$263,034.
- Mcletchie, Nicholas, Biological Sciences, REU: Collaborative Research: Linking Abiotic Stress to Gender Specific Fitness in a Desert Bryophyte, \$280.
- Mcletchie, Nicholas, Biological Sciences, REU: Collaborative Research: Linking Abiotic Stress to Gender Specific Fitness in a Desert Bryophyte, \$1,500.
- Mcletchie, Nicholas, Biological Sciences, REU: Collaborative Research: Linking Abiotic Stress to Gender Specific Fitness in a Desert Bryophyte, \$3,376.
- Mcletchie, Nicholas, Biological Sciences, REU: Collaborative Research: Linking Abiotic Stress to Gender Specific Fitness in a Desert Bryophyte, \$844.
- Mills, Toni-Ann, Collaborative Center for Literacy Development, Scientifically-Based Reading Instruction for Adults, \$243,648.
- Mirabito, Peter, Biological Sciences, KY - INBRE; Kentucky Infrastructure Network for Biomedical Research, \$684,821.
- Murphy, Michael, Molecular and Cellular Biochemistry, Center of Biomedical Research Excellence in the Molecular Basis of Human Disease - Project 1, \$238,904.
- Nikolova-Karakashian, Mari, Physiology, Predoctoral Fellowship Rutkute: Hepatocellular Mechanisms of Cytokine-Mediated CRP Production Upregulation during Aging, \$19,000.
- Norris, Christopher, Molecular & Biomedical Pharmacology, Center of Biomedical Research Excellence in the Molecular Basis of Human Disease - Pilot Project, \$2,000.
- Norris, Christopher, Molecular & Biomedical Pharmacology, Center of Biomedical Research Excellence in the Molecular Basis of Human Disease - Pilot Project, \$13,902.
- Norris, Christopher, Molecular & Biomedical Pharmacology, Center of Biomedical Research Excellence in the Molecular Basis of Human Disease - Pilot Project, \$21,302.
- Norris, Christopher, Molecular & Biomedical Pharmacology, Center of Biomedical Research Excellence in the Molecular Basis of Human Disease - Pilot Project, \$12,796.
- Norris, Christopher, Molecular & Biomedical Pharmacology, Center of Biomedical Research Excellence in the Molecular Basis of Human Disease - Pilot Project, \$17,225.
- Norton, James, Area Health Education Center, Improving Health Outcomes for Children in Rural Kentucky Schools through Telehealth Networks, \$26,062.
- Norton, James, Area Health Education Center, Improving Health Outcomes for Children in Rural Kentucky Schools through Telehealth Networks, \$2,159.
- Norton, James, Area Health Education Center, Improving Health Outcomes for Children in Rural Kentucky Schools through Telehealth Networks, \$52,460.
- Norton, James, Area Health Education Center, Improving Health Outcomes for Children in Rural Kentucky Schools through Telehealth Networks, \$31,684.
- Norton, James, Area Health Education Center, Improving Health Outcomes for Children in Rural Kentucky Schools through Telehealth Networks, \$3,000.
- Norton, James, Area Health Education Center, Improving Health Outcomes for Children in Rural Kentucky Schools through Telehealth Networks, \$124,290.
- Norton, James, Area Health Education Center, Improving Health Outcomes for Children in Rural Kentucky Schools through Telehealth Networks, \$12,000.

Norton, James, Area Health Education Center, Health Career Opportunity Program, \$363,943.

Ogle, Robert, Center for Historic Architecture Preservation, Survey and Inventory of Civil War Battle Sites, \$8,850.

Ogle, Robert, Center for Historic Architecture Preservation, Survey and Inventory of Civil War Battle Sites, \$26,903.

Ogle, Robert, Center for Historic Architecture Preservation, Survey and Inventory of Civil War Battle Sites, \$13,731.

Ogle, Robert, Center for Historic Architecture Preservation, Survey and Inventory of Civil War Battle Sites, \$10,968.

Ogle, Robert, Center for Historic Architecture Preservation, Survey and Inventory of Civil War Battle Sites, \$1,548.

Omar, Hatim, Peds - General, Tates Creek High School Wellness Center, \$5,000.

Pearce, Kevin, Family Practice & Community Medicine, Faculty Development in Primary Care, \$282,345.

Pollack, David, Program for Archaeological Research, LG&E Western Tract Archaeological Survey, \$10,000.

Pollack, David, Program for Archaeological Research, Paintsville/Dewey Lakes Wildlife Area, \$5,000.

Pollack, David, Ky Archaeological Survey, Phase II Archaeological Testing of Sites 15Cn47, 50 & 67, Crittenden County, Kentucky - Item # 1-187.2, \$75,625.

Rawls, J., Biological Sciences, KY - INBRE; Kentucky Infrastructure Network for Biomedical Research, \$684,821.

Reed, Michael, International Programs, Improving Agricultural Education in the Republic of Georgia, \$59,000.

Reed, Michael, International Programs, Improving Agricultural Education in the Republic of Georgia, \$59,684.

Reed, Michael, International Programs, Improving Agricultural Education in the Republic of Georgia, \$17,680.

Reed, Michael, International Programs, Improving Agricultural Education in the Republic of Georgia, \$13,636.

Reynolds, L., Internal Medicine - Endocrinology, A Phase 2, Multicenter, Randomized, Double-Blind, Placebo-Controlled Study of Combination Therapy for Safety and Efficacy in Subjects with Uncomplicated Obesity, \$2.

Reynolds, L., Internal Medicine - Endocrinology, A Two Year Study to Assess the Effectiveness, Safety and Tolerability of L-000899055 in Obese Patients, \$2.

Rutkute, Kristina, Physiology, Predoctoral Fellowship Rutkute: Hepatocellular Mechanisms of Cytokine-Mediated CRP Production Upregulation During Aging, \$19,000.

Sarge, Kevin, Molecular and Cellular Biochemistry, Fellowship Donald Chadwick Wilkerson / Heat Shock Transcription Factors and their Role in Spermatogenesis and Early Embryogenesis, \$35,000.

Scutchfield, F., Health Services Management, Personal Consulting Contract between ECU and UKRF, \$10,000.

Segerstrom, Suzanne, Psychology, Emotional Disclosure in Patients with Amyotrophic Lateral Sclerosis: A Randomized, Controlled Trial, \$27,388.

Sekulic, Dusan, Center for Manufacturing, Super Plastic Forming Process Development, \$51,205.

Shah, Naresh, CFFLS, In Situ Electrostatic Separation of Ambient PM2 into Source Specific Fractions During Collection in a FRM Sampler, \$50,000.

Shah, Naresh, CFFLS, Distinguishing Free and Embedded Quartz in Coal Fly Ash: An Occupational Hazard Investigation, \$48,915.

Shelton, Brent, Internal Medicine - General, Surveillance, Epidemiology, and End Results (SEER) Program Expansion, \$804,847.

Singleton, Michael, Kentucky Injury Prevention and Research Center, Public Health Injury Surveillance and Prevention Program, \$110,000.

Staben, Charles, Biological Sciences, KY - INBRE; Kentucky Infrastructure Network for Biomedical Research, \$684,821.

St. Clair, Daret, Nutritional Sciences, Training Program in Oxidative Stress and Nutrition, \$3,000.

St. Clair, Daret, Nutritional Sciences, Training Program in Oxidative Stress and Nutrition, \$5,753.

St. Clair, Daret, Nutritional Sciences, Training Program in Oxidative Stress and Nutrition, \$26,913.

St. Clair, Daret, Nutritional Sciences, Training Program in Oxidative Stress and Nutrition, \$6,600.

St. Clair, Daret, Nutritional Sciences, Training Program in Oxidative Stress and Nutrition, \$1,935.

St. Clair, Daret, Nutritional Sciences, Training Program in Oxidative Stress and Nutrition, \$62,316.

Stewart, Sharon, Office of the Provost, Higher Education Affiliate Partnership, \$10,000.

Sumandea, Marius, Internal Medicine - Hema/Onc, Cardiac Troponin T Phosphorylation and Cardiac Hypertrophy and Decompensation, \$65,000.

Stromberg, Arnold, Statistics, KY - INBRE; Kentucky Infrastructure Network for Biomedical Research, \$684,821.

Sweigard, Richard, Mining Engineering, Development of a Field Procedure to Evaluate the Reforestation Potential of Reclaimed Surface-Mined Land, \$46,296.

Thompson, Stewart, Family Studies, The UK/BHMP Cooperative Relationship to Establish a Pro-Marriage/Pro-Family Initiative among Central Kentucky's Communities and Institutions, \$333,333.

Tindall, Michele, Center on Drug and Alcohol Research, Evaluation for the Center on Substance Abuse Treatment, \$80,000.

Toborek, Michal, Surgery - Neurosurgery, Tat-Mediated Brain Endothelial Cell Dysfunction, \$8,000.

Toborek, Michal, Surgery - Neurosurgery, Tat-Mediated Brain Endothelial Cell Dysfunction, \$78,281.

Toborek, Michal, Surgery - Neurosurgery, Tat-Mediated Brain Endothelial Cell Dysfunction, \$144,488.

Toborek, Michal, Surgery - Neurosurgery, Tat-Mediated Brain Endothelial Cell Dysfunction, \$41,423.

Toborek, Michal, Surgery - Neurosurgery, Tat-Mediated Brain Endothelial Cell Dysfunction, \$14,214.

Toborek, Michal, Surgery - Neurosurgery, Nicotine-Mediated Neuroprotection in Spinal Cord Injury, \$221,881.

Tucker, Thomas, Kentucky Community Cancer Program, Surveillance, Epidemiology, and End Results (SEER) Program Expansion, \$804,847.

Tyas, Suzanne, Gerontology, Faculty Development in Primary Care, \$282,345.

Vannagell Jr., John, OB/GYN - Oncology, Ovarian Cancer Screening in Kentucky, \$775,000.

Whiting, Jason, Family Studies, The UK/BHMP Cooperative Relationship to Establish a Pro-Marriage/Pro-Family Initiative among Central Kentucky's Communities and Institutions, \$333,333.

Wilkerson, Donald, Molecular and Cellular Biochemistry, Fellowship Donald Chadwick Wilkerson / Heat Shock Transcription Factors and their Role in Spermatogenesis and Early Embryogenesis, \$35,000.

Wilson, J., Behavioral Science, Faculty Development in Prime Care, \$226,352.

Witzke, Donald, Pathology & Lab Medicine, Interactive Learning Modules for Writing Grant Proposals, \$263,034.

Wyatt, Stephen, College of Public Health, Surveillance, Epidemiology, and End Results (SEER) Program Expansion, \$804,847.

Young, Alfred, Surgery - Neurosurgery, A Phase III Randomized, Double-Blind, Dexamethasone-Sparing Study Comparing Human Corticotropin-Releasing factor (hCRF) to Placebo for Control of Symptoms Associated with Peritumoral Brain Edema in Patients with Malignant, \$2.

Young, Thomas, Pediatrics - General, Johnson Elementary School Clinic, \$16,000.

Zentall, Thomas, Psychology, NRSA to Digian: Determinants of Stimulus Preference, \$0.

PR 2

Office of the President
October 25, 2005

Members, Board of Trustees:

PERSONNEL ACTIONS

Recommendation: that approval be given to the attached appointments, actions, and/or other staff changes which require Board action; and that the report relative to appointments and/or changes already approved by the administration be accepted.

Background: The attached recommended appointments and/or other staff changes require approval by the Board of Trustees in accordance with Part VIII-B of the Governing Regulations of the University. These recommendations are transmitted to the Board by the appropriate Provost/Executive Vice President through the President and have the President's concurrence.

Under the Governing Regulations, the authority to make certain appointments and/or other staff changes is delegated to the President or other administrators who are required to report their actions to the Board. These items of report follow the recommendations requiring Board approval.

Action taken: ☒ Approved ☐ Disapproved ☐ Other _____

PRESIDENT
AND
EXECUTIVE VICE PRESIDENT
FOR
FINANCE AND ADMINISTRATION

I. BOARD ACTION

A. RETIREMENTS

Executive Vice President for Finance and Administration

Carrier, Rebecca, Medical Assistant II, Employee Benefits, Human Resources, after 12 years and 7 months of consecutive service under AR II-1.6-1 Section III.B, effective 9/30/05.

Land, Wanda, Nurse Clinical II, Employee Benefits, Human Resources, after 13 years and 9 months of consecutive service under AR II-1.6-1 Section III.B, effective 7/31/05.

B. EARLY RETIREMENTS

Executive Vice President for Finance and Administration

Harmon, Betty C., Patient Care Technician, Employee Benefits, Human Resources, after 17 years of consecutive service, under AR II-1.6-1 Section III.A.2, effective 9/14/05.

PROVOST

I. BOARD ACTION

A. ACADEMIC APPOINTMENTS

Braun, Michael E., College of Fine Arts, Associate Professor (with tenure), Theatre, appointed to the Gary B. Knapp Endowed Chair in Arts Administration, 7/1/05 through 6/30/10.

Doornbos, J. Fred, College of Medicine, Associate Professor (part-time), Radiation Medicine, 10/11/05 through 6/30/06.

Lauersdorf, Mark R., College of Arts and Sciences, Associate Professor (temporary), Modern and Classical Languages, Literatures and Cultures, 8/16/05 through 12/31/05.

Mayer, Lloyd D., College of Medicine, Professor (voluntary), Internal Medicine, 7/1/05 through 6/30/06.

Olson, Christine K., College of Medicine, Clinical Assistant Professor, Obstetrics and Gynecology, 9/28/05 through 6/30/06.

Pulliam, Joseph F., College of Medicine, Assistant Professor*, Pathology and Laboratory Medicine, 12/1/05 through 6/30/06.

Shatford, Russell A., College of Medicine, Assistant Professor*, Orthopaedic Surgery, 10/1/05 through 6/30/06.

Troske, Kenneth R., College of Business and Economics, Professor (with tenure), Economics, effective 8/1/05, and appointed to the William B. Sturgill Professorship in Business and Public Policy, 8/1/05 through 7/31/08.

B. JOINT APPOINTMENTS

Mannino, David M., College of Medicine, Associate Professor (without tenure), Internal Medicine, joint appointment as Associate Professor (without tenure), Preventive Medicine and Environmental Health, College of Public Health, 1/1/06 through 6/30/06.

Piasecik, Michael T., College of Medicine, Professor (with tenure), Molecular and Biomedical Pharmacology, joint appointment as Professor (without tenure), Oral Health Science, College of Dentistry, effective 10/1/05.

Speck, Dexter F., College of Medicine, Associate Professor (with tenure), Physiology, joint appointment as Associate Professor (without tenure), Oral Health Science, College of Dentistry, effective 10/1/05.

Walsh, Sharon L., College of Medicine, Professor (with tenure), Behavioral Science, joint appointment as Professor (without tenure), Psychiatry, effective 10/1/05.

C. REAPPOINTMENTS

Phillips, Gordon L., College of Medicine, Professor (part-time), Internal Medicine, 7/1/05 through 6/30/06.

*Special Title Series

D. PROMOTIONS

Gurley, John C., College of Medicine, from Associate Professor (with tenure), Internal Medicine, to Professor (with tenure), Internal Medicine, effective 7/1/05.

E. CHANGES

Braun, Michael E., College of Fine Arts, from Associate Professor* (with tenure), Theatre, to Associate Professor (with tenure), Theatre, effective 7/1/05.

Griffen, Ward O., College of Medicine, from Professor (part-time), Surgery, to Professor (voluntary), Surgery, 7/1/05 through 6/30/06.

Mankad, Vipul N., College of Medicine, from Professor (with tenure), Pediatrics, to Professor (voluntary), Pediatrics, 10/1/05 through 6/30/06.

Vascello, Luis A., College of Medicine, from Clinical Associate Professor, Anesthesiology, to Associate Professor (part-time), Anesthesiology, 9/20/05 through 6/30/06.

F. EARLY RETIREMENTS

Olsen, Delores, College of Medicine, Administrative Support Associate I, Plastic Surgery, after 20 years of consecutive service, under AR II-1.6-1, Section III.A.2, effective 10/15/05.

Ware, Edna, College of Medicine, Medical Records Correspondence Clerk, Surgery, after 21 year and 11 months of consecutive service, under AR II-1.6-1, Section III.A.2, effective 11/14/05.

G. POST-RETIREMENT APPOINTMENTS

Campbell, William R., College of Arts and Sciences, Associate Professor (part-time), English, 8/16/05 through 12/31/05.

Cox, Raymond, College of Arts and Sciences, Associate Professor (part-time), Mathematics, 8/16/05 through 12/31/05.

Davis, Britt E., College of Communications and Information Studies, Instructor (part-time), Journalism and Telecommunications, 7/1/05 through 6/30/06.

Donohew, Robert L., College of Communications and Information Studies, Professor (part-time), Communication, 7/1/05 through 6/30/06.

Duncan, J. Henry, College of Agriculture, Agriculture Water Quality Liaison, Cooperative Extension Service, 9/1/05 through 10/31/05.

Howard, Henry, College of Arts and Sciences, Professor (part-time), Mathematics, 8/16/05 through 12/31/05.

Ireson, Carol L., College of Public Health, Associate Professor (part-time), Health Services Management, 11/1/05 through 6/30/06.

Swift, Louis J., College of Arts and Sciences, Professor (part-time), Modern and Classical Languages, Literatures and Cultures, 8/16/05 through 5/15/06.

Wiehe, Vernon R., College of Social Work, Professor (part-time), 8/16/05 through 6/30/06.

*Special Title Series

H. PHASED RETIREMENT APPOINTMENTS

Banning, Lance, College of Arts and Sciences, Professor (with tenure), History, 7/1/06 through 6/30/11.

II. ADMINISTRATION ACTION

A. ACADEMIC APPOINTMENTS

Ali, Mohamed H., College of Engineering, Lecturer, Mechanical Engineering, 8/16/05 through 6/30/06.

Batsch, Louis C., College of Design, Instructor (part-time), Architecture, 8/16/05 through 6/30/06.

Bolton, Kathy L., College of Nursing, Instructor (voluntary), 7/1/05 through 6/30/06.

Brennan, Kimberly C., College of Medicine, Assistant Professor (part-time), Diagnostic Radiology, 10/1/05 through 6/30/06.

Camilleri, Bradley T., College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.

Campoli, Alan A., College of Engineering, Instructor (part-time), Mining Engineering, 8/16/05 through 6/30/06.

Catlin, Michelle R., College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.

Cerel, Julie A., College of Social Work, Assistant Professor, 8/16/05 through 6/30/06.

Chavez, Daniel, College of Arts and Sciences, Assistant Professor (visiting), Hispanic Studies, 8/16/05 through 5/15/06.

Ciporkin, George P., College of Medicine, Assistant Professor (part-time), Diagnostic Radiology, 9/19/05 through 6/30/06.

Clark, Amy C., College of Arts and Sciences, Instructor (part-time), Modern and Classical Languages, Literatures and Cultures, 8/16/05 through 12/31/05.

Cohen, Darryl L., College of Arts and Sciences, Instructor (part-time), Philosophy, 8/16/05 through 12/31/05.

Conley, Arica, College of Health Sciences, Instructor (voluntary), Rehabilitation Sciences, 7/1/05 through 6/30/06.

Cruz-Morgado, Luciano E., College of Arts and Sciences, Instructor (part-time), Hispanic Studies, 8/16/05 through 12/31/05.

Cumings-Smith, Felicia, College of Education, Lecturer, Curriculum and Instruction, 8/1/05 through 6/30/06.

Davidson, Melissa, College of Social Work, Instructor (part-time), 8/16/05 through 5/15/06.

Eakle, Kimberly Y., College of Medicine, Instructor (voluntary), Internal Medicine, 10/1/05 through 6/30/06.

Fielding, Jami L., College of Communications and Information Studies, Instructor (part-time), Communication, 7/1/05 through 6/30/06.

Fletcher, Rebecca A., College of Arts and Sciences, Instructor (part-time), Anthropology, 8/16/05 through 12/31/05.

Fox, Bessie L., College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.

Glaser, Christopher C., College of Health Sciences, Assistant Professor (voluntary), Clinical Sciences, 7/1/05 through 6/30/06.

Gonzalez, Mariela S., College of Arts and Sciences, Instructor (part-time), Hispanic Studies, 8/16/05 through 12/31/05.

Halladay, Keith E., College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.

Hatcher, Jennifer, College of Nursing, Instructor (part-time), 8/1/05 through 6/30/06.

Hill, Raymond E., College of Public Health, Assistant Professor (part-time), Health Services Management, 7/1/05 through 6/30/06.

Human, Renee, College of Communications and Information Studies, Instructor (part-time), Journalism and Telecommunications, 7/1/05 through 6/30/06.

Hunter, George G., College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.

Johnson, Wesley W., College of Medicine, Assistant Professor (voluntary), Family and Community Medicine, 3/1/05 through 6/30/06.

Kaczmarek, Chris, College of Health Sciences, Instructor (voluntary), Rehabilitation Sciences, 5/1/05 through 6/30/06.

Kinnaird, Sally W., College of Nursing, Instructor (part-time), 8/1/05 through 6/30/06.

Kleinert, Jane O., College of Health Sciences, Assistant Professor, Rehabilitation Sciences, 8/1/05 through 6/30/06.

Kovach, Jonathan R., College of Arts and Sciences, Assistant Professor, Military Science, 7/1/05 through 6/30/09.

Lee, Ok J., College of Arts and Sciences, Assistant Professor (visiting), Modern and Classical Languages, Literatures and Cultures, 8/16/05 through 5/15/06.

Lenoir, Jacqueline G., College of Pharmacy, Assistant Professor (voluntary), 7/1/05 through 6/30/06.

Liedka, Raymond V., College of Arts and Sciences, Assistant Professor (visiting), Sociology, 8/16/05 through 5/15/06.

Loveless, Diana K., College of Health Sciences, Instructor (voluntary), Rehabilitation Sciences, 7/1/05 through 6/30/06.

Maddock, Tara A., College of Arts and Sciences, Assistant Professor (visiting), Geography, 8/16/05 through 5/15/06.

Manno, Charlotte, College of Education, Assistant Professor (temporary), Special Education and Rehabilitation Counseling, 8/1/05 through 6/30/06.

Massey, Christi S., College of Arts and Sciences, Instructor (part-time), Sociology, 8/16/05 through 12/31/05.

Mayer, Danny, College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.

McClanahan, Kimberly K., College of Medicine, Clinical Assistant Professor, Pediatrics, 10/1/05 through 6/30/06.

McQueen, Sharon, College of Communications and Information Studies, Assistant Professor, Library and Information Science, 8/1/05 through 6/30/06.

Mueller, Chad E., College of Arts and Sciences, Instructor (part-time), Chemistry, 8/16/05 through 12/31/05.

Ospina, Claudia C., College of Arts and Sciences, Instructor (part-time), Hispanic Studies, 8/16/05 through 12/31/05.

Price, Linda, College of Education, Instructor (part-time), Special Education and Rehabilitation Counseling, 8/16/05 through 12/31/05.

Reese, Christopher L., College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.

Rock, Peter T., College of Medicine, Assistant Professor (voluntary), Family and Community Medicine, 10/1/05 through 6/30/06.

Rodenberg, Richard E., College of Medicine, Assistant Professor (voluntary), Family and Community Medicine, 10/1/05 through 6/30/06.

Rozhkov, Igor, College of Arts and Sciences, Instructor (part-time), Physics and Astronomy, 8/16/05 through 12/31/05.

Schlackman, Marc S., College of Fine Arts, Lecturer, Music, 7/1/05 through 6/30/06.

Schott, Jennifer C., College of Medicine, Assistant Adjunct Professor, Pathology and Laboratory Medicine, 12/1/05 through 6/30/06.

Shah, Paulomi R., College of Dentistry, Clinical Assistant Professor, Oral Health Science, 8/19/05 through 6/30/06.

Slater, Barbara M., College of Nursing, Instructor (part-time), 8/1/05 through 6/30/06.

Stark, Glenn W., College of Pharmacy, Assistant Professor (voluntary), 4/14/05 through 6/30/06.

Strong, Sue, College of Education, Instructor (part-time), Educational and Counseling Psychology, 8/16/05 through 12/31/05.

Swinford, Bill, College of Arts and Sciences, Instructor (part-time), Political Science, 8/16/05 through 12/31/05.

Tweedy, Clarence W., College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.

Ubelhor, Anthony E., College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.

Underwood, Diane, College of Social Work, Instructor (part-time), 8/16/05 through 6/30/06.

Voskresensky, Anna, College of Arts and Sciences, Instructor (part-time), Modern and Classical Languages, Literatures and Cultures, 8/16/05 through 12/31/05.

Wang, Min, College of Engineering, Instructor (part-time), Civil Engineering, 8/16/05 through 6/30/06.

Whitehead, Rebecca E., College of Arts and Sciences, Instructor (temporary), Hispanic Studies, 8/16/05 through 5/15/06.

Williams, Barry R., College of Medicine, Assistant Professor (voluntary), Pediatrics, 10/1/05 through 6/30/06.

Williamson, John, College of Education, Instructor (part-time), Curriculum and Instruction, 8/16/05 through 5/15/06.

Youse, Kathleen, College of Health Sciences, Assistant Professor, Rehabilitation Sciences, 8/1/05 through 6/30/06.

B. ADMINISTRATIVE APPOINTMENTS

Eidson, Rachel, College of Medicine, Administrative Staff Officer III, Dean's Office, effective 9/12/05.

Hart, Lisa, College of Pharmacy, Assessment Development Manager, Pharmacy Continuing Education, effective 9/6/05.

Hess, Lisa, College of Medicine, Nurse Practitioner, Pediatrics, effective 9/12/05.

Kinnard, Tria, College of Medicine, Physician Assistant, Pediatrics, effective 9/19/05.

von Wiegen, Alexis, College of Medicine, Nurse Practitioner, Internal Medicine, effective 9/1/05.

C. JOINT APPOINTMENTS

- Bensalem, Meriem K., College of Medicine, Assistant Professor*, Neurology, joint appointment as Assistant Professor*, Anatomy and Neurobiology, 10/1/05 through 6/30/06.
- Brueckner, Jennifer K., College of Medicine, Assistant Professor*, Anatomy and Neurobiology, joint appointment as Assistant Professor*, Oral Health Science, College of Dentistry, 9/1/05 through 6/30/06.
- Glueck, Dehra A., College of Medicine, Assistant Professor (part-time), Psychiatry, joint appointment as Assistant Professor (part-time), Pediatrics, 9/1/05 through 6/30/06.

D. REAPPOINTMENTS

- Anyaeibunam, Chike M., College of Communications and Information Studies, Assistant Professor*, Journalism and Telecommunications, 7/1/05 through 12/31/05.
- Barbour, Chad A., College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.
- Batson, William J., College of Design, Instructor (part-time), Interior Design, 8/16/05 through 12/16/05.
- Berres, Peter N., College of Arts and Sciences, Instructor (part-time), Political Science, 8/16/05 through 12/31/05.
- Boyles, Paul J., College of Arts and Sciences, Instructor (part-time), Philosophy, 8/16/05 through 12/31/05.
- Broady, Christel, College of Arts and Sciences, Instructor (part-time), Modern and Classical Languages, Literatures and Cultures, 8/16/05 through 12/31/05.
- Brothers, Mary, College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.
- Campbell, Todd, College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.
- Cardiff, Cheryl, College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.
- Carr, Audrey E., College of Agriculture, Instructor (part-time), Family Studies, 8/16/05 through 5/15/06.
- Caspani, Guido, College of Arts and Sciences, Instructor (part-time), Modern and Classical Languages, Literatures and Cultures, 8/16/05 through 12/31/05.
- Chung, Deborah S., College of Communications and Information Studies, Assistant Professor, Journalism and Telecommunications, 7/1/05 through 6/30/06.
- Cichocki, David, College of Communications and Information Studies, Assistant Professor (temporary), Communication, 7/1/05 through 6/30/06.
- Clark, John F., College of Communications and Information Studies, Assistant Professor*, Journalism and Telecommunications, 7/1/05 through 6/30/06.
- Cooley, Edward L., College of Business and Economics, Instructor (part-time), Management, 8/16/05 through 6/30/06.
- Cooley, Paul, College of Arts and Sciences, Instructor (part-time), Mathematics, 8/16/05 through 12/31/05.
- Davis, Rebecca J., College of Business and Economics, Instructor (part-time), Management, 8/16/05 through 6/30/06.
- Davis, Sean D., College of Agriculture, Instructor (part-time), Family Studies, 8/16/05 through 5/15/06.
- Day, Richard, College of Education, Instructor (part-time), Educational Leadership Studies, 8/16/05 through 12/31/05.

*Special Title Series

DeCroo, Jacqueline C., College of Arts and Sciences, Instructor (part-time), Modern and Classical Languages, Literatures and Cultures, 8/16/05 through 12/31/05.

Durbin, Eileen D., College of Agriculture, Instructor (part-time), Family Studies, 8/16/05 through 5/15/06.

Durham, Brian, College of Arts and Sciences, Instructor (part-time), Mathematics, 8/16/05 through 12/31/05.

Effinger, Kathy, College of Arts and Sciences, Instructor (part-time), Mathematics, 8/16/05 through 12/31/05.

Egan, Thomas, College of Arts and Sciences, Instructor (part-time), Sociology, 8/16/05 through 12/31/05.

Fields, Jim, College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.

Fitzpatrick, Sarah, College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.

Franklin, Patricia A., College of Education, Instructor (part-time), Curriculum and Instruction, 8/1/05 through 6/30/06.

Goan, Melanie, College of Arts and Sciences, Instructor (part-time), History, 8/16/05 through 12/31/05.

Hamlin, William, College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.

Hans, Jason D., College of Agriculture, Assistant Professor, Family Studies, 7/1/05 through 6/30/06.

Hayes, Harold E., College of Arts and Sciences, Instructor (part-time), Modern and Classical Languages, Literatures and Cultures, 8/16/05 through 12/31/05.

Hays, Jessica B., College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.

Holbrook, Paul E., College of Arts and Sciences, Instructor (part-time), Philosophy, 8/16/05 through 12/31/05.

Huber, Paul T., College of Agriculture, Instructor (part-time), Family Studies, 8/15/05 through 5/15/06.

Jabbour, Michel, College of Arts and Sciences, Assistant Professor, Mathematics, 7/1/05 through 6/30/07.

Johnson, Carrie, College of Pharmacy, Clinical Assistant Professor, 7/1/05 through 6/30/06.

Jones, Blake L., College of Social Work, Instructor (part-time), 8/16/05 through 6/30/06.

Jordan, JoBeth, College of Arts and Sciences, Instructor (part-time), Philosophy, 8/16/05 through 12/31/05.

Kershaw, Debra S., College of Arts and Sciences, Instructor (part-time), Sociology, 8/16/05 through 12/31/05.

Kim, Hyungsoo, College of Agriculture, Assistant Professor, Family Studies, 7/1/05 through 6/30/06.

LaBelle, David, College of Communications and Information Studies, Instructor (part-time), Journalism and Telecommunications, 7/1/05 through 6/30/06.

Leedham, Cynthia, College of Arts and Sciences, Instructor (part-time), Sociology, 8/16/05 through 12/31/05.

Lewin, Jennifer, College of Arts and Sciences, Assistant Professor, English, 7/1/05 through 6/30/07.

Loeffler, Diane N., College of Social Work, Instructor (part-time), 8/16/05 through 6/30/06.

Martin, Andrew, College of Arts and Sciences, Instructor (part-time), Mathematics, 8/16/05 through 12/31/05.

Miraztchijka, Aelita T., College of Arts and Sciences, Instructor (part-time), Modern and Classical Languages, Literatures and Cultures, 8/16/05 through 12/31/05.

Morris, Sean, College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.

Moss, Marvin, College of Arts and Sciences, Instructor (part-time), Mathematics, 8/16/05 through 12/31/05.

Mulberry, Greig, College of Arts and Sciences, Instructor (part-time), Philosophy, 8/16/05 through 12/31/05.

Natter, Elizabeth U., College of Arts and Sciences, Assistant Adjunct Professor, Geography, 7/1/05 through 6/30/07.

Norman, Charlene, College of Arts and Sciences, Instructor (part-time), Mathematics, 8/16/05 through 12/31/05.

O'Hara, Michael, College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.

Oeffinger, Donna, College of Education, Adjunct Instructor, Kinesiology and Health Promotion, 8/16/05 through 6/30/06.

Oei, Djong-Gie, College of Arts and Sciences, Instructor (part-time), Chemistry, 8/16/05 through 12/31/05.

Omlor, Dan, College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.

Ortwein, Mary C., College of Agriculture, Instructor (part-time), Family Studies, 8/16/05 through 5/15/06.

Parker, James S., College of Communications and Information Studies, Instructor (part-time), Communication, 7/1/05 through 6/30/06.

Pena Rivera, Carlos A., College of Arts and Sciences, Instructor (part-time), Hispanic Studies, 8/16/05 through 12/31/05.

Platt, Phyllis A., College of Social Work, Instructor (part-time), 8/16/05 through 5/15/06.

Popkin, Beate, College of Arts and Sciences, Instructor (part-time), History, 8/16/05 through 12/31/05.

Reedy-Strother, Tammy L., College of Arts and Sciences, Instructor (part-time), Sociology, 8/16/05 through 12/31/05.

Ripley, Dee, College of Arts and Sciences, Instructor (part-time), Mathematics, 8/16/05 through 12/31/05.

Robinson, Penelope, College of Arts and Sciences, Instructor (part-time), Mathematics, 8/16/05 through 12/31/05.

Rosdatter, Paula E., College of Arts and Sciences, Instructor (part-time), Philosophy, 8/16/05 through 12/31/05.

Rosenbaum, Ned, College of Arts and Sciences, Instructor (part-time), Modern and Classical Languages, Literatures and Cultures, 8/16/05 through 12/31/05.

Seyfred, Jill, College of Social Work, Instructor (part-time), 8/16/05 through 6/30/06.

Shannon, Elizabeth, College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.

Shumer, Daniel, College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.

Simmons, Leigh Ann, College of Agriculture, Assistant Professor, Family Studies, 7/1/05 through 6/30/06.

Smith, Lynn, College of Education, Instructor (part-time), Educational and Counseling Psychology, 8/16/05 through 12/31/05.

Smith, Michelle, College of Arts and Sciences, Instructor (part-time), Statistics, 8/16/05 through 12/31/05.

Smith, Richard, College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.

Stevens, Randall S., College of Design, Instructor (part-time), Architecture, 7/1/06 through 6/30/07.
 Tolzmann, Don H., College of Communications and Information Studies, Instructor (part-time), Library and Information Science, 8/16/05 through 6/30/06.
 Trollinger, Linda J., College of Agriculture, Instructor (part-time), Family Studies, 8/16/05 through 5/15/06.
 Vanderpool, Betty, College of Arts and Sciences, Instructor (part-time), Mathematics, 8/16/05 through 12/31/05.
 VanSickels, Mary, College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.
 Wegrzyn, Joseph, College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.
 Weller, David, College of Communications and Information Studies, Instructor (temporary), Journalism and Telecommunications, 7/1/05 through 6/30/06.
 White, Clyde, College of Arts and Sciences, Instructor (part-time), English, 7/1/05 through 12/31/05.
 Whiting, Jason B., College of Agriculture, Assistant Professor, Family Studies, 7/1/05 through 6/30/06.
 Wood, Mark F., College of Arts and Sciences, Instructor (part-time), English, 8/16/05 through 12/31/05.
 Yu, Carol B., College of Arts and Sciences, Instructor (part-time), Modern and Classical Languages, Literatures and Cultures, 8/16/05 through 12/31/05.

E. PROMOTIONS WITHOUT TENURE

DeSimone, Christopher P., College of Medicine, from Clinical Instructor, Obstetrics and Gynecology, to Assistant Professor*, Obstetrics and Gynecology, 10/1/05 through 6/30/06.

F. CHANGES

Doherty, Fiona M., College of Medicine, from Assistant Professor (voluntary), Psychiatry, to Assistant Professor (part-time), Psychiatry, 11/1/05 through 6/30/06.
 Ellington, Virginia H., College of Agriculture, from Instructor (temporary), Family Studies, to Lecturer, Family Studies, 8/16/05 through 6/30/06.
 Hager, Jacqueline, Undergraduate Studies, from Technical Administrator II, Registrar's Office, to Associate Registrar, effective 9/19/05.
 Hale, Frank, College of Arts and Sciences, from Instructor (temporary), Philosophy, to Instructor (part-time), Philosophy, 8/16/05 through 12/31/05.
 Holliday, Lisa R., College of Arts and Sciences, from Instructor (part-time), Honors Program, to Instructor (part-time), History, 8/16/05 through 12/31/05.
 Jackson, Rodney A., College of Dentistry, from Assistant Professor (voluntary), Oral Health Science, to Assistant Professor (part-time), Oral Health Science, 9/8/05 through 6/30/06.
 Kerr, Jeremy, College of Arts and Sciences, from Instructor (part-time), Sociology, to Instructor (temporary), Sociology, 8/16/05 through 12/31/05.
 Mendiondo, Marta S., College of Public Health, from Assistant Research Professor, Biostatistics, to Assistant Professor, Biostatistics, 7/1/05 through 6/30/06.
 Moosnick, Nora R., College of Arts and Sciences, from Instructor (part-time), Sociology, to Assistant Professor (visiting), Sociology, 8/16/05 through 5/15/06.

*Special Title Series

Price, Cleophus, Undergraduate Education, from Registrar Associate, Registrar's Office, to Dean Assistant, Graduate School, effective 9/19/05.

Shridas, Preetha, College of Medicine, from Research Associate, Biochemistry, to Scientist III, Internal Medicine, effective 9/19/05.

G. LEAVES OF ABSENCE

Atwood, Janice, College of Agriculture, County Extension Agent, Cooperative Extension Service, Educational leave with full salary, 10/1/05 through 3/31/06.

Brion, Gail M., College of Engineering, Associate Professor (with tenure), Civil Engineering, and joint appointment as Associate Professor (without tenure), Kentucky School of Public Health, College of Medicine, Sabbatical leave at full salary, 1/1/06 through 6/30/06.

Hall, John, College of Education, Associate Professor (with tenure), Kinesiology and Health Promotion, Sabbatical leave at full salary, 1/1/06 through 5/15/06.

Labunski, Richard E., College of Communications and Information Studies, Associate Professor (with tenure), Journalism and Telecommunications, Sabbatical leave at full salary, 1/1/06 through 6/30/06.

Smith, Michelle W., College of Agriculture, County Extension Agent, Cooperative Extension Service, Educational leave with full salary, 1/17/06 through 7/16/06.

Walker, Lee, College of Arts and Sciences, Assistant Professor, Political Science, Scholarly fellowship leave, 1/1/06 through 12/31/06.

Zimmerman, Rick S., College of Communications and Information Studies, Professor (with tenure), Communication, to change from Leave without pay, 8/16/05 through 12/31/05, and Leave without pay, 8/16/06 through 12/31/06, to Leave with partial pay, 8/16/05 through 12/31/05, and Leave with partial pay, 8/16/06 through 12/31/06.

EXECUTIVE VICE PRESIDENT FOR HEALTH AFFAIRS

I. BOARD ACTION

A. ADMINISTRATIVE APPOINTMENTS

Riggs, Karen, University Hospital, Physician Marketing Liaison Director, Marketing, effective 9/26/05.

B. CHANGES

Walker, Mary, University Hospital, from Internal Support Director, Hospital Administration, to Director, Customer Service, Marketing, effective 9/18/05.

II. ADMINISTRATIVE ACTION

A. ADMINISTRATIVE APPOINTMENTS

Roland, Anthony, Hospital, Electronic Technician Biomedical Supervisor, Clinical Engineering, effective 9/12/05.

B. CHANGES

Ross, Karan T., University Hospital, from Safety Officer, Safety Office, to Healthcare Facility Manager Senior, Hospital Administration, effective 8/21/05.

Sininger, Brittany, University Hospital, from Accountant Principal, Managed Care Financial Services, to Managed Care Finance Director Associate, Managed Care Financial Services, effective 10/2/05.

EXECUTIVE VICE PRESIDENT FOR RESEARCH

I. BOARD ACTION

A. EARLY RETIRMENTS

Tremoulet, Gretchen, Conference Coordinator, Center for Applied Energy Research, after 17 years and 3 months of consecutive service, under AR II-1.6-1 Section III.A.2, effective 10/14/05.

II. ADMINISTRATIVE ACTION

A. ADMINISTRATIVE APPOINTMENTS

Liu, Kunlei, Engineering Associate Program Manager I, Center for Applied Energy Research, effective 10/3/05.

Zacarias, Phillip S., Engineering Associate Program Manager I, Center for Applied Energy Research, effective 10/17/05.

B. CHANGES

Phillips, Taunya, from STEM Programs Executive Director, Multicultural and Academic Affairs, to Economic Development Associate Director, Research and Economic Development, effective 9/26/05.

*Special Title Series

PR 3

Office of the President
October 25, 2005

Members, Board of Trustees:

UNIVERSITY STAFF
EMERITA TITLE BE CONFERRED UPON
ROBERTA T. STINNETT

Recommendation: that Ms. Roberta T. Stinnett be named University Staff Emerita in recognition of her long service and dedication to the University of Kentucky for more than fifty years.

Background: On August 22, 1955, Ms. Stinnett began her long and satisfying career as an account clerk in the General Accounting Department. During her tenure at the University of Kentucky she faithfully dedicated her full career to serving the needs of the General Accounting Department. She has seen the transformation of the University of Kentucky in a way few employees or citizens of the Commonwealth of Kentucky have experienced. Additionally, she has been able to bridge the movement from manual systems to electronic systems, paper to paperless, and worked with many supervisors during her successful career. Over the years, Ms. Stinnett has demonstrated an outstanding work ethic and excellent attitude. At no time during her employment has she given less than 100 percent effort. Her years of dedicated service, hard work, generosity, commitment, and kindness have made her one of the university's most well respected and cherished individuals. There is not a more loyal and dedicated employee who deserves to have the title of University Staff Emerita conferred upon her by the Board of Trustees.

Action taken: ☒ Approved ☐ Disapproved ☐ Other _____

PR 4

Office of the President
October 25, 2005

Members, Board of Trustees:

ASSISTANT DEAN FOR FINANCE AND ADMINISTRATION EMERITUS TITLE BE
CONFERRED UPON CLIFFORD J. SWAUGER

Recommendation: that Mr. Clifford J. Swauger be named Assistant Dean for Finance and Administration Emeritus in recognition of his long service and dedication to the University of Kentucky College of Arts and Sciences.

Background: Mr. Swauger, a Kentucky native, received his bachelor of science in mathematics and physics from Eastern Kentucky University. He came to the University of Kentucky as a teaching fellow in the fall of 1959 to pursue a master of science degree in Mathematics. After receiving the degree, he was hired by the University of Kentucky Northern Community College as an instructor on September 1, 1962. He transferred to the Lexington campus in 1966 as an administrative assistant and lecturer in the Department of Mathematics. In January of 1976 he was promoted to director of fiscal affairs and operations for the College of Arts and Sciences.

Mr. Swauger is a member of the American Mathematical Society and the Mathematical Association of America. He received the Distinguished Alumni Award for Excellence in Teaching from Eastern Kentucky University in 1974 and is also co-author of a textbook titled, *Brief Calculus with Applications*.

Mr. Swauger was a dedicated and exemplary employee, and he is highly deserving of this recognition.

Action taken: ☒ Approved ☐ Disapproved ☐ Other _____

PR 5

Office of the President
October 25, 2005

Members, Board of Trustees:

APPOINTMENT/REAPPOINTMENT OF BOARD OF DIRECTORS
UNIVERSITY OF KENTUCKY MINING ENGINEERING FOUNDATION, INC.

Recommendation: that approval be given to the appointment of Peter Socha and Brian Galli and the reappointment of Catesby Clay, Ari Geertsema, Dell Jagers, Steven Leer, William Mason, Roy Palk, D. J. Patton, Joseph Sottile, William Sturgill, Charles Wesley, and Jack Whitaker to the Board of Directors of the University of Kentucky Mining Engineering Foundation for two-year terms, ending June 30, 2007; and that Stonie Barker, Robert Garbesi, and William Stamler be appointed as emeritus members of the Board.

Background: The Nominating Committee of the University of Kentucky Mining Engineering Foundation, which includes the Dean of the College of Engineering, recommended these appointments to the Interim Provost. These recommended appointments require approval by the Board of Trustees in accordance with the Articles of Incorporation and By-Laws for the University of Kentucky Mining Engineering Foundation approved by the Board of Trustees at its meeting on December 14, 1982.

Action taken: ☒ Approved ☐ Disapproved ☐ Other _____

PR 6

Office of the President
October 25, 2005

Members, Board of Trustees:

PROPOSED REVISIONS TO THE ADMINISTRATIVE REGULATIONS

Recommendation: that the attached proposed revisions to Administrative Regulation (AR III-1.1-4) be given preliminary consideration for approval and adoption at the next regular meeting of the Board of Trustees, on December 13, 2005.

The proposed additions are in blue and underlined; proposed deletions are in red, and a line runs through deleted language.

Background: The Kentucky Council on Postsecondary Education (CPE) promulgates regulations concerning residency determinations. The university's regulation on residency determinations is based on the CPE's regulations. Although the Non-Resident Fee Committee is created by an Administrative Regulation (AR), approval of the AR by the Board of Trustees is required by regulations promulgated by the CPE.

A committee, chaired by Associate Provost David Watt, reviewed the CPE requirements and the prior AR. The committee proposed revisions of the regulation. The revisions have been reviewed and approved by the Senate Council and President Todd; President Todd recommends approval of these revisions. The committee believes this revised Administrative Regulation complies with CPE's regulations, clarifies the procedures for determining residency, and gives the Non-Resident Fee Committee and students a better organized and more readable document.

Action taken: ☒ Approved ☐ Disapproved ☐ Other _____

Final Document with Amendments

UNIVERSITY OF KENTUCKY ADMINISTRATIVE REGULATIONS	IDENTIFICATION AR III-1.1-4		PAGE 1
	DATE EFFECTIVE 9/21/99 <u>10/25/05</u>	SUPERSEDES REGULATION DATED 6/15/89 3/19/92 9/23/94 6/11/96 <u>9/21/99</u>	

NON-RESIDENT FEE COMMITTEE FOR THE LEXINGTON CAMPUS,
MEDICAL CENTER, AND LEXINGTON COMMUNITY COLLEGE
APPROVED BY THE BOARD OF TRUSTEES

Application for change of residency classification by a student enrolled in or an applicant to a program ~~on the Lexington Campus or Medical Center at the University of Kentucky~~ shall be made in writing to the Residency Officer in the ~~Registrar's Office~~ Office of the Assistant Provost for Enrollment Management for initial consideration. ~~Application for change of residency classification by a student enrolled in or an applicant to a program at the Lexington Community College shall be made in writing to the Residency Officer at Lexington Community College for initial consideration.~~ The Residency Officer, a member of the Office of the Assistant Provost for Enrollment Management, is selected by the Assistant Provost for Enrollment Management and will serve as the Residency Officer as part of his or her job description. Residency determinations shall be based on Administrative Regulations—regulations promulgated by the Council on Postsecondary Education—contained in 13 KAR 2:045. The Assistant Provost for Enrollment Management will not participate in the initial determination by the Residency Officer. The decision of the Residency Officer—in the Registrar's Office or Lexington Community College Residency Officer, if adverse to the applicant, may be appealed to the Non-Resident Fee Committee.

The Non-Resident Fee Committee is appointed by the President of the University of Kentucky and reports to the ~~Vice President for Fiscal Affairs~~ Provost. The Committee shall be comprised of ~~six faculty and/or staff members and two students~~ the Associate Provost for Academic Affairs, the Assistant Provost for Enrollment Management (who is not the Residency Officer), a faculty member nominated by the University Senate and one student. One faculty member and one student shall be appointed from Lexington Community College. ~~The University Senate will forward a list of three (3) faculty members to the President who will select a member of the Committee from among those named on this list. The chairperson shall be designated by the President Provost. The faculty and/or staff members normally shall have staggered a three-year appointments; the student members shall have one year appointments appointment. The Committee shall have authority to adopt by-laws, establish procedural rules, and schedule meetings. Three members shall be necessary for Committee action, and three members shall constitute a quorum. A majority of the Committee members present shall be necessary for any decision. A student may request the opportunity to attend a meeting of the Non-Resident Fee Committee that is considering his or her case by contacting the Chair of the Committee. If invited, the student may bring one advisory to the meeting, but the student shall present his or her case.~~

~~The University Registrar~~ Provost shall provide professional and secretarial support for the Non-Resident Fee Committee, including but not limited to recording and preserving the minutes of

Committee meetings, processing applications on appeal, and presenting the applications at Committee meetings.

The Non-Resident Fee Committee for the Lexington Campus, Medical Center, and Lexington Community College shall consider appeals from students whose initial requests for change in residency status have been denied by the Residency Officer in the Registrar's Office or the Residency Officer at Lexington Community College. Residency appeals shall be based on ~~Administrative Regulations~~ regulations promulgated by the Council on Postsecondary Education contained in 13 KAR 2:045. The applicant shall be notified in writing as to the Committee's decision on the applicant's appeal.

If the applicant considers the decision of the Committee to be unsatisfactory, the applicant may request a formal hearing by contacting the Chairperson of the Non-Resident Fee Committee in writing within fourteen (14) days after receipt of the written notification.

The Chancellor of the Lexington Campus, the Chancellor of the Medical Center, and the President of Lexington Community College are Provost is authorized to appoint or employ a hearing officer to preside over formal residency hearings. ~~Formal hearings shall be and shall arranged a formal hearing based on a timely request from a student basis.~~ The formal hearing shall include guarantees of due process including the right of a student to be represented by legal counsel and the right of the student to present information and testimony in support of a claim of Kentucky residency. The Hearing Officer shall have the authority to establish procedural rules for hearings. The Residency Office shall have the right to present information to the Hearing Officer.

~~The hearing officer~~ Hearing Officer shall make a recommendation to the appropriate Chancellor or the President of Lexington Community College Provost. The Chancellor or President Provost shall decide the appeal and notify the student in writing.

The Office of Legal Counsel shall advise the Residency Officer ~~in the Registrar's Office, the Residency Officer at Lexington Community College, and~~ the Non-Resident Fee Committee, the Chancellors and the President of Lexington Community College on legal matters, including but not limited to interpretation of the residency regulations promulgated by the Council on Postsecondary Education contained in 13 KAR 2:045, procedural questions, and applicable laws, cases, and regulations.

The Non-Resident Fee Committee shall submit an annual report on its activities to the ~~Vice President for Fiscal Affairs~~ Provost.

AACR 1

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FCR 1

Office of the President
October 25, 2005

Members, Board of Trustees:

NORTON HEALTHCARE PLEDGE

Recommendation: that the Board of Trustees accept a pledge of \$1,150,000 from Norton Healthcare of Louisville, Kentucky, to create a UK College of Pharmacy Louisville Clinical Education Center in the College of Pharmacy.

Background: Norton Healthcare is one of the leading healthcare providers in Kentucky and one of the Fortune 500 companies that is headquartered in the state. The Clinical Education Center will serve as the hub for the final year of the College of Pharmacy's curriculum for 20-25 pharmacy students in the greater Louisville-Jefferson County metropolitan area. This partnership between Norton Healthcare and the College of Pharmacy will result in more dynamic and contemporary pharmacy service within the greater Louisville health care complex that will benefit the entire state of Kentucky. The Center will begin operations in the summer of 2006.

Action taken: ☒ Approved ☐ Disapproved ☐ Other _____

FCR 2

Office of the President
October 25, 2005

Members, Board of Trustees:

GIFTS AND PLEDGES TO THE JOHN R. GAINES ENDOWED CHAIR IN THE
HUMANITIES

Recommendation: that the Board of Trustees accept a pledge of \$100,000 from Joan B. Gaines of Lexington, Kentucky; a gift of \$23,113 and a pledge of \$76,887 from John R. and Donna S. Hall of Lexington, Kentucky; and a \$5,000 gift and \$25,000 pledge from William W. Freehling of Lexington, Kentucky, to create and endow the John R. Gaines Endowed Chair in the Humanities in the Gaines Center for the Humanities and submit these gifts and pledges of \$230,000 for matching funds from Kentucky's Endowment Match Program. Council on Postsecondary Education guidelines require that the Board of Trustees acknowledge its responsibility for UK's participation in the program and for all university endowment funds.

Background: Mrs. Gaines wishes to create this Endowed Chair in the Humanities to honor the memory of her husband, John R. Gaines, who died in February 2005. Mr. and Mrs. Gaines gave the founding gift to create the Gaines Center for the Humanities in 1984 and have been active participants in the life of the Center. Mrs. Gaines continues to serve as a member of the Gaines Center advisory board. Mr. and Mrs. Hall are longtime supporters of the University. Donna Hall is the current chair of the Gaines Center advisory board and chair of the capital campaign for the Center. William Freehling, a professor in the College of Arts and Sciences, is a member of the Gaines Center advisory board.

Action taken: ☒ Approved ☐ Disapproved ☐ Other _____

FCR 3

Office of the President
October 25, 2005

Members, Board of Trustees:

DR. HOONBAE JEON PLEDGE

Recommendation: that the Board of Trustees accept a pledge of \$60,000 from Dr. Hoonbae Jeon of Lexington, Kentucky, to create and endow the Kiyong Lee Graduate Fellowship in the College of Public Health, and submit this pledge of \$60,000 for matching funds from Kentucky's Endowment Match Program. Council on Postsecondary Education guidelines require that the Board of Trustees acknowledge its responsibility for UK's participation in the program and for all university endowment funds.

Background: Dr. Hoonbae Jeon, an assistant professor of surgery at the UK Chandler Medical Center, is a colleague of Dr. Kiyong Lee. Because of the respect Dr. Jeon has for the work of Dr. Lee regarding air quality and secondhand smoke in public facilities, Dr. Jeon wishes to support air quality research that will further improve human health.

Action taken: ☒ Approved ☐ Disapproved ☐ Other _____

FCR 4

Office of the President
October 25, 2005

Members, Board of Trustees:

NEWMAN FOUNDATION PLEDGE

Recommendation: that the Board of Trustees accept a pledge of \$500,000 from the Newman Foundation, Lexington, Kentucky, in honor of Carol M. Cottrill, M.D., and John Thomas Rolfes to create and endow the Cottrill-Rolfes Chair in Catholic Studies in the College of Arts and Sciences and submit this pledge of \$500,000 for matching funds from Kentucky's Endowment Match Program. Council on Postsecondary Education guidelines require that the Board of Trustees acknowledge its responsibility for UK's participation in the program and for all university endowment funds.

Background: The Newman Foundation is a Kentucky nonprofit corporation that seeks to deepen and integrate personal, spiritual, and intellectual development at the University of Kentucky, the UK Newman Center, and the Catholic Diocese of Lexington. This endowment honors Carol Cottrill and Thomas Rolfes, loyal supporters of the Newman Foundation. The Cottrill-Rolfes Chair in Catholic Studies will support the study of history, literature, philosophy, music, culture, ideology, politics, institutions, and traditions of Roman Catholicism.

Action taken: ☒ Approved ☐ Disapproved ☐ Other _____

FCR 5

Office of the President
October 25, 2005

Members, Board of Trustees:

DR. HELEN THACKER HILL GIFT

Recommendation: that the Board of Trustees accept a gift of \$50,000 from Dr. Helen Thacker Hill of Milledgeville, Georgia, to create and endow the Leslie L. Martin Endowed Research Fellowship in the Department of Educational Policy Studies and Evaluation in the College of Education and submit this gift of \$50,000 for matching funds from Kentucky's Endowment Match Program. Council on Postsecondary Education guidelines require that the Board of Trustees acknowledge its responsibility for UK's participation in the program and for all university endowment funds.

Background: The Leslie L. Martin Endowed Research Fellowship is named in honor of Dr. Hill's faculty mentor. Helen Thacker Hill, a generous supporter of the College of Education, is director of support services at Georgia State College and State University. A native of Pikeville, Hill earned her bachelor's and master's degrees from UK and her doctorate from Oklahoma State University.

Action taken: ☒ Approved ☐ Disapproved ☐ Other _____

FCR 6

Office of the President
October 25, 2005

Members, Board of Trustees:

KENTUCKY MEDICAL SERVICES FOUNDATION, INC. GIFT TO REPLACE
UNFULFILLED PLEDGES TO DEPUY NEURO FELLOWSHIP

Recommendation: that the Board of Trustees accept a gift of \$400,000 from Kentucky Medical Services Foundation, Inc. of Lexington, Kentucky, to replace unpaid pledges made in 2000 to the DePuy Neuro Fellowship in the College of Medicine.

Background: In August 2000 the Board of Trustees accepted a pledge totaling \$500,000 to create and endow the DePuy Neuro Fellowship. The \$500,000 was matched by the state's Research Challenge Trust Fund (RCTF). The guidelines for RCTF require pledges to be paid within five years of the pledge date. The donor making the pledge has been unable to fulfill the commitment, leaving \$400,000 in outstanding pledges. The gift from the Kentucky Medical Services Foundation, Inc. replaces the unpaid pledge.

Action taken: ☒ Approved ☐ Disapproved ☐ Other _____

FCR 7

Office of the President
October 25, 2005

Members, Board of Trustees:

KENTUCKY MEDICAL SERVICES FOUNDATION, INC. GIFT TO REPLACE
UNFULFILLED PLEDGES TO DEPUY NEURO/SPINE SURGERY FUND

Recommendation: that the Board of Trustees accept a gift of \$200,000 from Kentucky Medical Services Foundation, Inc. of Lexington, Kentucky, to replace unpaid pledges made in 2000 to the DePuy Neuro/Spine Surgery Fund in the College of Medicine.

Background: In August 2000 the Board of Trustees accepted a pledge totaling \$500,000 to create and endow the DePuy Neuro/Spine Surgery Fund. The \$500,000 was matched by the state's Research Challenge Trust Fund (RCTF). The guidelines for RCTF require pledges to be paid within five years of the pledge date. The donor making the pledge has been unable to fulfill the commitment, leaving \$200,000 in outstanding pledges. The gift from the Kentucky Medical Services Foundation, Inc. replaces the unpaid pledge.

Action taken: ☒ Approved ☐ Disapproved ☐ Other _____

FCR 8

Office of the President
October 25, 2005

Members, Board of Trustees:

KENTUCKY MEDICAL SERVICES FOUNDATION, INC. GIFT TO REPLACE
UNFULFILLED PLEDGES TO DR. FRED W. ZECHMAN PROFESSORSHIP

Recommendation: that the Board of Trustees accept a gift of \$5,833 from Kentucky Medical Services Foundation, Inc. of Lexington, Kentucky, to replace unpaid pledges made in 2000 to the Dr. Fred W. Zechman Professorship in the College of Medicine.

Background: In October 2000 the Board of Trustees accepted a pledge totaling \$50,000 to create and endow the Dr. Fred W. Zechman Professorship. The \$50,000 was matched by the state's Research Challenge Trust Fund (RCTF). The guidelines for RCTF require pledges to be paid within five years of the pledge date. The donor making the pledge has been unable to fulfill the commitment, leaving \$5,833 in outstanding pledges. The gift from the Kentucky Medical Services Foundation, Inc. replaces the unpaid pledge.

Action taken: ☒ Approved ☐ Disapproved ☐ Other _____

FCR 9

Office of the President
October 25, 2005

Members, Board of Trustees:

KENTUCKY MEDICAL SERVICES FOUNDATION, INC. GIFT TO REPLACE
UNFULFILLED PLEDGES TO DR. LOUIS L. BOYARSKY PROFESSORSHIP

Recommendation: that the Board of Trustees accept a gift of \$2,833 from Kentucky Medical Services Foundation, Inc. of Lexington, Kentucky, to replace unpaid pledges made in 2000 to the Dr. Louis L. Boyarsky Professorship in the College of Medicine.

Background: In October 2000 the Board of Trustees accepted a pledge totaling \$50,000 to create and endow the Dr. Louis L. Boyarsky Professorship. The \$50,000 was matched by the state's Research Challenge Trust Fund (RCTF). The guidelines for RCTF require pledges to be paid within five years of the pledge date. The donor making the pledge has been unable to fulfill the commitment, leaving \$2,833 in outstanding pledges. The gift from the Kentucky Medical Services Foundation, Inc. replaces the unpaid pledge.

Action taken: ☒ Approved ☐ Disapproved ☐ Other _____

FCR 10

Office of the President
October 25, 2005

Members, Board of Trustees:

UK HEALTHCARE PATIENT CARE FACILITY – UPDATE AND AUTHORIZATION CONSOLIDATION

Recommendation: that the Board of Trustees approve the consolidation of several authorized design and infrastructure projects as well as the addition of a project to meet the equipment and furnishing needs of the new UK HealthCare Patient Care Facility Phase 1A which will bring the aggregate authorized project scope to \$450 million.

Background: As the Board was advised at the December 14, 2004, meeting, the UK Hospital has undertaken a major initiative to replace the original 1959 hospital structure in a multi-phased project over an estimated five-year period. The project involves significant levels of planning, programming, and design along with multiple construction activities. In general terms the project involves: a newly constructed parking garage, demolition of an older garage, new roadways, infrastructure capacity and lines, some equipment, and a five-level (counting basement) hospital base (consisting of a major concourse along with various hospital functions and services) topped off with two bed towers of six stories each. It is anticipated that the new hospital building when completed, will be a combination of both shelled and fully fitted-out space. Significant equipment and furnishings will be required prior to occupancy but cannot be fully detailed five years in advance, given the rapidly changing character of health care technology.

The university is well along on programming and preliminary design of the project. This effort is being led by university design and construction professionals, UK HealthCare administration, and a design team headed by the Lexington office of GBBN Architects and the nationally experienced healthcare design firm of Ellerbe Becket Architects. Programming decisions and cost estimating and budgeting have become clearer as the project has progressed. Currently, the entire Phase 1A project will carry a full scope of \$450 million. This amount includes planning, programming, design, construction, major infrastructure needs, and all equipment needed to service the fitted-out space. The project budget also allows for significant additional shelled space to allow the hospital to grow and change over the coming years without the necessity of complicated heavy construction in the midst of a working hospital.

The projects are:

<u>Biennium Authorized</u>	<u>Project</u>	<u>Scope</u>
2002-04	Preliminary Design	\$ 10,000,000
2004-06	Land Acquisition	5,000,000
	Construct Patient Care Facility	
2004-06	*Phase I Financing Authorization	200,000,000
2006-08	Phase II Financing Authorization	175,000,000
2004-06	*Expand Plant Capacity	23,000,000
2004-06	*Replace Chillers	6,000,000
2004-06	*Improve Heating Plant	4,000,000
2006-08	Purchase Furniture/Equipment	<u>27,000,000</u>
Total		\$450,000,000

Contingent upon approval by the Board of Trustees, the university will request the Capital Projects and Bond Oversight Committee to consolidate the projects listed above and denoted with an asterisk at their November meeting.

Action taken: ☒ Approved ☐ Disapproved ☐ Other _____

FCR 11

Office of the President
October 25, 2005

Members, Board of Trustees:

AUTHORIZATION TO SELL THE COLDSTREAM CENTER
(FORMERLY LEXEL BUILDING)
LOCATED ON COLDSTREAM RESEARCH CAMPUS

Recommendation: that the Board of Trustees authorize the Executive Vice President for Finance and Administration to sell, by sealed bids, the Coldstream Center (formerly named the Lexel Building) for a sale price not less than the appraised fair market value based upon two independent appraisals; and further, that the Executive Vice President for Finance and Administration be authorized to execute any and all documents necessary to complete such sale in accordance with the legal requirements for the disposition of state property. This is a proposed sale of the building improvements only (that house the Coldstream Center) and does not include a sale of the fee simple title to the land.

Background: On June 22, 2004, the Board of Trustees authorized the Executive Vice President for Finance and Administration to purchase the Lexel Building located on the Coldstream Research Campus for the approved purchase price of \$9.6 million. The transaction closed on June 30, 2004.

The purchase of the Lexel Building in 2004 gave the university the flexibility to explore a number of alternatives for the use of the space. It has been determined that a research partnership with the private sector provides for cost effective and long-range use of the facility.

Proceeds from the sale of Coldstream Center will reimburse the University of Kentucky for the purchase price for the building. The residual from the sale of the Coldstream Center will remain with the Coldstream Research Campus operating account for building fit-up for tenants and future infrastructure development.

This property is surplus to the needs of the University of Kentucky.

Action taken: ☒ Approved ☐ Disapproved ☐ Other _____

FCR 12

Office of the President
October 25, 2005

Members, Board of Trustees:

A RESOLUTION AUTHORIZING THE ISSUANCE AND SALE OF
APPROXIMATELY \$7,110,000 OF GENERAL RECEIPTS OBLIGATIONS
(MEMORIAL COLISEUM EXPANSION PROJECT) OF THE UNIVERSITY
OF KENTUCKY, PURSUANT TO THE TRUST AGREEMENT DATED AS
OF NOVEMBER 1, 2005

Recommendation: that the Board of Trustees approve a Resolution authorizing the issuance of approximately \$7,110,000 of University of Kentucky General Receipts Obligations (Memorial Coliseum Expansion Project), to be designated General Receipts Bonds, 2005 Series A (the "2005 Series A Bonds") and to be dated as of a date determined by the Treasurer.

The Resolution also approves the offering for sale of the 2005 Series A Bonds upon the advice of the Financial Advisor, Seasongood & Mayer, on a date to be determined by the Treasurer of the university, upon the advice of said Financial Advisor. The Resolution further authorizes the acceptance of the bid for the sale of the 2005 Series A Bonds by the Treasurer. The exact principal amount of 2005 Series A Bonds to be sold will be determined on the date of sale as the amount required to (i) provide \$7,000,000 of project funding for the 2005 Series A Project and (ii) pay the costs of issuing the 2005 Series A Bonds.

Background: The 2005 General Assembly authorized the issuance of revenue bonds to partially finance the 2005 Series A Project.

The Board adopted a resolution approving a Trust Agreement dated as of November 1, 2005 (the "Trust Agreement") authorizing the issuance, from time to time, of Obligations (as defined in the Trust Agreement) to finance capital projects. Under that Trust Agreement, the Board has authorized a Financing Agreement with the Kentucky Asset/Liability Commission to provide financing for the Patient Care Facility - Hospital. The 2005 Series A Bonds will be the first Obligations issued as bonds issued under the Trust Agreement. The Resolution authorizes the issuance of the 2005 Series A Bonds, establishes the specific terms of the 2005 Series A Bonds; provides for a competitive sale of the 2005 Series A Bonds, including approval of a Notice of Bond Sale, Official Terms and Conditions of Bond Sale, Official Bid Form and an Official Statement, and authorizes a Supplemental Trust Agreement and Continuing Disclosure Agreement with respect to the 2005 Series A Bonds.

Action taken: ☒ Approved ☐ Disapproved ☐ Other _____

SERIES RESOLUTION

PROVIDING FOR THE AUTHORIZATION, ISSUANCE AND SALE OF APPROXIMATELY \$7,110,000 GENERAL RECEIPTS OBLIGATIONS (MEMORIAL COLISEUM EXPANSION PROJECT) OF THE UNIVERSITY OF KENTUCKY, PURSUANT TO THE TRUST AGREEMENT DATED AS OF NOVEMBER 1, 2005.

WHEREAS, the University of Kentucky (herein called the "University"), a public body corporate and an educational institution and agency of the Commonwealth of Kentucky, by resolution adopted by the Board of Trustees of the University on September 20, 2005 (herein called the "General Bond Resolution"), and by a Trust Agreement, dated as of November 1, 2005, as supplemented (herein called the "Trust Agreement"), comprised in part of the General Bond Resolution, has provided for the issuance from time to time of Obligations (as defined in the Trust Agreement) of the University secured by a pledge of the University's "General Receipts" (as defined in the Trust Agreement), each such issue to be authorized by a Series Resolution, as required by the Trust Agreement; and

WHEREAS, the Board has determined that it is necessary to finance the costs of the acquisition, construction, installation and equipping of the Memorial Coliseum Expansion project (the "Project"); and

WHEREAS, by authority of Sections 162.340 to 162.380 of the Kentucky Revised Statutes, Chapter 56 of the Kentucky Revised Statutes and Sections 58.010 to 58.140 of the Kentucky Revised Statutes (collectively, the "Act"), the University is authorized to construct educational building facilities, to issue its obligations to pay all or part of the costs of such facilities, and to secure said obligations by a pledge of and lien on all or such part of the revenues and receipts of the University; and

WHEREAS, the Board of Trustees desires to provide for issuance and sale of University of Kentucky General Receipts Bonds and for other matters in connection therewith, by the adoption of this Resolution;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF KENTUCKY, AS FOLLOWS:

SECTION 1. Definitions and Interpretations. All words and terms defined in Section 1 of the General Bond Resolution and all interpretations therein provided shall have the same meanings, respectively, and be subject to the same interpretations as therein provided where used in this Resolution, unless the context or use clearly indicates another or different meaning or intent, except that this Resolution is sometimes herein called and may be known as the "Memorial Coliseum Expansion Project Resolution," the Obligations authorized by this Resolution are referred to herein and in the Supplemental Trust Agreement hereby authorized) as the "Memorial Coliseum Expansion Project Obligations," and the terms "hereof," "hereby," "hereto," "herein," and "hereunder," and similar terms, mean this Resolution.

SECTION 2. Authority. This Resolution is adopted pursuant to the General Bond Resolution, the Trust Agreement, and the Act.

SECTION 3. Authorization, Designation and Purpose of Memorial Coliseum Expansion Project Obligations. It is hereby declared to be necessary to, and the Board shall, issue, sell and deliver, as provided and authorized herein, approximately \$7,110,000 principal amount of General Receipts Obligations which shall be issued as General Receipts Bonds ("Bonds"). Such Obligations shall be designated "University of Kentucky General Receipts Bonds" and shall bear such further series designation as the Fiscal Officer (as defined in the Trust Agreement) deems appropriate. Such Obligations shall be issued for the purpose of (i) financing the costs of the Project and (ii) paying costs of issuance in connection with such Obligations. The proceeds from the sale of such Obligations shall be deposited and allocated as provided in Section 6 hereof.

SECTION 4. Terms and Provisions Applicable to the Memorial Coliseum Expansion Project Obligations.

(a) Form, Numbering and Designation. The Memorial Coliseum Expansion Project Obligations shall be issued in the form of fully registered Obligations as approved by the Fiscal Officer, shall be numbered from 1 upwards, and shall bear such series designation as the Fiscal Officer deems appropriate.

(b) Denomination and Dates. The Memorial Coliseum Expansion Project Obligations shall be in such denominations as requested by the Original Purchaser (hereafter defined), and shall be dated on the date determined by the Fiscal Officer and may be issued in installments (each installment being a part of the Memorial Coliseum Expansion Project Obligations herein authorized) with maturity dates approved by the Fiscal Officer, having a final maturity that is no later than twenty years from the date the Memorial Coliseum Expansion Project Obligations are issued.

(c) Interest. The Memorial Coliseum Expansion Project Obligations shall bear interest from their respective dates payable on dates approved by the Fiscal Officer, beginning on a date approved by the Fiscal Officer, at the rate or rates per annum determined pursuant to Section 5 hereof.

(d) Maturities. The Memorial Coliseum Expansion Project Obligations shall mature on such dates, in the years and in the principal amounts set forth in the maturity schedule approved by the Fiscal Officer pursuant to Section 5 hereof.

(e) Redemption Terms and Prices. The Memorial Coliseum Expansion Project Obligations shall be subject to optional and mandatory redemption on such dates and terms as approved by the Fiscal Officer, with the advice of the Financial Advisor (hereinafter identified) and set forth in the Supplemental Trust Agreement. If less than all of the outstanding Memorial Coliseum Expansion Project Obligations are called for redemption at one time, they shall be called in the order of the maturities as directed by the Fiscal Officer. If less than all of the outstanding Memorial Coliseum Expansion Project Obligations of one maturity are to be called, the selection of such Memorial Coliseum Expansion Project Obligations or portions of Memorial Coliseum Expansion Project Obligations of such maturity to be called shall be made by lot in the manner provided in the Trust Agreement. Notice of call for redemption of Memorial Coliseum Expansion Project Obligations shall be given in the manner provided in the Trust Agreement.

(f) Other Provisions. The Memorial Coliseum Expansion Project Obligations may, at the option of the Fiscal Officer, be secured by municipal bond insurance or similar instrument issued by a financial or insurance institution acceptable to the Fiscal Officer.

(g) Place of Payment and Paying Agents. The principal, interest and any redemption premium on registered Memorial Coliseum Expansion Project Obligations shall be payable by check or draft, as provided in the Trust Agreement.

(h) Execution. The Memorial Coliseum Expansion Project Obligations shall be executed in the manner provided in the General Bond Resolution.

SECTION 5. Award and Sale of Memorial Coliseum Expansion Project Obligations. The Memorial Coliseum Expansion Project Obligations shall be offered publicly for sale upon the basis of competitive bids at such time as the Fiscal Officer, upon advice of the Seasongood & Mayer, LLC, Cincinnati, Ohio (the "Financial Advisor"), shall designate.

The Fiscal Officer is hereby authorized and directed to cause an appropriate form or forms of a Notice of Sale of Bonds to be published in *The Lexington Herald Leader*, a legal newspaper published in the City of Lexington, Kentucky, which will afford local notice of the sale, *The Courier Journal*, a legal newspaper published in the City of Louisville, Kentucky, which will afford statewide notice of the sale, and, to the extent required by law, in *The Bond Buyer*, a financial journal published in the City of New York, New York, which is a publication having general circulation among bond buyers; and said newspapers and financial journal are hereby declared to be qualified to publish such notice for the Board within the meaning and provisions of Chapter 424 of the Kentucky Revised Statutes. Such notice shall be published in said newspapers and financial journal at least once not less than seven nor more than twenty-one days prior to the scheduled date of sale of the Memorial Coliseum Expansion Project Obligations.

The forms of Notice of Bond Sale, Official Terms and Conditions of Sale of Bonds, Bid Form and Official Statement, shall be in such form as approved by Peck, Shaffer & Williams LLP, Bond Counsel, by the Financial Advisor, by the General Counsel of the University and by the Fiscal Officer.

Bidders shall be advised that Seasongood & Mayer, LLC, Cincinnati, Ohio, has been employed as Financial Advisor in connection with the issuance of these Memorial Coliseum Expansion Project Obligations, that their fee for services rendered with respect to the sale of the Memorial Coliseum Expansion Project Obligations is contingent upon the issuance and delivery of the Memorial Coliseum Expansion Project Obligations, and that they may submit a bid for the purchase of the Memorial Coliseum Expansion Project Obligations at the time of the advertised public sale of the Memorial Coliseum Expansion Project Obligations, either individually or as the member of a syndicate organized to submit a bid for the purchase of the Memorial Coliseum Expansion Project Obligations.

Upon the date and at the respective hour set forth for the submission and consideration of purchase bids, as provided in the instruments hereinabove approved, bids shall be reviewed as provided in such instruments. If there shall be one or more bids which conform in all respects to the prescribed terms and conditions, such bids shall be compared, and the Fiscal Officer, upon the advice of the Financial Advisor, is authorized to accept the best of such bids, as measured in

terms of the lowest interest cost to the Board, as calculated in the manner prescribed in the Official Terms and Conditions of Sale of Bonds. Calculations shall be performed as are necessary to determine the exact amount of Memorial Coliseum Expansion Project Obligations that are required to be issued in order to (i) pay the budgeted costs of the Project and (ii) pay the costs of issuing the Memorial Coliseum Expansion Project Obligations and the final principal amount, interest rates and maturities of the Memorial Coliseum Expansion Project Obligations shall thereupon be established, as prescribed in the Official Terms and Conditions of Sale of Bonds.

SECTION 6. Allocation of Proceeds of Memorial Coliseum Expansion Project Obligations. All of the proceeds from the sale of the Memorial Coliseum Expansion Project Obligations and other lawfully available funds of the University shall be received and receipted for by the Fiscal Officer and shall be deposited and allocated as set forth in the Supplemental Trust Agreement approved hereby.

SECTION 7. Additional Covenants with Respect to Internal Revenue Code of 1986, as Amended. This Board hereby finds and determines that all of the proceeds from the sale of the Memorial Coliseum Expansion Project Obligations will be needed for the purposes set forth in Section 6 hereof. This Board hereby covenants for and on behalf of the University, that it will restrict the use of the proceeds of the Memorial Coliseum Expansion Project Obligations in such manner and to such extent, if any, and take such other actions as may be necessary, in view of reasonable expectations at the time of issuance of the Memorial Coliseum Expansion Project Obligations, so that the Memorial Coliseum Expansion Project Obligations will not constitute obligations the interest on which is subject to federal income taxation or "arbitrage bonds" under Sections 103(b)(2) and 148 of the Internal Revenue Code of 1986, as amended (the "Code"), and regulations prescribed under such Sections. The Fiscal Officer or any other officer of the University having responsibility with respect to issuance of the Memorial Coliseum Expansion Project Obligations is hereby authorized and directed to give an appropriate certificate for inclusion in the transcript of proceedings with respect to the Memorial Coliseum Expansion Project Obligations, setting forth the facts, estimates and reasonable expectations pertinent under said Sections 103(b)(2) and 148 of the Code and an election, if appropriate, with respect to Section 148(f)(4)(B)(IV)(V) of the Code. The Fiscal Officer is hereby authorized and directed to create a Rebate Account (which shall be held by either the University or the Trustee, at the discretion of the Fiscal Officer) if the Fiscal Officer determines such account is necessary so that the University complies with the rules concerning "rebate" as set forth in the Code, as they apply to the Memorial Coliseum Expansion Project Obligations.

SECTION 8. Supplemental Trust Agreement. The Chairman of the Board is authorized and directed to execute, acknowledge and deliver to the Trustee, in the name of and on behalf of the University, a Supplemental Trust Agreement pursuant to the Trust Agreement and in connection with the issuance of the Memorial Coliseum Expansion Project Obligations, in substantially the form submitted to this Board with such changes therein not substantially adverse to the University as may be permitted by the Act and the Trust Agreement and approved by the officer executing the same on behalf of the University. The approval of such changes, and that such changes are not substantially adverse to the University, shall be conclusively evidenced by the execution of such Supplemental Trust Agreement by such officer.

SECTION 9. Official Statement. The Chairman is hereby authorized and directed to execute and deliver an Official Statement with respect to the Memorial Coliseum Expansion

Project Obligations for the purpose of making available to potential investors the information therein contained, which describes the interest rates and other terms to be borne by and the price to be paid for the Memorial Coliseum Expansion Project Obligations, and such other information with respect to the University and the Memorial Coliseum Expansion Project Obligations, necessary in the judgment of the Chairman with the advice of the Fiscal Officer and the Financial Advisors. The Chairman and the Fiscal Officer are each hereby authorized to deem the Preliminary Official Statement and final Official Statement "near final" and "final" for purposes of Securities Exchange Commission Rule 15c2-12, as amended and interpreted from time to time, promulgated by the Securities and Exchange Commission pursuant to the Securities Exchange Act of 1934 (the "Rule").

SECTION 10. Compliance With Rule 15c2-12. The Board of Trustees hereby agrees, to comply with the provisions of the Rule. In order to comply with the Rule, a Continuing Disclosure Agreement in the usual and customary form is hereby authorized and approved, with such modifications and additions as may be approved by the officer of the University executing the same. The Chairman and the Fiscal Officer are each hereby authorized to execute and deliver such Continuing Disclosure Agreement.

SECTION 11. Open Meetings. This Board hereby finds and determines that all formal actions relative to the adoption of this Resolution were taken in an open meeting of this Board, and that all deliberations of this Board and of its committees, if any, which resulted in formal action, were taken in meetings open to the public, in full compliance with applicable legal requirements.

SECTION 12. Further Authorization. That the proper and appropriate officers of the Board and of the University, to the extent authorized by law, are hereby authorized to execute and deliver the closing certificates, if any, with such modifications thereto as may be required by the purchasers of the Memorial Coliseum Expansion Project Obligations and approved by special bond counsel to the University as well as such other documents, certificates and statements as may be so required and so approved in connection with sale and delivery of the Memorial Coliseum Expansion Project Obligations.

SECTION 13. Provisions in conflict are Repealed. All resolutions or parts thereof in conflict with the provisions of this Resolution are hereby rescinded to the extent of such conflict.

SECTION 14. Effective Date. This resolution shall take effect from and after its passage.

SECTION 15. Copy to be Filed with Trustee. A certified copy of this Resolution shall be filed with the Trustee

Adopted October 25, 2005.

Chairman, Board of Trustees
University of Kentucky

(SEAL)

Attest:

Secretary, Board of Trustees

CERTIFICATION

The undersigned, Secretary of the Board of Trustees of the University of Kentucky, Lexington, Kentucky, hereby certifies that the foregoing is a true copy of a Resolution adopted by the Board of Trustees of said University at a meeting held on October 25, 2005, as recorded in the official Minute Book of said Board of Trustees, which is in my custody and under my control, that said meeting was held in accordance with all applicable requirements of Kentucky law, including KRS 61.810, 61.815, 61.820, and 61.825, that a quorum was present at said meeting, and that the aforesaid Resolution is of record in the office of the Board, has not been modified, amended, or rescinded, and is in full force and effect at this date.

WITNESS my signature and the Seal of said Board this 25 day of October, 2005.

Secretary, Board of Trustees
University of Kentucky

(SEAL)

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FCR 13

Office of the President
October 25, 2005

Members, Board of Trustees:

AMENDMENT TO 401(a) QUALIFIED PENSION PLAN

Recommendation: that the Board of Trustees approve the amendments to the 401(a) Qualified Pension Plan (the “Plan”), which are attached hereto as Exhibit A (the “Amended Plan”) and authorize the university’s Office of Legal Counsel to obtain such Private Letter Rulings and other approvals from the Internal Revenue Service (IRS) as deemed appropriate.

It is further recommended the Board of Trustees authorize the Executive Vice President for Finance and Administration to execute the Amended Plan and any and all documents necessary to obtain any IRS rulings or determinations, and authorize the President of the university to make any future amendments to said Amended Plan that are required by law or the IRS, subject to reporting the same to the Board of Trustees.

Background: The Board of Trustees established the Plan on January 27, 2004 by PR 7 of that date. The Plan provides additional retirement benefits for employees whose income exceeds the limits for the university’s 403(b) plan under Federal law. Under the Plan, contributions were not to commence until the university obtained a Favorable Determination Letter regarding the Plan from the IRS. This Favorable Determination Letter was received in May 2005, and contributions commenced in August 2005. However, in order to implement the Plan fully, as originally intended, so that employee contributions are made with pre-tax dollars, under Section 414(h) of the Internal Revenue Code, a Private Letter Ruling also must be obtained from the IRS. In order to accomplish this, certain Plan amendments are needed. Those amendments are set forth in Exhibit B, which is a change-highlighted version of the Amended Plan.

The significant amended provisions include: (1) clear authority for current post-tax employee contributions; (2) mandatory employee contributions after January 1, 2007 or the Private Letter Ruling is obtained, if later, to comply with IRC 414(h), so that contributions are pre-tax; (3) elimination of potential Plan termination in 2006, if the Favorable Determination Letter had not been obtained; and (4) modification to set forth the actual available funding vehicles of TIAA-CREF and Fidelity Investments.

Action taken: ☒ Approved ☐ Disapproved ☐ Other _____

UNIVERSITY OF KENTUCKY

*401(a) Qualified Pension Plan, as Amended and Restated in
October, 2005*

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Article I - Definitions

- 1.1 **Accumulation Account** means the separate account established for each Participant under the Funding Vehicles. The current value of a Participant's Accumulation Account includes the current value of all Plan contributions and any amounts transferred from another plan less expense charges and reflecting credited investment experience. A Participant's account balance is the Accumulation Account attributable to contributions made or accepted under this Plan from all sources including both forfeitable and non-forfeitable amounts.
- 1.2 **Annual Compensation Limit** shall mean the limit for contributions to a 403(b) and 401(a) Plan set forth in Code Section 401(a) (17), as the same is adjusted from year to year.
- 1.3 **Beneficiary(ies)** “Beneficiary” means the individual, institution, trustee, or estate designated by the Participant to receive benefits on the death of the Participant.
- 1.4 **Board** means the Institution's Board of Trustees
- 1.5 **Catch-up Contribution** shall refer to the contributions from both the Participant and the Institution necessary to make contributions during the first Plan Year during which a favorable determination letter is received from the Internal Revenue Service made after the Initial Contribution Commencement Date equal to the contributions from both Participant and Institution that would have been made to each Participant’s account during the said Plan Year if contributions were commenced when a Participant was first eligible and enrolled to participate without regard for the requirement for the Internal Revenue Service favorable determination letter required for the Initial Contribution Commence Date to occur. The amount of said Catch-up contribution, if any, per pay period shall be selected by the Participant. The Institutional match for the Catch-up contribution said be based upon the Participant’s election amount in the same ratio as the other contributions by the Institution (\$2 from Institution for every \$1 from Participant). In no event shall such Catch-up Contribution extend into any other Plan Year, even if the full amount needed to Catch-up has not been contributed. Any amounts that could have been contributed by the Participant or Institution without regard to the requirements for the Initial Contribution Commencement Date, but which are not made by the end of the PlanYear in which Catch-up Contributions commenced, shall be forfeited.
- 1.6 **Code** means the Internal Revenue Code of 1986, as amended. Reference to a specific section of the Code includes not only the section, but any comparable section or sections of any future legislation that amends, supplements, or supercedes the section.
- 1.7 **Compensation** means wages in excess of the current Annual Compensation Limit stated in IRC Section 401(a)(17) paid to a Participant by the University of Kentucky, that must be reported as wages on the Participant's W-2 Form. “Compensation” includes those wages that are not included in the Participant's gross income due to Participant participation in an IRC Section 125, 132(f)(4), 401(k), 403(b) elective deferral plan, 414(h)(1)(B), 414(h)(2), or 457 salary reduction agreement.

Notwithstanding any other stated Plan provision to the contrary, for retirement Plan years beginning on or after January 1, 1996, the annual compensation to be considered for each 401(a) Plan Participant shall not exceed the OBRA '93 annual compensation limit. The OBRA '93 annual compensation limit for Plan Year 2004 is \$205,000. The annual compensation limit will be adjusted by the Commissioner of the Internal Revenue Service for increases in the cost-of-living and will be consistent with Section 401(a)(17)(B) of the Internal Revenue Code. The cost-of-living adjustment in effect for a calendar year applies to any period, not exceeding 12 months, over which compensation is determined (determination period) beginning in such calendar year. If a determination period consists of fewer than 12 months, the OBRA '93 annual compensation limit will be multiplied by a fraction, the numerator of which is the number of months in the determination period, and the denominator of which is 12.

For retirement Plan years beginning on or after January 1, 1996, any reference in this 401(a) Plan to the compensation limitation shall mean the OBRA '93 annual compensation limit stated IRC Section 401(a)(17).

- 1.8 ***Date of Employment or Reemployment*** means the first day in which an Employee is paid for the performance of services for the most recent period of service with the Institution. For a faculty member Date of Employment or Reemployment is the date of appointment.
- 1.9 ***Eligible Compensation*** shall mean all such compensation, in excess of the Annual Compensation Limit that can be utilized for contributions to the University of Kentucky 403(b) Plan, based upon the limits of Code Section 401(a) (17), as the same are adjusted from year to year.
- 1.10 ***Effective Date*** means January 1, 2004.
- 1.11 ***Eligible Employee*** means regular full-time employees whose annual compensation for the current Plan Year exceeds or is reasonably expected to exceed the Annual Compensation Limit under the University of Kentucky's 403(b) Plan. The term Eligible Employee shall not include self-employed individuals, as defined by Code Section 401(c)(1).
- 1.12 ***Fund Sponsor*** means the insurance, variable annuity or investment company providing the Funding Vehicles.
- 1.13 ***Funding Vehicles*** means a tax deferred annuity, fixed or variable in nature or a combination thereof, or a mutual fund issued for the purpose of funding accrued benefits under the 401(a) Plan, in which annuity contracts are described in Section 401(g) of the IRC, or mutual funds are held in trust.
- 1.14 ***Initial Contribution Commencement Date*** means the date of the first payroll after the Institution has received a favorable determination letter for the Plan from the Internal Revenue Service and has set up its procedures for receiving contributions, which is the pay period beginning August 1, 2005.

- 1.15 ***Institution or Employer*** means the University of Kentucky, which is an agency and instrumentality of the Commonwealth of Kentucky.
- 1.16 ***Institution Contribution or Employer Contribution*** means contributions made by the Institution under this Plan.
- 1.17 ***Limitation Year*** means the calendar year.
- 1.18 ***Normal Retirement Age*** means age 65.
- 1.19 ***Participant*** means any Eligible Employee of the Institution who participates in the Plan in accordance with Article II.
- 1.20 ***Participant Plan Contributions*** means contributions made by a Participant under this Plan.
- 1.21 ***Plan*** means the Institution's 401(a) Defined Contribution Retirement Plan as set forth in this document.
- 1.22 ***Plan Entry Date*** means the first day after the date that the employee has met the participation requirements set forth in Article II.
- 1.23 ***Plan Mandatory Participation Date*** means January 1, 2007 if a favorable private letter ruling for the 414(h) pick-up feature of the Plan has been received by the Institution from the Internal Revenue Service by that date, or the first day of the Plan Year beginning after such a favorable determination letter is received, whichever last occurs.
- 1.24 ***Plan Year*** means the calendar year.

Article II - Eligibility for Participation

- 2.1 **Participation.** All Eligible Employees can begin participation in this Plan on the Plan Entry Date during the first Plan Year beginning on or after the Effective Date; with contributions to commence on the Initial Contribution Commencement Date after the Eligible Employee has been declared eligible to participate in the Plan by the Institution and made a written election to participate.

If an individual is classified as an independent contractor or leased employee during any period of providing services to the Institution, such individual will be deemed to be in an ineligible class of employees for purposes of the Plan during such period, even if the individual is determined to be a common law employee during such period pursuant to a government audit or litigation.

After the Plan Mandatory Participation Date has occurred, participation is mandatory for all Eligible Employees.

- 2.2 **Notification.** The Institution will notify each Eligible Employee in writing of eligibility to participate in the Plan. Each Participant is entitled to the benefits and is bound by all of the terms, provisions, and conditions of this Plan, including any and all amendments which from time to time may be adopted, including the terms, provisions and conditions of any Funding Vehicle(s) to which Plan contributions have been applied.

- 2.3 **Reemployment.** A Participant shall resume participation in the Plan immediately upon reemployment provided that he/she meets the qualifications set forth in Section 2.1 of Article II.

- 2.4 **Return to Eligible Class.** In the event a Participant is no longer a member of an eligible class of employees and becomes ineligible to participate, such Employee will participate immediately upon returning to an eligible class of employee.

- 2.5 **Enrollment in Plan.** To participate in this Plan, an Eligible Employee must complete and return to the Institution the appropriate enrollment form(s). An election to participate in the University of Kentucky 401(a) Plan is irrevocable, and shall be in writing and filed with the University.

- 2.6 **Termination of Participation.** A Participant will continue to be eligible for the Plan until one of the following conditions occur:
- he or she retires or is separated from employment from the University;
 - the Plan is terminated;
 - the individual doesn't exceed the 403(b) salary and/or contribution limits in a calendar year.

Article III - Plan Contributions

- 3.1 **Contributions.** After the Initial Contribution Commencement Date, the Institution shall contribute to the Plan for those Eligible Employees who have satisfied requirements of Article II in accordance with the scheduled enrollment period.

Plan Contributions as a Percentage of Eligible Compensation

<u>By the Institution</u>	<u>By the Eligible Employee</u>
10%	5%

In addition, during the Plan Year in which the Initial Contribution Commencement Date occurs, Institution and Participant shall make the Catch-up Contributions, if necessary and as required, in the same ratio as the other contributions under this Plan (\$2 from Institution for every \$1 from Eligible Employee/ Participant).

Plan Contributions are considered to be credited to Participants no later than the next business day following the day for which the Plan contributions are made.

The annual compensation limit will be adjusted by the Commissioner of the Internal Revenue Service for increases in the cost-of-living and will be consistent with Section 401(a)(17)(B) of the Internal Revenue Code. The cost-of-living adjustment in effect for a calendar year applies to any period, not exceeding 12 months, over which compensation is determined (determination period) beginning in such calendar year. If a determination period consists of fewer than 12 months, the OBRA '93 annual compensation limit will be multiplied by a fraction, the numerator of which is the number of months in the determination period, and the denominator of which is 12.

Prior to the Plan Mandatory Participation Date, Participant Plan Contributions will be made on an after tax basis. Plan Contributions, made by a Participant will be made under a written salary deduction agreement with his/her Institution.

After the Plan Mandatory Participation Date, Participant Plan Contributions must be made on a tax deferred basis. Plan Contributions made by a Participant of a before-tax basis, must be made under a written salary reduction agreement with his/her Institution. Under the agreement, the salary that is paid to the Plan Participant, after he/she becomes an Eligible Employee will be reduced. The amount of the reduction in salary is applied as a Contribution to one or more available funding Vehicles offered by an approved Fund Sponsor.

In all cases, the salary reduction and deduction agreement will be legally binding and irrevocable while the agreement is in effect. The agreement is subject to termination should the Plan Participant cease to meet the requirements for an Eligible Employee.

- 3.2 ***Transfer of Funds from Another Plan.*** Except as otherwise provided in Section 3.3, each Fund Sponsor shall accept amounts which are transferred directly from any other plan qualified under Code Sections 401(a) or 403(a) whether such plans are funded through a trustee arrangement, custodial account or through an annuity contract, to the extent that such contributions are attributable to amounts contributed by the employer and employee on a pre-tax basis and earnings attributable to both employer and employee contributions. Such funds and the accumulation generated from them shall be fully vested and nonforfeitable at all times.
- 3.3 ***Acceptance of Rollover Contributions.*** If a Participant is entitled to receive a distribution from another plan qualified under Code Sections 401(a) or 403(a), a tax sheltered annuity plan described in Section 403(b) of the Code or a Code Section 457 (b) plan maintained by a government employer which separately accounts for amounts rolled over from plans other than Section 457(b) plans and such distribution is an eligible rollover distribution under Section 402 of the Code, a Fund Sponsor will accept such amount under this Plan provided the rollover to this Plan is made 1) directly from another plan; or 2) by the Participant within 60 days of the receipt of the distribution.
- 3.4 ***Rollover of IRAs.*** A Participant, with the written consent of the Plan Administrator, may at any time after becoming a Participant transfer to one or more Funding Vehicles all or a portion of the amount received by the Participant from an individual retirement account or annuity as defined respectively in Section 408(a) or 408(b) of the Code maintained for his benefit, if no part of the amount rolled over is required to be distributed under Section 401(a)(9) of the Code.
- 3.5 ***Allocation of Contributions.*** Institution Contributions shall be forwarded to the Fund Sponsors of the Funding Vehicles selected by a Participant, in accordance with the procedures established by the Institution and the Fund Sponsors. Contributions may be allocated by the Participant to one or more Funding Vehicles in whole-number percentages.
- 3.6 ***Participant Statements.*** At least once a year the Fund Sponsors to whom the Participant has allocated contributions will send the Participant a report summarizing the status that portion of his or her Accumulation Account with that Fund Sponsor.
- 3.7 ***Limitations.*** Notwithstanding anything to the contrary contained in this Plan, the obligation of the Institution to make contributions is subject to the provisions relating to the amendment and termination of the Plan. However, no amendment or termination will affect any obligation of the Institution to make contributions with respect to Compensation earned by Participants prior to the date of amendment or termination.
- 3.8 ***Military Service Credit.*** Notwithstanding any provision of this plan to the contrary, contributions, benefits and service credit with respect to qualified military service will be provided in accordance with §414(u) of the Internal Revenue Code.
- 3.9 ***Maximum Plan Contributions.*** Notwithstanding anything contained in this Plan to the contrary, the total Annual Additions made for any Participant for any year will not exceed the amount permitted under section 415 of the Code. The limitations of Code Section 415 are hereby incorporated by reference.

For the purpose of calculating the limits of Code Section 415, compensation means a Participant's earned income, wages, salaries, and fees for professional services and other amounts received for personal services actually rendered in the course of employment with the employer maintaining the plan and excluding the following: (a) employer contributions to a plan of deferred compensation that are not includible in the employee's gross income for the taxable year in which contributed, or employer contributions under a simplified employee pension plan to the extent such contributions are deductible by the employee, or any distributions from a plan of deferred compensation; and (b) other amount that received special tax benefits, or contributions made by the employer (whether or not under a salary reduction agreement towards the purchase of an annuity described in Code Section 403(b) (whether or not the amounts are actually excludable from the gross income of the employee)). For years beginning after December 31, 1997, compensation shall include any elective deferral (as defined in Code Section 402(g)(3)) and any amount which is contributed or deferred by the Institution at the election of the Participant and which is not includible in the gross income of the Participant by reason of Code Section 125, 132(f)(4) or 457.

To the extent permitted by Code Section 415 and the regulations promulgated thereunder, if the Annual Additions exceed the Section 415 limitations, the excess amounts will be disposed of as follows: (a) any Participant Plan Contributions (plus any gain attributable to the excess), to the extent they would reduce the excess amount, will be returned to the Participant; and, to the extent necessary, (b) if, after the application of (a) an excess still exists, the excess will be held unallocated in a suspense account and will be applied to reduce Institution Plan Contributions in succeeding limitation years.

If the limitations are exceeded because the Participant is also participating in another Plan required to be aggregated with this Plan for Code Section 415, then the extent to which annual contributions under this Plan will be reduced, as compared with the extent to which annual benefits or contributions under any other plans will be reduced, will be determined by the Institution in a manner as to maximize the aggregate benefits payable to the Participant from all plans. If the reduction is under this Plan, the Institution will advise affected Participants of any additional limitation on their annual contributions required by this paragraph.

Article IV - Funding Vehicles

- 4.1 ***Investment of Plan Contributions.*** Plan Contributions must be invested in one or more Funding Vehicles of the Sponsoring Organizations and any other Funding Vehicles for the Plan that the Employer makes available to Participants.
- 4.2 ***Funding Vehicles.*** Plan Contributions are invested in one or more Funding Vehicles available to Participants under the University of Kentucky's 401(a) Plan. The Fund Sponsors are:
- A. Fidelity Investments Tax-Exempt Services Company (Fidelity)
 - B. Teachers Insurance and Annuity Association (TIAA)
 - TIAA Group Retirement Annuity
 - College Retirement Equities Fund (CREF)
 - CREF Group Retirement-Unit Annuity
- 4.3. ***Fund Transfers.*** Subject to a Funding Vehicle's rules for transfers and in accordance with the provisions of the Code for maintaining the tax deferral of the Accumulation Account(s), a Participant may transfer funds accumulated under the Plan among the Plan's approved Funding Vehicles to the extent permitted by the Funding Vehicles.

Article V - Vesting

- 5.1 ***Plan Contributions.*** Plan Contributions shall be fully vested and non-forfeitable when such Plan Contributions are made.

Article VI - Benefits

- 6.1 ***Retirement and Termination Benefits.*** Following retirement, phased retirement, or termination of employment at any age, a Participant may elect to receive retirement benefits under any of the options set forth in the contracts between the Fund Sponsor(s) and the Participant and/or Institution. Notwithstanding any other provision in this Plan, distribution of an amount that has, at any time, been invested in a mutual fund custodial account may be paid only when a Participant: (1) separates from service or (2) dies.
- 6.2 ***Death Benefits.*** In the event that a Participant dies prior to the commencement of retirement benefit payments, the full current value of the vested amount in the Accumulation Account(s) is then payable to the Beneficiary or Beneficiaries named by the Participant, under one of the options offered by the Fund Sponsor(s).
- 6.3 ***Application for Benefits.*** Procedures for the receipt of benefits are initiated by writing directly to the Fund Sponsor(s). An employing Institution will be required to submit appropriate evidence of termination of employment of a Plan Participant to the Fund Sponsor(s). Benefits will be payable by the Fund Sponsor(s) upon receipt of a satisfactorily completed application for return of benefits and supporting documents. The Fund Sponsor(s) will provide the necessary forms to the Participant or Beneficiary.
- 6.4 ***Distribution Requirements.***
- (A) General Rules. The requirements of this section shall apply to any distribution of a Participant's interest, and will take precedence over any inconsistent provisions of this Plan or any Funding Vehicle.
 - (B) Required Beginning Date. The entire interest of a Participant must be distributed or begin to be distributed no later than the Participant's Required Beginning Date.
 - (C) Limits on Distribution Periods. Distributions, if not made in a single sum, may only be made over one of the following periods (or a combination thereof):
 - (i) the life of the Participant;
 - (ii) the life of the Participant and a Designated Beneficiary;
 - (iii) a certain period not extending beyond the Life Expectancy of the Participant;
or
 - (iv) a certain period not extending beyond the joint and last survivor expectancy of the Participant and a Designated Beneficiary.
 - (D) Determination of Amount to be Distributed Each Year. If the Participant's interest is to be distributed in other than a single sum, the following minimum distribution rules shall apply on or after the Required Beginning Date:

With respect to distributions under the Plan made for calendar years beginning on or after January 1, 2001, the Plan will apply the minimum distribution requirements of IRC Section 401(a)(9) that were proposed on January 17, 2001.

This amendment shall continue in effect until the end of the last calendar year beginning before the effective date of the final regulations under IRC Section 401(a)(9) or such other date as may be specified in guidance published by the Internal Revenue Service.

The final regulations for IRC Section 401(a)(9) were issued on April 17, 2002, and become effective January 1, 2003.

(E) Death Distribution Provisions.

Distribution Beginning Before Death. If a Participant dies after the distribution of his/her interest has begun, the remaining portion of such interest will continue to be distributed at least as rapidly as under the method of distribution being used prior to the Participant's death.

Distribution Beginning After Death. If a Participant dies before his/her retirement benefits have begun to be distributed, the interest on his/her retirement benefits must normally be distributed by December 31 of the calendar year following the fifth anniversary of the Participant's death. Under a special IRC rule, death benefits may be payable over the life or the life expectancy of a designated beneficiary, if the distribution of benefits begins no later than December 31 of the calendar year immediately following the calendar year in which the Plan Participant died. If the Plan Participant's designated beneficiary is his/her spouse, payment of benefits may be deferred until December 31 of the calendar year in which the Plan Participant would have attained age 70 ½, had he/she continued to live.

The payment of retirement benefits, consistent with the rules presented above, is extremely important. Federal tax law imposes a 50 percent excise tax on the difference between the amount of benefits required to be distributed by law, and the amount actually distributed; if, the amount distributed is less than the required minimum amount.

be Information regarding a Fund Sponsor's retirement benefit distribution options will be provided, upon request, to a Plan Participant from his/her selected Fund Sponsor(s). A Plan Participant will be responsible for notifying the selected Fund Sponsor(s) of his/her decision to seek a distribution from the accumulated funds within the Plan.

(F) Definitions.

Required Beginning Date. The Required Beginning Date of a Participant is the first day of April of the calendar year following the later of: (1) the calendar year in which the Participant attains age 70 ½; or (2) the date that the Participant terminates his/her employment.

A Plan Participant must normally begin receiving his/her retirement benefits no later than April 1 of the calendar year, following his/her attainment of age 70 ½. If a Plan Participant retires after attaining age 70 ½, he/she must begin receiving his/her retirement benefits no later than April 1, following the calendar year in which he/she retires. Failure by a Plan Participant to begin receiving his/her annuity income by the required April 1 date may subject him/her to a substantial federal tax penalty.

- 6.5 ***Direct Rollover of Eligible Rollover Distributions.*** Notwithstanding any provision of the Plan to the contrary that would otherwise limit a distributee's election under this Section, a distributee may elect, at the time and in the manner prescribed by the Plan Administrator, to have any portion of an eligible rollover distribution paid directly to an eligible retirement plan specified by the distributee in a direct rollover.

For the purposes of this Section, the following definitions apply:

(a) **Eligible rollover distribution:** An eligible rollover distribution is any distribution of all or any portion of the balance to the credit of the distributee, except that an eligible rollover distribution does not include: any distribution that is one of a series of substantially equal periodic payments (not less frequently than annually) made for the life (or life expectancy) of the distributee or the joint lives (or joint life expectancies) of the distributee and the distributee's designated Beneficiary, or for a specified period of ten years or more; any distribution to the extent such distribution is required under Section 401(a)(9) of the Code; any hardship distribution described in §401(k)(2)(B)(i)(IV) received after December 31, 1998; and the portion of any distribution that is not includible in gross income (determined without regard to the exclusion for net unrealized appreciation with respect to Employer securities).

(b) **Eligible retirement plan:** An eligible retirement plan is an individual retirement account described in Section 408(a) of the code, an individual retirement annuity described in Section 408(b) of the Code, an annuity plan described in Section 403(a) or 403(b) of the Code, a qualified trust described in Section 401(a) of the Code, or an eligible plan under Section 457(b) of the Code which is maintained by a state, political subdivision of a state, or any agency or instrumentality of a state that accepts the distributee's eligible rollover distribution and agrees to separately account for amounts transferred into such plan from this Plan. The definition of eligible retirement plan shall also apply to a surviving spouse or to a spouse or former spouse who is the alternate payee under a qualified domestic relations order as defined in section 414(p) of the Code.

(c) **Distributee:** A distributee includes an Employee or former Employee. In addition, the Employee's or former Employee's surviving spouse and the Employee's or former Employee's spouse or former spouse who is the alternate payee under a qualified domestic relations order, as defined in Section 414(p) of the Code, are distributees with regard to the interest of the spouse or former spouse.

(d) **Direct rollover:** A direct rollover is a payment by the Plan to the eligible retirement plan specified by the distributee.

Article VII - Administration

- 7.1 **Plan Administrator.** The Institution, located at Director's Office, 101 Scovell Hall, Lexington, KY 40506-0064, is the administrator of this Plan and is responsible for enrolling Participants, sending Plan Contributions for each Participant to the Fund Sponsors, and for performing other duties required for the operation of the Plan.
- 7.2 **Authority of the Institution.** The Institution, by action of its board, may designate a person or persons other than the Institution to carry out any of its powers, authority, or responsibilities. Any delegation will be set forth in writing. The Institution has all the powers and authority expressly conferred upon it herein and further has the discretionary and final authority to determine all questions concerning eligibility and contributions under the Plan, including any uncertain terms and to resolve any disputes arising under and all questions concerning administration of the Plan. Any determination made by the Institution shall be given deference, if it is subject, if it is subject to judicial review, and shall be overturned only if its arbitrary or capricious. [In exercising these powers and authority, the Institution will at all times exercise good faith, apply standards of uniform application, and refrain from arbitrary action.] The Institution may employ attorneys, agents, and accountants as it finds necessary or advisable to assist it in carrying out its duties.
- 7.3 **Action of the Institution.** Any act authorized, permitted, or required to be taken by the Institution under the Plan, which has not been delegated in accordance with Section 7.2, may be taken by a majority of the members of the Board, either by vote at a meeting, or in writing without a meeting. All notices, advice, directions, certifications, approvals, and instructions required or authorized to be given by the Institution under the Plan will be in writing and signed by either (i) a majority of the members of the Board, or by any member or members as may be designated by an instrument in writing, signed by all members, as having authority to execute the documents on its behalf, or (ii) a person who becomes authorized to act for the Institution in accordance with the provisions of Section 7.2. Any action taken by the Institution which is authorized, permitted, or required under the Plan and is in accordance with Funding Vehicle's contractual obligations, is final and binding upon the Institution, all persons who have or who claim an interest under the Plan, and third parties dealing with the Institution.
- 7.4 **Indemnification.** In addition to whatever rights of indemnification the members of the board, or any other person or persons (other than the Sponsoring Organizations) to whom any power, authority, or responsibility of the Institution is delegated pursuant to Section 7.2, may be entitled under the articles of incorporation, regulations, or by-laws of the Institution, under any provision of law, or under any other agreement, the Institution will satisfy any liability actually and reasonably incurred by any member or other person or persons, including expenses, attorney's fees, judgement, fines, and amounts paid in settlement or in connection with any threatened, pending, or completed action, suit, or proceeding which is related to the exercise or failure to exercise by the member or other person or persons of any

of the powers, authority, responsibilities, or discretion of the Institution as provided under the Plan or trust, or reasonably believed by the member or other person or persons to be provided thereunder or any action taken by the member or other person or persons in connection with it. This indemnity is granted only to the extent and limits of the ability of an instrumentality of the Commonwealth of Kentucky to grant an indemnity under Kentucky law.

- 7.5 ***No Reversion.*** Under no circumstances or conditions will any contributions of the Institution revert to, be paid to or inure to the benefit of, directly or indirectly the Institution. However, if Plan contributions are made by the Institution by mistake of fact, these contributions may be returned to the Institution within one year of the date that the mistake of fact is discovered.
- 7.6 ***Relationship of Federal and State Law.*** The Plan is intended to satisfy the applicable requirements of Code Section 401(a) that apply to government plans as defined in Section 414(d) including regulations and other authoritative pronouncements. To the extent not governed by the provisions of the Code or other federal laws, the Plan shall be administered and interpreted in accordance with the law of the Commonwealth of Kentucky in which the Employer is located.

Article VIII - Amendment and Termination

- 8.1 ***Amendment and Termination.*** While it is expected that this Plan will continue indefinitely, the Institution reserves the right at any time to amend, otherwise modify, or terminate the Plan, or to discontinue any further contributions or payments under the Plan by resolution of its board. In the event of a termination of the Plan or a complete discontinuance of Plan contributions, the Institution will notify all Participants of the termination. As of the date of complete or partial termination, all Accumulation Accounts of affected Participants will become nonforfeitable to the extent funded.
- 8.2 ***Limitation.*** Notwithstanding the provisions of the "Amendment and Termination" section of Article VIII, the following conditions and limitations apply:
- (a) No amendment will be made which will operate to recapture for the Institution any contributions previously made under this Plan. However, Plan Contributions made based on a mistake of fact may be returned to the Institution within one year of the date on which the Plan Contribution was made. Also, Plan Contributions made in contemplation of approval by the Internal Revenue Service may be returned to the Institution if the Internal Revenue Service fails to approve the Plan or the private letter ruling.
 - (b) No amendment will deprive, take away, or alter any then accrued right of any Participant insofar as Plan Contributions are concerned.

Article IX – Miscellaneous

- 9.1 ***Plan Non-Contractual.*** Nothing contained in this Plan will be construed as a commitment or agreement on the part of any person to continue his or her employment with the Institution, and nothing contained in this Plan will be construed as a commitment on the part of the Institution to continue the employment or the rate of compensation of any person for any period, and all Employees of the Institution will remain subject to discharge to the same extent as if the Plan had never been put into effect.
- 9.2 ***Claims of Other Persons.*** The provisions of the Plan will in no event be construed as giving any Participant or any other person, firm, or corporation, any legal or equitable right against the Institution, its officers, employees, or directors, except the rights as are specifically provided for in this Plan or created in accordance with the terms and provisions of this Plan.
- 9.3 ***Non-Alienation of Retirement Rights or Benefits.*** Except to the extent required under applicable law, no benefit under the Plan may, at any time be subject in any manner to alienation, encumbrance, the claims of creditors or legal process. No person will have power in any manner to transfer, assign alienate or in any way encumber his or her benefits under the Plan, or any part thereof, any attempt to do so will be void and of no effect. However, this Plan will comply any judgment, decree or order which establishes the rights of another person to all or a portion of a Participant's benefit under this Plan to the extent that is a determined to be a qualified domestic relations order, as defined in Section 414(p) of the Code.
- 9.4 ***Merger, Consolidation, or Transfers of Plan Assets.*** The Plan will not be merged or consolidated with any other Plan, nor will any of its assets or liabilities be transferred to another plan; unless, immediately after a merger, consolidation, or transfer of assets and liabilities, each Participant would receive a benefit under the Plan that is at least equal to the benefit that he/she would have received immediately prior to a merger, consolidation, or transfer of assets or liabilities assuming in each instance that the Plan had then been terminated).
- 9.5 ***Contracts.*** The terms of the Funding Vehicles and the terms of the trust in which a Funding Vehicle may be held and any certificates issued to a Participant are a part of the Plan as if fully set forth in the Plan document and the provisions of which are incorporated by reference into the Plan. In cases where there is any inconsistency or ambiguity between the terms of the Plan and those of the Funding Vehicles, certificates and trust, the terms of the Plan control.

IN WITNESS WHEREOF, the University of Kentucky has, by action duly taken, caused this Amended and Restated Plan to be executed this _____ day of _____, 2005.

By: _____
Title: _____

ATTEST:

By: _____
Title: _____

Employer Identification number _____

Plan Number _____

UNIVERSITY OF KENTUCKY

*401(a) Qualified Pension Plan, as Amended and Restated in
October, 2005*

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Article I - Definitions

- 1.1 **Accumulation Account** means the separate account established for each Participant under the Funding Vehicles. The current value of a Participant's Accumulation Account includes the current value of all Plan contributions and any amounts transferred from another plan less expense charges and reflecting credited investment experience. A Participant's account balance is the Accumulation Account attributable to contributions made or accepted under this Plan from all sources including both forfeitable and non-forfeitable amounts.
- 1.2 **Annual Compensation Limit** shall mean the limit for contributions to a 403(b) and 401(a) Plan set forth in Code Section 401(a) (17), as the same is adjusted from year to year.
- 1.3 **Beneficiary(ies)** “Beneficiary” means the individual, institution, trustee, or estate designated by the Participant to receive benefits on the death of the Participant.
- 1.4 **Board** means the Institution's Board of Trustees
- 1.5 **Catch-up Contribution** shall refer to the contributions from both the Participant and the Institution necessary to make contributions during the first Plan Year during which a favorable determination letter is received from the Internal Revenue Service made after the Initial Contribution Commencement Date equal to the contributions from both Participant and Institution that would have been made to each Participant’s account during the said Plan Year if contributions were commenced when a Participant was first eligible and enrolled to participate without regard for the requirement for the Internal Revenue Service favorable determination letter required for the Initial Contribution Commence Date to occur. The amount of said Catch-up contribution, if any, per pay period shall be selected by the Participant. The Institutional match for the Catch-up contribution said be based upon the Participant’s election amount in the same ratio as the other contributions by the Institution (\$2 from Institution for every \$1 from Participant). In no event shall such Catch-up Contribution extend into any other Plan Year, even if the full amount needed to Catch-up has not been contributed. Any amounts that could have been contributed by the Participant or Institution without regard to the requirements for the Initial Contribution Commencement Date, but which are not made by the end of the Plan Year in which Catch-up Contributions commenced, shall be forfeited.
- 1.6 **Code** means the Internal Revenue Code of 1986, as amended. Reference to a specific section of the Code includes not only the section, but any comparable section or sections of any future legislation that amends, supplements, or supercedes the section.
- 1.7 **Compensation** means wages in excess of the current Annual Compensation Limit stated in IRC Section 401(a)(17) paid to a Participant by the University of Kentucky, that must be reported as wages on the Participant's W-2 Form. “Compensation” includes those wages that are not included in the Participant's gross income due to Participant participation in an IRC Section 125, 132(f)(4), 401(k), 403(b) elective deferral plan, 414(h)(1)(B), 414(h)(2), or 457 salary reduction agreement.

Notwithstanding any other stated Plan provision to the contrary, for retirement Plan years beginning on or after January 1, 1996, the annual compensation to be considered for each 401(a) Plan Participant shall not exceed the OBRA '93 annual compensation limit. The OBRA '93 annual compensation limit for Plan Year 2004 is \$205,000. The annual compensation limit will be adjusted by the Commissioner of the Internal Revenue Service for increases in the cost-of-living and will be consistent with Section 401(a)(17)(B) of the Internal Revenue Code. The cost-of-living adjustment in effect for a calendar year applies to any period, not exceeding 12 months, over which compensation is determined (determination period) beginning in such calendar year. If a determination period consists of fewer than 12 months, the OBRA '93 annual compensation limit will be multiplied by a fraction, the numerator of which is the number of months in the determination period, and the denominator of which is 12.

For retirement Plan years beginning on or after January 1, 1996, any reference in this 401(a) Plan to the compensation limitation shall mean the OBRA '93 annual compensation limit stated IRC Section 401(a)(17).

- 1.8 ***Date of Employment or Reemployment*** means the first day in which an Employee is paid for the performance of services for the most recent period of service with the Institution. For a faculty member Date of Employment or Reemployment is the date of appointment.
- 1.9 ***Eligible Compensation*** shall mean all such compensation, in excess of the Annual Compensation Limit that can be utilized for contributions to the University of Kentucky 403(b) Plan, based upon the limits of Code Section 401(a) (17), as the same are adjusted from year to year.
- 1.10 ***Effective Date*** means January 1, 2005~~4.4.~~
- 1.11 ***Eligible Employee*** means regular full-time employees whose annual compensation for the current Plan Year exceeds or is reasonably expected to exceed the Annual Compensation Limit under the University of Kentucky's 403(b) Plan. The term Eligible Employee shall not include self-employed individuals, as defined by Code Section 401(c)(1).
- 1.12 ***Fund Sponsor*** means the insurance, variable annuity or investment company providing the Funding Vehicles.
- 1.13 ***Funding Vehicles*** means a tax deferred annuity, fixed or variable in nature or a combination thereof, or a mutual fund issued for the purpose of funding accrued benefits under the 401(a) Plan, in which annuity contracts are described in Section 401(g) of the IRC, or mutual funds are held in trust.
- 1.14 ***Initial Contribution Commencement Date*** means the date of the first payroll after the ———Institution has received a favorable determination letter for the Plan from the Internal ———Revenue Service and has set up its procedures for receiving contributions, which is the pay period beginning August 1, 2005.

- 1.15 ***Institution or Employer*** means the University of Kentucky, which is an agency and instrumentality of the Commonwealth of Kentucky.
- 1.16 ***Institution Contribution or Employer Contribution*** means contributions made by the Institution under this Plan.
- 1.17 ***Limitation Year*** means the calendar year.
- 1.18 ***Normal Retirement Age*** means age 65.
- 1.19 ***Participant*** means any Eligible Employee of the Institution who participates in the Plan in accordance with Article II.
- 1.20 ***Participant Plan Contributions*** means contributions made by a Participant under this Plan.
- 1.21 ***Plan*** means the Institution's 401(a) Defined Contribution Retirement Plan as set forth in this document.
- 1.22 ***Plan Entry Date*** means the first day after the date that the employee has met the participation requirements set forth in Article II.
- 1.23 ***Plan ~~Mandatory Participation~~ Rescission Date*** means January 1, 2007~~6~~ if a favorable private determination letter ruling for the 414(h) pick-up feature of the Plan has not been received by the Institution from the Internal Revenue Service by that date, or the first day of the Plan Year beginning after such a favorable determination letter is received, whichever last occurs. ~~unless the Plan is extended by the Board of the Institution.~~
- 1.24 ***Plan Year*** means the calendar year.

Article II - Eligibility for Participation

2.1 **Participation.** All Eligible Employees can begin participation in this Plan on the Plan Entry Date during the first Plan Year beginning on or after the Effective Date; with contributions to commence on the Initial Contribution Commencement Date after the Eligible Employee has been declared eligible to participate in the Plan by the Institution and made a written election to participate.

If an individual is classified as an independent contractor or leased employee during any period of providing services to the Institution, such individual will be deemed to be in an ineligible class of employees for purposes of the Plan during such period, even if the individual is determined to be a common law employee during such period pursuant to a government audit or litigation.

After the Plan Mandatory Participation Date has occurred, participation is mandatory for all Eligible Employees.

2.2 **Notification.** The Institution will notify each Eligible Employee in writing of eligibility to participate in the Plan. Each Participant is entitled to the benefits and is bound by all of the terms, provisions, and conditions of this Plan, including any and all amendments which from time to time may be adopted, including the terms, provisions and conditions of any Funding Vehicle(s) to which Plan contributions have been applied.

2.3 **Reemployment.** A Participant shall resume participation in the Plan immediately upon reemployment provided that he/she meets the qualifications set forth in Section 2.1 of Article II.

2.4 **Return to Eligible Class.** In the event a Participant is no longer a member of an eligible class of employees and becomes ineligible to participate, such Employee will participate immediately upon returning to an eligible class of employee.

2.5 **Enrollment in Plan.** To participate in this Plan, an Eligible Employee must complete and return to the Institution the appropriate enrollment form(s). An election to participate in the University of Kentucky 401(a) Plan is irrevocable, and shall be in writing and filed with the University.

~~2.6~~ **Termination of Participation.** A Participant will continue to be eligible for the Plan until one of the following conditions occur:

2.6

- he or she retires or is separated from employment from the University;
- the Plan is terminated;
- the individual doesn't exceed the 403(b) salary and/or contribution limits in a calendar year.

• ~~he or she retires or is separated from employment from the University;~~

- the Plan is terminated;
- he or she elects phased retirement.

Article III - Plan Contributions

- 3.1 **Contributions.** After the Initial Contribution Commencement -Date, the Institution shall contribute to the Plan for those Eligible Employees who have satisfied requirements of Article II in accordance with the scheduled enrollment period.

Plan Contributions as a Percentage of Eligible Compensation

**By the
Institution**
10%

**By the
Eligible Employee**
5%

In addition, during the Plan Year in which the Initial Contribution Commencement Date occurs, Institution and Participant shall make the Catch-up Contributions, if necessary and as required, in the same ratio as the other contributions under this Plan (\$2 from Institution for every \$1 from Eligible Employee/ Participant).

Plan Contributions are considered to be credited to Participants no later than the next business day following the day for which the Plan contributions are made.

The annual compensation limit will be adjusted by the Commissioner of the Internal Revenue Service for increases in the cost-of-living and will be consistent with Section 401(a)(17)(B) of the Internal Revenue Code. The cost-of-living adjustment in effect for a calendar year applies to any period, not exceeding 12 months, over which compensation is determined (determination period) beginning in such calendar year. If a determination period consists of fewer than 12 months, the OBRA '93 annual compensation limit will be multiplied by a fraction, the numerator of which is the number of months in the determination period, and the denominator of which is 12.

Prior to the Plan Mandatory Participation Date, Participant Plan Contributions will be made on an after tax basis. Plan Contributions, made by a Participant will be made under a written salary deduction agreement with his/her Institution.

After the Plan Mandatory Participation Date, Participant Plan Contributions must will be made on a tax deferred basis. Plan Contributions made by a Participant of a before-tax basis, must will be made under a written salary reduction agreement with his/her Institution. Under the agreement, the salary that is paid to the Plan Participant, after he/she signs a salary reduction agreement, becomes an Eligible Employee will be reduced. The amount of the reduction in salary is applied as a Contribution to one or more available funding Vehicles offered by an approved Fund Sponsor.

In all cases, tThe salary rdeduction and deduction agreement will be legally binding and irrevocable while the agreement is in effect. The agreement is subject to termination should the Plan Participant cease to meet the requirements for an Eligible Employee.

- 3.2 ***Transfer of Funds from Another Plan.*** Except as otherwise provided in Section 3.3, each Fund Sponsor shall accept amounts which are transferred directly from any other plan qualified under Code Sections 401(a) or 403(a) whether such plans are funded through a trustee arrangement, custodial account or through an annuity contract, to the extent that such contributions are attributable to amounts contributed by the employer and employee on a pre-tax basis and earnings attributable to both employer and employee contributions. Such funds and the accumulation generated from them shall be fully vested and nonforfeitable at all times.
- 3.3 ***Acceptance of Rollover Contributions.*** If a Participant is entitled to receive a distribution from another plan qualified under Code Sections 401(a) or 403(a), a tax sheltered annuity plan described in Section 403(b) of the Code or a Code Section 457 (b) plan maintained by a government employer which separately accounts for amounts rolled over from plans other than Section 457(b) plans and such distribution is an eligible rollover distribution under Section 402 of the Code, a Fund Sponsor will accept such amount under this Plan provided the rollover to this Plan is made 1) directly from another plan; or 2) by the Participant within 60 days of the receipt of the distribution.
- 3.4 ***Rollover of IRAs.*** A Participant, with the written consent of the Plan Administrator, may at any time after becoming a Participant transfer to one or more Funding Vehicles all or a portion of the amount received by the Participant from an individual retirement account or annuity as defined respectively in Section 408(a) or 408(b) of the Code maintained for his benefit, if no part of the amount rolled over is required to be distributed under Section 401(a)(9) of the Code.
- 3.5 ***Allocation of Contributions.*** Institution Contributions shall be forwarded to the Fund Sponsors of the Funding Vehicles selected by a Participant, in accordance with the procedures established by the Institution and the Fund Sponsors. Contributions may be allocated by the Participant to one or more Funding Vehicles in whole-number percentages.
- 3.6 ***Participant Statements.*** At least once a year the Fund Sponsors to whom the Participant has allocated contributions will send the Participant a report summarizing the status that portion of his or her Accumulation Account with that Fund Sponsor.
- 3.7 ***Limitations.*** Notwithstanding anything to the contrary contained in this Plan, the obligation of the Institution to make contributions is subject to the provisions relating to the amendment and termination of the Plan. However, no amendment or termination will affect any obligation of the Institution to make contributions with respect to Compensation earned by Participants prior to the date of amendment or termination.
- 3.8 ***Military Service Credit.*** Notwithstanding any provision of this plan to the contrary, contributions, benefits and service credit with respect to qualified military service will be provided in accordance with §414(u) of the Internal Revenue Code.
- 3.9 ***Maximum Plan Contributions.*** Notwithstanding anything contained in this Plan to the contrary, the total Annual Additions made for any Participant for any year will not exceed the amount permitted under section 415 of the Code. The limitations of Code Section 415 are

hereby incorporated by reference.

For the purpose of calculating the limits of Code Section 415, compensation means a Participant's earned income, wages, salaries, and fees for professional services and other amounts received for personal services actually rendered in the course of employment with the employer maintaining the plan and excluding the following: (a) employer contributions to a plan of deferred compensation that are not includible in the employee's gross income for the taxable year in which contributed, or employer contributions under a simplified employee pension plan to the extent such contributions are deductible by the employee, or any distributions from a plan of deferred compensation; and (b) other amount that received special tax benefits, or contributions made by the employer (whether or not under a salary reduction agreement towards the purchase of an annuity described in Code Section 403(b) (whether or not the amounts are actually excludable from the gross income of the employee)). For years beginning after December 31, 1997, compensation shall include any elective deferral (as defined in Code Section 402(g)(3)) and any amount which is contributed or deferred by the Institution at the election of the Participant and which is not includible in the gross income of the Participant by reason of Code Section 125, 132(f)(4) or 457.

To the extent permitted by Code Section 415 and the regulations promulgated thereunder, if the Annual Additions exceed the Section 415 limitations, the excess amounts will be disposed of as follows: (a) any Participant Plan Contributions (plus any gain attributable to the excess), to the extent they would reduce the excess amount, will be returned to the Participant; and, to the extent necessary, (b) if, after the application of (a) an excess still exists, the excess will be held unallocated in a suspense account and will be applied to reduce Institution Plan Contributions in succeeding limitation years.

If the limitations are exceeded because the Participant is also participating in another Plan required to be aggregated with this Plan for Code Section 415, then the extent to which annual contributions under this Plan will be reduced, as compared with the extent to which annual benefits or contributions under any other plans will be reduced, will be determined by the Institution in a manner as to maximize the aggregate benefits payable to the Participant from all plans. If the reduction is under this Plan, the Institution will advise affected Participants of any additional limitation on their annual contributions required by this paragraph.

Article IV - Funding Vehicles

- 4.1 ***Investment of Plan Contributions.*** Plan Contributions must be invested in one or more Funding Vehicles of the Sponsoring Organizations and any other Funding Vehicles for the Plan that the Employer makes available to Participants.
- 4.2 ***Funding Vehicles.*** Plan Contributions are invested in one or more Funding Vehicles available to Participants under the University of Kentucky's 401(a) Plan. The Fund Sponsors are:
- ~~A. American Century Services Corporation (American Century)~~
 - B.A. Fidelity Investments Tax-Exempt Services Company (Fidelity)
 - C.B. Teachers Insurance and Annuity Association (TIAA)
 - TIAA Group Retirement Annuity
 - College Retirement Equities Fund (CREF)
 - CREF Group Retirement-Unit Annuity
- 4.3. ***Fund Transfers.*** Subject to a Funding Vehicle's rules for transfers and in accordance with the provisions of the Code for maintaining the tax deferral of the Accumulation Account(s), a Participant may transfer funds accumulated under the Plan among the Plan's approved Funding Vehicles to the extent permitted by the Funding Vehicles.

Article V - Vesting

- 5.1 ***Plan Contributions.*** Plan Contributions shall be fully vested and non-forfeitable when such Plan Contributions are made.

Article VI - Benefits

- 6.1 ***Retirement and Termination Benefits.*** Following retirement, phased retirement, or termination of employment at any age, a Participant may elect to receive retirement benefits under any of the options set forth in the contracts between the Fund Sponsor(s) and the Participant and/or Institution. Notwithstanding any other provision in this Plan, distribution of an amount that has, at any time, been invested in a mutual fund custodial account may be paid only when a Participant: (1) separates from service or (2) dies.
- 6.2 ***Death Benefits.*** In the event that a Participant dies prior to the commencement of retirement benefit payments, the full current value of the vested amount in the Accumulation Account(s) is then payable to the Beneficiary or Beneficiaries named by the Participant, under one of the options offered by the Fund Sponsor(s).
- 6.3 ***Application for Benefits.*** Procedures for the receipt of benefits are initiated by writing directly to the Fund Sponsor(s). An employing Institution will be required to submit appropriate evidence of termination of employment of a Plan Participant to the Fund Sponsor(s). Benefits will be payable by the Fund Sponsor(s) upon receipt of a satisfactorily completed application for return of benefits and supporting documents. The Fund Sponsor(s) will provide the necessary forms to the Participant or Beneficiary.
- 6.4 ***Distribution Requirements.***
- (A) **General Rules.** The requirements of this section shall apply to any distribution of a Participant's interest, and will take precedence over any inconsistent provisions of this Plan or any Funding Vehicle.
 - (B) **Required Beginning Date.** The entire interest of a Participant must be distributed or begin to be distributed no later than the Participant's Required Beginning Date.
 - (C) **Limits on Distribution Periods.** Distributions, if not made in a single sum, may only be made over one of the following periods (or a combination thereof):
 - (i) the life of the Participant;
 - (ii) the life of the Participant and a Designated Beneficiary;
 - (iii) a certain period not extending beyond the Life Expectancy of the Participant;
or
 - (iv) a certain period not extending beyond the joint and last survivor expectancy of the Participant and a Designated Beneficiary.
 - (D) **Determination of Amount to be Distributed Each Year.** If the Participant's interest is to be distributed in other than a single sum, the following minimum distribution rules shall apply on or after the Required Beginning Date:

With respect to distributions under the Plan made for calendar years beginning on or after January 1, 2001, the Plan will apply the minimum distribution requirements of IRC Section 401(a)(9) that were proposed on January 17, 2001.

This amendment shall continue in effect until the end of the last calendar year beginning before the effective date of the final regulations under IRC Section 401(a)(9) or such other date as may be specified in guidance published by the Internal Revenue Service.

The final regulations for IRC Section 401(a)(9) were issued on April 17, 2002, and become effective January 1, 2003.

(E) Death Distribution Provisions.

Distribution Beginning Before Death. If a Participant dies after the distribution of his/her interest has begun, the remaining portion of such interest will continue to be distributed at least as rapidly as under the method of distribution being used prior to the Participant's death.

Distribution Beginning After Death. If a Participant dies before his/her retirement benefits have begun to be distributed, the interest on his/her retirement benefits must normally be distributed by December 31 of the calendar year following the fifth anniversary of the Participant's death. Under a special IRC rule, death benefits may be payable over the life or the life expectancy of a designated beneficiary, if the distribution of benefits begins no later than December 31 of the calendar year immediately following the calendar year in which the Plan Participant died. If the Plan Participant's designated beneficiary is his/her spouse, payment of benefits may be deferred until December 31 of the calendar year in which the Plan Participant would have attained age 70 ½, had he/she continued to live.

The payment of retirement benefits, consistent with the rules presented above, is extremely important. Federal tax law imposes a 50 percent excise tax on the difference between the amount of benefits required to be distributed by law, and the amount actually distributed; if, the amount distributed is less than the required minimum amount.

be Information regarding a Fund Sponsor's retirement benefit distribution options will be provided, upon request, to a Plan Participant from his/her selected Fund Sponsor(s). A Plan Participant will be responsible for notifying the selected Fund Sponsor(s) of his/her decision to seek a distribution from the accumulated funds within the Plan.

(F) Definitions.

Required Beginning Date. The Required Beginning Date of a Participant is the first day of April of the calendar year following the later of: (1) the calendar year in which the Participant attains age 70 ½; or (2) the date that the Participant terminates his/her employment.

A Plan Participant must normally begin receiving his/her retirement benefits no later than April 1 of the calendar year, following his/her attainment of age 70 ½. If a Plan Participant retires after attaining age 70 ½, he/she must begin receiving his/her retirement benefits no later than April 1, following the calendar year in which he/she retires. Failure by a Plan Participant to begin receiving his/her annuity income by the required April 1 date may subject him/her to a substantial federal tax penalty.

- 6.5 ***Direct Rollover of Eligible Rollover Distributions.*** Notwithstanding any provision of the Plan to the contrary that would otherwise limit a distributee's election under this Section, a distributee may elect, at the time and in the manner prescribed by the Plan Administrator, to have any portion of an eligible rollover distribution paid directly to an eligible retirement plan specified by the distributee in a direct rollover.

For the purposes of this Section, the following definitions apply:

(a) **Eligible rollover distribution:** An eligible rollover distribution is any distribution of all or any portion of the balance to the credit of the distributee, except that an eligible rollover distribution does not include: any distribution that is one of a series of substantially equal periodic payments (not less frequently than annually) made for the life (or life expectancy) of the distributee or the joint lives (or joint life expectancies) of the distributee and the distributee's designated Beneficiary, or for a specified period of ten years or more; any distribution to the extent such distribution is required under Section 401(a)(9) of the Code; any hardship distribution described in §401(k)(2)(B)(i)(IV) received after December 31, 1998; and the portion of any distribution that is not includible in gross income (determined without regard to the exclusion for net unrealized appreciation with respect to Employer securities).

(b) **Eligible retirement plan:** An eligible retirement plan is an individual retirement account described in Section 408(a) of the code, an individual retirement annuity described in Section 408(b) of the Code, an annuity plan described in Section 403(a) or 403(b) of the Code, a qualified trust described in Section 401(a) of the Code, or an eligible plan under Section 457(b) of the Code which is maintained by a state, political subdivision of a state, or any agency or instrumentality of a state that accepts the distributee's eligible rollover distribution and agrees to separately account for amounts transferred into such plan from this Plan. The definition of eligible retirement plan shall also apply to a surviving spouse or to a spouse or former spouse who is the alternate payee under a qualified domestic relations order as defined in section 414(p) of the Code.

(c) **Distributee:** A distributee includes an Employee or former Employee. In addition, the Employee's or former Employee's surviving spouse and the Employee's or former Employee's spouse or former spouse who is the alternate payee under a qualified domestic relations order, as defined in Section 414(p) of the Code, are distributees with regard to the interest of the spouse or former spouse.

(d) **Direct rollover:** A direct rollover is a payment by the Plan to the eligible retirement plan specified by the distributee.

Article VII - Administration

- 7.1 **Plan Administrator.** The Institution, located at Director's Office, 101 Scovell Hall, Lexington, KY 40506-0064, is the administrator of this Plan and is responsible for enrolling Participants, sending Plan Contributions for each Participant to the Fund Sponsors, and for performing other duties required for the operation of the Plan.
- 7.2 **Authority of the Institution.** The Institution, by action of its board, may designate a person or persons other than the Institution to carry out any of its powers, authority, or responsibilities. Any delegation will be set forth in writing. The Institution has all the powers and authority expressly conferred upon it herein and further has the discretionary and final authority to determine all questions concerning eligibility and contributions under the Plan, including any uncertain terms and to resolve any disputes arising under and all questions concerning administration of the Plan. Any determination made by the Institution shall be given deference, if it is subject, if it is subject to judicial review, and shall be overturned only if its arbitrary or capricious. [In exercising these powers and authority, the Institution will at all times exercise good faith, apply standards of uniform application, and refrain from arbitrary action.] The Institution may employ attorneys, agents, and accountants as it finds necessary or advisable to assist it in carrying out its duties.
- 7.3 **Action of the Institution.** Any act authorized, permitted, or required to be taken by the Institution under the Plan, which has not been delegated in accordance with Section 7.2, may be taken by a majority of the members of the Board, either by vote at a meeting, or in writing without a meeting. All notices, advice, directions, certifications, approvals, and instructions required or authorized to be given by the Institution under the Plan will be in writing and signed by either (i) a majority of the members of the Board, or by any member or members as may be designated by an instrument in writing, signed by all members, as having authority to execute the documents on its behalf, or (ii) a person who becomes authorized to act for the Institution in accordance with the provisions of Section 7.2. Any action taken by the Institution which is authorized, permitted, or required under the Plan and is in accordance with Funding Vehicle's contractual obligations, is final and binding upon the Institution, all persons who have or who claim an interest under the Plan, and third parties dealing with the Institution.
- 7.4 **Indemnification.** In addition to whatever rights of indemnification the members of the board, or any other person or persons (other than the Sponsoring Organizations) to whom any power, authority, or responsibility of the Institution is delegated pursuant to Section 7.2, may be entitled under the articles of incorporation, regulations, or by-laws of the Institution, under any provision of law, or under any other agreement, the Institution will satisfy any liability actually and reasonably incurred by any member or other person or persons, including expenses, attorney's fees, judgement, fines, and amounts paid in settlement or in connection with any threatened, pending, or completed action, suit, or proceeding which is related to the exercise or failure to exercise by the member or other person or persons of any

of the powers, authority, responsibilities, or discretion of the Institution as provided under the Plan or trust, or reasonably believed by the member or other person or persons to be provided thereunder or any action taken by the member or other person or persons in connection with it. This indemnity is granted only to the extent and limits of the ability of an instrumentality of the Commonwealth of Kentucky to grant an indemnity under Kentucky law.

- | 7.5 ***No Rreversion.*** Under no circumstances or conditions will any contributions of the Institution revert to, be paid to or inure to the benefit of, directly or indirectly the Institution. However, if Plan contributions are made by the Institution by mistake of fact, these contributions may be returned to the Institution within one year of the date that the mistake of fact is discovered.
- 7.6 ***Relationship of Federal and State Law.*** The Plan is intended to satisfy the applicable requirements of Code Section 401(a) that apply to government plans as defined in Section 414(d) including regulations and other authoritative pronouncements. To the extent not governed by the provisions of the Code or other federal laws, the Plan shall be administered and interpreted in accordance with the law of the Commonwealth of Kentucky in which the Employer is located.

Article VIII - Amendment ~~a~~And Termination

- 8.1 ***Amendment and Termination.*** While it is expected that this Plan will continue indefinitely, the Institution reserves the right at any time to amend, otherwise modify, or terminate the Plan, or to discontinue any further contributions or payments under the Plan by resolution of its board. In the event of a termination of the Plan or a complete discontinuance of Plan contributions, the Institution will notify all Participants of the termination. As of the date of complete or partial termination, all Accumulation Accounts of affected Participants will become nonforfeitable to the extent funded.
- 8.2 ***Limitation.*** Notwithstanding the provisions of the "Amendment and Termination" section of Article VIII, the following conditions and limitations apply:
- (a) No amendment will be made which will operate to recapture for the Institution any contributions previously made under this Plan. However, Plan Contributions made based on a mistake of fact may be returned to the Institution within one year of the date on which the Plan Contribution was made. Also, Plan Contributions made in contemplation of approval by the Internal Revenue Service may be returned to the Institution if the Internal Revenue Service fails to approve the Plan or the private letter ruling.
 - (b) No amendment will deprive, take away, or alter any then accrued right of any Participant insofar as Plan Contributions are concerned.

Article IX – Miscellaneous

- 9.1 ***Plan Non-Contractual.*** Nothing contained in this Plan will be construed as a commitment or agreement on the part of any person to continue his or her employment with the Institution, and nothing contained in this Plan will be construed as a commitment on the part of the Institution to continue the employment or the rate of compensation of any person for any period, and all Employees of the Institution will remain subject to discharge to the same extent as if the Plan had never been put into effect.
- 9.2 ***Claims of Other Persons.*** The provisions of the Plan will in no event be construed as giving any Participant or any other person, firm, or corporation, any legal or equitable right against the Institution, its officers, employees, or directors, except the rights as are specifically provided for in this Plan or created in accordance with the terms and provisions of this Plan.
- 9.3 ***Non-Alienation of Retirement Rights or Benefits.*** Except to the extent required under applicable law, no benefit under the Plan may, at any time be subject in any manner to alienation, encumbrance, the claims of creditors or legal process. No person will have power in any manner to transfer, assign alienate or in any way encumber his or her benefits under the Plan, or any part thereof, any attempt to do so will be void and of no effect. However, this Plan will comply any judgment, decree or order which establishes the rights of another person to all or a portion of a Participant's benefit under this Plan to the extent that is a determined to be a qualified domestic relations order, as defined in Section 414(p) of the Code.
- 9.4 ***Merger, Consolidation, or Transfers of Plan Assets.*** The Plan will not be merged or consolidated with any other Plan, nor will any of its assets or liabilities be transferred to another plan; unless, immediately after a merger, consolidation, or transfer of assets and liabilities, each Participant would receive a benefit under the Plan that is at least equal to the benefit that he/she would have received immediately prior to a merger, consolidation, or transfer of assets or liabilities assuming in each instance that the Plan had then been terminated).
- 9.5 ***Contracts.*** The terms of the Funding Vehicles and the terms of the trust in which a Funding Vehicle may be held and any certificates issued to a Participant are a part of the Plan as if fully set forth in the Plan document and the provisions of which are incorporated by reference into the Plan. In cases where there is any inconsistency or ambiguity between the terms of the Plan and those of the Funding Vehicles, certificates and trust, the terms of the Plan control.

IN WITNESS WHEREOF, the University of Kentucky has, by action duly taken, caused this
Amended and Restated Plan to be executed this _____ day of _____, 20054.

By: _____
Title: _____

ATTEST:

By: _____
Title: _____

Employer Identification number _____

Plan Number _____

FCR 14

Office of the President
October 25, 2005

Members, Board of Trustees:

APPROVAL OF LEASE

Recommendation: that the Executive Vice President for Finance and Administration be authorized to negotiate and execute the following:

An addendum to a lease between the University of Kentucky (Hospital Finance) and 2347 Sterlington Road, LLC, c/o SITE, Inc., 2333 Alumni Park Plaza, Suite 100, Lexington, Kentucky, for space located at 2347 Sterlington Road, Lexington, Kentucky, effective December 1, 2005 through June 30, 2010, for the use of 34,500 square feet of office space, at an annual rate of \$685,220.64.

Background: At its June 14, 2005 meeting, the Board of Trustees approved regulations requiring that all leases in excess of \$100,000 be approved by the Board of Trustees. The President or his designated representative is authorized to enter into leases and easements not exceeding \$100,000 in value.

Action taken: ☒ Approved ☐ Disapproved ☐ Other _____

FCR 15

Office of the President
October 25, 2005

Members, Board of Trustees:

APPROVAL OF 2004-05 ENDOWMENT MATCH PROGRAM ANNUAL REPORT

Recommendation: that the Board of Trustees accept the 2004-05 Endowment Match Program Annual Report.

Background: The Research Challenge Trust Fund (RCTF) was established in 1997 with the passage of House Bill 1, the *Kentucky Postsecondary Education Improvement Act*. The RCTF is designed to encourage research activities at the University of Kentucky and the University of Louisville. Pursuant to the Council on Postsecondary Education's Endowment Match Program Request and Reporting Procedures, the Board of Trustees must review and approve the annual report on UK's participation in RCTF. Additional information about the program is available online at:

<http://www.research.uky.edu/ca/rctf/index.html>

Action taken: ☒ Approved q Disapproved q Other _____

UHCR 1

Office of the President
October 25, 2005

Members, Board of Trustees:

UNIVERSITY HOSPITAL COMMITTEE OPERATING RULES

Recommendation: that the Board of Trustees approve the newly revised Operating Rules for the University Hospital Committee of the University of Kentucky Board of Trustees which are attached hereto.

Background: The Governing Regulations establishing the University Hospital Committee allow the committee to enact its own operating rules. The committee initially used, on an interim basis, operating rules modeled on the bylaws of the old Hospital Corporation. The Operating Rules of the University Hospital Committee have been revised to better meet the requirements of the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). These revised operating rules include the addition of two advisory members of the committee, the chief medical officer, and the chief nursing officer, and have been revised to allow for the appointment, from time to time, of up to five nonvoting community advisory members. The addition of these community advisory members will enhance the expertise of the committee in areas such as finance, construction, management, and government. The new operating rules will better enable the University Hospital Committee to meet its governance responsibilities for the University Hospital. The Hospital Committee approved these operating rules at its September 20, 2005 meeting.

Action taken: ☒ Approved as amended ☐ Disapproved ☐ Other _____

OPERATING RULES
OF THE
UNIVERSITY HOSPITAL COMMITTEE

ARTICLE I
PURPOSES

1.1 Purposes: The purposes of the University Hospital Committee (Committee) are through sound oversight and governance to:

- 1.1.1 Provide management oversight for the development and implementation of policies, rules and regulations for the governance of the Hospital.
- 1.1.2 Provide optimal settings and facilities for conducting exemplary inpatient and outpatient patient care services for the citizens of the state and region and as required to support the educational and research missions of the Colleges of the Medical Center.
- 1.1.3 Provide access to clinical facilities of the Hospital for the teaching and research programs of the Colleges of the Medical Center of the University of Kentucky.
- 1.1.4 Support scientific advancement and health maintenance.
- 1.1.5 Develop and coordinate a model educational environment for the training of health science students and residents and to promote the advancement of scientific learning and research.
- 1.1.6 Attract and retain high quality faculty and staff to teach, conduct research, and provide patient care.
- 1.1.7 Enhance the development of superior patient care in a group practice setting within the academic environment of the Medical Center of the University of Kentucky.
- 1.1.8 Ensure adherence to all legal, regulatory and ethical standards applicable to the Hospital.
- 1.1.9 Serve, through its general grant of power by the University Board of Trustees as the Governing Body of the Hospital and to exercise all the powers of a Governing Body as required by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), as the same now exist, or shall be amended, from time to time.

ARTICLE II MEMBERSHIP

- 2.1 Members: The affairs of the Hospital shall be conducted and managed by the Members. The Members shall provide University Hospital with the direction necessary to be successful and to insure that the Hospital is managed in support of the mission of the University of Kentucky. As used herein, Members shall mean the five voting members.
- 2.2 Appointment. The Members shall be appointed by the Chair of the Board of Trustees of the University of Kentucky acting upon recommendation of the President.
- 2.3 Number: The number of voting Members composing such Committee shall be five (5) members.
- 2.4 Advisory Members: In addition to the voting Members, there shall be seven (7) Advisory Members appointed by the Board of Trustees of the University of Kentucky for the purpose of providing support and advice to the Board. The Advisory Members shall consist of the individuals holding the following positions: (1) Executive Vice President for Health Affairs (EVPHA); (2) Associate Vice President for Medical Center Operations; (3) Dean, College of Medicine; (4) a representative appointed by the President of the University of Kentucky; (5) the Chief Medical Officer of the Hospital; (6) the Chief Nursing Officer of the Hospital; and (7) the President of the Medical Staff.
- 2.5 Community Advisory Members: In addition to the voting Members and Advisory Members listed in paragraph 2.4 above, the Committee may, from time to time, have the Chair of the University Board of Trustees appoint, upon recommendation of the University President, Community Advisory Members to assist it in its functions by providing specialized advice and support. Said Community Advisory Members shall be selected on the basis of their expertise in such areas as finance, construction, management, and government. The maximum number of Community Advisory Members authorized at any one time shall be five (5).
- 2.6 Term: Members and Advisory Members and Community Advisory Members shall hold office for the terms specified below.
- 2.6.1 Each voting Trustee Member shall hold office for the term for which he/she is appointed so long as he remains a member of the Board of Trustees as provided for in the Governing Regulations. The initial appointments shall be staggered terms in the following manner: two members for three years, two members for four years, and one member for five years. Any Board member appointed thereafter shall serve for three years and may be reappointed for an additional three years. Any vacancy occurring before the expiration of the term of the appointment shall be filled for the unexpired term. The term remaining on any Trustee's University Board of Trustees appointment shall not be a limiting factor upon future appointments to this Committee.

2.6.2 Each Advisory Member shall hold office for his/her term as follows:

- A. Executive Vice President for Health Affairs, Associate Vice President for Medical Center Operations, Dean of the College of Medicine, Chief Medical Officer, and Chief Nursing Officer will hold office so long as they occupy the positions indicated.
- B. The representative appointed by the President of the University of Kentucky will hold office until such time as the appointment is rescinded by the President of the University.
- C. The President of the Medical Staff shall hold office for as long as that person holds said office of President.
- D. Community Advisory Members shall hold office for such term as specified in their appointment. However, while appointments as Community Advisory Members may be renewed by the committee, no single term of appointment shall exceed three (3) years.

ARTICLE III POWERS

- 3.1 As a means of accomplishing the foregoing purposes, the University Hospital Committee shall have the powers to function and act as a Governing Body under JCAHO without need to consult the University Board of Trustees, as well as such other powers as the Board of Trustees shall so grant.
- 3.2 Policies, Rules, and Regulations: The University Hospital Committee shall provide management oversight for the development of policies, rules, and regulations for the operations of the Hospital.
- 3.3 Budget: The University Hospital Committee shall recommend to the EVPHA on the annual, biennial, and other planned operating and capital budgets for the Hospital.
- 3.4 Planning: The University Hospital Committee shall participate in the long-term planning for Hospital.
- 3.5 Contracts, Loans
 - 3.5.1 Contracts: The Members may authorize any officer or officers, agent, or agents, to enter into any contract and to execute and deliver any instrument in the name of or on behalf of the Hospital, and such authority may be general or confined to specific instances.
 - 3.5.2 Loans: No loan shall be contracted on behalf of the Hospital and no evidence of any indebtedness shall be issued in its name except on the authorization of the Board of Trustees of the University.

ARTICLE IV
CONFLICT OF INTEREST AND PROHIBITIONS

- 4.1 Net Earnings: The Committee shall operate in a manner to assure that no part of the net earnings of the Hospital shall inure to the benefit of any University Trustee, Committee Member, or any private individual, except that reasonable compensation may be paid for services rendered to enable the Hospital to provide the services for which it has been organized or otherwise affecting one or more of its purposes, and no Trustee, Member or any private individual shall be entitled to share in the distribution of any of the Hospital assets.
- 4.2 Conflicts of Interest: The Hospital and this Committee shall not act under any conflict of interest. The Committee shall comply with the University Code of Ethics and the Clinical Enterprise Code of Conduct, as both have been adopted by the Board of Trustees, or may be amended, from time to time. In addition, the Committee may enact such other rules prohibiting conflicts of interest as it deems appropriate. No Committee Member shall be entitled to vote on or deliberate about any matter in which he or she shall have a financial interest.

ARTICLE V
MEETINGS

- 5.1 Regular Meetings: The University Hospital Committee shall meet the day before each University of Kentucky Board of Trustees meeting, and at such other times as the Committee Chair deems necessary to assure adequate oversight and administration of the Hospital. It shall have a meeting in May which is designated as its annual meeting for approval of the budget, election of officers, and subcommittee appointments.
- 5.2 Special Meetings: Special meetings may be called at any time by the Chair of the Committee, or by a majority of the members of the Committee.
- 5.3 Notice: Seven days' notice shall be given of any meeting of the Committee or any Subcommittee, thereof, except that the Chair may call an emergency meeting with 24 hours' notice.
- 5.4 Quorum: A quorum for the transaction of business at all meetings of the Committee or any Subcommittee, thereof, shall consist of a majority of the Trustee Members of the Committee.
- 5.5 Manner of Acting: Each Member shall be entitled to one vote at each meeting and must be present in person to vote except as allowed in any specific instance by a majority vote of the Members present. In the event a quorum is present, a majority vote of those present shall constitute the act of the Committee except as herein otherwise specifically provided. This subparagraph shall apply to any Subcommittees, as well.

- 5.6 Records: The Committee shall maintain records of its proceedings and of any meetings of subcommittees.
- 5.7 Reports: The Committee shall make a report to the University Board of Trustees at each regularly scheduled meeting, thereof, in such format as said Board shall prescribe.

ARTICLE VI OFFICERS OF THE COMMITTEE

- 6.1 Officers: The officers of the Committee shall consist of a Chair, Vice Chair, and a Secretary elected by the Committee from its voting members. In addition, the Committee may designate one or more Assistant Secretaries from among employees of the Hospital or the University to assist it in maintaining records, preparing reports, and administration.
- 6.2 Election and Term: The Committee shall elect officers from its voting membership for one-year terms.
- 6.3 Duties of Officers
- 6.3.1 Chair: The Chair shall preside at all meetings, shall sign all documents required to be signed for the Committee, shall serve as an ex-officio member of all subcommittees, and shall have such other duties as may be prescribed by the Committee.
- 6.3.2 Vice Chair: In the Chair's absence, the Vice Chair shall perform all the duties of the Chair and shall have such other duties as may be prescribed by the Committee.
- 6.3.3 Secretary: The Secretary shall maintain minutes of all meetings of the Committee, shall attest to all documents required to be signed for the Committee, shall issue proper notices of all meetings of the Committee, and shall perform such other duties as may be prescribed by the Committee. Duly appointed Assistant Secretaries may perform such functions, as requested.

ARTICLE VII GOVERNANCE STRUCTURE AND RESPONSIBILITIES

- 7.1 Board of Trustees: Except as set forth in the Governing Regulation establishing the same, and unless said Governing Regulation is amended, the authority of the Committee is subordinate to the Board of Trustees of the University of Kentucky.
- 7.2 Executive Vice President for Health Affairs (EVPHA). The EVPHA shall represent the University's interests in matters before the Committee.
- 7.3 Associate Vice President for Medical Center Operations: The Associate Vice President for Medical Center Operations shall manage the University Hospital, report

to the EVPHA consistent with the University's Administrative Rules and Regulations, and represent the University Hospital before the Committee. The Associate Vice President for Medical Center Operations has the responsibility for carrying out the Committee's directives to achieve quality of care.

- 7.4 Enumerated Duties and Responsibilities: The Committee has, as its primary role, the assurance of quality of care. In addition to this role, and as a supplement to the powers and responsibilities set forth in Article I and elsewhere in these Operating Rules, the Hospital Committee shall, as a committee of the whole, have the duties and responsibilities and perform the functions listed as functions of potential Authorized Subcommittees authorized in subparagraphs 7.4.1 through 7.4.6, below (hereafter, Authorized Subcommittees). At least annually the Hospital Committee shall make a determination of which, if any, of the Authorized Subcommittees will be appointed, based upon the needs of the Hospital. Those Authorized Subcommittees deemed necessary shall then have its composition determined by and members appointed from the membership of the University Hospital Committee. The Authorized Subcommittees so established shall meet at the call of the subcommittee chair and shall be subject to the same notice, meeting, and record keeping requirements of the University Hospital Committee. The Authorized Subcommittees and their functions are as follows:

7.4.1 Quality and Safety of Care: The Quality and Safety of Care Subcommittee, subordinate to and, in addition to, the Hospital Committee, shall be responsible for all matters involving quality and safety of patient care including, but not limited to, patient flow, standard of treatment and services; provision of essential services in a timely manner; use of outside services; quality, sufficiency of staffing; adequacy of space, equipment, and other resources; policies and procedures for care treatment and services; patient education; quality measurement, assessment, and improvement; and development of clinical practice guidelines.

7.4.2 Planning: The Planning Subcommittee shall have oversight of and approve all short-term and long-term planning, including the strategic plan.

7.4.3 Finance: The Finance Subcommittee shall review and recommend to University Hospital Committee the annual operating and capital budget.

7.4.4 Audit: The Audit Subcommittee shall have oversight responsibility for the financial operation of the Hospital. It shall receive reports from any outside auditors and direct such action, as appropriate.

7.4.5 Compensation: The Compensation Subcommittee shall conduct a review, at least annually of performance and compensation of Executive Management.

7.4.6 Compliance: The Compliance Subcommittee shall have oversight responsibility of the Hospital's adherence to laws, rules, regulations, and ethical standards. It shall review the Compliance Plan, at least annually. The

University Hospital Committee also may appoint such ad hoc subcommittees as it deems appropriate.

- 7.5 Medical Staff Executive Committee: The Medical Staff Executive Committee (MSEC) is the chief executive committee of the medical staff authorized by the University Hospital Committee and established in the Medical Staff Bylaws of the Hospital. Its functions and responsibilities are set forth in said Medical Staff Bylaws and in Article VIII of these Operating Rules. The MSEC is the liaison between the members of the Hospital's medical staff and the University Hospital Committee.
- 7.6 Executive Committee of Management: The Committee authorizes the Executive Vice President for Health Affairs (EVPHA) to establish a Management Executive Committee (hereafter, the Executive Committee) consisting of key staff, as chosen by said EVPHA, to assist in the management of the Hospital. Activities of the Executive Committee shall be reported to the Committee at its meetings, and otherwise, as requested.
- 7.7 Management Committees: The management of the Hospital shall have the authority to establish such management committees as it needs to assure the safe and efficient delivery of high quality healthcare to its patients and the citizens of the Commonwealth.

ARTICLE VIII MEDICAL STAFF

- 8.1 Organization, Appointments, Reappointments, and Corrective Action
- 8.1.1 Authority for the development of relationships between the medical staff and the Hospital and for the development of quality assurance systems will be vested in the University Hospital Committee. The Medical Staff Executive Committee (MSEC) is the committee of the Medical Staff that functions as the principal liaison between Medical Staff, Hospital Administration, and the University Hospital Committee.
- 8.1.2 The University Hospital Committee shall establish, appoint, and maintain medical staff comprised of qualified physicians, dentists, and other credentialed healthcare providers and shall encourage its organization into a responsible administrative unit, the medical staff. The medical staff shall be governed by the Medical Staff Executive Committee. The Medical Staff Executive Committee shall recommend medical staff bylaws, rules and regulations for the governance of the medical and dental practice in the Hospital, as well as governance of the practice of any other healthcare providers permitted to practice in the Hospital. When approved by the University Hospital Committee, such bylaws, rules, and regulations shall be binding upon both the medical staff and the Medical Staff Executive Committee.

- 8.1.3 The University Hospital Committee shall consider recommendations of the Medical Staff Executive Committee for appointment to the Medical Staff, consistent with the educational, research, patient care, and community service goals of the Hospital, physicians, and dentists who meet the qualifications for membership as set forth in the Medical Staff Bylaws. Each member of the Medical Staff shall have appropriate authority and responsibility for the care of their patients, subject to such limitations as are contained in these bylaws and the Bylaws, Rules, and Regulations of the Medical Staff and subject further to any limitation attached to their appointment or clinical privileges.
- 8.1.4 All applications for Medical Staff membership and clinical privileges shall be in writing and addressed to the University Hospital Committee through the Associate Vice President for Medical Center Operations from the Medical Staff Executive Committee. The applications shall include detailed information concerning the applicant's qualifications, education and training, professional competence and experience, physical and mental health status, ethical character, ability to work with others, and any additional qualifications as required for a specific staff category to which an applicant seeks appointment and privileges.
- 8.1.5 At its next regular meeting, following receipt of the application from the Associate Vice President for Medical Center Operations, the University Hospital Committee shall act upon the application.

The Chief Medical Officer shall notify the applicant in writing of the University Hospital Committee's approval, or disapproval, of the application, including the recommended delineation of privileges or any changes in clinical privileges differing from those recommended.

- 8.1.6 Upon receipt of the action of the University Hospital Committee on any application, the Chief Medical Officer also shall send a copy of said written notification to the Associate Vice President for Medical Center Operations, the Executive Committee, and the chair of the department concerned (Chief of Clinical Service).
- 8.1.7 All actions of the University Hospital Committee shall be effective when taken, including the delineation of clinical privileges.

8.2 Medical Care and Its Evaluation

- 8.2.1 The Committee shall, in the exercise of its discretion, grant to the Medical Staff the responsibility for providing appropriate professional care to the Hospital's patients.
- 8.2.2 The Medical Staff shall conduct a continuing review and appraisal of the quality of professional care rendered in the Hospital, and shall report such activities and their results to the University Hospital Committee as specified by the Medical Staff Executive Committee.

- 8.2.3 The Medical Staff Executive Committee shall make recommendations to the University Hospital Committee concerning: (1) appointments, reappointments, and of Medical Staff terminations status, (2) granting of clinical privileges to Medical Staff members and health professional affiliates, (3) disciplinary actions, (4) all matters relating to professional competency, and (5) such specific matters as may be referred to it by the Committee.
- 8.2.4 All corrective actions shall be consistent with the grounds, criteria, and hearing procedures outlined in the Medical Staff Bylaws.

ARTICLE IX HOSPITAL AUXILIARY

- 9.1.1 Organization: There may be organized a Hospital Auxiliary to render service to the Hospital and its patients. Membership shall be open to all interested in contributing their time and talents to serve the Hospital. There shall be formal bylaws, approved by the University Hospital Committee, which set forth the purpose, membership, methods of assignment, election of officers, duties of officers, and committees of the organization.

ARTICLE X AMENDMENTS

- 10.1 Process: Except as herein provided, these Bylaws may be amended, altered, or repealed only by the consent and approval of a majority of the members of the entire Committee. No amendment or other change in the Bylaws shall be effective unless and until it has been approved by the Board of Trustees of the University of Kentucky.

ARTICLE XI FISCAL YEAR

- 11.1 The fiscal year of the Hospital shall commence on July 1.

UHCR 2

Office of the President
October 25, 2005

Members, Board of Trustees:

UNIVERSITY HOSPITAL BYLAWS OF THE MEDICAL STAFF

Recommendation: that the Board of Trustees approve the newly revised Bylaws of the Medical Staff which are attached hereto.

Background: The Governing Regulations establishing the University Hospital Committee allow the Committee to enact its own operating rules and to function as the governing body for the University Hospital in accordance with the requirements of the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). As part of its responsibilities as a governing body, the University Hospital Committee approves, subject to the university Board of Trustee's ratification, the University Hospital Bylaws of the Medical Staff. The University Hospital Committee approved these revised Bylaws of the Medical Staff at its September 20, 2005 meeting. These revised bylaws set forth organizational changes that have been made to the medical staff and changes suggested by recent guidance from JCAHO concerning medical staff governance.

Action taken: ☒ Approved as amended ☐ Disapproved ☐ Other _____

BYLAWS OF THE MEDICAL STAFF

UNIVERSITY HOSPITAL CHANDLER MEDICAL CENTER, UNIVERSITY OF KENTUCKY

PREAMBLE

The University Hospital of the Chandler Medical Center is a part of the University of Kentucky, a publicly supported institution of post-secondary education established and maintained pursuant to Chapter 164 of the *Kentucky Revised Statutes*. A primary function the medical staff of the University Hospital is to oversee the quality and safety of care, treatment and delivery of health care services to the patients in the University Hospital. In order to provide a framework within which the medical staff shall function, these *Bylaws* and *Rules and Regulations* shall govern those physicians and dentists and related health professionals who practice or seek to practice at the University Hospital.

Subject to the final authority and approval by the University Hospital Committee and the Board of Trustees of the University of Kentucky, the medical staff shall exercise such self-governance and power reasonably necessary to discharge its responsibilities under these *Bylaws* and *Rules and Regulations* (which shall not be considered to be a contract).

DEFINITIONS

1. *Medical staff* means a single, organized self-governing body, subject to the final authority and approval by the University Hospital Committee and the Board of Trustees, that is comprised of all licensed medical physicians and dentists who are privileged to attend patients at the University Hospital.
2. *Health-related professions staff (or independent licensed practitioner)* means all health-related professionals who are privileged to attend patients at the Hospital.
3. *Practitioner* means a medical or health care professional who has a license to practice his or her profession in Kentucky and who otherwise is eligible for appointment to the medical staff.
4. *Medical staff year* means that period of time commencing on the first day of July of any calendar year and ending on the thirtieth day of June of the following calendar year.
5. *Hospital* means the University Hospital of Chandler Medical Center, University of Kentucky.
6. *Associate Vice President for Medical Center Operations* means the individual who oversees the overall management of the Hospital.
7. *University Hospital Committee* means that body appointed by the Board of Trustees, whose members conduct and manage the governance of University Hospital, with powers as defined in the *Bylaws: University Hospital of the Chandler Medical Center*. For purposes of accreditation as it relates to these *Bylaws*, the University Hospital Committee is considered the "governing body."
8. *Chair of the University Hospital Committee* means the chair of the University Hospital Committee of the Chandler Medical Center.
9. *Board of Trustees* means the Board of Trustees of the University of Kentucky.
10. *Executive Vice President for Health Affairs* means the Executive Vice President for Health Affairs for the University of Kentucky who is the primary representative of the University of Kentucky Chandler Medical Center to the University Hospital Committee.
11. *Dean of the College of Medicine* means that individual responsible for management of the Medical Center clinical professional program and for coordination, development, and review of clinical programs in University clinical facilities and affiliated locations.
12. *President* means the president of the University of Kentucky.

13. *Credentials Committee* means the committee of the Medical Staff to which the University Hospital Committee has delegated the authority to grant initial appointment and reappointment, as well as the authority to grant initial, renewal or modification of clinical privileges, subject to review, ratification and finalization by the University Hospital Committee acting as governing body.
14. *Medical Staff Executive Committee* means that body composed as described in Article XIV, The Medical Staff Executive Committee shall be the executive committee of the medical staff.
15. *President of the Medical Staff* means the elected individual bearing that title within the Hospital who serves as the chief administrative officer and representative of the medical staff with oversight responsibility relating to the quality and safety of patient care, the proper functioning of the medical staff, compliance with these *Bylaws* and *Rules and Regulations* by the medical staff, and coordination of the work of the clinical departments.
16. *Designee* means the individual(s) who, in the absence, or at the request, of the University Hospital Committee, Medical Staff Executive Committee, President of the Medical Staff, Chief Medical Officer, or Director of Medical Affairs, performs certain authorized and delegated duties described in these *Bylaws*.
17. Chief Medical Officer means Chief Medical Officer for the University of Kentucky.
18. Director of Medical Affairs(DMA) means the individual appointed by the Chief Medical Officer who oversees the creation and operation of processes relevant to the medical staff including, but not limited to, credentialing and related processes.

ARTICLE I

PURPOSE

SECTION 1. The purpose of the medical staff, as an organized component of the Hospital, is to:

- A. organize the activities of practitioners in the Hospital in order that they may carry out, in conformity with these *Bylaws*, the functions delegated to them by the University Hospital Committee;
- B. provide that all patients, regardless of race, color, religion, national origin, gender, age or disability, receive continuous, quality medical care from practitioners appointed to the medical staff;
- C. maintain and enhance the professional performance of all members of the medical staff through ongoing review, evaluation, and improvement of clinical performance;
- D. provide an appropriate educational setting to maintain scientific standards that will lead to a continuous advancement in professional knowledge, skill, and training;
- E. initiate and maintain rules, regulations, and policies for internal governance of the medical staff;
- F. provide a means for issues concerning the medical staff directly discussed by the medical staff with the University Hospital Committee and with Hospital Administration, with the understanding that the medical staff is subject to the ultimate authority of the University Hospital Committee and that cooperative efforts among the medical staff, administration, and University Hospital Committee are necessary to fulfill the purposes and missions of the Hospital; and
- G. serve as the primary means for the medical staff's accountability to the University Hospital Committee for the quality and appropriateness of the professional performance and ethical conduct of practitioners.

SECTION 2. The purpose of these *Bylaws* is to:

- A. establish a framework within which the fundamental objective of the Hospital to provide comprehensive medical services, including diagnostic and curative medical care, preventive medical care, care and rehabilitation of the chronically ill and disabled, dental care, and facilities for education and research for those engaged in activities related to comprehensive medical services may be effectuated through orderly governance and through the performance of credentialing;
- B. promote communication and interaction between departments, services, and functions throughout the Hospital in order to improve operations and clinical outcomes;
- C. facilitate effective cooperation with other affiliated and non-affiliated hospitals and other community health agencies serving the central and eastern Kentucky area;

- D. facilitate effective affiliation with other hospitals and educational institutions to assist in the education of physicians, dentists, nurses, pharmacists, and health-related professionals;
- E. facilitate the formulation of long-range and short-range health planning goals;
- F. provide a method of continuous self-evaluation of the medical services through the delineation of staff privileges and review of clinical activities in order to improve performance and clinical outcomes;
- G. develop and maintain high standards in medical education programs and provide for continued medical education of practitioners; and
- H. provide a means whereby issues concerning the medical staff and the Hospital may be discussed and resolved.

ARTICLE II

MEDICAL STAFF MEMBERSHIP

SECTION 1. Medical Staff Membership

- A. No practitioner shall admit patients to the Hospital unless that practitioner is a member of the medical staff and has been granted clinical privileges in accordance with the procedures set forth in these *Bylaws*. Appointment to the medical staff shall confer only such clinical privileges as have been granted in accordance with these *Bylaws*.
- B. Membership on the medical staff of the Hospital is a privilege extended only to those practitioners who continuously meet the qualifications, standards, and requirements set forth herein.

SECTION 2. Eligibility for Membership

Physicians and dentists licensed to practice in Kentucky and who are currently, or have faculty application in process and before final action taken by the University Board of Trustees. In the event the applicant is not appointed to the faculty, his/her Medical Staff appointment and clinical privileges automatically will terminate, without a hearing or appeal.

SECTION 3. General Qualifications

Only practitioners who:

- A. document or provide evidence of (1) current licensure ("regular license," "limited license-institution practice," or "teacher-limited license" as described by *KRS, Section 311.550, Section 313.040, or Section 313.035*) in good standing and without restriction imposed by the Board of Medical Licensure or the Board of Dentistry; (2) adequate experience, education, and training, and, for physicians, possessing currently valid American Board of Medical Specialties specialty/subspecialty qualification/certification, or demonstrating equivalent training/experience acceptable to the Credentials Committee; (3) current professional competence; (4) good clinical and professional judgment and skills; and (5) adequate physical and mental health status, with or without reasonable accommodations, relating to the exercise of the clinical privileges requested; and
- B. demonstrate willingness and ability to work cooperatively with other practitioners in a professional manner; and
- C. demonstrate that they are professionally currently competent and that patients treated by them can reasonably expect continuous, quality medical care shall be deemed to possess the basic qualifications for membership in the medical staff, except for the honorary staff category, in which case these criteria shall only apply as deemed individually applicable by the Hospital.

SECTION 4. Basic Responsibilities of Medical Staff Membership

Except for the honorary staff, the ongoing responsibilities of each member of the medical staff shall include, without limitation:

- A. Continuously providing patients in a reasonably efficient manner with quality care that meets generally recognized professional standards.
- B. Abiding by the *Medical Staff Bylaws, Rules and Regulations*, medical staff and Hospital policies, *Behavioral Standards in Patient Care*, and the Medical Center's Corporate Compliance Program.

Maintain confidentiality and the proper use and disclosure of Protected Health Information, as provided by HIPAA's Privacy Rule.

- C. Completing such reasonable responsibilities, assignments, and rotations required by virtue of medical staff membership, including committee assignments, proctoring of practitioners, attendance requirements, and accreditation requirements.
- D. Supervising residents (post-graduate medical and dental trainees) as appropriate to their level of training, according to Hospital policy 09-33, Supervision of House Staff.
- E. Participating on, with, or in Hospital or multidisciplinary committees, teams, or programs dealing with the overall medical environment at the Hospital including, without limitation, such functions as medical records, quality improvement, utilization review, practice guidelines, blood usage blood component review, nursing services, drug usage and formularies, infection control, radiation safety, risk management, operative and invasive procedure review, safety, and patient care policies.
- F. Preparing and completing in timely fashion all medical records for the patients to whom the member provides care in the Hospital.
- G. Aiding and participating in approved educational programs for medical students, interns, resident physicians, resident dentists, physicians and dentists, podiatrists, clinical psychologists, nurses, and other personnel.
- H. Making timely and appropriate arrangements for coverage of patients.
- I. Desisting from improper inducements for patient referral or other unethical behavior.
- J. Maintaining current professional competence through appropriate continuing education programs.
- K. Participating in emergency service coverage or consultation panels.
- L. Informing the Office of Chief Medical Officer (DMA) or the President of the Medical Staff or designee, in a timely manner, of any changes made or formal action initiated that could result in a change of license, DEA registration, participation in any program or plan for the reimbursement of services, professional liability insurance coverage, membership, employment status or clinical privileges at other health care institutions or affiliations, and the status or initiation of malpractice claims.
- M. Performing a sufficient number of procedures, managing a sufficient number of cases, and having sufficient patient care contact within the practitioner's practice to assess the practitioner's current clinical competence for any clinical privileges, whether being requested or already granted.
- N. Participating in the Hospital's risk management program, quality assurance program, and peer review activities.
- O. Seeking consultation, in accordance with generally accepted standards of patient care or when requested by the Office of Chief Medical Officer (DMA) or the President of the Medical Staff.
- P. Attending physician / dentist or his/her designee must inform the patient of outcomes of care, including unanticipated outcomes.
- Q. Discharging such other medical staff obligations as may be lawfully established from time to time by the medical staff, the Medical Staff Executive Committee, or the University Hospital Committee.

SECTION 5. Conditions and Periods of Appointment

Application for membership to the medical staff shall constitute the staff member's agreement to abide by these *Bylaws* and *Rules and Regulations*. In addition, membership shall require the practitioner to:

- A. abide by the Principles of Medical Ethics of the American Medical Association, or the Code of Ethics of the American Dental Association, or Code of Ethics of applicable Allied Health Professions, as applicable;
- B. maintain and uphold the *Behavioral Standards in Patient Care* adopted for University of Kentucky Chandler Medical Center, and
- C. consent to alcohol and drug testing or psychiatric or medical evaluation when requested by the practitioner's clinical chief or Office of Chief Medical Officer (DMA) or the President of the Medical Staff; and

D. participate in communicable disease prevention by having:

1. Mantoux or similar tuberculin skin test annually (twice annually if employed in a high-risk area), or annual health questionnaire, and when deemed necessary, chest X-ray.
2. two MMR vaccines for all individuals born after 1956 who cannot provide evidence of previous vaccination, physician-diagnosed measles disease, or laboratory evidence of measles immunity.
3. hepatitis B immunization for individuals at risk unless previously immunized, diagnosed as immune by laboratory testing, or waived.
4. other immunizations as required by Hospital policy or state or federal law.

E. immediately inform the Office of Chief Medical Officer (DMA) or the President of the Medical Staff and risk manager of any actions or investigations that have resulted in, or could result in, the limitation, restriction, reduction, suspension, or revocation of any professional license, membership, clinical privileges, or subject to any investigation or action that could lead to being declared an "Ineligible Person", i.e. one who is debarred from participating in Medicare or any other federal health care plan.

SECTION 6. Provisional Status

Upon the recommendation by the Medical Staff Executive Committee, and after approval of an applicant's application by the University Hospital Committee (which shall not be bound by the Medical Staff Executive Committee's recommendation), an applicant shall be given a provisional appointment for a period of six (6) months or remainder of the first medical staff year, whichever is greater. Provisional status may be extended by the Medical Staff Executive Committee for up to two (2) additional terms of six (6) months for good cause. Provisional staff shall have all the privileges and duties of full staff members in their category except that they shall not be eligible to hold office or vote unless permitted to do so by the University Hospital Committee. At the end of the provisional period and on recommendation of the applicant's chief of service, which may be made by verbal report to the Medical Staff Executive Committee, full staff status will be given for a period not to exceed the end of the then current medical staff year. Reappointments shall be for a period of two (2) medical staff years.

Unless waived by the Medical Staff Executive Committee for good cause, each provisional member of the medical staff shall undergo a period of observation by designated monitors or proctors. The observation shall be to evaluate the member's (1) proficiency in the exercise of clinical privileges initially granted and (2) over-all eligibility for continued medical staff membership and advancement within medical staff categories. Observation of provisional members shall follow whatever frequency and format each department or division deems appropriate in order to evaluate adequately the provisional member including, but not limited to, concurrent or retrospective chart review, mandatory consultation, and/or direct observation. The results of the observation shall be communicated by the department chair or President of the Medical Staff to the Medical Staff Executive Committee.

ARTICLE III

CATEGORIES OF THE MEDICAL STAFF

SECTION 1. Medical Staff Categories

The single organized medical staff shall be divided into categories denominated honorary, active, clinical fellow, associate, and voluntary.

SECTION 2. Honorary Category

The honorary category shall be comprised of physicians and dentists who were previously members of the active staff who are no longer actively practicing in the Hospital. These may be physicians and dentists who have retired from active hospital practice or who are of outstanding reputation, not necessarily residing in the community. Honorary staff members shall not be eligible to admit patients, vote, hold office, or serve on standing medical staff committees.

SECTION 3. Active Category

The active category shall be comprised of physicians and dentists who are full-time faculty members of the University of Kentucky College of Medicine or Dentistry; who hold clinical unrestricted medical or professional licenses to practice their profession in the Commonwealth of Kentucky; and who have been endorsed by their

respective departmental, divisional, and sectional chair as being active in the teaching program of the University. Only members of the active staff shall be eligible to vote at any meetings of the medical staff. Privileges shall be delineated upon appointment and with each reappointment. Members of the active staff shall be required to attend meetings of the medical staff and to serve on standing or *ad hoc* medical staff committees.

SECTION 4. Clinical Fellow Category

The clinical fellow category shall be comprised of physicians and dentists who are employed full-time by the University of Kentucky; who hold clinical unrestricted Kentucky licenses to practice their profession in the Commonwealth of Kentucky; who have completed all residency requirements for specialty boards and where applicable subspecialty boards; and who have been endorsed by their respective departmental, divisional, and sectional chair as being engaged in specifically defined post-residency programs of research development, investigation, training, and/or clinical fellow patient care programs. Privileges shall be delineated on appointment and with each reappointment. Members of the clinical fellow category may attend medical staff meetings without vote, serve on standing medical staff committees and, as a member of the University Hospital, may admit and manage patients in the Hospital and clinics.

SECTION 5. Associate Category

The associate category shall be comprised of physicians and dentists who are part-time faculty of the University of Kentucky College of Medicine or Dentistry; who hold clinical unrestricted Kentucky licenses to practice their profession in the Commonwealth of Kentucky; and who have been endorsed by their respective departmental, divisional, and sectional chair as contributing to the programs of the University. Privileges shall be delineated upon appointment and with each reappointment. In general, admission privileges shall be limited to periods of active involvement in teaching. Members of the associate staff may not hold office and do not have voting privileges at meetings of the medical staff, but they may attend medical staff meetings and serve on standing or *ad hoc* medical staff committees.

SECTION 6. Voluntary Category

The voluntary category of staff shall be comprised of physicians and dentists who are volunteer faculty of the University of Kentucky College of Medicine or Dentistry; who hold clinical unrestricted Kentucky licenses to practice their profession in the Commonwealth of Kentucky; and who have been endorsed by their respective departmental, divisional, and sectional chair as contributing to the programs of the University. Privileges shall be delineated upon appointment and with each reappointment. Members of the volunteer faculty at the time they request privileges must provide the Hospital with recommendation of three licensed physicians or dentists who can attest to their professional qualification for the privileges they seek, and provide evidence of satisfactory staff function from the hospitals where they concurrently hold, or in the recent past have held, privileges. They must with each application or reapplication provide evidence of malpractice insurance sufficient to cover the reasonable anticipated risks of their specialty as defined by the University of Kentucky Malpractice Committee. Members of the volunteer staff may not hold office and do not have voting privileges at meetings of the medical staff, but they may attend medical staff meetings and serve on standing medical staff committees.

ARTICLE IV

HEALTH-RELATED PROFESSIONS STAFF [Independent Licensed Practitioners]

SECTION 1. Membership and Identification

The health-related professions staff shall be comprised of licensed practitioners including, without limitation, those who are faculty members of the University of Kentucky and/or employees of the University of Kentucky and selected volunteers, who are appointed by the University Hospital Committee. Members of the health-related professions staff shall be identified as health-related professions staff of a particular clinical department or service. Though members of the health-related professions staff shall not be considered members of the medical staff they nevertheless shall be bound by these *Bylaws* and *Rules and Regulations*, except that they shall not be entitled to the procedures set forth in Article XI.

SECTION 2. Privileges

Members of the health-related professions staff shall have privileges delineated in accordance with the scope of their licensure, as permitted by statute and as granted upon appointment. Privileges for individuals involved with the management of patients will be under the supervision of an active medical staff member and will be strictly limited to the performance of specialized services within the field of the member's competence.

The privileges will be specifically designated by individual by the University Hospital Committee and will be noted in the individual's credentials file.

SECTION 3. Application Process

All applications for appointment to the health-related professions staff shall be submitted on a form developed by the Office of Chief Medical Officer (DMA) and approved by the Medical Staff Executive Committee and University Hospital Committee. Such forms are to be completed and signed by all applicants who, as a condition to applying, shall agree to be bound by these *Bylaws*, *Rules* and *Regulations*, and policies of the medical staff and Hospital. The procedures, inquiries, and commitments set forth in Article IV of these *Bylaws* for membership on the medical staff shall likewise apply to membership on the health-related professions staff, and submission of a completed application for membership on the health-related professions staff shall constitute acknowledgment by the applicant that the medical staff procedures, inquiries, and commitments are applicable.

SECTION 4. Condition and Periods of Appointment

- A. The same conditions and periods of appointment set forth in these *Bylaws* for members of the medical staff shall likewise apply to applications and members of the health-related professions staff.
- B. Appointment to the health-related professions staff shall confer on the appointee only such clinical privileges as have been set forth in the appointment.
- C. Appointment shall be for 12 months.

ARTICLE V

PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

SECTION 1. General

No practitioner (including practitioners engaged by the Hospital by contract and/or practitioners holding medical staff offices or administratively responsible positions) shall exercise clinical privileges in the Hospital unless and until the practitioner applies for and receives appointment to the medical staff or is granted temporary privileges as set forth in these *Bylaws*. By applying to the medical staff for appointment or reappointment (or, in the case of members of the honorary staff, by accepting an appointment to that category), the applicant acknowledges responsibility to review these *Bylaws*, and agrees that throughout any period of membership the applicant will comply with the responsibilities of medical staff membership and will be bound by the *Bylaws*, *Rules* and *Regulations*, and policies of the medical staff as they exist and as they may be modified from time to time.

SECTION 2. Nondiscrimination

Medical staff membership or particular clinical privileges shall not be determined or denied on the basis of an applicant's gender, race, age, religion, color, national origin, or disability.

SECTION 3. Application Process

Persons who request an application form shall be referred to the Web site publishing these *Bylaws*, *Rules* and *Regulations*, and summaries of other applicable policies related to clinical practice in the Hospital, including the *Behavioral Standards in Patient Care* adopted by the University of Kentucky Chandler Medical Center.

- A. All applications for appointment to the medical staff shall be submitted on a form developed by the Office of Chief Medical Officer (DMA) and approved by the Medical Staff Executive Committee and the University Hospital Committee. Such forms are to be completed by all applicants, signed by the applicant, and shall contain the applicant's specific acknowledgement of the applicant's obligation to provide continuous care and supervision of their patients; to accept, attend and complete required committee assignments; and to accept consultation assignments. In addition, the applicant shall specifically acknowledge that any misrepresentation or failure to fully disclose requested information shall be sufficient to result in the immediate revocation of the applicant's appointment or denial of their application for appointment.
- B. Burden of Producing Information

In connection with all applications for appointment, reappointment, advancement, modification of clinical privileges, or transfer, the applicant or member shall have the burden of timely producing complete and

accurate information for an adequate evaluation of the applicant's qualifications and suitability for the clinical privileges and the medical staff category requested, of resolving any reasonable doubts about these matters, and of satisfying reasonable requests for information including requests for interviews. The applicant's failure to sustain this burden in a timely fashion shall be grounds for denial of the application, which shall be considered as voluntarily withdrawn, without any procedural rights under Article XI. This burden may include submission to a medical or psychiatric examination at the applicant's expense, if deemed appropriate for the clinical privileges requested, and the Office of Chief Medical Officer (DMA) or the President of the Medical Staff or designee will select the examining physician.

C. The applicant shall supply detailed information as to the following:

1. The applicant's qualifications, including, but not limited to, professional training and clinical experience, judgment, current licensure in good standing and without restriction imposed by the Board of Medical Licensure, professional liability insurance, current DEA registration (if applicable), and continuing medical education information related to the clinical privileges requested.
2. A minimum of one peer reference familiar with the applicant's professional competence (preferably a reference on professional competence should be from someone of the same specialty or training) and character during the prior five (5) years.
3. Requests for membership categories, departments and divisions, and clinical privileges.
4. Previous, and currently pending, professional disciplinary actions, or licensure limitations, irrespective of reinstatement.
5. Voluntary or involuntary termination of medical staff membership; voluntary or involuntary limitation, reduction, withdrawal, or loss of clinical privileges at another hospital, health care entity, or managed care plan, irrespective of reinstatement, or withdrawal of an application for medical staff membership or clinical privileges prior to final action by the Hospital; together with a written explanation for such termination or withdrawal, which includes whatever relevant third-party information is available to the applicant.
6. Medical staff membership or clinical privileges at any health care facility, program, or managed care plan that are currently the subject of an investigation or corrective or disciplinary action and the reasons for same.
7. Any pending application for medical staff membership or clinical privileges at another health care facility, program, or managed care plan.
8. Physical and mental health status as they relate to the applicant's ability, with or without reasonable accommodation, to exercise the clinical privileges requested.
9. Final judgments or settlements, together with pending actions, against the applicant in professional liability actions and current professional liability insurance in such amounts and types as are required by the Hospital.
10. Reports to the National Practitioner Data Bank involving the applicant.
11. Applicant's PRO history, if applicable.
12. Any criminal convictions, involving any felony and any misdemeanor, provided the misdemeanor involved professional activity or a crime of moral turpitude.
13. Sequential history of medical or dental career, accounting for every year since graduation from professional school, which must include any leave of absence.
14. Whether the applicant's license to practice any profession in any jurisdiction has ever been voluntarily or involuntarily relinquished, suspended, or terminated, and whether there have been previously successful or there are currently pending challenges to any licensure or registration (state or federal, including DEA);
15. Whether the applicant's membership in local, state, or national medical or dental or other societies has ever been voluntarily or involuntarily revoked, suspended, or not renewed; and
16. Whatever additional reasonable information the Hospital or the medical staff deems relevant.

D. By applying for appointment to the medical staff, each applicant:

1. Signifies his/her willingness to be bound by the *Bylaws and Rules and Regulations*.
 2. Signifies his/her willingness to appear for interviews, if requested, regarding the application; authorizes consultation by the department chair (chief of clinical service), the Credentials Committee, the Dean of the College of Medicine, the Office of Chief Medical Officer (DMA), President of the Medical Staff, the Medical Staff Executive Committee, the Associate Vice President for Medical Center Operations, Executive Vice President for Health Affairs, members of the University Hospital Committee, members of the Board of Trustees, peers and other members of medical staffs of other hospitals and ambulatory care programs with which the applicant has been associated, and with others who may have information bearing on the applicant's current competence, physical and mental health as it relates to the exercise of clinical privileges, character, and ethical qualifications.
 3. Consents to the inspection, by any of the persons holding the above described offices, of all records and documents bearing upon the applicant's qualifications for clinical privileges and staff membership.
 4. Agrees to immediately inform in writing the Office of Chief Medical Officer (DMA), and Hospital Risk Management of any change, voluntary or involuntary, of Hospital staff membership or clinical privileges, of licenses to practice medicine or dentistry, of membership in local, state, or national dental or medical societies, and/or of any involvement in professional liability action while a member of the University of Kentucky Hospital staff.
 5. Releases from any liability all representatives of the University of Kentucky and its medical staff for their acts performed without actual malice in connection with evaluating the applicant and the applicant's credentials, and releases from any liability all individuals and organizations who provide information to the University of Kentucky or its medical staff without actual malice concerning the applicant's competence, ethics, character, and other qualifications for staff appointment and clinical privileges, including otherwise privileged or confidential information.
- E. Upon completion of the application form, the applicant shall submit the signed application to the department chair or, in the case of health related professionals, to the appropriate department chair (chief of clinical service).
- F. The department chair (chief of clinical service), with assistance of the medical staff coordinator, shall, with respect to each application form, verify from primary sources (when possible) the accuracy of the information supplied by the applicant and make inquiry to the National Practitioner Data Bank. In addition, the department chair (chief of clinical service) for each application and reapplication, shall prepare a written recommendation concerning the applicant that shall include an evaluation of the applicant's abilities to carry out staff responsibilities and a specific delineation of proposed privileges. The department chair's (chief of clinical service) recommendation shall become a part of the application.
- No action will be taken on a request for privileges until it is verified that the practitioner possesses an appropriate, current, and unrestricted medical or professional license; and that the practitioner has appropriate education, training, experience, current competence, judgment, and clinical skills to perform the clinical privileges requested.
- G. The department chair (chief of clinical service) shall forward the application to the Office of Chief Medical Officer (DMA), who shall submit it to the Credentials Committee. The Credentials Committee, or an appropriate sub-committee thereof, shall obtain or inspect any and all records, letters of recommendation, performance improvement data, or other materials deemed pertinent. The Credentials Committee, with input and advice from its appropriate subcommittees, shall summarize its findings in the form of a recommendation including a delineation of clinical privileges, which shall become a part of the application.
- H. The Credentials Committee, with input and assistance from the appropriate subcommittee, shall forward the application to the Office of Chief Medical Officer (DMA), who shall obtain or inspect any and all records, letters of recommendation, performance improvement data, or other materials deemed pertinent. The Office of Chief Medical Officer (DMA) shall summarize the findings in the form of a recommendation including a delineation of clinical privilege that shall become a part of the application, at which time the application shall be deemed verified and complete.

SECTION 4. Appointment Process

- A. The Office of Chief Medical Officer (DMA) shall forward the completed application to the Medical Staff Executive Committee.
- B. The Medical Staff Executive Committee shall review the completed application and prepare its written recommendation to become a part of the application. All recommendations to appoint must also

specifically recommend the clinical privileges to be granted, which may be qualified by probationary conditions relating to such clinical privileges.

- C. The Medical Staff Executive Committee shall forward its recommendation through the Associate Vice President for Medical Center Operations to the Credentials Committee to which the University Hospital Committee has authorized to act on its behalf regarding credentialing decisions.
- D. At its next regular meeting, following receipt of the application from the Associate Vice President for Medical Center Operations, the Credentials Committee shall act upon the application.

Once the Credentials Committee, acting on behalf of the University Hospital Committee, approves, modifies, or disapproves the application as submitted by the Associate Vice President for Medical Center Operations, including the recommended delineation of clinical privileges, it shall return the application to the Office of Chief Medical Officer (DMA), who shall notify the applicant in writing.

- E. Upon receipt of the action of the Credentials Committee acting on behalf of the University Hospital Committee, on any application, the Office of Chief Medical Officer (DMA) shall send written notice to the Associate Vice President for Medical Center Operations, the Medical Staff Executive Committee, and the chair of the department concerned (chief of clinical service).
- F. All actions of the Credentials Committee, including the delineation of clinical privileges, shall be effective when taken, subject to review, ratification and finalization by the University Hospital Committee at its next regularly scheduled meeting.
- G. Reapplication After Adverse Appointment Decision

An applicant who has received a final adverse decision regarding appointment and/or request for clinical privileges shall not be eligible to reapply to the medical staff for a period of one year from the date of the final decision. Any reapplication shall be processed as an initial application, and the applicant shall submit such additional information as may be required to demonstrate that the basis for the earlier adverse action no longer exists.

- H. Timely Processing of Applications

Applications for medical staff appointment shall be considered in a timely manner by all persons and committees required by these *Bylaws* to act thereon. While special or unusual circumstances may constitute good cause and warrant exceptions, the following time periods provide a guideline for routine processing of applications: Final action shall be taken within 180 days from the date the application is deemed complete, unless *bona fide* questions exist regarding the applicant's education, qualification, current competency, or ability to exercise privileges and responsibilities under these *Bylaws*, in which case additional time up to days may be taken to act on the application.

- I. Request that Application be Held in Abeyance

At any time in the application process prior to a recommendation by the Medical Staff Executive Committee to the University Hospital Committee for final action, an applicant may request that their application be held in abeyance for a period up to, but no greater than, 180 days, after which time the application shall lapse and expire with no right to the procedures set forth in Article X, and the applicant shall be required to submit a new application. The burden shall be on the application to update immediately any information.

- J. Lapse of Application

If a medical staff member requesting a modification of clinical privileges or department or division assignment fails to timely furnish the information necessary to evaluate the request, the application shall automatically lapse, and the applicant shall not have procedural rights under Article X.

SECTION 5. Reappointment Process and Request for Modification of Staff Category or Clinical Privileges.

- A. All applications for reappointment shall be submitted to the Medical Staff Office by the deadline established by the Medical Staff Office each year in which the reappointment is sought, at a minimum of every two (2) years, on a form developed by the Office of Chief Medical Officer (DMA) and approved by the Medical Staff Executive Committee and University Hospital Committee
- B. Failure by a practitioner, without good cause, as determined in good faith by the Medical Staff Executive Committee, to timely file a completed application for reappointment by the reapplication due date shall result in the automatic expiration of the member's medical staff appointment and admitting privileges at the end of the current medical staff appointment, unless otherwise extended by the Office of Chief Medical Officer (DMA). The member shall be immediately notified by certified mail. In the event

membership automatically expires for the reasons set forth herein, the procedural procedures set forth in Article X shall not apply.

- C. The reappointment form shall be supplemental to the original application for appointment or the most recent application for reappointment, and the applicant shall supply any information about the applicant that is additional to that furnished on the original application form or that is furnished on their most recent reappointment application. All application for reappointment forms shall contain the acknowledgments, authorizations, and releases set forth in Article V, Section 3. Any request for a change in clinical privileges shall be included by the applicant on the reappointment form.
- D. In addition, documentation of current Kentucky license, current federal narcotics registration, information regarding continuing education activities in which the applicant has participated since the last application (on request), and one peer letter attesting to the applicant's ability to perform the privileges requested shall accompany the reappointment application.
- E. A medical staff member who seeks a change in medical staff status or modification of clinical privileges may submit such a request at any time upon a form developed by the Office of Chief Medical Officer (DMA), and properly completed, except that such application may not be filed within six (6) months of the time a similar request has been denied. The Medical Staff Executive Committee, through the Medical Staff Office and chiefs of service (department chairs), will verify any training or instruction involved and if the request is approved by the Committee or Credentials Committee authorized by the University Hospital Committee to act on its behalf, provide for a provisional or proctoring period and then evaluate the clinical results of such period.
- F. Upon completion of the reappointment application, the applicant shall submit it to the applicant's department chair, or in the case of health-related professionals, the appropriate chief of clinical service. The department chair (chief of clinical service) shall, with respect to each application form, verify in writing on the form the accuracy of the information supplied by the applicant. The department chair (chief of clinical service) shall review the applicant's professional performance in discussion with fellow faculty; review of divisional and departmental quality of care activities. In addition, the department chair (chief of clinical service), from the information provided, obtained, and reviewed, shall prepare a written recommendation concerning the applicant, which shall include an evaluation of the applicant's abilities to carry out staff responsibilities and a specific delineation of proposed privileges. The department chair's (chief's of clinical service) recommendation shall become a part of the application, at which time application shall be deemed verified and complete.
- G. The department chair (chief of clinical service) shall forward the application to the Office of Chief Medical Officer (DMA), who shall submit it to the Credentials Committee. The Credentials Committee, or an appropriate sub-committee thereof, shall obtain or inspect any and all records, letters of recommendation, performance improvement data, or other materials deemed pertinent. The Credentials Committee, with input and advice by the appropriate subcommittee, shall summarize its findings in the form of a recommendation including a delineation of clinical privileges, which shall become a part of the application.
- H. The Credentials Committee, with input and assistance by the appropriate subcommittee, shall forward the application to the Office of Chief Medical Officer (DMA) who shall obtain or inspect any and all records, letters of recommendation by peers, performance improvement data, or other materials deemed pertinent. The Office of Chief Medical Officer (DMA) shall summarize the findings in the form of a recommendation including a delineation of clinical privileges, which shall become a part of the application.
- I. The Office of Chief Medical Officer (DMA) shall forward the completed application to the Medical Staff Executive Committee.
- J. The Medical Staff Executive Committee shall review the completed application and prepare its written recommendation to become a part of the application. All recommendations to appoint must also specifically recommend the clinical privileges to be granted, which may be qualified by probationary conditions relating to such clinical privileges.
- K. The Medical Staff Executive Committee shall forward its recommendation through the Associate Vice President for Medical Center Operations to the Credentials Committee authorized by the University Hospital Committee to act on its behalf.
- L. At its next regular meeting, following receipt of the application from the Associate Vice President for Medical Center Operations, the Credentials Committee authorized by the University Hospital Committee to act on its behalf shall act upon the application. Once the , Credentials Committee acting on behalf of the University Hospital Committee approves, modifies, or disapproves the application as submitted by the Associate Vice President for Medical Center Operations, including the recommended delineation of

clinical privileges, it shall return the application to the Office of Chief Medical Officer (DMA), who shall notify the applicant in writing.

- M. Upon receipt of the action of the University Hospital Committee on any application, the Office of Chief Medical Officer (DMA) shall send written notice to the Associate Vice President for Medical Center Operations, the Medical Staff Executive Committee, and the chair of the department concerned (chief of clinical service).
- N. All actions of the Credentials Committee including the delineation of clinical privileges, shall be effective when taken, subject to review, ratification, and finalization by the University Hospital Committee at its next regularly scheduled meeting.

ARTICLE VI

CLINICAL PRIVILEGES

SECTION 1. Exercise of Privileges

Except as otherwise provided in these *Bylaws*, a member of the medical staff with clinical privileges at the Hospital shall have access to the Hospital to exercise only those clinical privileges specifically granted. Clinical privileges must be within the scope of any license, certificate, or other legal credential authorizing practice in Kentucky and consistent with any restrictions thereon and shall be subject to the rules and regulations of the clinical department and the authority of the department chair (chief of clinical service) and the medical staff. Each practitioner shall be assigned to the primary department in which clinical privileges are granted. In the event a practitioner receives a joint appointment, the practitioner shall apply for and, if granted, receive privileges in each department in which the practitioner is jointly appointed.

SECTION 2. Delineation of Privileges in General

- A. Each applicant for appointment or reappointment to the medical staff must request the specific clinical privileges desired. All applications for clinical privileges, including modifications to existing privileges, must be supported by documentation of training and/or experience to demonstrate current competence.
- B. Each member of the medical staff shall exercise only those clinical privileges specifically granted to that member by the Credentials Committee and ratified by the University Hospital Committee. Whenever patient needs exceed the limits of privileges granted, consultation is required.
- C. Surgical procedures performed by dentists shall be under the overall supervision of the chief of surgery. A physician member of the medical staff shall be responsible for the treatment of any medical problem that may be present in a patient at the time of admission to the Hospital or that may arise during the hospitalization of the patient.
- D. A member of an independent licensed practitioner category may exercise only those clinical privileges specifically granted by the Credentials Committee and ratified by the University Hospital Committee and may, subject to any licensure requirements or other legal limitations, exercise judgment within the areas of their professional competence. A member of a health-related profession shall be directly responsible to the relevant chief of clinical service and must be supervised during patient treatment by the physician or dentist attending the patient.
- E. Medical staff members desiring joint appointments shall have their requests to perform specific patient services evaluated and specifically delineated by the department(s) and specialty division(s) within which the services of the medical staff member will be provided.

SECTION 3. Basis for Privileges Determination

Requests for clinical privileges shall be evaluated on the basis of the member's prior and continuing education, training, experience, demonstrated current professional competence and judgment, clinical performance, utilization practice patterns, current health status, and ability to exercise clinical privileges and responsibilities, with or without reasonable accommodations, the Hospital's capability to support the privileges requested, adequate professional liability insurance coverage, and the documented results of patient care and other quality review and monitoring that the medical staff deems appropriate.

SECTION 4. Proctoring

Except as otherwise determined by the Medical Staff Executive Committee with the approval of the Credentials Committee authorized by the University Hospital Committee to act on its behalf, all initial appointees to the medical staff and all members granted new clinical privileges shall be subject to a period of

proctoring. Each appointee or recipient of new clinical privileges shall be assigned to a department and division where performance of an appropriate number of cases, procedures, or clinical encounters as established by the Medical Staff Executive Committee or the department or division as the designee of the Medical Staff Executive Committee, as approved by the Credentials Committee authorized by the University Hospital Committee to act on its behalf shall be observed by the chair of the department or division, or designee, during a period of proctoring specified in the department's or division's rule and regulations, to determine suitability to continue to exercise the clinical privileges granted in that department or division. The exercise of clinical privileges in any other department or division shall also be subject to direct observation by that department's or division's chair or designee. The member shall remain subject to such proctoring until the Medical Staff Executive Committee has been furnished with:

- A. a report (which may be verbal) by the chair of the department(s) and division(s) to which the member is assigned, or designee, describing the types and numbers of cases, procedures, clinical encounters observed, evaluation of the member's performance, and a statement (which may be verbal) that the applicant appears to meet all of the qualifications for supervised or unsupervised practice in that department or division and has discharged all of the responsibilities of medical staff membership; and
- B. a report (which may be verbal) by the chair of the other department(s) and division(s) in which the clinical privileges initially granted in those departments, or designee, that the practitioner may exercise clinical privileges, describing the types and number of cases, procedures, clinical encounters observed, evaluation of the practitioner's performance, and a statement (which may be verbal) that the applicant has satisfactorily demonstrated the current competency and ability to exercise those privileges.

SECTION 5 Focused Review of Clinical Privileges

- A. A Focused Review is a quality improvement and peer review activity that involves an intensive, but non-adversarial, review of a practitioner's performance to determine whether the practitioner meets the standard of care, or whether the practitioner may require additional education, training, or other appropriate action to improve performance and enhance quality of care and clinical outcomes. The emphasis in a Focused Review is on education. Its goal is to improve the practitioner's clinical performance, rather than discipline the practitioner. However, the results of a Focused Review may lead to Voluntary Remediation and/or Corrective Action, where warranted.
- B. A Focused Review may be initiated under circumstances when a practitioner's clinical performance, including (but not limited to) current competence, clinical skill, technique or judgment are called into question, because of outcomes, mortality, morbidity, or other concern and questions are raised.
- C. Focused Reviews may be initiated and conducted on the departmental or service levels. Focused Reviews also may be initiated and conducted by the Office of the Officer of the Chief Medical Officer (DMA), Credentials Committee, Medical Staff Executive Committee or by an *ad hoc* committee appointed by the Medical Staff Executive Committee. The review may include independent, external reviewers, when necessary or advisable. Focused Reviews usually will be retrospective, but could, where appropriate, be prospective and may involve review of medical records, as well as interviews, observation, and other measurement and assessment activities.
- D. The Department Chair, Chief of Service, President of the Medical Staff, or the Office of Chief Medical Officer (DMA), as appropriate, will notify the practitioner that a Focused Review is being conducted. The practitioner will be invited and encouraged to participate actively. Because the emphasis is on education and improvement, cooperation by the practitioner is important. If the practitioner is uncooperative, a Focused Review may be terminated, and a request for Voluntary Remediation and/or investigation that could lead to Corrective Action may be made.
- E. A Focused Review should be conducted promptly, but thoroughly. Generally, a Focused Review should be completed within 45 days, but it may be extended longer, on a case-by-case basis, when appropriate.
- F. Upon conclusion of the Focused Review, a finding and recommendation will be made that the practitioner's performance is acceptable, or one that appropriate improvement activities are indicated, which may include (without limitation) further education, clinical "hands-on" training, monitoring, periodic meetings, second opinions, or other efforts to improve performance, reduce morbidity, mortality, errors and enhance quality care and clinical outcomes. The findings and recommendations will be included in a written report that will go to the Medical Staff Executive Committee, the Department Chairman or Service Chief, the Office of Chief Medical Officer (DMA) and the Credentials Committee. No report will be made to the National Practitioner Data Bank, unless the improvement activity involves a restriction of the ability of the practitioner to exercise clinical privileges.

- G. Because a Focused Review is a quality improvement and peer review activity, all Focused Review records and reports shall be privileged and confidential.

SECTION 6. Temporary Privileges

- A. Upon receipt of a complete application for appointment to the medical staff from a physician, dentist, or a member of a related health profession licensed to practice in the Commonwealth of Kentucky, which is waiting for the recommendation by the Medical Staff Executive Committee and approval by the Credentials Committee, as authorized by the University Hospital Committee to act on its behalf, the Office of Chief Medical Officer (DMA), or in absence, the President of the Medical Staff, may grant temporary privileges not to exceed 120 days, for good cause on a case-by-case basis, and not merely for administrative convenience, provided:

1. The Office of Chief Medical Officer (DMA), or in absence, the President of the Medical Staff, with assistance through the Medical Staff Office, verifies that the practitioner possesses an appropriate, current, and unrestricted medical or professional license without current or previously successful challenge to licensure; and that the practitioner has appropriate education, training, experience, current competence, judgment, and clinical skills to perform the clinical privileges requested; the practitioner has not voluntarily relinquished clinical privileges to avoid action arising out of quality concerns, been subject to involuntary limitation, reduction, denial, or loss of clinical privileges, and has not been voluntarily resigned membership in order to avoid action arising out of quality concerns or been subject to involuntary termination of medical staff membership at another organization. No action will be taken on a request for temporary privileges until such requirements are verified.
2. The Office of Chief Medical Officer (DMA), or the President of the Medical Staff, or the appropriate department or division chair has interviewed the applicant and has contacted at least two (2) persons who are qualified as peers and who have:
 - a. worked with the applicant during the prior twelve (12) months;
 - b. directly observed the applicant's professional performance over a reasonable period of time; and who
 - c. provide reliable information regarding the applicant's current professional competence and character.
3. An inquiry is made to the National Practitioner Data Bank and the results have been evaluated; and
4. The applicant's department chair (chief of clinical services), after reviewing the applicant's file and attached materials, recommends granting temporary privileges.

In exercising such temporary privileges, the applicant shall act under the general supervision of the chair (chief of clinical service) of the department to which the applicant is assigned. The Office of Chief Medical Officer (DMA) shall forward the application in accordance with Article V, Section 3, and shall notify, in writing, the Associate Vice President for Medical Center Operations and the applicant of the specific temporary privileges granted and their duration.

- B. Temporary privileges for the care of a specific patient may be granted to a physician or dentist licensed to practice in the Commonwealth of Kentucky who is not an applicant for membership to the medical staff, by the Office of Chief Medical Officer (DMA) or, in absence, by the President of the Medical Staff. Such temporary privileges may be granted only after the Office of Chief Medical Officer (DMA) or, in absence, President of the Medical Staff, with assistance through the Medical Staff Office, has:
1. Verified from appropriate licensing authorities, other institutions where the practitioner has active medical staff membership and privileges and from peer references, that the practitioner possesses an appropriate, current, and unrestricted medical or professional Kentucky license; and that the practitioner has appropriate education, training, experience, current competence, judgment, and clinical skills to perform the clinical privileges requested. No action will be taken on a request for temporary privileges until such requirements are verified. This verification process does not constitute, nor is it synonymous with, a completed credentialing and privileging process that the Hospital uses when credentialing members or prospective members seeking permanent privileges.
 2. Received from the physician or dentist the signed acknowledgment that he or she received and read copies of the *Medical Staff Bylaws, Rules and Regulations, Behavioral Standards in Patient Care*, and the Medical Center's Corporate Compliance policy; and that he or she agrees to be bound by the terms thereof in all matters relating to their temporary privileges. The physician or dentist also shall

acknowledge that the granting of temporary privileges shall not confer membership status. Such temporary privileges shall be restricted to a period not to exceed thirty (30) days unless the Office of Chief Medical Officer (DMA) or President of the Medical Staff recommends a longer period for good cause.

- C. Special conditions and requirements of supervision and reporting may be imposed by the department chair (chief of clinical service) on any physician or dentist granted temporary privileges, which may include the following:
1. If granted temporary privileges, the practitioner shall act under the supervision of the department or division chair (chief of clinical services) to which the practitioner has been assigned, and shall ensure that the chair or designee is kept closely informed as to the practitioner's activities within the Hospital.
 2. Temporary privileges shall automatically terminate at the end of the designated period, unless earlier terminated by the Office of Chief Medical Officer (DMA), the President of the Medical Staff or the Medical Staff Executive Committee, or unless affirmatively renewed.
 3. Requirements for proctoring and monitoring may be imposed, as warranted and reasonable, on such terms as may be appropriate under the circumstances upon any practitioner granted temporary privileges.
 4. Temporary privileges may be immediately terminated at any time by the Office of Chief Medical Officer (DMA) or by the President of the Medical Staff, who first shall notify the chair of the department or division or designee, if practicable, before terminating temporary privileges. In such cases, the appropriate department or clinical section chief or, in the chair's/chief's absence, the Office of Chief Medical Officer (DMA) or President of the Medical Staff shall assign a member of the medical staff to assume the responsibility for the care of such practitioner's patient(s). The wishes of the patient shall be considered in the choice of a replacement medical staff member.
 5. A practitioner shall not be entitled to the procedural rights afforded by Article XI because a request for temporary privileges is refused or because all or any portion of temporary privileges are terminated or suspended.
 6. All practitioners requesting or receiving temporary privileges shall be bound by the *Bylaws, Rules and Regulations*, policies of the medical staff, *Behavioral Standards in Patient Care*, and the Medical Center's Corporate Compliance Program.

SECTION 7. Emergency Privileges

A. In the case of an emergency (i.e., a condition in which serious permanent harm would result to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger), any physician or dentist to the degree permitted by the physician's or dentist's license and regardless of department or staff status or lack of it, shall be permitted and assisted to do everything possible to prevent serious permanent harm or to save the life of the patient, using every facility of the Hospital necessary, including calling for any consultation necessary or desirable. When an emergency situation no longer exists, such physician or dentist must request the privileges necessary to continue to treat the patient. In the event such privileges are denied or the physician or dentist does not desire to request privileges, the patient shall be assigned to an appropriate member of the medical staff.

B. In circumstances of disaster(s), in which the emergency management plan has been activated, the Associate Vice President for Medical Center Operations, Office of Chief Medical Officer (DMA) or President of the Medical Staff, or their designee(s) may grant emergency privileges to physicians, dentists, and health-related professionals (Licensed Independent Practitioners), in order to provide for adequate and appropriate staff during emergency disaster(s), with a means to privilege physicians, dentists or health related professionals (Licensed Independent Practitioners) who are qualified and volunteer their services during a disaster(s) but are not members of the medical staff.

1. Office of Chief Medical Officer (DMA), President of the Medical Staff, Associate Vice President for Medical Center Operations or their designee(s) will use their best efforts, depending upon the severity of the disaster, to verify the Kentucky License in following manor:

- a) A current copy of the pocket Medical License and current valid drivers license or photo ID.
- b) A hospital picture ID.
- c) Kentucky Medical Licensure Board web site if access is available.
- d) Kentucky Medical Directory.
- e) ID that certifies the individual is a member of a Disaster Medical Assistance Team.
- f) ID that certifies a state, federal, or municipal entity has granted the individual the authority to administer patient care under emergency circumstances.

- g) Presentation by a current hospital or medical staff member who can vouch for the individual's identity.

2. Privileges will be in effect for only the duration of the emergency. Once the disaster(s) is under control their emergency privileges will expire at the discretion of the chief executive officer, President of the Medical Staff or their designee.

The responsible individual is not required to grant privileges to any individual and is expected to make such decisions on a case-by-case basis at his or her discretion.

Health-related professionals (Licensed Independent Practitioners) who are granted emergency privileges are limited to privileges within his/her own licensure and specialty. They will be assigned to a specific department relating to their specialty. They will report to that department chair or designee(s) for patient care assignments and supervision.

ARTICLE VII

CRITERIA FOR RECOMMENDATIONS FOR APPOINTMENT AND REAPPOINTMENT TO MEDICAL STAFF AND RECONSIDERATION

SECTION 1. Criteria for Appointment and Reappointment to Medical Staff

Whenever a department chair (chief of clinical service), President of the Medical Staff, the Medical Staff Executive Committee, or the University Hospital Committee is or are called upon to review an application for appointment or reappointment to the medical staff and to make a recommendation or to take action concerning the application, the applicant shall be evaluated on the basis of the applicant's education, training, experience, clinical performance, competence, and clinical judgment in the treatment of patients, ethics, conduct, attendance at medical staff meetings, participation in staff affairs, compliance with Hospital policies, compliance with *Medical Staff Bylaws and Rules and Regulations*, cooperation with Hospital personnel, use of Hospital facilities for patients, faithfulness in assigned department duties, relations with other practitioners, general attitude toward patients, compliance with *Behavioral Standards in Patient Care*, cooperation with the corporate compliance program, mental and physical abilities to carry out staff responsibilities, and any other areas of concern relevant to the practice of the applicant's profession.

SECTION 2. Reconsideration

- A. At any time before a final action, any committee making a recommendation may reconsider and modify or rescind its recommendation as appropriate.
- B. Whenever an applicant for appointment or reappointment receives notice that his/her application for staff membership has been rejected or recommended for rejection at any level or that the clinical privileges delineated by the Credentials Committee are at variance with those requested by the applicant, the applicant may request reconsideration of their application by an *ad hoc* committee. The *ad hoc* committee shall consist of three (3) members of the Medical Staff Executive Committee appointed by the Dean of the College of Medicine, three (3) members of the University Hospital Committee appointed by the University Hospital Committee, and three (3) members of the active medical staff appointed by the President of the Medical Staff. The request must be in writing and received within ten (10) business days following the applicant's receipt of notification. The applicant may request to be heard in their own behalf but without being represented by counsel.
- C. The *ad hoc* committee shall reconsider the application and shall notify in writing the applicant and the decision-making person or body of its recommended action, which may be one of the following:
 - 1. approval of the application for staff membership,
 - 2. rejection of the application for staff membership,
 - 3. further processing of a deferred application for staff membership,
 - 4. continued deferral of an application for staff membership,
 - 5. granting of all or part of the privileges requested by the applicant, or
 - 6. denial of all or part of the privileges requested by the applicant.
- D. The *ad hoc* committee's recommendation shall be promptly delivered to the University Hospital Committee which shall take action on it at its next regular meeting. If the application for appointment or reappointment or increase of clinical privileges is denied for quality reasons, the applicant shall be entitled to the procedural rights in Article X.

ARTICLE VIII

VOLUNTARY REMEDIATION / PRACTITIONER ASSISTANCE

It is in the best interest of the Hospital, through its medical staff, to enhance patient care quality and for issues or potential issues involving the clinical competency and/or conduct or behavior of practitioners to be identified early and, if possible, remedied in a productive manner. Depending on the particular circumstances presented, determined on a case-by-case basis, remediation may be sought by voluntary, non-confrontational, and informal means rather than by formal corrective or disciplinary action.

SECTION 1. Voluntary Remediation

- A. Voluntary remediation may be appropriate when a problem or potential problem, though cause for concern, may or may not constitute grounds for formal corrective action and is of such a nature that voluntary measures can be taken to resolve it. Nothing in this article, however, limits or restricts in any way the taking of corrective action at any time when warranted, nor shall voluntary remediation be interpreted as a mandatory first step or pre-condition to taking corrective action.
- B. Voluntary remediation is an authorized peer review activity of the Hospital and its medical staff. It can, depending on circumstances, function through a variety of ways, including but not limited to, informal interviews between a practitioner with the Office of Chief Medical Officer (DMA), President of the Medical Staff (or designee) and/or the Medical Staff Executive Committee. It may involve the use of outside consultants, reviewers, medical practitioners, counselors, therapists, mediators, and monitors. Those participating in voluntary remediation shall be deemed agents of the Hospital. Voluntary remediation sessions shall not constitute a formal corrective action hearing. No attorneys shall attend any voluntary remediation session. Voluntary remediation sessions, those participating in them, and the data presented are considered to be peer review protected by the confidentiality and immunity provisions under these *Bylaws*, as well as by federal and Kentucky law.
- C. Any of the following — the Office of Chief Medical Officer (DMA), President of the Medical Staff, or the Associate Vice President for Medical Center Operations (or designee) or the chair (chief of clinical services) or other physician may request voluntary remediation.
- D. Voluntary remediation, which may include but is not limited to, education, training, monitoring, psychiatric and/or medical evaluation, counseling, treatment, or therapy, may be continued, as warranted, with the goal, if reason exists, of having the practitioner voluntarily sign a remedial action plan that outlines what steps that physician needs to take to remedy the problem. The remedial action plan may also contain language providing for corrective action if the terms of the voluntary remedial action plan are violated.
- E. A copy of the remedial action plan shall be kept in the practitioner's credentialing file. As a product of peer review, it shall be marked "Confidential Peer Review Document" and shall not be disclosed or released to any party without written authorization by the practitioner, unless disclosure is required by applicable law.
- F. Because voluntary remediation does not constitute a "professional review activity," as described by the Health Care Quality Improvement Act of 1986, it shall not be deemed a reportable event to the State Medical Board of Kentucky or to the National Practitioners Data Bank.

SECTION 2. Practitioner Assistance

- A. The Hospital and its medical staff recognize that, on occasion, a practitioner may become impaired. It is the intent to promptly identify, treat, and correct impairment or a condition that may lead to impairment in a confidential, dignified, and sensitive manner.
- B. When impairment is reasonably suspected, the Office of Chief Medical Officer (DMA) or in absence the President of the Medical Staff or designee shall investigate the issue. The Practitioner Effectiveness Committee may assist the Office of Chief Medical Officer (DMA) or President of the Medical Staff in the evaluation process.
- C. Nothing in this Article shall limit or restrict, in any way, the taking of corrective action, at any time when warranted, nor shall referral to the Practitioner Effectiveness Committee be interpreted as a mandatory first step or pre-condition to taking corrective action.
- D. Notwithstanding this Article, a practitioner's violation of the terms of an aftercare agreement shall result in automatic suspension or termination, without the right to a hearing or appeal, as provided in Article XI.

ARTICLE IX

AUTOMATIC SUSPENSION AND TERMINATION

SECTION 1. Automatic Suspension and Termination

- A. Automatic suspension or termination, as warranted, may be imposed upon a medical staff member by the Office of Chief Medical Officer (DMA) or in absence the President of the Medical Staff whenever:
1. The medical staff member, after receipt of a warning of delinquency for failure to complete medical records within thirty (30) days of patient's discharge (See *Rules and Regulations*, Medical Records), fails to complete the records. Such automatic suspension shall be temporary and effective until the records are complete and need not be followed by a written request for corrective action.
 2. The medical staff member, after receipt of a warning of delinquency for failure to abide by the medical staff policies regarding management of diagnostic radiology films, pictures, and other records, persists in failure to abide by the policies and procedures for the maintenance and integrity of radiologic records. Such automatic suspension will be temporary and effective until the delinquency is corrected and need not be followed by a written request for corrective action.
 3. The State Board of Medical Examiners, the State Board of Dentistry, or other appropriate state licensing agency revokes or suspends or restricts a medical staff member's license to practice or places such medical staff member on probation. Such automatic suspension/termination shall be effective at least until the medical staff member regains a full and unrestricted license to practice .
 4. The medical staff member's faculty or employment status at the University is terminated. The medical staff member shall notify the Office of Chief Medical Officer (DMA) or in absence the President of the Medical Staff whenever the medical staff member's faculty or employment status is terminated. In the case of a full-time faculty member changing to a voluntary or part-time faculty member, their medical staff membership shall automatically change from active to associate or voluntary, and the Office of Chief Medical Officer (DMA) or in absence the President of the Medical Staff(or designee) shall notify the relevant department chair (chief of clinical service), the relevant Dean, the Associate Vice President for Medical Center Operations, and the Executive Vice President for Health Affairs.
 5. The medical staff member violates the terms of an aftercare agreement.
 6. If a medical staff member has been indicted for a felony or other criminal act related to, or arising out of the practice of medicine, the medical staff member's membership may be automatically suspended. If a medical staff member has been convicted of, or pleads no contest to, a felony or crime arising out of the practice of medicine, that member shall be automatically suspended or terminated.
 7. The medical staff member has been deemed "ineligible" to participate in Medicare, Medicaid or any federal health program.
- B. Notification of the automatic suspension or termination must be made in writing to the medical staff member, and the relevant department chair (chief of clinical service). When circumstances warrant, particularly in order to protect the safety, health and welfare of patients, members of the medical staff, and others, notice may be oral, provided that it is followed up in writing within one business day.
- C. Office of Chief Medical Officer (DMA) , the President of the Medical Staff, (or their designees,) and/or chief of clinical services (department chair) will arrange for appropriate alternate coverage by a member of the medical staff to patients of a member who has been automatically suspended or terminated, so that continuity of care is not interrupted or compromised.

SECTION 2. The Right to a Hearing or Appeal under Article XI.

A medical staff member who has been subjected to automatic suspension or termination under this article shall not be entitled to any hearing or appeal, including that under Article XI of these *Bylaws*.

The Office of Chief Medical Officer (DMA) or the President of the Medical Staff (or designees) shall notify: (a) the National Practitioner Data Bank for automatic suspensions of more than thirty (30) days and automatic terminations except those based solely upon termination of the faculty appointment, and (b) the appropriate state licensure board under the laws of the Commonwealth of Kentucky.

ARTICLE X

CORRECTIVE ACTION

Corrective Action is a peer review function performed by the medical staff on behalf of the Hospital and its patients in order to assure clinical competence and appropriate professional behavior. Those persons involved in the corrective action process, including those who request corrective action in good faith, those who

investigate, deliberate, recommend and take final action, and those who testify or otherwise present evidence in connection with corrective action are entitled to immunity, and corrective action reports, supporting documents and proceedings are privileged and confidential.

SECTION 1. Action Without Summary Suspension

A. Request for Corrective Activity Investigation.

Whenever any member of the medical staff, including, without limitation, the Office of Chief Medical Officer (DMA) , President of the Medical Staff,(or designees), the chief of clinical service (department chair), the chair of any quality committee, any member of the Medical Staff Executive Committee, house officers, nursing, independent licensed practitioners, and other staff personnel, as well as the Associate Vice President for Medical Center Operations or member of the University Hospital Committee, who has reason to believe that grounds exist may request or seek a request for a corrective activity investigation.

B. Grounds

A request for corrective disciplinary or clinical concern action may be made, based on information available at the time of the request, where reasonable belief of any of the following grounds exist:

1. Clinical deficiencies including the failure by an affected practitioner to meet the Hospital's standards of quality care, and/or *Behavioral Standards in Patient Care*, which may be considered in terms of frequency and/or severity.
2. Professional conduct, behavior, or impairment not in the best interest of quality patient care, or a condition that places the affected practitioner or others at a risk of harm.
3. Behavior disruptive to the orderly operation of the Hospital, which may include, but is not limited to, verbal and/or physical actions, threats, or other inappropriate behavior directed against patients, physicians, nurses, other Hospital personnel, or the public.
4. Recurrence of clinical and/or behavior problems. For purposes of establishing recurrence and/or pattern of problems, attention should focus on incidents most proximate in time to the request for corrective action, but other more remote incidents may also be considered as relevant background.
5. Violation of the terms and conditions of any corrective action plan or remedial action plan.
6. Violation of the Medical Center's Corporate Compliance Program.

C. Form of Request

A written request identifying or describing any act, incident, problem, deficiency, or concern reasonably believed to constitute grounds shall be signed by the President of the Medical Staff, the Office of Chief Medical Officer (DMA) , chief of service (departmental chair), the Associate Vice President for Medical Center Operations, or member of the University Hospital Committee.

D. Fact-Finding Investigation

Depending on the nature of the suspected act, incident or problem that resulted in the request for corrective action, the Office of Chief Medical Officer (DMA) or in absence the President of the Medical Staff may conduct a fact-finding investigation or may appoint a designee or *ad hoc* fact-finding committee, who may or may not be members of the medical staff, to investigate the matter. The designee or *ad hoc* fact-finding investigation committee shall review records and documentary material that are relevant or that could lead to relevant facts, including, but not limited to, medical records, quality assessment data, quality assessment/incident reports, complaints, and reports.

The designee or *ad hoc* fact-finding investigation committee may consult with third-party reviewer/consultant(s) regarding the investigation. The designee or fact-finding investigation committee may interview any person with knowledge of any deficiency, problem, conduct, behavior, or incident serving as grounds for the request for corrective action. These interviews shall be confidential.

The designee or *ad hoc* fact-finding investigation committee shall notify and conduct an interview with the affected practitioner, unless the affected practitioner declines. This interview is informal and does not constitute a hearing. The affected practitioner shall have an opportunity to discuss the subject matter of the request for corrective action

The designee or *ad hoc* fact-finding investigation committee shall make a written report of its investigation to the Medical Staff Executive Committee. The report shall indicate whether, based on the information obtained and/or reviewed during the investigation, sufficient factual support exists for

corrective action to be considered, but it shall not make a specific recommendation as to what corrective action, if any, should be taken. The report may inform the Medical Staff Executive Committee of additional incidents, deficiencies, problems, or other relevant information learned in the course of investigation. If the investigation concludes there is no basis for the request for corrective action, this should be reported to the Medical Staff Executive Committee, which may dismiss the request.

The report shall include any information obtained and/or reviewed by designee or *ad hoc* fact-finding investigation committee.

The report shall be delivered to the Medical Staff Executive Committee within thirty (30) business days from the date the request was received, unless the designee or *ad hoc* fact-finding investigation committee informs the Office of Chief Medical Officer (DMA) or President of the Medical Staff that it requires an additional thirty (30) days to complete the investigation because further information is reasonably requested.

E. Recommendation

The Medical Staff Executive Committee shall determine what action, if any, is to be taken and notify the affected practitioner.

F. Corrective Action Options

The following forms of corrective action are available to be taken against any member of the medical staff, including but not limited to:

1. oral or written warning to medical staff member;
2. Focused Review
3. formal written reprimand to medical staff member with notice to their immediate superior;
4. summary suspension of privileges;
5. putting the affected practitioner on probation according to the terms and conditions stated in a written corrective action plan, which may include but is not limited to:
 - a. Focused Review
 - b. Education/training/re-training.
 - c. Consultation or second opinion
 - d. Monitoring/proctoring
 - e. Retrospective review
 - f. Psychiatric/psychological evaluation, counseling, treatment therapy.
6. Reduction of some or all clinical privileges for less than thirty (30) days;
7. Reduction of some or all clinical privileges for more than thirty (30) days;
8. Suspension from the medical staff for less than thirty (30) days;
9. Suspension from the medical staff for thirty (30) days or more;
10. Revocation of medical staff appointment and/or privileges.

The Office of Chief Medical Officer (DMA) or President of the Medical Staff or (or designee) shall notify: (a) the National Practitioner Data Bank revocations, suspensions, or other limitations placed on clinical privileges that last for more than thirty (30) days, and (b) the appropriate state licensure board under the laws of the Commonwealth of Kentucky.

SECTION 2. Corrective Action with Summary Suspension

1. Grounds

Whenever reasonable belief exists that immediate action must be taken in the interest of quality care or to protect the safety of patients, other practitioners, Hospital employees, the affected practitioner, or others because of the risk of harm, the Office of Chief Medical Officer (DMA) or President of the Medical Staff, (or designee), the chief of clinical service (department chair), the Associate Vice President for Medical Center Operations, the Medical Staff Executive Committee, or the University Hospital Committee shall each have the authority to suspend all or any portion of the affected practitioner's clinical privileges

and/or medical staff appointment. Summary suspension may be instituted at any time, including during the pendency and processing of a request for corrective action investigation, described in this Article.

2. Immediate Effect and Coverage Arrangement

Summary suspension shall be effective immediately upon imposition. The Office of Chief Medical Officer (DMA) or President of the Medical Staff (or designee) and/or chief of clinical services (department chair) shall arrange for appropriate alternate coverage by a member of the medical staff to patients of the affected practitioner, so that continuity of care is not interrupted or compromised.

3. Notice

Notice to the affected practitioner may first be made orally but must be in writing and delivered to the affected practitioner in person or by certified mail within twenty-four (24) hours. The notice shall identify or describe any act, incident, problem, deficiency, or risk that is reasonably believed to constitute grounds for summary suspension and shall inform the affected practitioner of the right to request a hearing within twenty-one (21) business days from the date the practitioner first is notified that summary suspension has been imposed. A copy of the written notice shall be delivered as soon as practicable to the Medical Staff Executive Committee, the chief of clinical service (department chair), and the Associate Vice President for Medical Center Operations.

4. Request for Summary Suspension Reconsideration

The affected practitioner whose privileges and/or appointment have been summarily suspended may request a reconsideration before the Office of Chief Medical Officer (DMA) or President of the Medical Staff by delivering a written request to the Office of Chief Medical Officer (DMA) or President of the Medical Staff within twenty-four (24) hours from the date and time the affected practitioner first received written notice that their privileges and/or appointment have been summarily suspended.

5. Corrective Action Options for a Practitioner Who has Been Summarily Suspended

An affected practitioner who has been summarily suspended under this section shall be subject to the same corrective action options, which may be recommended at the hearing and acted upon by the Board, that are described in this Article.

6. Summary Suspension Reporting

Any summary suspension shall be reported to appropriate licensure board under the laws of the Commonwealth of Kentucky by the Office of Chief Medical Officer (DMA) or President of the Medical Staff (or designee), and if in effect for thirty (30) days or longer, shall be reported to the National Practitioner Data Bank by the Office of Chief Medical Officer (DMA) or President of the Medical Staff (or designee).

ARTICLE XI

PROFESSIONAL REVIEW ACTIVITY HEARING AND APPEAL

A. Right to Hearing

1. No Right to Hearing. The following practitioners shall not be entitled to a professional review activity hearing:
 - a. An applicant or practitioner whose application, faculty appointment, and/or privileges has lapsed, expired, or been automatically suspended or terminated.
 - b. An applicant who does not have their application for appointment and/or clinical privileges granted because that applicant does not meet the minimum prescribed training, education, and experience requirements necessary to qualify for appointment and/or to exercise privileges.
 - c. An affected practitioner for whom corrective action has been imposed that does not revoke, restrict, or limit the practitioner's medical staff membership and/or ability to exercise clinical privileges for (thirty) 30 days or more and is, thus, not reportable to the applicable licensure board under the laws of the Commonwealth of Kentucky, nor the National Practitioner Data Bank, according to the Health Care Quality Improvement Act of 1986 and the regulations promulgated thereunder, as each may be amended from time to time.
2. Right to a Professional Review Activity Hearing. The following practitioners shall be entitled to request a professional review activity hearing:

- a. Any practitioner whose appointment or reappointment to the medical staff has been denied because of quality and/or behavioral reasons or concerns.
 - b. Any practitioner whose clinical privileges have been curtailed, summarily suspended, revoked, restricted, or denied because of quality and/or behavioral reasons or concerns for thirty (30) or more days.
 - c. Any practitioner who has received any adverse corrective action recommendation from the Medical Staff Executive Committee that would affect that practitioner's medical staff membership and/or ability to exercise clinical privileges (thirty) 30 days or more and, if imposed, constitute a "professional review action" reportable to the National Practitioner Data Bank, according to the Health Care Quality Improvement Act of 1986 and the regulations promulgated thereunder, as each may be amended from time to time.
- B. Request for a Professional Review Activity Hearing
 - 1. The affected practitioner must request in writing a professional review activity hearing. The request must be delivered to the Medical Staff Executive Committee through the Office of Chief Medical Officer (DMA) or President of the Medical Staff (or designee) within thirty (30) calendar days from the date notified of an action that gives rise to a right to a professional review activity hearing.
 - 2. Failure by the affected practitioner to request a professional review activity hearing in writing within the time required above shall constitute a waiver.
- C. Scheduled Professional Review Activity Hearing
 - 1. A professional review activity hearing shall be scheduled no early than thirty (30) days and no later than sixty (60) days following receipt of the request for professional review activity hearing by the affected practitioner.
 - 2. The Medical Staff Executive Committee shall notify the affected practitioner of the date, time, and place of the scheduled professional review activity hearing.
 - 3. Either the affected practitioner or the Medical Staff Executive Committee may, for good cause, request a continuance of the professional review activity hearing. Both parties shall cooperate in good faith in re-scheduling the hearing at a mutually convenient time.
- D. The Hearing Body
 - 1. The Medical Staff Executive Committee, or a hearing panel appointed by it, shall conduct the hearing. Members shall be entitled to all protection and immunity afforded by federal and state law.
 - 2. No member of the Medical Staff Executive Committee, or a hearing panel appointed by it, shall be in direct competition with the affected practitioner.
- E. Hearing Officer
 - 1. The Medical Staff Executive Committee may appoint an independent attorney, who is not affiliated with the University or the Hospital, but who is familiar with Medical Staff hearing procedures, to act as a hearing officer for purposes of conducting the hearing process.
 - 2. The hearing officer may answer procedural questions and other questions as related to these *Bylaws* and federal and state legal requirements, but the hearing officer shall not vote or otherwise participate in any deliberation (other than to answer procedural questions by hearing panel members) resulting in a recommendation made.
- F. Exchange of Exhibits and Witness Lists
 - 1. The affected practitioner and the Medical Staff Executive Committee or hearing panel shall exchange proposed exhibit and witness lists as soon as reasonably practicable, but no later than five (5) business days prior to the scheduled hearing. Each party shall inform the other of any changes in the exhibit or witness lists prior to the hearing.
 - 2. Documents, if necessary, may be reproduced, provided that reasonable precautions are taken to ensure their confidentiality since these documents shall be considered matters of peer review.
- G. Due Process and Fairness Rights

1. The professional review activity hearing is a confidential peer review action that shall be closed to the public.
2. The affected practitioner has the right to be present at the professional review activity hearing. Failure to be present without good cause shall constitute a waiver to the right of a professional review activity hearing.
3. The affected practitioner requesting the hearing shall be entitled to be represented at the hearing by an attorney or any other person of the practitioner's choice. The attorney or other person representing the practitioner may participate fully in the hearing.
4. The Office of Chief Medical Officer (DMA) or President of the Medical Staff (or designee), who shall present the case on behalf of the Hospital and its medical staff, shall be represented by an attorney.
5. Both parties shall have the opportunity to submit written memoranda at the beginning and at the conclusion of the professional review activity hearing.
6. Both parties shall have the opportunity to make opening statements and closing arguments.
7. Both parties shall have the opportunity to introduce written exhibits and testimony of witnesses in the form of reliable reports and/or direct and cross examination, which may include rebuttal and impeachment. Formal rules of evidence that would apply in a court of law need not be strictly followed; however, documents and testimony should be relevant and may be excluded by the hearing officer if not relevant or helpful or if duplicative.
8. The Hospital, through the Office of Chief Medical Officer (DMA) or President of the Medical Staff (or designee), shall proceed first in the presentation of the case, unless otherwise agreed by the parties and the Medical Staff Executive Committee.
9. The Medical Staff Executive Committee may ask questions of both parties at any time.
10. The burden of proof of showing, by a preponderance of evidence, that the corrective action is not warranted shall rest with the affected practitioner.
11. A record, by stenographic or audio means, shall be made of the entire professional review activity hearing.

H. Recess and Need for Additional Information

1. It is the intent to complete a thorough and fair professional review activity hearing in as few sessions and as quickly as practicable unless circumstances and fairness warrant the need for additional sessions and time.
2. The chair of the Medical Staff Executive Committee or hearing panel may recess the hearing and reconvene the same with fifteen (15) days for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation, all without special notice.

I. Deliberation and Report

1. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The Medical Staff Executive Committee or hearing panel may, at a time convenient to itself, conduct its deliberations outside the presence of the affected practitioner for whom the hearing was convened.
2. Within fifteen (15) calendar days of the final adjournment of the hearing, the Medical Staff Executive Committee or hearing panel shall make a written report and recommendation to the University Hospital Committee. Such report and recommendation shall include a statement of the basis for the recommendation. The report may recommend confirmation, modification, or rejection of the adverse action. A copy of the report and recommendation shall be sent to the affected practitioner at the same time it is forwarded to the University Hospital Committee.
3. The affected practitioner shall have fifteen (15) calendar days from the date the practitioner receives a copy of the report and recommendation to submit a written appeal to the University Hospital Committee with a copy to the Medical Staff Executive Committee, which may submit a written reply to the affected practitioner's written appeal.

J. Final Action by the University Hospital Committee

1. Within thirty (30) calendar days after receipt of the report and recommendation, the University Hospital Committee shall meet at a regular or special meeting to consider the report and

recommendation, as well as the affected practitioner's written appeal and the Medical Staff Executive Committee's written reply, and render a written decision in the matter, including a statement of the basis for the University Hospital Committee's decision, and shall forward a copy of its decision to the Associate Vice President for Medical Center Operations for transmittal to the practitioner for whom the hearing was held. The decision by the University Hospital Committee is final.

2. Any reporting to the National Practitioner Data Bank and/or applicable licensure board under the laws of the Commonwealth of Kentucky shall be made by the University Hospital Committee through the Office of Chief Medical Officer (DMA) or President of the Medical (or designee).

ARTICLE XII

PRESIDENT OF THE MEDICAL STAFF

SECTION 1. Qualifications and Election

A. President of the Medical Staff

The President of the Medical Staff shall be a member of the active medical staff. One or more qualified and competent candidates for the position of President of the Medical Staff shall be nominated by a committee consisting of the Executive Vice President for Health Affairs, College of Medicine Dean, Associate Vice President for Medical Center Operations, and Chief Medical Officer. The nominating committee will in turn present a slate of candidates to the medical staff for preliminary endorsement. Those candidates who receive endorsement from at least 20 members of the medical staff who are eligible to vote will also appear on the ballot, which will be presented to the medical staff at a meeting held for this purpose. No nominations will be made from the floor. Election will be by written ballot. The President of the Medical Staff will be elected by a majority vote.

B. Medical Staff Executive Committee Members at Large

The Medical Staff Executive Committee Members at Large shall be members of the active medical staff who are not Medical Staff Executive Committee members or their designee, except for previously elected Members at Large. Qualified and competent candidates shall be nominated by a committee consisting of the Executive Vice President for Health Affairs, College of Medicine Dean, Associate Vice President for Medical Center Operations, Chief Medical Officer, and President of the Medical Staff. The nominating committee will in turn present a slate of candidates to the medical staff for preliminary endorsement. Those candidates who receive endorsement from at least 20 members of the medical staff who are eligible to vote will also appear on the ballot, which will be presented to the medical staff at a regular or special meeting held for this purpose which may be concurrent with the election for President of the Medical Staff. No nominations will be made from the floor. Election will be by written ballot. The candidate(s) with the greatest and second greatest number of votes (when two vacancies) will be elected.

SECTION 2. Term of Office, Evaluation and Removal

- A.** The President of the Medical Staff will be elected to a two-year term. The election described in article XII section 1 will be held soon after the first year of the current Presidential term. The individual so elected will serve as President-Elect for the balance of the current Presidential term is completed, before assuming the duties of President of the Medical Staff. Candidates are eligible for a maximum of two terms.

- B.** The Members at Large will be elected to a two-year term, and are eligible for re-election.

- C.** The Dean, Chief Medical Officer, Associate Vice President for Medical Center Operations, and Medical Staff Executive Committee shall periodically review and evaluate the duties, activities, performance, accomplishments, and appointment of the President of the Medical Staff. Such review shall be completed at least annually.

D. Removal of officers

Any officer of the Medical Staff may be removed from office for valid cause, including, but not limited to, gross neglect or misfeasance in office, or serious acts of moral turpitude. Recall of an elected Medical Staff Officer may be initiated by the Medical Staff Executive Committee or shall be initiated by a petition signed by at least forty members of the Medical Staff. Recall shall require a special meeting of the Medical Staff to be called for that purpose. Recall shall require a majority of Medical Staff members who return valid mail ballots within the allotted time period for response.

SECTION 3. Vacancies in Office

A. President of the Medical Staff

1. In the event the President of the Medical Staff should be temporarily unable to fulfill the duties of the office for a period of no more than four (4) months, the duties shall be assumed by President-Elect of the Medical Staff (when applicable). When a President-Elect is not identified, the Chief Medical Officer will assume the duties of the President of the Medical Staff..
2. In the event the position becomes permanently vacant, President-Elect of the Medical Staff will fill the remaining unexpired term of the President. The term of President shall not exceed 3 years after vacancy. If the unexpired term is equal to or greater than a year, then after one year a President-Elect will be chosen by election as described in Article XII section 1 who will serve as such for before assuming duties of President after one year. When a President-Elect is not identified, the Chief Medical Officer will assume the duties of the President of the Medical Staff until an election can be held.

Members at Large

In the event the position becomes permanently vacant, a new member will be elected as described in section 1 B for a full 2 year term.

SECTION 4. Duties of the President of the Medical Staff

The President of the Medical Staff shall serve as the chief administrative officer of the medical staff. Duties of the President of the Medical Staff include, but are not limited to:

- A. acting in coordination and cooperation with the Associate Vice President for Medical Center Operations in all matters of mutual concern within the Hospital;
- B. serving as a voting member and presiding as chair of the Medical Staff Executive Committee;
- C. calling and being responsible for the agendas for all regular and special meetings of the medical staff and the Medical Staff Executive Committee;
- D. serving as *ex officio* member (without vote) on all other medical staff committees and oversees that committees regularly and appropriately report to the Medical Staff Executive Committee;
- E. having oversight responsibility for the application and enforcement of *Medical Staff Bylaws and Rules and Regulations*, for the implementation of corrective action where indicated, and for the medical staff's compliance with procedural safeguards in all instances where corrective action has been requested against a practitioner;
- F. annually appointing committee chair and committee members to all standing, special, and multidisciplinary medical staff committees except the Medical Staff Executive Committee, and elected or ex-officio members of Medical Staff Committees;
- G. reporting the views, policies, needs, and grievances of the medical staff directly to the University Hospital Committee and/or to the Associate Vice President for Medical Center Operations;
- H. having oversight responsibility for assuring ethical conduct and acceptable professional behavior of members of the medical staff, and enforcing bylaws, rules, regulations, policies, and procedures including adherence to Hospital policies, *Behavioral Standards in Patient Care*, and the Medical Center's Corporate Compliance Program as applicable to practitioners;
- I. having oversight responsibility for continuing educational activities of the medical staff;
- J. having oversight responsibility for promoting interdisciplinary communication among medical staff departments and services, and other Hospital committees and services in order to improve operations, systems and care;
- K. being the speaker for the medical staff in its external professional and public relations;
- L. delegating duties and activities as deemed necessary and appropriate.

ARTICLE XIII

ORGANIZATIONAL STRUCTURE AND OPERATION

SECTION 1. Departmental Organization

The direct patient care segment of the University Hospital administrative organization shall be structured parallel to the major clinical activities of the Medical Center. The clinical departments shall be as follows:

Anesthesiology	Orthopedic Surgery
Dentistry	Pathology
Diagnostic Radiology	Pediatrics
Emergency Medicine	Physical Medicine & Rehabilitation
Family & Community Medicine	Preventive Medicine & Environmental Health
Internal Medicine	Psychiatry
Neurology	Radiation Medicine
Obstetrics/Gynecology	Surgery
Ophthalmology	University Health Services

SECTION 2. Functions of Departments

Subject to the authority of the Medical Staff Executive Committee and University Hospital Committee, departments/services shall perform the following delegated functions:

- A. oversee the provision, evaluation, and improvement of quality patient care and periodically report to the Medical Staff Executive Committee;
- B. require and provide appropriate continuing medical and professional education of practitioners, residents, medical students, health-related professional staff members, nursing, and other health personnel; and
- C. review and recommend for approval by the Medical Staff Executive Committee and University Hospital Committee rules, regulations, policies, and standards regarding qualifications and requirements for determining current competence, credentialing, governing, promoting effective interdisciplinary communication and function, and governance. These recommendations; which must be consistent with these *Bylaws, Rules and Regulations*; medical staff policies; *Behavioral Standards in Patient Care*; and Hospital rules, regulations, and policies; shall not be effective until reviewed and approved by the Medical Staff Executive Committee and the University Hospital Committee.

SECTION 3. Chiefs of Services/Chairs

- A. Each chief of service shall be board-certified or demonstrate equivalent competence and shall be a member in good standing of the active medical staff.
- B. Chiefs of the clinical services within the Hospital shall usually be those appointed as chair of the respective departments, and/or divisions, in the Colleges of Medicine and Dentistry with concurrence of the Medical Staff Executive Committee and confirmation by the University Hospital Committee. In unusual circumstances, an individual may be made chief of a clinical service who is not a department or division chair. Such appointments shall be made by the Deans of the specific colleges, subject to approval by the Medical Staff Executive Committee and the University Hospital Committee, in accordance with the selection qualification criteria and process described in the University governing regulations.
- C. Every person appointed to be a chief of service and/or department chair shall, prior to beginning service, undergo an orientation and training, at which time duties, responsibilities, and expectations of the office shall be reviewed.

SECTION 4. Duties of the Chief of Service/Department Chair

The chiefs of services/department chair shall have corporate responsibility for the care and treatment of the patients in their departments. Responsibilities of chief of service/department chair includes:

- A. Membership on the Medical Staff Executive Committee.
- B. All clinically related activities of the department to include:
 - 1. Continuous assessment and improvement of the quality of care and safety as well as services provided.
 - 2. Recommending to the Medical Staff Executive Committee clinical privileges for each member of the department.
 - 3. Continuous surveillance of the professional performance of all individuals in the department who have delineated clinical privileges.
 - 4. Recommending to the medical staff criteria for clinical privileges relevant to the care provided in the department.
 - 5. Determining the qualifications and competence of department or service personnel who are not licensed practitioners and who provide patient care services, unless otherwise provided for by the Hospital.
- C. All administratively related activities of the department to include:
 - 1. Acting as the presiding officer at departmental meetings.
 - 2. Oversight responsibility for education and research programs in the department.
 - 3. Orienting staff to *Medical Staff Bylaws, Rules and Regulations*; Hospital policies, *Behavioral Standards in Patient Care*, and the Medical Center's Corporate Compliance Program as applicable to practitioners; and enforcing bylaws, rules, regulations, policies, and procedures within the department.
 - 4. Integrating the department into the primary functions of the Hospital.
 - 5. Coordinating and integrating interdepartmental and intradepartmental services.
 - 6. Participating in every phase of administration of the department through promoting interdepartmental and interdisciplinary communication including, without limitation, cooperation with nursing staff and the Hospital Administration in matters affecting patient care, including personnel, supplies, special regulations, standing orders, and techniques.
 - 7. Assessing and recommending to the Medical Staff Executive Committee or the Hospital, through the President of the Medical Staff or Associate Vice President for Medical Center Operations, off-site sources of needed patient care service not provided by the department and/or the Hospital or Kentucky Clinic.
 - 8. Recommending a sufficient number of qualified and competent persons to provide care and service.
 - 9. Maintaining quality control programs as appropriate.
 - 10. Oversight to ensure that members of the department or service receive appropriate continuing medical education.
 - 11. Considering appointing an associate chief of service who shall, in case of the chief of service's incapacity or absence from the community, assume the duties of chief of service. This associate shall be identified to the Dean, the President of the Medical Staff, and the Associate Vice President for Medical Center Operations. The associate chief shall be the only acceptable alternate to attend Medical Staff Executive Committee meetings.

SECTION 5. Term of Office, Evaluation, and Removal

The term of office shall be in accordance with the terms prescribed in the University's governing and administrative regulations.

SECTION 6. Vacancies

In the event a chief of service is temporarily unable to fulfill the duties of office, such duties shall be assumed by the associate chief of service. In the event the position becomes permanently vacant, the associate chief of

service shall serve as acting chief of service until such time as a new chief of service is appointed according to the procedure described in Section 3.

ARTICLE XIV

MEDICAL STAFF EXECUTIVE COMMITTEE

SECTION 1. Medical Staff Executive Committee

There shall be an executive committee of the medical staff called the Medical Staff Executive Committee .

SECTION 2. Composition

The Medical Staff Executive Committee shall consist of the following:

- President of the Medical Staff (Chair)
- President-Elect of the Medical Staff (when applicable)
- Chiefs of clinical services (or their designee) as defined in Article XIII.
- Two elected at large medical staff members (see Article XII, section 1)
- Ex Officio (without vote)
 - Dean, College of Medicine
 - Associate Vice President for Medical Center Operations (Secretary)
 - Chief Medical Officer
 - Director of Medical Affairs
 - Medical Directors nominated by the President of the Medical Staff or Chief Medical Officer
 - Chief operating officer of the Group Practice Governance Council
 - Director of the Lucille Parker Markey Cancer Center
 - ACGME Designated Institutional Official
 - Residency Director elected biannually by the GME committee
 - Chairperson of the Chief Resident forum
 - Director of Nursing, University Hospital
 - Director of Pharmacy, University Hospital
 - Dean, College of Nursing
 - Dean, College of Dentistry
 - Associate Dean for Veterans Affairs

SECTION 3. Functions

- A. The Medical Staff Executive Committee is charged with the delegated responsible from the University Hospital Committee for the self-governing the members of the Medical Staff, and for overseeing the performance of clinical programs including the quality, safety and efficiency of care and treatment, as well as the coordination of activities between medical staff and Hospital departments and services to promote communication and improve function and clinical outcomes. The Medical Staff Executive Committee is empowered to transact business on behalf of the medical staff and to act for the medical staff.

The Medical Staff Executive Committee shall receive and act on reports and recommendations from medical staff committees, clinical departments, and assigned activity groups. The Medical Staff Executive Committee shall be responsible for making recommendations on matters pertaining to medical staff and related issues directly to the University Hospital Committee for its approval.

- B. Recommendations shall include, but not be limited to:

1. The medical staff structure relating to organization, self-governance, and the performance of care and services by practitioners with privileges
2. Assisting the election of the President of the Medical Staff who represents the Medical Staff before the University Hospital Committee..
3. The mechanism used to review credentials and to delineate individual practitioner privileges.
4. Granting medical staff membership (initial appointment and reappointment).
5. The specific delineation of clinical privileges for each eligible practitioner, based on demonstrated competency and performance review.

6. The participation of the medical staff in organization performance improvement, risk management and compliance activities.
7. Mechanisms for medical staff membership, including enforcement relating to voluntary remediation, disciplinary, and corrective action, including revocation and termination of membership and privileges.
8. The mechanism for fair-hearing and appeal procedures.
9. The modification of medical policy, procedures, and programs.
10. Overseeing clinical care rendered by residents and licensed independent practitioners.
11. Reviewing and amending, when indicated, medical staff *Bylaws, Rules and Regulations*.
1. Promoting medical ethics and patient rights.
13. Overseeing the performance of clinical services including quality, safety, outcomes, efficiency and assessment of needs.

C. Meetings

The Medical Staff Executive Committee shall meet as often as necessary in order to fully discharge its duties and responsibilities in a timely, efficient manner. Minutes of the Medical Staff Executive Committee shall be forwarded to the University Hospital Committee. Those members attending and capable of voting shall constitute quorum. At times appropriate and necessary, the Medical Staff Executive Committee may take action without a meeting by unanimous consent in writing (setting forth the action so taken), signed by each member entitled to vote thereat.

ARTICLE XV

Director of Medical Affairs

SECTION 1. Qualifications and Selection

The Director of Medical Affairs shall be a member of the active medical staff. Appointment will be made by the Chief Medical Officer upon recommendation of the Associate Vice President for Medical Center Operations.

SECTION 2. Term of Office, Evaluation and Removal

- A. The Director of Medical Affairs term of office shall be determined by the Chief Medical Officer. Any officer of the Medical Staff may be removed from office for valid cause, including, but not limited to, gross neglect or misfeasance in office, or serious acts of moral turpitude.
- B. The Chief Medical Officer and Associate Vice President for Medical Center Operations, shall periodically review and evaluate the duties, activities, performance, accomplishments, and appointment of the Director of Medical Affairs. Such review shall be completed at least annually.

SECTION 3. Vacancies in Office

- A. In the event the Director of Medical Affairs should be temporarily unable to fulfill the duties of the office, the duties shall be assumed by the Chief Medical Officer or their designee.
- B. In the event the position becomes permanently vacant, the Chief Medical Officer may appoint a new Director of Medical Affairs as described in Article XV section 1.

SECTION 4. Duties of the Director of Medical Affairs

The Director of Medical Affairs will execute the responsibilities of the Chief Medical Office in a delegated manner. These duties include overseeing the creation and operation of processes relevant to the medical staff, including, but are not limited to:

- A. acting in coordination and cooperation with the Associate Vice President for Medical Center Operations, and President of the Medical Staff in all matters of mutual concern within the Hospital which includes assuring compliance with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards, and with state and federal regulatory requirements;
- B. With the President of the Medical Staff serves as liaison between Medical Staff, Hospital Administration, and the University Hospital Committee

- C. Is ex officio member (without vote) of all standing Medical Staff committees
- D. in cooperation with the office of the Associate Vice President for Medical Center Operations, maintaining accurate up-to-date files on all staff members, which shall include all application and reapplication forms, recommendations, evaluations, and any other information pertinent to the medical staff members functions and membership status;
- E. requesting from National Practitioner Data Bank and state licensure boards information regarding medical or dental and related health professions practitioners at the time of application for medical staff or clinical privileges; and biannually at the time of reappointment thereafter, and bringing information so obtained to the attention of the Medical Staff Executive Committee at the time of appointment or reappointment;
- F. reporting to National Data Bank, state licensure board, and other organizations as required by law (1) restriction, reduction, cancellation, or non-renewal of privileges for quality care reasons; and (2) malpractice settlements or judgments;
- G. having oversight responsibility for the application and enforcement of *Medical Staff Bylaws and Rules and Regulations*, for the implementation of corrective action where indicated, and for the medical staff's compliance with procedural safeguards in all instances where corrective action has been requested against a practitioner;
- H. having oversight responsibility for assuring ethical conduct and acceptable professional behavior of members of the medical staff, and enforcing bylaws, rules, regulations, policies, and procedures including adherence to Hospital policies, *Behavioral Standards in Patient Care*, and the Medical Center's Corporate Compliance Program as applicable to practitioners;
- G. oversees undergraduate and graduate medical education clinical activities;
- H. provides a liaison role with community voluntary clinical faculty, and
- I. delegating duties and activities as deemed necessary and appropriate.

ARTICLE XVI

MEDICAL STAFF MEETINGS

SECTION 1. Special Meetings

- A. The Dean or Chief Medical Officer, or President of the Medical Staff may call a special meeting of the medical staff at any time. The Dean or President of the Medical Staff shall call a special meeting within thirty days after receipt of a written request for same, signed by not less than one-fourth of the active staff and stating the purpose of such meeting. The President of the Medical Staff shall designate the time and place of any special meeting.
- B. Written or printed notice stating the purpose, place, day, and hour of any special meeting of the active medical staff shall be delivered, either personally or by mail, to each member of the active staff not less than seven (7) nor more than thirty (30) days before the date of such meeting, by or at the direction of the President of the Medical Staff (or other persons authorized to call the meeting).

SECTION 2. Quorum

The presence of 50% those members in good standing, present and attending, and capable of voting shall constitute a quorum for all other actions. If an appropriate quorum is not present, the Medical Staff Executive Committee shall, at its next meeting, act for the staff on all issues requiring vote.

SECTION 3. Parliamentary Authority

All meetings of the medical staff shall be conducted according to *Robert's Rules of Order, Revised*, except in cases where such rules are inconsistent with these *Bylaws*.

SECTION 4. Manner of Action

The action of a majority of the members present at a meeting at which a quorum is present shall be the action of the committee. .

SECTION 5. Minutes

Minutes of each special medical staff meeting shall be prepared and include a record of the attendance of members and the vote taken on each matter. The minutes shall also show whether any member recused themselves from voting on any matter or participating in any discussion in which that member may have a conflict or duality of interest. The minutes shall be signed by the Dean, and copies thereof shall be promptly submitted to the President of the Medical Staff, and thereafter made available to all medical staff members, and be published on the web.

ARTICLE XVII

CONFIDENTIALITY AND IMMUNITY FROM LIABILITY

The following shall express conditions to any practitioner's application for, or exercise of, clinical privileges at this Hospital:

First, that any act, communication, report, recommendation, or disclosure, with respect to any such practitioner, performed or made in good faith and without malice and at the request of any authorized representative of this or any other health care facility, for the purpose of achieving and maintaining quality patient care in this or any other health care facility, shall be confidential and privileged to the fullest extent permitted by law.

Second, that such privilege shall extend to members of the Hospital's medical staff and of its governing body, its other practitioners, its executive officers and representatives, and to third parties, who supply information to any of the foregoing authorized to receive, release, or act upon the same. For the purpose of this Article, the term "third parties" means both individuals and organizations from whom information has been requested by an authorized representative of the governing body or of the medical staff.

Third, that there shall, to the fullest extent permitted by law, be absolute immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where the information involved would otherwise be deemed privileged.

Fourth, that such immunity shall apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with this or any other health care institution's activities related but not limited to:

- applications for appointment or clinical privileges,
- periodic reappraisals for reappointment or clinical privileges,
- corrective action, including summary suspension,
- hearing and appellate reviews,
- medical care evaluations,
- utilization and PRO reviews,
- other Hospital, departmental, service, or committee activities related to quality patient care and inter-professional conduct.

Fifth, that the acts, communications, reports, recommendations, and disclosures referred to in this Article may relate to a practitioner's professional qualifications, clinical competency, character, mental or emotional stability, physical condition, ethics, or any other matter that might directly or indirectly have an effect on patient care.

Sixth, that in furtherance of the foregoing, each practitioner shall upon request of the Hospital execute releases in accordance with the tenor and import of this Article in favor of the individuals and organizations specified in paragraph "second," subject to the requirements of good faith and absence of malice.

Seventh, that the consents, authorizations, releases, rights, privileges, and immunities provided by these *Bylaws* for the protection of this Hospital's practitioners, other appropriate Hospital officials and personnel, and third parties, in connection with applications for initial appointment, shall also be fully applicable to the activities and procedures covered by this Article.

ARTICLE XVIII

REVIEW AND PUBLICATION OF BYLAWS AND RULES AND REGULATIONS

The *Bylaws* and *Rules and Regulations* of the Medical Staff of the University of Kentucky Hospital will be reviewed regularly by the Medical Staff Executive Committee, which will make recommendations for necessary changes in accordance with Articles XX and XXI of these *Bylaws*. If changes are made, such changes will be

published on the web as approved by the University Hospital Committee, and made available to all medical staff and license independent practitioners.

ARTICLE XIX

RULES AND REGULATIONS

The medical staff shall adopt such rules and regulations as may be necessary to implement more specifically the general principles found within these *Bylaws*, subject to the approval of the University Hospital Committee. These shall relate to the proper conduct of medical staff organizational activities as well as embody the level of practice that is to be required of each practitioner in the Hospital. Such rules and regulations shall be a part of these *Bylaws*, except that they may be amended or repealed at any regular meeting of the Medical Staff Executive Committee at which a quorum is present and without previous notice or at any special meeting on notice by a two-thirds vote of those present of the active medical staff. Such changes shall become effective when approved by the University Hospital Committee.

If there is a conflict between the *Medical Staff Bylaws* and the *Rules and Regulations*, the *Medical Staff Bylaws* shall prevail.

ARTICLE XX

AMENDMENTS

Neither the Medical Staff Executive Committee, acting on behalf of the medical staff, nor the University Hospital Committee may unilaterally amend the *Bylaws*. These *Bylaws* may be amended after submission of the proposed amendment at any regular or special meeting of the Medical Staff Executive Committee. A proposed amendment shall be referred to a special committee, which shall report on it at the next regular meeting of the Medical Staff Executive Committee or at a special meeting called for such purpose. To be adopted, an amendment shall require a two-thirds vote of total Medical Staff Executive Committee members. Amendments so made shall be effective when approved by the University Hospital Committee, which has final legal authority, may be subject to the approval of the University of Kentucky Board of Trustees.

Notwithstanding, nothing shall be deemed to limit the authority of the University Hospital Committee and Board of Trustees of the University, including the authority under the laws of the Commonwealth of Kentucky to amend these *Bylaws* in order to comply with applicable law, including the Conditions of Participation for Medicare; in order to comply with accreditation requirements; and in order to avoid liability exposure for the Hospital and its medical staff.

Members of the medical staff shall be provided with copies of all material amendments to these *Bylaws* or will have access to these *Bylaws*, including amendments, on the website.

ARTICLE XXI

ADOPTION

These *Bylaws* shall be adopted at any regular or special meeting of the Medical Staff Executive Committee shall replace any previous Bylaws, and shall be come effective when approved by the University Hospital Committee and may be subject to the approval of the Board of Trustees.

Approved by the Hospital Medical Staff Executive Committee: April 25, 2000

Approved by the Hospital Board of Directors (nka University Hospital Committee): May 2, 2000

Approved by the University Board of Trustees: June 19, 2001

Revised: November 28, 2000

Reviewed and Revised by Hospital Medical Staff Executive Committee: , 2005

Reviewed and Revised by the University Hospital Committee: , 2005

Reviewed and Revised by the University Board of Trustees: ,2005

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