UNIVERSITY OF ARKANSAS SYSTEM

University of Arkansas Board of Trustees

University of Arkansas System
University of Arkansas, Fayetteville
2026-09-17 12:00 - 2026-09-18 13:00 CDT

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2. Approval of UAMS Medical Staff Bylaws Rules and Regulations (Action)
3. Approval of UAMS Medical Center Level 1 Trama Center Resolution (Action)
4. Approval of UAMS Institutional Compliance Plans (Action)
5. Review of UAMS Institutional Compliance Report (Information)
6. Review of the Quality, Experience and Safety Report (Information)
7. Review of Clinical Enterprise Key Indicators (Information)
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Jt Hosp Comm Book, Sept 2026

B. Audit and Fiscal Responsibility Committee

Chair Ford, Members: Dickey, Fryar and Wilson

1. Approval of the Minutes of the Meeting held May 21, 2026 (Action)
2. Approval of Fiscal Year 2027 Audit Plan Update Report (Action)
3. Update on losses identified through the Internal Audit process (Information)
4. Other Business (Action and Information)
5. Approval of an Inter-Institutional Loan, UAMS (Action)
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C. Athletics Committee Meeting

Chair Dickey, Members: Caldwell, Cox, Fryar

2. UACCRM Update (Information)

3. UAFS Update (Information)

Chair Fryar, Members: Cox, Deere and Wilson

MINUTES OF THE MEETING OF THE
UNIVERSITY OF ARKANSAS BOARD OF TRUSTEES
UNIVERSITY OF ARKANSAS DIVISION OF AGRICULTURE
NORTHEAST RICE RESEARCH AND EXTENSION CENTER
GREENWAY EQUIPMENT EXHIBITION HALL
HARRISBURG, ARKANSAS
11:30 A.M. MAY 20, 2026, AND 8:30 A.M., MAY 21, 2026

TRUSTEES PRESENT:

Chair Randy Lawson; Trustees Steve Cox, Dr. Ed Fryar, Ted Dickey, Jeremy Wilson, Nate Todd, Kevin Crass, Scott Ford, Judd Deere and Ashley Caldwell.

UNIVERSITY ADMINISTRATORS AND OTHERS PRESENT:

System Administration:
President Jay B. Silveria, General Counsel David Curran, Vice President for Academic Affairs Michael K. Moore, Vice President for University Relations and Chief of Staff Melissa Rust, Vice President and Chief Financial Officer Tara Smith, Vice President for Strategic and Community College Partnerships Chris Thomason, Senior Director of Policy and Public Affairs Ben Beaumont, Director of Communications Nate Hinkel, Chief Audit Executive Laura Cheak, Chief Information Officer Steven Fulkerson, Assistant to the President Angela Hudson and Associate for Administration Shanna Rolen.

UAF Representatives:
Chancellor Charles F. Robinson; Provost and Executive Vice Chancellor for Academic Affairs Indrajeet Chaubey; CFO and Senior Associate Vice Chancellor for Financial Affairs Cale Fessler; Vice Chancellor for Student Affairs Jeremy Battjes; Vice Chancellor for Research and Innovation, and Senior Advisor for Strategic Projects Margaret McCabe; Senior Associate Vice Chancellor and Chief Administration Officer for Campus Services Clayton Hamilton; Managing Associate General Counsel Bill Kincaid; and Chief of Staff Hannah Henderson McKenzie.

UAMS Representatives:
Chancellor Lowry Barnes; Provost, Chief Academic Officer, and Chief Strategy Officer Stephanie Gardner; Senior Vice Chancellor for UAMS Health and Chief Executive Officer for UAMS Medical Center Michelle Krause; and Vice Chancellor for Finance Amanda George.

UALR Representatives:
Chancellor Christina Drale; Vice Chancellor for Finance and Administration Allen Stanley; Executive Vice Chancellor for Academic Affairs and Provost Ann Bain and Chief of Staff Alicia Dorn.

UAPB Representatives:
Chancellor Anthony Graham; Vice Chancellor for Finance and Administration Carla Martin; Vice Chancellor for Student Affairs Elbert Bennett; and Chief of Staff Janet Broiles.

UAM Representatives:
Chancellor Peggy Doss and Vice Chancellor for Finance and Administration Alex Becker.

UAFS Representatives:
Chancellor Terisa Riley; Vice Chancellor for Finance and Administration Carey Tucker; Provost and Vice Chancellor for Academic Affairs Shadow Robinson (outgoing) Ray Green and Provost and Vice Chancellor for Academic Affairs (incoming); and Chief of Staff Jennifer King.

PCCUA Representatives:
Chancellor Keith Pinchback and Vice Chancellor for Finance and Administration Stan Sullivant.

UACCH-T Representatives:
Chancellor Ricky Tompkins and Vice Chancellor for Academics Laura Clark.

UACCM Representatives:
Chancellor Lisa G. Willenberg, Vice Chancellor for Academics Richard Counts, Vice Chancellor for Finance Jeff Mullen and Vice Chancellor for Student Services Darren Jones.

CCCUA Representative:
Chancellor Steve Cole.

UACCRM Representatives:
Chancellor Phillip Wilson and Vice Chancellor for Academic Affairs Kyle Carpenter.

UA – PTC Representatives:
Chancellor Summer DeProw, Provost and Vice Chancellor of Academic Affairs Ana Hunt, Vice Chancellor of Enrollment Management and Student Life John Lewis, Vice Chancellor for Finance Rita Fleming and Chief Information Officer Wayne Floyd.

NACUA Representatives:
Chancellor Rick Massengale and Vice Chancellor for Academic Affairs Matt Cardin.

CJI Representative:
Director Alicia Corder.

WRI Representative:
Executive Director Janet Harris.

UA Grantham Representative:
Chancellor Lindsay Bridgeman.

Members of the Press.

Chair Randy Lawson called the regular session meeting of the Board of Trustees of the University of Arkansas to order at 11:34 a.m. on Wednesday, May 20, 2026, in the Greenway Equipment Exhibition Hall of the University of Arkansas Division of Agriculture Northeast Rice Research and Extension Center in Harrisburg, Arkansas. Chair Lawson first recognized new Trustee Ashley Caldwell at her first regular meeting of the Board, and called for approval of a welcome resolution. Upon motion by Trustee Fryar and second by Trustee Crass, the following resolution was unanimously approved:

1. Welcome resolution for New Trustee Ashley Caldwell, UASYS:

   WHEREAS, the Governor of the State of Arkansas appointed Ashley Caldwell of Pulaski County, Arkansas, as a member of the Board of Trustees of the University of Arkansas, on March 16, 2026;

   NOW, THEREFORE, BE IT RESOLVED THAT THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS, having received notification of the appointment of Ashley Caldwell as a member of the Board of Trustees, welcomes and congratulates Mrs. Caldwell upon the assumption of her trusteeship.

Chair Lawson next stated that the Board would hear the arguments and statements of legal counsel for Professor Shirin Saeidi and the University concerning Dr. Saeidi's appeal to the Board of the decision of the President to reject the recommendation of the UAF Hearing Committee and to dismiss Dr. Saeidi as a tenured faculty member in the UAF Department of Political Science. Chair Lawson allowed time for presentations to the Board by Dr. Saeidi's legal counsel, J.J. Thompson, and the University's legal counsel, Bill Kincaid. Mr. Thompson reserved a minute of his time for rebuttal following Mr. Kincaid's presentation. Following the appeal presentations and upon motion by Trustee Fryar and second by Trustee Dickey, the Board went into executive session at 12:03 p.m. to consider the appeal of Dr. Saeidi of her dismissal; appointments to the UAMS Medical and AHEC staffs; the UAM, UAPB, CCCUA, and UARM Board of Visitors and the Walton Arts Center Council, Inc. and the Wine Producers Council; and the employment, appointment, promotion, demotion, disciplining or resignation of public officers and employees.

2. Executive Session:

   Chair Lawson reconvened the Regular Session of the Board at 2:32 p.m. and called for a vote on the following matters considered in Executive Session:

   2.1 Approval to Uphold the President's decision to Dismiss Dr. Shirin Saeidi as a Tenured Faculty Member, UAF:

   Upon motion of Trustee Ford and second by Trustee Wilson, the Board voted unanimously to uphold the decision of President Silveria to dismiss Dr. Shirin Saeidi from her tenured faculty position at the University of Arkansas, Fayetteville.

2.2 Approval of Initial Appointments, Six-Month Reviews, Reappointments and Changes in Privileges for Medical, Regional and Affiliated Health Professional Staff, UAMS:

Upon motion of Trustee Dickey, second by Trustee Fryar, the following resolution was adopted:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the following Initial Appointments, Reappointments, and Six-Month Reviews and Requests for Changes in Privileges for Medical, Regional and Affiliated Health Professional Staff are hereby approved:

Initial Appointments – Medical Staff

BEZOLD, Samuel, DO ..... Nuclear Medicine
BICKERSTAFF, Courtney, CNP..... Primary Care & Pop Health/Family NP
Collaborating Physician: Geetabahen Sakariya, MD
BOUR, Zoe, PA..... Cancer/Physician Assistant
Supervising Physician: Ankur Varma, MD
FAULKENBERRY, Brooklin, PA.....Spine/Physician Assistant
Supervising Physician: Mark Feger, MD
GRANT, Stacey, CNP..... Integrated Medicine/Adult-Gero AC NP
Collaborating Physician: Ramez Awad, MD
HEGENBARTH, Naama, MD .....Behavioral Health/Psychiatry
INGRAM-SMITH, Kayla, CNP..... Cancer/Adult-Gero AC NP
Collaborating Physician: Frits Van Rhee, MD
KALAPATAPU, Venkat, MD ..... Surgical Specialties/Vascular Surgery
KRISHT, Melissa, CNP .....Behavioral Health/Psy-MH NP
Collaborating Physician: Jessica Coker, MD
LAL, A. Roby, DO..... Cancer/Radiation Oncology
MCDONALD, Jason, CRNA.....CRNA
NOVICK, Elizabeth, MD..... Integrated Medicine/Infectious Disease
PARKER, David, CRNA .....CRNA
PATEL, Kruti, DO ..... Cardiovascular/Adv Heart Failure & Transplant
PATEL, Tejal, MD.....Diagnostic Radiology
PORTER, Arin, CNP.....Cardiovascular/Adult-Gero AC NP
Collaborating Physician: Megan Rashid, MD
PULLIAM, Caden, PA..... Surgical Specialties/Physician Assistant
Supervising Physician: Brian Langford, MD
RASHED, Moustafa, MD .....Integrated Medicine/Pediatric Pulmonology
RAYBURN, Katia, CNP.....Surgical Specialties/Family NP
Collaborating Physician: Mauricio Garcia Saenz de Sicilia, MD
SIMS, Lauren, PA ..... Surgical Specialties/Physician Assistant
Supervising Physician: Sumant Inamdar, MD
STRODE, Stephanie, CNP.....Womens & Infants/Womens HC NP
Collaborating Physician: Nirvana Manning, MD

THOMAS, Allen, CNP .....Musculoskeletal/Adult-Gero AC NP
Collaborating Physician: Charles Pearce, MD
TURNER, Shelby, CRNA.....CRNA
VUJJINI, Vikas, MD.....Integrated Medicine/Nephrology
WOOLSEY, Kristyl, CNP..... Integrated Medicine/Adult-Gero PC NP
Collaborating Physician: Joseph Henske, MD
YOUNG, Joshua, CNP.....Cardiovascular/Adult-Gero AC NP
Collaborating Physician: Hakan Paydak, MD

Reappointments-Medical Staff

ABADER, Sherry, MD ..... Integrated Medicine/Internal Medicine
ABDELDAYEM, Mohamed, MD.....Anesthesiology
ALAM, Sinthia, MD ..... Integrated Medicine/Internal Medicine
ALAREF, Subhi, MD .....Cardiovascular/Interventional Cardiology
AL-HAWWAS, Malek, MD.....Cardiovascular/Interventional Cardiology
ALOMARI, Mohammad, MD.....Surgical Specialties/Gastroenterology
AMICK, Rebekka, CNS .....Integrated Medicine/Adult-Gero CNS
Collaborating Physician: Joseph Henske, MD
ANTHONY, Ryan, MD..... Surgical Specialties/Orthopaedic Surgery
ARANT, Audra, CNP ..... Surgical Specialties/AC NP
Collaborating Physician: Ronald Robertson, MD
ARCEMENT, Cash, MD .....Anesthesiology
ARENDT, Stephanie, CRNA .....CRNA
ARMSTRONG, Dennis, CRNA.....CRNA
ARONSON, Jonathan, MD.....Anesthesiology
ARTHUR, Jason, MD..... Emergency Medicine/Emergency Medicine
AUGUSTINE, Thomas, MD .....Surgical Specialties/Gastroenterology
AVULAKUNTA, Indirapriya Darshini, MDWomens & Infants/Neonatal-Perinatal Medicine
AWAD, Ramez Heshmat, MD ..... Integrated Medicine/Internal Medicine
BALES, Joshua, CRNA .....CRNA
BEAVERS, Jared, MD..... Womens & Infants/Pediatrics
BEGLEY, Nicholas, CRNA .....CRNA
BERMUDEZ, Marcela, CNP.....Emergency Medicine/Adult-Gero AC NP
Collaborating Physician: Joseph Watkins, MD
BETZOLD, Richard, MD .....Surgical Specialties/Surgical Critical Care
BIERMAN, Christopher, MD..... Cancer/Hospice & Palliative Medicine
BIGARELLA, Marcelo, MD .....Cancer/Urology
BIN HOMAM, Wadhah, MD..... Integrated Medicine/Internal Medicine
BONE, Hope, CNP .....Neurosciences/Adult-Gero AC NP
Collaborating Physician: Rohit Dhall, MD
BRANCH, Kiley, CNP .....Cardiovascular/Adult-Gero AC NP
Collaborating Physician: John Mounsey, MD
BRATTON, Andrea, CRNA.....CRNA

BRIGHT, Steven, MD.....Diagnostic Radiology
BROWN, Theodore, MD.....Lab_Path/Pathology-Forensic
BUCHAN, Andrew, MD ..... Surgical Specialties/Interv & Diagnostic Rad
BUCK, Amanda, CNP .....Cancer/Family NP
Collaborating Physician: Maurizio Zangari, MD
BUDDHA, Suryakala, MD .....Diagnostic Radiology
BURCH, Robert, MD.....Anesthesiology
BURNETT, Alexander, MD .....Cancer/Gynecologic Oncology
CACERES, Jose, MD ..... Integrated Medicine/Critical Care Medicine
CAMP, Rebecca, CNP .....Cancer/Adult-Gero PC NP
Collaborating Physician: Muthu Kumaran, MD
CARTAYA, Daniel, MD ..... Cancer/Hospice & Palliative Medicine
CHAWLA, Vonita, MD..... Womens & Infants/Neonatal-Perinatal Medicine
COCKERELL, Kaitlin, MD ..... Womens & Infants/Pediatrics
COKER, Jessica, MD..... Behavioral Health/Psychiatry
COX, Roni, MD .....Lab_Path/Pathology-Anatomic/Pathology-Clinical
CROCKER, Caroline, DO ..... Womens & Infants/Neonatal-Perinatal Medicine
CUNNINGHAM, Tyler, MD.....Womens & Infants/Pediatric Critical Care Med
DANIEL, Jessica, CNP .....Cardiovascular/Adult-Gero AC NP
Collaborating Physician: John Mounsey, MD
DARE, Ryan, MD.....Integrated Medicine/Infectious Disease
DARE, Shannon, MD .....Anesthesiology
DAVIS, Lara, CRNA .....CRNA
DENEKE, Matthew, MD.....Surgical Specialties/Transplant Hepatology
DILLON, Jennifer, CRNA.....CRNA
DOSSEY, Amy, MD..... Womens & Infants/Pediatric Cardiology
DUNCAN, Brandi, CNP.....Musculoskeletal/Adult-Gero AC NP
Collaborating Physician: Jeffrey Stambough, MD
DUNN, Laura, MD .....Behavioral Health/Geriatric Psychiatry
EDALA, Thejovathi, MD ..... Pediatric Anesthesiology
ELLIS, Joshua, MD..... Emergency Medicine/Emergency Medicine
ELSER, Ashley, MD.....Anesthesiology
EMMETT, Susan, MD..... Surgical Specialties/Otolaryngology
ESTRADA, Martha, MD .....Transplant/General Surgery
FALKNER, Isabel, CRNA .....CRNA
FORSYTH, Jennifer, MD .....Lab_Path/Pathology-Forensic
FOSHEE, Caroline, CRNA.....CRNA
FOWLER, Christopher, DO..... Emergency Medicine/Emergency Medicine
GARCIA SAENZ DE SICILIA, Mauricio, MDSurgical Specialities/Transplant Hepatology
GENTILLE SANCHEZ, Cesar, MD.....Cancer/Medical Oncology
GIBSON, Gunnar, MD .....Integrated Medicine/Dermatology
GLASIER, Charles, MD .....Pediatric Radiology

GOOCH, Courteney, PA.....Cardiovascular/Physician Assistant
Supervising Physician: John Mounsey, MD
GOREE, Johnathan, MD.....Neurosciences/Pain Medicine
GRAY, Porsche, CNP.....Integrated Medicine/Adult-Gero AC NP
Collaborating Physician: Ramez Awad, MD
GREENFIELD, William, MD .....Womens & Infants/Obstetrics & Gynecology
GRIGORIAN, Adriana, MD.....Ophthalmology/Ophthalmology
GRIGORIAN, Florin, MD.....Ophthalmology/Ophthalmology
HAQ, Iqbal, MD..... Neuroradiology
HARDIN, Mark, MD..... Cardiovascular/Thoracic & Cardiac Surgery
HARGIS, Madeline, PA..... Surgical Specialties/Physician Assistant
Supervising Physician: James Yuen, MD
HART, Lauren, CRNA .....CRNA
HARTSHORN, Michelle, CNP.....Cancer/Adult-Gero AC NP
Collaborating Physician: Cesar Gentille-Sanchez, MD
HOLLENBACH, Laura, MD.....Womens & Infants/Obstetrics & Gynecology
HOLTHOFF, Emily, MD .....Primary Care & Pop Health/Internal Medicine
HOOPER, Shelly, CRNA .....CRNA
HOUSE, Amandah, CRNA.....CRNA
HOWE, Clint, CNP.....Neurosciences/Adult-Gero AC NP
Collaborating Physician: Rohit Dhall, MD
HUBERTY, Alissa, PA.....Integrated Medicine/Physician Assistant
Supervising Physician: Patrick Carrington, MD
INCLAN, Paul, MD .....Musculoskeletal/Orthopaedic Surgery
JAIN, Nishank, MD .....Integrated Medicine/Nephrology
JEFFERSON, Erin, MD..... Behavioral Health/Psychiatry
JEFFUS, Susanne, MD ..... Lab_Path/Cytopathology
JILLELLA, Anusha, MD.....Cancer/Medical Oncology
JOHNSON, Caroline, PA.....Emergency Medicine/Physician Assistant
Supervising Physician: Joseph Watkins, MD
JOHNSON, Jacqueline, CNP.....Transplant/Family NP
Collaborating Physician: Lyle Burdine, MD
JONES, Kristina, MD .....Womens & Infants/Obstetrics & Gynecology
KARRI, Manozna, MD.....Primary Care & Pop Health/Internal Medicine
KEEL, Leah, CNP.....Cardiovascular/Adult-Gero AC NP
Collaborating Physician: Hakan Paydak, MD
Reappointing to Reinstate
KHAN, Faiza, MD .....Anesthesiology
KOMPELLI, Anvesh, MD..... Surgical Specialties/Otolaryngology
KRALETI, Shashank, MD.....Primary Care & Pop Health/Family Medicine
KREBS, Lauren, CNP..... Integrated Medicine/AC NP
Collaborating Physician: Aaron Wenger, MD
KRISHNAN, Venkatram, MD..... Neuroradiology
KULKARNI, Lina, MD..... Pediatric Anesthesiology

KUNTHUR, Anuradha, MD ..... Cancer/Medical Oncology
LAWRENCE, Dana, CNP ..... Spine/Adult-Gero AC NP
Collaborating Physician: David Bumpass, MD
LEA, Payton, MD ..... Behavioral Health/Consultation-Liaison Psychiatry
LEVERETTE, Alicia, PA ..... Behavioral Health/Physician Assistant
Supervising Physician: Jeffrey Clothier, MD
LINGO, Joshuah, CRNA ..... CRNA
LONG, Douglas, CNP ..... Cardiovascular/Adult-Gero AC NP
Collaborating Physician: Megan Rashid, MD
MAGSINO, Kristel Jan, MD ..... Pediatric Anesthesiology
MALLADI, Sai Aruna Sri, MD ..... Primary Care & Pop Health/Family Medicine
MANCHALA, Venkata, MD ..... Transplant/Nephrology
MARAKA, Spyridoula, MD ..... Integrated Medicine/Endocrinology
MARANTO, Christopher, MD ..... Neurosciences/Pain Medicine
MARTINDALE, Johnathan, MD ..... Emergency Medicine/Emergency Medicine
MASSERY, Victoria, CNP ..... Musculoskeletal/Adult-Gero AC NP
Collaborating Physician: Justin Rabinowitz, MD
MATLOCK, David, MD ..... Womens & Infants/Neonatal-Perinatal Medicine
MCCARTY, Bridget, CNP ..... Neurosciences/Adult-Gero AC NP
Collaborating Physician: Rohit Dhall, MD
MEENA, Nikhil, MD ..... Integrated Medicine/Critical Care Medicine
MERRILL, Tyler, MD ..... Surgical Specialties/Otolaryngology
MONTGOMERY, Corey, MD ..... Cancer/Orthopaedic Surgery
MONTGOMERY, John, MD ..... Transplant/General Surgery
MOORE, Heather, MD ..... Cancer/Hospice & Palliative Medicine
MORA, Michelle, DO ..... Neurosciences/Neurology
MULLER, Geoffrey, MD ..... Anesthesiology
MURPHY, Janice, MD ..... Pediatric Radiology
MURPHY, Sunney, CRNA ..... CRNA
NAKAGAWA, Mayumi, MD ..... Lab_Path/Pathology-Clinical
NAKAMURA, Tsukasa, MD ..... Transplant/General Surgery
NEGMADJANOV, Ulugbek, MD ..... Surgical Specialties/Vascular Surgery
NEWSOME, Emily, DO ..... Cancer/Hospice & Palliative Medicine
NOLDER, Abby, MD ..... Surgical Specialties/Pediatric Otolaryngology
OCAL, Eylem, MD ..... Neurosciences/Neurological Surgery
ODOM, Lettie, MD ..... Womens & Infants/Obstetrics & Gynecology
ONTEDDU, Sanjeeva, MD ..... Neurosciences/Vascular Neurology
OVERLEY, Samuel, MD ..... Spine/Orthopaedic Surgery
PANJA, Vasundhara, MD ..... Primary Care & Pop Health/Family Medicine
PASMAN, Crystal, CNP ..... Surgical Specialties/Adult-Gero AC NP
Collaborating Physician: Benjamin Davis, MD
PEEPLES, Sara, MD ..... Womens & Infants/Neonatal-Perinatal Medicine
PEREZ, Sarah, MD ..... Womens & Infants/Neonatal-Perinatal Medicine
PETERSEN, Erika, MD ..... Neurosciences/Neurological Surgery

PIERCE, Drew, MD.....Pediatric Radiology
PINTO MIRANDA, Veronica, MD ..... Primary Care & Pop Health/Geriatric Medicine
PUNTARELLI, Tatiana, MD ..... Pediatric Anesthesiology
QASIM, Amna, MD..... Womens & Infants/Pediatric Cardiology
RABADI, Omar, MD.....Integrated Medicine/Nephrology
RACHER, Mary, MD .....Womens & Infants/Obstetrics & Gynecology
RAM, Roopa, MD.....Diagnostic Radiology
RAVULA, Srilakshmi, MD .....Integrated Medicine/Nephrology
RAZZAQ, Sania, MD .....Pediatric Radiology
RECKLING, Tiffany, CNP.....Cancer/Adult-Gero PC NP
Collaborating Physician: Ahmet Aydin, MD
RENNO, Markus, MD ..... Womens & Infants/Pediatric Cardiology
RHODES, Sean, CRNA.....CRNA
RICHISON, Abigail, MD ..... Behavioral Health/Addiction Psychiatry
RICO CRESCENCIO, Juan Carlos, MD..... Integrated Medicine/Infectious Disease
ROBBEN, John, MD ..... Pediatric Anesthesiology
ROGERS, Stephanie, CNP .....Cancer/Adult-Gero PC NP
Collaborating Physician: Sharmilan Thanendrarajan, MD
ROHRER, Rebecca, MD .....Diagnostic Radiology
ROMERO, Calixto, MD ..... Integrated Medicine/Critical Care Medicine
ROONEY, Jenifer, CNP .....Neurosciences/Adult-Gero AC NP
Collaborating Physician: Jorge Rodriguez Lee, MD
RUBENOW, Jon, DO .....Behavioral Health/Child & Adolescent Psychiatry
RUMPEL, Jennifer, MD ..... Womens & Infants/Neonatal-Perinatal Medicine
SAMANTA, Santanu, MD .....Cancer/Radiation Oncology
SANDERS, Emily, MD ..... Womens & Infants/Pediatric Cardiology
SCHARTZ, Brenda, CNP .....Cancer/Family NP
Collaborating Physician: Muthu Kumaran, MD
SCHERZ, Chelsea, CNP..... Surgical Specialties/Adult-Gero AC NP
Collaborating Physician: Joseph Margolick, MD
SCHINKE, Carolina, MD ..... Cancer/Hematology
SCHMITZ, Kelli, MD.....Pediatric Radiology
SHAKARCHI, Ahmed, MD.....Ophthalmology/Ophthalmology
SHALIN, Sara, MD.....Lab_Path/Dermatopathology
SHARMA, Megha, MD..... Womens & Infants/Neonatal-Perinatal Medicine
SHAW, Emile, CRNA .....CRNA
SHONNARD, Kaitlin, PA ..... Primary Care & Pop Health/Physician Assistant
Supervising Physician: Kristen Shealy, MD
SHUKLA, Ankita, MD ..... Womens & Infants/Neonatal-Perinatal Medicine
SINGH, Sunny, MD.....Cancer/Medical Oncology
SLEDD, Monica, CRNA .....CRNA
SMITH, Rachael, CNP..... Digital Health/Family NP
Collaborating Physician: Kristen Shealy, MD
SOLYMAN, Omar, MD .....Ophthalmology/Ophthalmology

SONG, Jun, MD.....Surgical Specialties/Female Pelvic & Recon Surg
SPICKES, Kimberly, CNP.....Cancer/AC NP
Collaborating Physician: Alexander Burnett, MD
SPOND, Matthew, MD.....Anesthesiology
STACK, John, MD..... Womens & Infants/Neonatal-Perinatal Medicine
STANLEY, Marta, PA.....Neurosciences/Physician Assistant
Supervising Physician: Satya Patro, MD
STARKS, Aaron, CRNA.....CRNA
STICE, Maison, PA..... Spine/Physician Assistant
Supervising Physician: David Bumpass, MD
SU, Hsiu, MD.....Diagnostic Radiology
SUEN, James, MD.....Cancer/Otolaryngology
TANNER, Kimberly, CNP..... Digital Health/Family NP
Collaborating Physician: Kristen Shealy, MD
THANDASSERY, Ragesh, MD.....Surgical Specialties/Transplant Hepatology
THANENDRARAJAN, Sharmilan, MD..... Cancer/Hematology
TULCHINSKAYA, Viktoriya, MD.....Womens & Infants/Obstetrics & Gynecology
VALIANI, Salima, CNP.....Integrated Medicine/Family NP
Collaborating Physician: Nithin Karakala, MD
VAUGHN, Lexie, MD..... Surgical Specialties/General Surgery
VENABLE, Tara, MD..... Womens & Infants/Pediatrics
WARRIOR, Manuel, CRNA.....CRNA
WILLIAMS, Anne, CNP.....Cancer/Family NP
Collaborating Physician: Sharmilan Thanendrarajan, MD
WILLIAMS, Danelle, CNP..... Surgical Specialties/Family NP
Collaborating Physician: Timothy Langford, MD
WILLIAMS, Einnod, MD..... Integrated Medicine/Internal Medicine
WILLIAMSON, Emily, MD.....Anesthesiology
WILLIAMSON, Kari, CNP.....Cancer/Family NP
Collaborating Physician: Carolina Schinke, MD
WILLIS, Rebecca, CRNA.....CRNA
WITT, Brittany, MD..... Womens & Infants/Pediatrics
ZAKARIA, Dala, MD..... Womens & Infants/Pediatric Cardiology

<u>Six Month Review-Medical Staff</u>

AHI, Salma, MD..... Integrated Medicine/Endocrinology
ALKHATIB, Sondos, MD.....Cancer/Radiation Oncology
AMIN, Dhanush, MD..... Neuroradiology
BEZOLD, Amy, DO..... Surgical Specialties/Interv & Diagnostic Rad
BHARGAVA, Gitansh, DO..... Emergency Medicine/Emergency Medicine
BYREDDY, Rajasekhar, MD.....Anesthesiology
CADZOW, Cara, CNP.....Emergency Medicine/Adult-Gero AC NP
CASAVECHIA, Sydney, PA.....Musculoskeletal/Physician Assistant
COCHRAN, Deanna, MD..... Primary Care & Pop Health/Geriatric Medicine

CORRALES, German, MD ..... Primary Care & Pop Health/Family Medicine
CRAGLE, Chad, MD..... Cancer/Complex General Surgical Oncology
CRAWFORD, Anna, PA .....Musculoskeletal/Physician Assistant
CUNNINGHAM, Carla, CNP .....Neurosciences/Family NP
DEETER, Stephanie, CNP..... Womens & Infants/Neonatal NP
DROSTE, Lindsey, CNP ..... Womens & Infants/Neonatal NP
FERRY, Bryce, DO..... Pediatric Anesthesiology
GULLAPALLI, Manoja, MD..... Integrated Medicine/Rheumatology
HOQUE, Md. Shadiqul, MD ..... Cancer/Medical Oncology
HUGHES, Tracy, PA .....Musculoskeletal/Physician Assistant
KAKRIA, Anshuk, MD ..... Integrated Medicine/Internal Medicine
KARRI, Manozna, MD..... Primary Care & Pop Health/Internal Medicine
KHAN, Faiza, MD ..... Cardiovascular/Thoracic & Cardiac Surgery
LIVELY, Whitney, CNP..... Womens & Infants/Neonatal NP
MAX, Nicholas, CRNA .....CRNA
MCDONALD, Natalie, PA..... Womens & Infants/Physician Assistant
MISSINNE, Edward, MD.....Diagnostic Radiology
MURPHY, Christopher, MD .....Critical Care Medicine
NISSEN, Timothy, DO ..... Womens & Infants/Pediatric Cardiology
ONGBIN, Tanya Robert, MD.....Integrated Medicine/Infectious Disease
POLA, Raja, MD..... Integrated Medicine/Internal Medicine
RIVES, Gregory, MD ..... Surgical Specialties/General Surgery
ROBERSON, Russell, MD .....Critical Care Medicine
SAHRAKAR, Kamran, MD ..... Neurosciences/Neurological Surgery
SCHULTZ, Shelby, DDS.....Primary Care & Pop Health/Dentistry
SIMMONS, Cynthia, MD..... Emergency Medicine/Emergency Medicine
SMITH, Michael, DDS .....Primary Care & Pop Health/Dentistry
SRIWASTAVA, Shitiz, MD.....Neurosciences/Neurology
STAGGS, Michelle, CNP ..... Musculoskeletal/AC NP
STUBBLEFIELD, Devon, CNP.....Cancer/Family NP
SVENDSEN, Natalie, CNP ..... Womens & Infants/Family NP
TROTTA, Holly, CNP ..... Surgical Specialties/AC NP
WILCOX, Joy, CNP ..... Surgical Specialties/Family NP
YOUNGBLOOD, Emily, PA .....Cancer/Physician Assistant
ZAHEER, Sidra, MD ..... Lab_Path/Hematopathology

Initial Appointment-Affiliated Health Professional Staff

SCOTT, Whitney, PharmD.....Neurosciences/Pharmacy
WOOD, William, OD .....Ophthalmology/Optometry

Reappointments-Affiliated Health Professional Staff

BUSH, Unika, RDA.....Primary Care & Pop Health/Reg Dental Assistant
CHAVEZ, Olutomi, PharmD.....Surgical Specialties/Pharmacy
EDMOND, Whitney, RDA.....Primary Care & Pop Health/Reg Dental Assistant

GONZALEZ, Lilibeth, RDA ..... Primary Care & Pop Health/Reg Dental Assistant
HANLEY, Paul, PharmD ..... Surgical Specialties/Pharmacy
HAYS, Erin, PharmD ..... Primary Care & Pop Health/Pharmacotherapy
HESTER, D, PhD ..... Cancer/Clinical Ethicist
MARTIN, Anne, PharmD ..... Primary Care & Pop Health/Pharmacotherapy
MELVIN, Hayley, RDA ..... Primary Care & Pop Health/Reg Dental Assistant
SCARLETT, James, EMSP ..... Emergency Medicine/Paramedic
SMITH, Rebecca, PharmD ..... Surgical Specialties/Critical Care Pharmacy
VANDERZEE, Karin, PhD ..... Behavioral Health/Psychology
ZIELINSKI, Melissa, PhD ..... Behavioral Health/Psychology

Six Month Review-Affiliated Health Professional Staff

BAILEY, Lynnette, PharmD ..... Integrated Medicine/Pharmacy
BLEVINS, David, EMSP ..... Emergency Medicine/Paramedic
DAIGLE, Seth, PharmD ..... Integrated Medicine/Pharmacy
ORENDER, Donna, PharmD ..... Integrated Medicine/Pharmacotherapy
POWELL, Jenae, PharmD ..... Integrated Medicine/Pharmacy
SNIDER, Allen, PharmD ..... Integrated Medicine/Pharmacotherapy
STREETT, Morgan, PharmD ..... Integrated Medicine/Pharmacotherapy
TURNER, Jude, EMSP ..... Emergency Medicine/Paramedic
VESS, Halley, PharmD ..... Integrated Medicine/Pharmacotherapy

Initial Appointments-Regional Staff

ARCONATI, Jon, PT ..... Musculoskeletal/Physical Therapy
DETERDING, Sloane, OT ..... Occupational Therapy
GUZMAN, Laura, OT ..... Occupational Therapy
LAND, Abigail, PT ..... Musculoskeletal/Physical Therapy
MAGNESS, Megan, RD ..... Registered Dietitian
MORTENSEN, Jaclyn, CNP ..... Cancer/Adult-Gero AC NP
Collaborating Physician: Mauricio Moreno Vera, MD
NAVIN, Kevin, LCSW ..... Behavioral Health/Licensed Social Worker
SIMON, Kindle, PA ..... Musculoskeletal/Physician Assistant
Supervising Physician: Patrick Brannan, MD
TALLEY, Amy, SLP ..... Speech-Language Pathology
WIEBE, Erica, MD ..... Developmental-Behavioral Pediatrics

Reappointments-Regional Staff

ADAMS, Kayla, SLP ..... Speech-Language Pathology
ASHLEY, Earl, PT ..... Physical Therapy
BRANNAN, Patrick MD ..... Musculoskeletal/Surgery of the Hand
BRYAN, James, MD ..... Musculoskeletal/Sports Medicine
CAMP, Kyle, MD ..... Behavioral Health/Child & Adolescent Psychiatry
CARD, Courtney, OT ..... Musculoskeletal/Occupational Therapy
CARLLEE, Sheena, MD ..... Primary Care & Pop Health/Internal Medicine

CARLLEE, Tyler, MD.....Musculoskeletal/Orthopaedic Surgery
CHILDS, Jacquelene, MD ..... Primary Care & Pop Health/Family Medicine
CROUCH, Samantha, CNM..... Primary Care & Pop Health/Certified Nurse Midwife
Collaborating Physician: Ronald Brimberry, MD
DRINKWATER, Laura, RD..... Registered Dietician
DURHAM, Emily, LPC..... Behavioral Health/Licensed Counselor
EZELL, Gerry, MD..... Primary Care & Pop Health/Internal Medicine
FARGO, Cristina, LCSW ..... Behavioral Health/Licensed Social Worker
FOX, Leshia, LCSW ..... Behavioral Health/Licensed Social Worker
GARDNER, Brooke, SLP.....Speech-Language Pathology
GARRETT-SHAVER, Martha, MD ..... Primary Care & Pop Health/Family Medicine
GEORGE, Riley, MD ..... Primary Care & Pop Health/Family Medicine
GOODWIN CHIGUMIRA, Kaethe, MD.... Primary Care & Pop Health/Family Medicine
GOODWIN, Rachael, MD..... Primary Care & Pop Health/Family Medicine
GOSS, Stephen, MD ..... Primary Care & Pop Health/Internal Medicine
HAMMAN, Kelly, LCSW..... Behavioral Health/Licensed Social Worker
HARGETT, Nicholas, PT ..... Musculoskeletal/Physical Therapy
HAWES, Amanda, PA.....Musculoskeletal/Physician Assistant
Supervising Physician: Gannon Randolph, MD
HENDERSON, Laquintha, CNP ..... Behavioral Health/Psy-MH NP
Collaborating Physician: Jon Rubenow, DO
HOUSE, Jennifer, LPC ..... Behavioral Health/Licensed Counselor
IMRAN, Tabasum, MD ..... Primary Care & Pop Health/Family Medicine
JONES, Craig, LCSW..... Behavioral Health/Licensed Social Worker
KABASIA, Catherine, LCSW ..... Behavioral Health/Licensed Social Worker
KAMOGA, Gilbert-Roy, MD..... Primary Care & Pop Health/Internal Medicine
KAYLOR, Lee, LCSW..... Behavioral Health/Licensed Social Worker
KELSEY, Christopher, OT ..... Musculoskeletal/Occupational Therapy
MAINARD, Hannah, LCSW..... Behavioral Health/Licensed Social Worker
MAYO, Robert, LPC ..... Behavioral Health/Licensed Counselor
MILLER, Austin, PT..... Musculoskeletal/Physical Therapy
MORGAN, Lauren, OT ..... Musculoskeletal/Occupational Therapy
NELSON, Inger, LCSW ..... Behavioral Health/Licensed Social Worker
OHOLENDT, Christopher, OT..... Musculoskeletal/Occupational Therapy
PADILLA RAMOS, Alan, MD..... Primary Care & Pop Health/Family Medicine
PAGE, Michael, DO ..... Primary Care & Pop Health/Family Medicine
PEELA, Appala, MD ..... Primary Care & Pop Health/Family Medicine
QUETSCH, Lauren, PhD..... Psychology
REESE, Dana, SLP .....Speech-Language Pathology
RIKLON, Sheldon, MD..... Primary Care & Pop Health/Family Medicine
RODRIGUEZ, Natalie, MD ..... Primary Care & Pop Health/Family Medicine
ROSS, Lei, AuD.....Surgical Specialties/Audiology
SEXTON, Laurel, PT..... Musculoskeletal/Physical Therapy

SHEAGREN, Paulette, CNP..... Behavioral Health/Psy-MH NP
Collaborating Physician: Jon Rubenow, DO
SPRADLEY, Thomas, MD..... Primary Care & Pop Health/Internal Medicine
STONE, Leslie, MD..... Primary Care & Pop Health/Family Medicine
STRICKLAND, Allison, RD.....Registered Dietitian
SULLINS, Patrick, MD..... Primary Care & Pop Health/Family Medicine
TIRUMANISETTI, Pavana Naga, MD..... Primary Care & Pop Health/Family Medicine
TYER, Kayla, LCSW..... Behavioral Health/Licensed Social Worker
WHITING, Allison, PT..... Musculoskeletal/Physical Therapy
WILLIAMS, Leah, LPC ..... Behavioral Health/Licensed Counselor

Six Month Review-Regional Staff

BRIERE, Renee, AuD.....Surgical Specialties/Audiology
CLAMPITT, Jennifer, RD .....Registered Dietician
FLETCHER, Meaghan, OT ..... Musculoskeletal/Occupational Therapy
FUNK, Braxton, PT ..... Musculoskeletal/Physical Therapy
FUSSELL, Jill, MD..... Developmental-Behavioral Pediatrics
GRAMMER, William, MD .....Musculoskeletal/Orthopaedic Surgery
HERRING, Tara, CNP..... Primary Care & Pop Health/Family NP
JENNINGS, Farrah, PA .....Musculoskeletal/Physician Assistant
LOVE, Albrey, CNP .....Ped PC NP
MCMELLON, Amanda, DO ..... Primary Care & Pop Health/Family Medicine
MILONE, Genie, CNP..... Primary Care & Pop Health/Family NP
MOON, Cody, PT ..... Musculoskeletal/Physical Therapy
NARAYANA REDDY, Nalini, MD ..... Primary Care & Pop Health/Family Medicine
OSAM, Megan, CNP .....Ped PC NP
PARACHA, Nafees, MD..... Primary Care & Pop Health/Family Medicine
RICKER, Cambre, PT..... Musculoskeletal/Physical Therapy
RILEY, Cara, DO..... Primary Care & Pop Health/Internal Medicine
SCOTT, Angela, MD ..... Developmental-Behavioral Pediatrics
SCOTT, Mary, PhD .....Pediatric Neuropsychology
TRAEGER, Ellie, OT ..... Musculoskeletal/Occupational Therapy
WILLIAMS, Eugie, PT..... Musculoskeletal/Physical Therapy
WILLIAMS, Hailey, PT ..... Musculoskeletal/Physical Therapy
WORLEY, Karen, PhD..... Psychology
YANCEY-WARD, Brooke, PsyD..... Psychology

Requested Change in Staff Status

JAMES, C'Asia, MD ..... Primary Care & Pop Health/Family Medicine
Requesting to change from Regional Staff to Active Staff

Requested Change in Privileges

ARAGON FARFAN, Romina, MD ..... Integrated Medicine/Internal Medicine
Requesting to add Lumbar Puncture and Paracentesis Privileges

BHARGAVA, Gitansh, DO.....Emergency Medicine/Emergency Medicine
Requesting to add Auricular Acupuncture Privilege
HARTUNG, Sarah, CNP .....Surgical Specialties/Adult-Gero AC NP
Collaborating Physician: James Meek, DO
Requesting to add Tunneled Dialysis Catheter and Tunneled Peritoneal Drain Placement Privileges
JAMES, C'Asia, MD .....Primary Care & Pop Health/Family Medicine
Requesting to add Circumcision Privilege
RAGGAY, David, MD .....Lab_Path/Blood Banking/Transfusion Medicine
Requesting to add Hematopathology-Flow Cytometry Privilege
SIMMONS, Cynthia, MD.....Emergency Medicine/Emergency Medicine
Requesting to add Auricular Acupuncture Privilege
ZAHEER, Sidra, MD .....Lab_Path/Hematopathology
Requesting to add Molecular Genetic Pathology Privilege
ZANGARI, Elizabeth, CNP.....Transplant/Adult-Gero AC NP
Collaborating Physician: Lyle Burdine, MD
Requesting to Transfer from the Cancer Service Line to the Transplant Service Line with a change in privileges from APP Cancer Privileges to APP Transplant Privileges

2.3 Approval of Appointments of William Campbell and Yuliana Mendoza Mondragon to the College of Technology-Crossett Advisory Board, UAM:

Upon motion of Trustee Cox, second by Trustee Wilson, the following resolution was adopted:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the following members are appointed to the UAM College of Technology – Crossett Advisory Board: Mr. William Campbell and Ms. Yuliana Mendoza Mondragon.

2.4 Approval of Appointments of LaTasha Randle, Kalven Trice, Adrienne Hatchett, Chester Thompson, Marquies Carter and Ruth Jones to the Board of Visitors, UAPB:

Upon motion of Trustee Deere, second by Trustee Dickey, the following resolution was adopted:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the following are hereby appointed to the Board of Visitors of the University of Arkansas at Pine Bluff:

Alumni Representatives (7)
Jefferson County (3):
LaTasha Randle, FBT Bank *and to be filled (2)*

Other Arkansas Counties (4):
Kalven Trice, Economist and Conservationist
Dr. Adrienne Hatchett, Physician
Bishop Chester Thompson, Senior Pastor – Camden
Marquies Carter, Director of Health Systems – GSK

National Research / Policy Leader (1)
Dr. Ruth Jones, Deputy Division Chief – NASA

Arkansas At-Large Representatives (2) t*o be filled*
Industry / National Partners (2) *to be filled*
K-12 / Community College Representative (1) *to be filled*

2.5 Approval of Appointment of Brenda Tate to the Board of Visitors, CCCUA:

Upon motion of Trustee Fryar, second by Trustee Dickey, the following resolution was adopted:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT Mrs. Brenda Tate is hereby reappointed to membership on the Board of Visitors of Cossatot Community College of the University of Arkansas.

2.6 Approval of Appointments of Meagan Davis and Andrew Plunkett to the Board of Visitors, UACCRM:

Upon motion of Trustee Deere, second by Trustee Cox, the following resolutions were approved:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT Ms. Meagan Davis and Mr. Andrew C. Plunkett are hereby appointed to membership on the Board of Visitors of the University of Arkansas Community College Rich Mountain for terms expiring December 31, 2032.

2.7 Approval of Appointment of Terri Chadick to the Walton Arts Center Council, Inc., UAF:

Upon motion of Trustee Dickey and second by Trustee Wilson, the following resolution was adopted:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT Ms. Terri Chadick is hereby appointed to the Walton Arts Center Council, Inc., for a term extending from June 1, 2026, through June 30, 2028.

2.8 Approval of Appointment of Renee Threlfall to the Arkansas Wine Producers Council, AGRI:

Upon motion of Trustee Cox and second by Trustee Fryar, the following resolution was adopted:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT pursuant to Ark. Code Ann. §3-5-701 Dr. Renee Threlfall, a member of the faculty of the Dale Bumpers College of Food, Agricultural and Life Sciences, shall be and hereby is, designated to serve as a member of the Arkansas Wine Producers Council.

2.9 Approval of the President's Recommendation to Appoint Adam O'Neal as the next Chancellor of the University of Arkansas East Arkansas Community College:

Upon motion of Trustee Todd and second by Trustee Dickey, the following resolution was adopted:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board hereby approved the Appointment of Adam O'Neal as the next Chancellor of the University of Arkansas East Arkansas Community College, effective on or before July 1, 2026, and upon other terms and conditions to be negotiated by the President.

3. Campus Report, Dr. Deacue Fields, Vice President for Agriculture:

Dr. Deacue Fields presented a video about food insecurity in Arkansas and how the Division of Agriculture is playing a key role in addressing the issue. He also spoke about the Northeast Rice Research and Extension Center's (NERREC) purpose and operation. Finally, Dr. Fields introduced Ashlyn Ussery, Agriculture and Natural Resources Educator at the NERREC, who spoke about her Rice Discovery Program. The program's mission is to provide hands-on educational opportunities related to the environment, farming, and the production of food, specifically rice, through experiences beyond the classroom. The program utilizes the greenhouse, classroom and teaching kitchen housed at the NERREC to educate students and the public.

4. Approval of Minutes of the Regular Meeting Held March 9, 2026, and Special Board Meeting Held April 16, 2026:

Upon motion by Trustee Dickey and second by Trustee Deere, the minutes of the regular meeting held March 9, 2026, and special meeting held April 16, 2026, were approved.

5. Consent Agenda:

Upon motion by Trustee Fryar and second by Trustee Dickey, the following consent agenda items were approved.

5.1 Approval of Voluntary Retirement Agreement for Andrea Stewart, UAPB:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Voluntary Retirement Agreement of Dr. Andrea Stewart at the University of Arkansas at Pine Bluff is hereby approved.

BE IT FURTHER RESOLVED THAT Dr. Andrea Stewart must resign her position no later than June 30, 2026, and relinquish all tenure rights. In return, the University of Arkansas at Pine Bluff will provide payment to or on behalf of Dr. Andrea Stewart in accordance with the Voluntary Retirement Agreement.

BE IT FURTHER RESOLVED THAT Dr. Andrea Stewart shall be granted emeritus status effective June 30, 2026.

BE IT FURTHER RESOLVED THAT Dr. Andrea Stewart will be provided a period of at least seven (7) days following execution of the Voluntary Retirement Agreement by the Chairman of the Board within which to revoke the Agreement as required by applicable law.

5.2 Approval of Salaries Over the Legislated Line-Item Maximum for Travis Ford and Van Macon, UALR:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT salaries set forth below (in addition to any future cost-of-living raises that are generally applicable to the campus) which are in excess of the line-item maximum established by law, are hereby approved for the following individuals in accordance with Arkansas Code Annotated section 6-62-103:

University of Arkansas at Little Rock:

Travis Ford, Head Men's Basketball Coach Effective April 1, 2026	$600,000
Van Macon, Assistant Men's Basketball Coach Effective April 23, 2026	$200,000

5.3 Approval of Extracurricular Camps, UAF, UALR and CCCUA:

WHEREAS, the activities involved in the proposed extracurricular camps at the various campuses of the University of Arkansas present no conflict of interest with the mission and purpose of the institution; and

WHEREAS, the activities proposed will bring to campus a number of potential students who might enroll on campus as a result of their exposure to its facilities and its personnel while engaged in these activities; and

WHEREAS, the contemplated activities will generate funds to be paid to the University for housing and meals and for the use of other institutional facilities which will be used to help support the auxiliary functions of the campuses serving to enroll students;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board fully supports the mission and purpose of the various campuses hosting extracurricular athletic and academic camps, and generally grants permission to the employees and campuses seeking to conduct during 2026-27 the extracurricular camps set out below, and further approves the fees as shown below.

BE IT FURTHER RESOLVED THAT each campus whose employees are conducting the aforesaid camps pursuant to Board Policy 1715.1 as well as each campus that may host or allow use of facilities for other camps that do not require the express approval of the Board shall make certain that policies and contractual provisions are in place to assure that all applicable laws and regulations dealing with mandatory reporting of suspected child maltreatment are followed, that appropriate staffing patterns are utilized, that personnel involved in the conduct of such camps receive instruction in applicable policies, procedures, laws and regulations regarding protection of children, and further that campus officials shall assure that persons involved in the conduct of such camps have undergone criminal background checks (including registered sex offender checks). The President may furnish guidelines for matters to be included in such policies and contractual provisions.

UNIVERSITY OF ARKANSAS, FAYETTEVILLE

Football

Entity:	Ryan Silverfield LLC
Facility:	Fred Smith Center; Walker Indoor; Football Practice Fields; Razorback Stadium
Instruction:	Training for youth, high schoolers and/or prospects
Facility/Licensing:	$7.50 per camper per day and 15% of gross revenue (this is in addition to those approved March 9, 2026)

UNIVERSITY OF ARKANSAS AT LITTLE ROCK

Wrestling

- June 7-9th Team Camp
- July 8-11th Team Camp (Biggest One)

Men's Golf

- June 15-20th (not exact days yet, but during this week) - not using UALR Facilities

Men's Basketball

- June 15th-18th
- July 24th-25th

Women's Basketball

- Team Camp: July 22-23rd

- Individual Camp: July 29-30th
- Elite Camp: August 1st

Baseball

- June 15-17th (rough estimate)
- July 18th

Volleyball

- College Prep Camp: June 13th
  - 9am-12pm
  - 1-2 courts max in either gym
- Elite Camp: June 20th
  - 9am-4pm
  - All courts (Fisher & Main)
- All Skills Middle School: July 6th-7th
  - 9am-5pm
  - All courts (Fisher & Main)
- Setter Camp: July 13th
  - 12pm-3pm
  - All courts (Fisher & Main)
- Defense/1st Contact Camp: July 15th
  - 12pm-3pm
  - All courts (Fisher & Main)
- All Skills High School: July 17-18th
  - 9am-4pm
  - All courts (Fisher & Main)
- Elite Camp: July 20th-21st
  - 9am-4pm
  - All Courts (Fisher & Main)

COSSATOT COMMUNITY COLLEGE OF THE UNIVERSITY OF ARKANSAS

BASKETBALL CAMP
(Boys and Girls)

Instruction: Stan Asumnu
Facility: Bank of Lockesburg Gymnasium
Facility Fee: N/A
Summer Camp: June 6, 8, 10, 11, 12, 2026

Session 1: Regular Camp – Fundamental skills with drills and competitive games. Regular camp for Father/Daughter/Mother/Son/Grandparents/Aunt/Uncle/Cousin/Siblings 3-12 years old will run from 10:00 AM- 11:30AM. Cost is $50 per 1 parent/guardian & 1 kid. Each additional kid $10.

Session 2: Regular Camp – Fundamental skills with drills and competitive games. Regular camp for 9th grade through 12th grade will run from 9:00 AM-12:00 PM. Cost is $75 per player.

Session 3: Regular Camp – Fundamental skills with drills and competitive games. Regular camp for Primary through Elementary will run from 9:00 AM-12:00 PM. Cost is $50 per player.

Session 4: Regular Camp – Fundamental skills with drills and competitive games. Regular camp for Middle School will run from 9:00 AM-12:00 PM. Cost is $50 per player.

Session 5: Regular Camp – Fundamental skills with drills and competitive games. Regular camp for Primary through Middle School will run from 9:00 AM-12:00 PM. Cost is $50 per player.

SOCCER CAMP	Instruction:	Justin Hinman
(Boys and Girls)	Facility:	Colts Soccer Complex
	Facility Fee:	N/A
	Summer Camp:	June 27, 2026

Session 1: Baby Colts Camp – Fundamental skills with drills and competitive games. Regular camp for 3 through 6-year-olds will run from 9:00 AM-11:00 AM. Cost is $20 per camper.

Session 2: Junior Colts Camp – Fundamental skills with drills and competitive games. Regular camp for 7 through 12-year-olds will run from 1:00 PM-3:00 PM. Cost is $25 per camper.

5.4 Approval of the Granting of Emeritus Status, UAF, UAMS, UALR, UAPB and UACCHT:

Marlon, Blackwell, UAF:
WHEREAS, Marlon Blackwell, Distinguished Professor of Architecture and the E. Fay Jones Chair in Architecture (2016-2025) in the Fay Jones School of Architecture and Design, University of Arkansas, Fayetteville, retired on June 30, 2025, after thirty-three years of service; and

WHEREAS, Mr. Blackwell joined the University of Arkansas in 1992, where he has taught hundreds of students and served in leadership roles in the Fay Jones School, while developing and expanding his Fayetteville-based professional practice, Marlon Blackwell Architects; and

WHEREAS, Mr. Blackwell received a Masters of Architecture II from Syracuse University in Florence, Italy, in 1991, and a Bachelors of Architecture and Environmental Design from Auburn University in Auburn, Alabama, in 1980; and

WHEREAS, Mr. Blackwell, a Fellow of the American Institute of Architects, was named the 2020 recipient of the American Institute of Architects Gold Medal, a recipient of an Arts & Letters Award in Architecture from the American Academy of Arts & Letters in 2012 — the first Arkansan so honored — and a Ford Fellow by United States Artists in 2014; and

WHEREAS, Mr. Blackwell has enjoyed an impressive career as an influential educator, administrator and critic, was honored as the 2020 Southeastern Conference (SEC) Professor of the Year for his outstanding teaching and leadership, has served as

a visiting professor and critic at numerous universities, and has lectured widely on the work of his professional practice both nationally and internationally; and

WHEREAS, Mr. Blackwell co-founded the U of A's Mexico Summer Urban Studio, and served as head of the Department of Architecture from 2009 to 2015, helping to guide the school through the evolution of pedagogical strategies; and

WHEREAS, Mr. Blackwell has mentored and helped shape a generation of architecture students, and has played an important role in elevating the school into the ranks of nationally recognized programs in architecture and design;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board bestows upon Mr. Blackwell the title of Distinguished Professor Emeritus of Architecture, effective May 21, 2026, and grants him certain rights and privileges as extended to emeritus faculty by the Fayetteville campus and the University of Arkansas System.

FURTHERMORE, the Board directs that this resolution shall be spread upon the minutes of this meeting, and a copy provided to Mr. Blackwell.

John Murray, UAF:
WHEREAS, Dr. John Murry, Associate Professor of Higher Education in the College of Education and Health Professions, University of Arkansas, Fayetteville, retired on December 31, 2025, after 32 years of service; and

WHEREAS, Dr. Murry joined the University of Arkansas in 1994 as an assistant professor and promoted to associate professor in 1999; and

WHEREAS, Dr. Murry served as the Coordinator of Graduate Studies, Department of Educational Leadership, Counseling, and Foundations from 1997 to 2002; and

WHEREAS, Dr. Murry served as Interim Department Head, Department of Educational Leadership, Counseling, and Foundations from July 2001 to 2002; and

WHEREAS, Dr. Murry served as Associate Dean for Administration, College of Education and Health Professions, University of Arkansas from July 2001 to January 2010; and

WHEREAS, Dr. Murry served as Higher Education Program Coordinator, from August 2010 to August 2017; and

WHEREAS, Dr. Murry taught 24 unique classes for the Higher Education program, and served as chair for 37 doctoral student’s dissertation committees; and

WHEREAS, Dr. Murry published 34 refereed articles in professional journals, delivered 72 conference presentations, and authored/co-authored 4 books and 3 book chapters; and

WHEREAS, Dr. Murry was awarded four funded grant projects from external foundations and 8 internally funded projects;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board bestows upon Dr. Murry the title of Associate Professor Emeritus of Higher Education, effective May 21, 2026, and grants him certain rights and privileges as extended to emeritus faculty by the Fayetteville campus and the University of Arkansas System.

FUTHERMORE, the Board directs that this resolution shall be spread upon the minutes of this meeting, and a copy shall be provided to Dr. Murry.

Greg Salamo, UAF:
WHEREAS, Dr. Gregory J. Salamo, Distinguished Professor of Physics in the Fulbright College of Arts and Sciences, University of Arkansas, Fayetteville, retired January 31, 2026; and

WHEREAS, Dr. Salamo holds a B.S. in Physics from Brooklyn College, an M.S. in Physics from Purdue University, and a Ph.D. in Physics from City University of New York & Bell Labs; and held a postdoctoral position at the University of Rochester from 1973–1975; and joined the University of Arkansas faculty in 1975 as Assistant Professor of Physics; and

WHEREAS, Dr. Salamo was promoted to Associate Professor in 1981, to Professor in 1985, to University Professor in 1995, to Distinguished Professor in 2004; and held the Basore Professorship 2010-2026; and held positions as Visiting Professor, Army Night Vision Electro-Optics Lab, from 1987–1989; Director, Fulbright College Honors Program 1985-1986; Associate Director, High Density Electronics Center 1991–2002; and Director, Institute for Nanoscale Science & Engineering 2010-2026; and

WHEREAS, Dr. Salamo is responsible for the experimental discovery of photorefractive solitons, a self-trapping light beam that moves through a material without spreading; and published over 500 research articles in refereed journals; and received over $100M in grants; and

WHEREAS, Dr. Salamo taught a wide variety of undergraduate and graduate courses in optics and condensed matter physics; created the interdisciplinary graduate program in Microelectronics-Photonics, now Materials Science and Engineering, which has produced more than 300 graduate degrees; and supervised over 55 Ph.D. students; and

WHEREAS, Dr. Salamo is a Fellow of the Optical Society of America and of the American Physical Society; and was awarded the Alumni Research Award (1994), College Research Award (1991), Baum Teaching Award (2007), Case Arkansas Teacher of the Year (2009), SEC Achievement Award (2012), Collis Geren Interdisciplinary Faculty Award (2021), and the Graduate School & International Education's Outstanding Faculty Mentor Award (2025); and

WHEREAS, Dr. Salamo is a respected colleague and admired researcher and teacher held in high regard by his peers and students;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OR ARKANSAS THAT the Board bestows upon Dr. Gregory J. Salamo the title of Distinguished Professor Emeritus of Physics, effective May 21, 2026, and grants him certain rights and privileges as extended to emeritus faculty by the Fayetteville campus and the University of Arkansas System.

FURTHERMORE, the Board directs that this resolution shall be spread upon the minutes of this meeting and a copy shall be provided to Dr. Salamo.

Michael Borrelli, UAMS:
WHEREAS, in accordance with University policy, Michael J. Borrelli, Ph.D., has retired as a member of the faculty of the Department of Radiology at the University of Arkansas for Medical Sciences as of December 1, 2021, and

WHEREAS, Michael J. Borrelli, Ph.D., has served the Department of Radiology and the University of Arkansas for Medical Sciences with distinction for 16 years; and

WHEREAS, he has contributed significantly in the areas of research, graduate education, and medical education; and

WHEREAS, he is recognized locally and nationally by organizations in the specialty of cancer research and development of targeted therapies; and recognized for expertise and contributions in stroke research and developing treatments for stroke; and

WHEREAS, he has served the Department of Radiology and the University in the past as a member or chair of many campus committees including Director of the Molecular Imaging Center and Director of Radiology Research; and

WHEREAS, he has shown the highest integrity and leadership, and his continued support and constant vigilance of quality has continued to improve the status of the University of Arkansas for Medical Sciences and the education of PhD students, post graduate scholars, and faculty;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board expresses its appreciation to Michael J. Borrelli, Ph.D., for his many contributions to the progress and development of the University of Arkansas for Medical Sciences and confers upon him the title of Professor Emeritus of the Department of Radiology effective July 1, 2026. The Secretary of the Board is directed to transmit a copy of this resolution to Michael J. Borrelli, Ph.D., with our deepest gratitude.

James Clardy, UAMS:
WHEREAS, in accordance with University policy, James A. Clardy, M.D., has expressed his intent to retire as a member of the faculty of the Department of Psychiatry at the University of Arkansas for Medical Sciences as of August 31, 2026; and

WHEREAS, James A. Clardy, M.D., has served the Department of Psychiatry and the University of Arkansas for Medical Sciences with distinction for 32 years; and

WHEREAS, Dr. Clardy has contributed significantly to the Department of Psychiatry General Residency Program and to the UAMS Center for Graduate Medical Education; and

WHEREAS, Dr. Clardy is recognized at UAMS, regionally and nationally-most notably for his extensive experience and leadership in Graduate Medical Education; and

WHEREAS, Dr. Clardy has been active in residency education since joining UAMS as faculty in 1993. He directed the Psychiatry Residency Program prior to becoming Associate Dean for and most recently, the Director of GME. His national roles have included membership on the steering committee for the Association of American Medical Colleges (AAMC) Group on Resident Affairs and the ACGME Institutional Review Committee. Dr. Clardy was named a Distinguished Life Fellow by the American Psychiatric Association–their highest membership honor, reserved for psychiatrists who have made significant contributions to the field; and

WHEREAS, Dr. Clardy has shown the highest integrity and leadership, and his continued support and constant vigilance of quality has continued to improve the status of the University of Arkansas for Medical Sciences and the education of both medical students and graduate students;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board expresses its appreciation to James A. Clardy, M.D., for his many contributions to the progress and development of the University of Arkansas for Medical Sciences and confers upon him the title of Professor Emeritus of the Department of Psychiatry effective September 1, 2026. The

Secretary of the Board is directed to transmit a copy of this resolution to James A. Clardy, M.D., with our deepest gratitude.

Cesar Compadre, UAMS:
WHEREAS, Cesar M. Compadre, BSPharm, MS, Ph.D., Professor in the Department of Pharmaceutical Sciences, College of Pharmacy, University of Arkansas for Medical Sciences, is scheduled to retire from the Faculty of the College of Pharmacy; and

WHEREAS, Dr. Compadre has served the University of Arkansas for Medical Sciences for over 35 years, including leadership roles in research development, biotechnology innovation, and graduate education; and

WHEREAS, Dr. Compadre is an internationally recognized medicinal chemist whose scholarship spans drug design, molecular modeling, radiation countermeasures, anticancer drug development, and natural product chemistry; and

WHEREAS, Dr. Compadre has maintained extensive international collaborations in drug discovery, phytopharmaceuticals, and global health, including service as Professor Honoris Causa at the University of Loja (UTPL), Ecuador; and

WHEREAS, Dr. Compadre has authored more than 100 peer-reviewed publications and book chapters, an i10 index of 62, and is an inventor on over 70 U.S. and international patents and patent applications, several of which have been licensed; and

WHEREAS, Dr. Compadre developed an FDA-approved antimicrobial technology for food processing that achieved commercial implementation and enhanced food safety; and

WHEREAS, Dr. Compadre has been Founder or Co-Founder of two biotechnology companies, Tocol Pharmaceuticals, LLC and SeqRX, LLC, translating laboratory discoveries into therapeutic development pipelines; and

WHEREAS, Dr. Compadre has played a pivotal role in establishing biotechnology infrastructure at UAMS and advancing institutional networking initiatives; and

WHEREAS, Dr. Compadre has demonstrated sustained commitment to graduate and professional education through development and coordination of multiple courses and by chairing or co-chairing more than 20 Master's and 10 Doctoral committees since 1990; and

WHEREAS, Dr. Compadre developed and coordinated multiple pharmacy courses including Pharmacognosy and Complementary and Alternative Medicine, Molecular Modeling, Pharmaceutical Biotechnology; and founded and directed the College of Pharmacy Seminar program; and established the joint UAMS and University of

Arkansas at Little Rock (UALR) bioinformatics graduate program; and demonstrated a sustained commitment to excellence in PharmD and graduate education; and

WHEREAS, Dr. Compadre contributed to statewide health and research advancement through participation in the development of the Coalition for a Healthier Arkansas Today (CHART) plan, approved by the citizens of Arkansas to allocate Tobacco Settlement proceeds to major health initiatives, including the establishment of the UAMS College of Public Health, the Arkansas Biosciences Institute, and minority tobacco cessation and prevention programs; and served on the Board of Directors of the Arkansas Science and Technology Authority from 2008 to 2015; and served as an Arkansas Minority Health Commissioner from 2002 to 2004; and

WHEREAS, Dr. Compadre founded and served as faculty advisor to the UAMS student chapter of the American Association of Pharmaceutical Scientists (AAPS), fostering student engagement in pharmaceutical research and professional development, and guiding the chapter to national recognition for excellence; and

WHEREAS, Dr. Compadre's combined record of scientific discovery, intellectual property generation, entrepreneurial leadership, educational innovation, and community engagement has materially elevated the national and international reputation of the College of Pharmacy;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board expresses its profound appreciation to Dr. Cesar M. Compadre for his distinguished career of scholarship, innovation, teaching, mentorship, and service.

BE IT FURTHER RESOLVED THAT Dr. Cesar M. Compadre be named "Professor Emeritus of Pharmaceutical Sciences", effective July 1, 2026, in recognition of his enduring contributions to the University of Arkansas for Medical Sciences and to the advancement of pharmaceutical sciences worldwide. The Secretary of the Board of Trustees is hereby directed to transmit a copy of this resolution to Dr. Compadre with our deepest gratitude.

Leonie DeClerk, UAMS:
WHEREAS, in accordance with University policy, Leonie DeClerk, PhD, DNP, ARPN, FNP-BC, FAANP, will retire as a member of the faculty of the College of Nursing at the University of Arkansas for Medical Sciences as of May 31, 2026; and

WHEREAS, Leonie DeClerk, PhD, DNP, ARPN, FNP-BC, FAANP, has served and provided leadership in the College of Nursing and the University of Arkansas for Medical Sciences for over 17 years; and

WHEREAS, she is recognized locally and nationally by organizations in the advanced practice nursing and was an initial appointee by the governor to the Arkansas Full Independent Practice Credentialing Committee; and

WHEREAS, she has served the college and the University as a faculty preceptor at the UAMS 12th Street Health and Wellness Center, served as a mentor for the Quality Improvement for Advanced Learners Program, and on campus committees, including the Chancellor's Diversity Committee, and others; and

WHEREAS, Dr. DeClerk has a long history of service at the national, state, and local level, including serving in various roles in the National Organization of Nurse Practitioner Faculties, Arkansas Nurse Practitioner Association, American Association of Nurse Practitioners, and as a manuscript reviewer for several journals, and others; and

WHEREAS, Dr. DeClerk has shown the highest integrity and leadership, and her continued support and constant vigilance of quality has continued to improve the status of the University of Arkansas for Medical Sciences and the education of nursing and other healthcare students;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board expresses its appreciation to Leonie DeClerk, PhD, DNP, ARPN, FNP-BC, FAANP, for her many contributions to the progress and development of the University of Arkansas for Medical Sciences and confers upon her the title of Assistant Professor Emeritus of the Division of Academic Affairs effective July 1, 2026. The Secretary of the Board is directed to transmit a copy of this resolution to Leonie DeClerk, PhD, DNP, ARPN, FNP-BC, FAANP, with our deepest gratitude.

Robert Morrow, UAMS:
WHEREAS, in accordance with University policy, William R. Morrow, M.D., has retired as a member of the faculty of the Department of Pediatrics at the University of Arkansas for Medical Sciences as of December 31, 2025; and

WHEREAS, Dr. Morrow joined the faculty in 1996 in the Department of Pediatrics as Professor of Pediatrics and was granted tenure in 1998; and

WHEREAS, William R. Morrow, M.D., has served the Department of Pediatrics and the University of Arkansas for Medical Sciences with distinction for over 24 years; and

WHEREAS, Dr. Morrow has contributed significantly in the areas of clinical practice, education, research and administration; and

WHEREAS, he is recognized locally, nationally, and internationally by organizations in the specialty of pediatrics, pediatric cardiology, and heart transplantation; and

WHEREAS, Dr. Morrow has served the Department of Pediatrics, the University, and Arkansas Children's Hospital in numerous roles, including Section Chief of Pediatric Cardiology, Associate Dean for Children, Senior Vice President for Medical Affairs and Chief Medical Officer, member of Department of Pediatrics Promotion and Tenure Committee, and member and past Chairman of the UAMS Promotion and Tenure Committee, and others; and

WHEREAS**,** Dr. Morrow has shown the highest integrity and leadership, and his continued support and constant vigilance of quality has continued to improve the health of the children of Arkansas and the status of the University of Arkansas for Medical Sciences and the education of medical students, residents, and faculty;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board expresses its appreciation to William R. Morrow, M.D., for his many contributions to the progress and development of the University of Arkansas for Medical Sciences and confers upon him the title of Professor Emeritus of the Department of Pediatrics effective January 1, 2026, and grants him certain rights and privileges as extended to emeritus faculty. The Secretary of the Board is directed to transmit a copy of this resolution to William R. Morrow, M.D., with our deepest gratitude.

Bruce Bauer, UALR:
WHEREAS, Mr. Bruce L. Bauer, Senior Instructor in Information Science at the University of Arkansas at Little Rock, has expressed his intent to retire effective May 31, 2026; and

WHEREAS, Mr. Bauer holds a Master of Science degree in Computer Science from Oklahoma State University (1980), and a Bachelor of Arts degree in Physics from Hendrix College (1978); and

WHEREAS, Mr. Bauer joined the University of Arkansas at Little Rock July 9, 2012, as an Instructor, was promoted to Advanced Instructor in 2018; and promoted to Senior Instructor in 2022, and Mr. Bauer has focused on academics and has taught numerous courses; and

WHEREAS, Mr. Bauer has served as Program Coordinator for the BS in E-Commerce Program and the BS in Information Science Program and has served on over 40 Masters Project Committees for students in Information Science, Information Quality, and Computer Science; and

WHEREAS, Mr. Bauer served on the University Undergraduate Council, and chaired the DCSTEM Undergraduate Curriculum Committee, and has mentored a Student Intensive Training Award granted to UA Little Rock by the Arkansas Space Grant Consortium; and

WHEREAS, Mr. Bauer demonstrated exemplary dedication to advising and assisting the students of the George W. Donaghey College of Science, Technology, Engineering, and Mathematics; and

WHEREAS, Mr. Bauer has served the institution with distinction for 14 years; and

WHEREAS, Mr. Bauer's dedicated service has been a source of inspiration for the students, faculty, fellow employees, and all who have come into contact with him; and

WHEREAS, as a result of this same dedicated service, the University of Arkansas System is better able to meet the educational needs of the people of the state;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS SYSTEM THAT the Board expresses its deep appreciation to Mr. Bruce L. Bauer for his contributions to the progress and development of the institution; confers upon him the title of Senior Instructor Emeritus of Information Science; and directs the secretary of the Board of Trustees to transmit a copy of the resolution to Mr. Bruce L. Bauer.

Gerald Driskill, UALR:
WHEREAS, Dr. Gerald W. C. Driskill, Professor, Department of Applied Communication at the University of Arkansas at Little Rock, retired effective May 15, 2026; and

WHEREAS, Dr. Driskill holds a PhD degree in Communication Studies from the University of Kansas (1991), a Master's of Human Communication (1985), and a B.A. degree in Biblical Studies (1983) from Abilene Christian University; and

WHEREAS, Dr. Driskill joined the University of Arkansas at Little Rock August 15, 1990, as an Assistant Professor; was promoted to Associate Professor and granted tenure in 1995; was promoted to Full Professor in 2010; and

WHEREAS, Dr. Driskill has taught graduate courses in Applied Communication Theory, Intercultural Communication; Organizational Culture and Communication, Communication and Training; undergraduate courses in Intro to Communication, Human Communication Concepts, Communication Ethics, Organizational Communication, Intercultural Communication, and Family Communication; and

WHEREAS, Dr. Driskill has a solid publication track record integrating community engagement with communication scholarship with over 20 publications including a recent (2026) 4th edition of an Organizational Culture in Action book; and

WHEREAS, Dr. Driskill was awarded the Faculty of Excellence Award in Service growing from community-engaged research with the Little Rock Congregation Studies, grant work assessing collaboration between DCFS and foster care organizations, and launched and collaborated to create and facilitate International Celebration Week for 20 years; and

WHEREAS, Dr. Driskill served as department Graduate Coordinator for 19 years as well as serving on varied roles including faculty senate, department and college level assessment and provost fellow on assessing international and intercultural competency; and

WHEREAS, Dr. Driskill has served the institution with distinction for 35 years; and

WHEREAS, Dr. Driskill's dedicated service has been a source of inspiration for the students, faculty, fellow employees, and community members who have come into contact with him; and as a result of this same dedicated service, the University of Arkansas System is better able to meet the educational needs of the people of the state;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS SYSTEM THAT the Board expresses its deep appreciation to Dr. Gerald W. C. Driskill for his contributions to the progress and development of the institution; confers upon him the title of Professor Emeritus and directs the secretary of the Board of Trustees to transmit a copy of the resolution to Dr. Gerald Driskill.

Kim Jones, UALR:
WHEREAS, Dr. Kim Jones, Professor in the School of Social Work at the University of Arkansas at Little Rock, retired effective May 15, 2026; and

WHEREAS, Dr. Jones holds a PhD in Social Work (1992) from Smith College, a Master of Social Work degree (1981), from the University of Illinois, Champaign Urbana, and a Bachelor degree in Social Work (1979) from Southern Illinois University, Carbondale; and

WHEREAS, Dr. Jones joined the University of Arkansas at Little Rock August 15, 1999, as an Assistant Professor; was promoted to Associate Professor and granted tenure in 2004; promoted to Full Professor in 2010; and

WHEREAS, Dr. Jones has taught Advanced Direct Practice I, II and III, in addition to Assessment and Differential Diagnosis, and Psychodynamic Psychotherapy; and

WHEREAS, Dr. Jones has a modest but distinguished record of publication, including thirteen articles in peer reviewed journals of social work; and

WHEREAS, Dr. Jones was awarded the Faculty Excellence Award in Teaching, College of Professional Studies in 2001; and

WHEREAS, Dr. Jones has served in administrative positions since 1999, including the MSW Program Coordinator and Interim Director of the School of Social Work; and

WHEREAS, Dr. Jones has served the institution with distinction for 27 years and led the School of Social work through two accreditation cycles; and

WHEREAS, Dr. Jones dedicated service has been a source of inspiration for the students, faculty, fellow employees, and all who have come into contact with him; and

WHEREAS, as a result of this same dedicated service, the University of Arkansas System is better able to meet the educational needs of the people of the state;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS SYSTEM THAT the Board expresses its deep appreciation to Dr. Kim Jones for his contributions to the progress and development of the institution; confers upon him the title of Professor Emeritus of Social Work; and directs the secretary of the Board of Trustees to transmit a copy of the resolution to Dr. Kim Jones.

Donna Rose, UALR:
WHEREAS, Donna Rose, Assistant Professor, Ottenheimer Library at the University of Arkansas at Little Rock, retired effective February 27, 2026; and

WHEREAS, Ms. Rose holds a Master of Library Science degree from Vanderbilt University (1986), and a Bachelor of Arts degree (1979) from the University of Arkansas at Little Rock; and

WHEREAS, Ms. Rose joined the faculty of the University of Arkansas at Little Rock as an Assistant Professor in 1986, and was granted tenure in 1992; and

WHEREAS, Ms. Rose served as a faculty member who contributed to scholarly and creative activities through her research; and served as a mentor to library staff and students; and supported university researchers through the dedicated provision of professional expertise in the oversight of the library's cataloging, metadata, and institutional repository services; and

WHEREAS, Ms. Rose served as the library's Head of Cataloging, Metadata Lead Librarian, and Instructional Repository Librarian, working with faculty and librarians to build the Ottenheimer Library's collections, as well as serving an instrumental role in leading the library in the transition from print to online digital collections and the creation of an institutional repository; and

WHEREAS, Donna Rose has served the institution with distinction for forty years; and

WHEREAS, Ms. Rose, through her dedicated service has been a source of inspiration for the students, faculty, fellow employees, and all who have come into contact with her; and

WHEREAS, as a result of this same dedicated service, the University of Arkansas System is better able to meet the educational needs of the people of the state;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS SYSTEM THAT the Board expresses its deep appreciation to Donna Kay Rose for her contributions to the progress and development of the institution; confers upon her the title of Assistant Professor Emeritus, Ottenheimer Library; and directs the secretary of the Board of Trustees to transmit a copy of the resolution to Donna Kay Rose.

Andrea Stewart, UAPB:
WHEREAS, Dr. Andrea Stewart, a distinguished scholar and teacher in the undergraduate programs of Social Work in the School of Arts and Sciences at the University of Arkansas at Pine Bluff, will retire from the University effective June 30, 2026; and

WHEREAS Dr. Stewart joined the University of Arkansas at Pine Bluff on August 8, 1988, and was granted tenure by the University of Arkansas System Board of Trustees on July 1, 1993; and

WHEREAS, over the course of her tenure, Dr. Stewart served the institution with exceptional dedication and distinction as a scholar, teacher, Department Chair, Dean, and for the School of Arts and Sciences; and

WHEREAS, Dr. Stewart devoted her academic and professional career to advancing the educational, social, and professional development of students throughout the State of Arkansas, demonstrating an enduring commitment to student success, academic excellence, and institutional progress; and

WHEREAS, Dr. Stewart authored and co-authored numerous successful grants that strengthened academic programming at the University of Arkansas at Pine Bluff and

provided significant support for student success initiatives, faculty development, and institutional capacity-building; and

WHEREAS, through her steadfast leadership, professional integrity, and unwavering dedication to higher education, Dr. Stewart served as a source of inspiration and mentorship to students, colleagues, and members of the University community, leaving a lasting and positive impact on all who had the privilege of working with her;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS SYSTEM that it expresses its deep appreciation for a career spanning more than three decades in education and her contributions to the development of this institution and confers upon her the title of Emeritus Provost and Professor of Social Work for the School of Arts and Sciences.

FURTHERMORE, the Board directs that this resolution be spread upon the minutes of this meeting.

John Hollis, UACCH-T:
WHEREAS, John Hollis, JD, Dean of Institutional Effectiveness and Political Science Faculty at the University of Arkansas, Hope-Texarkana, retired on May 19, 2026, after 31 years of service; and

WHEREAS, Dean Hollis earned a Bachelor of Arts in History from Baylor University, a Master of Arts in History from Baylor University, a Juris Doctor from the University of Arkansas, joined the University of Arkansas Hope-Texarkana in Arkansas on January 15, 1995; and

WHEREAS, Dean Hollis served as a dedicated member of the UAHT faculty and administration from 1995 to 2026, holding the positions of Political Science faculty, Division Dean, and Dean of Institutional Effectiveness, and Higher Learning Commission liaison; and

WHEREAS, during his tenure, Dean Hollis made significant contributions to the instructional, accreditation, and effectiveness activities of UAHT, directly supporting faculty, staff, and administration to ensure meeting all accreditation and state and federal reporting requirements, through which he built collaborative relationships with internal and external constituencies; and

WHEREAS, Dean Hollis has enjoyed a successful career in the field of political science as a faculty member and a collaborative leader and colleague as Dean of Institutional Effectiveness, providing leadership and technical assistance throughout the College; and

WHEREAS, Dean Hollis has been active in many professional associations for political science, accreditation, and institutional research served on multiple HLC site visit working groups and College committees; and is held in high regard by his peers and colleagues;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board bestows upon Dean Hollis the title of Dean Emeritus of Institutional Effectiveness, effective May 21, 2026, and grants him certain rights and privileges as extended to emeritus administrators by the UAHT campus and the University of Arkansas System.

FURTHERMORE, the Board directs that this resolution shall be spread upon the minutes of this meeting and a copy shall be provided to Dean John Hollis.

Cathie Cline, UAEACC:
WHEREAS, Dr. Cathie Cline has devoted 25 years of distinguished service to the University of Arkansas–East Arkansas Community College, and has served with distinction as President or Chancellor since 2018; and

WHEREAS, Dr. Cline announced her retirement as Chancellor, effective July 1, 2026, following a career marked by exemplary leadership, integrity, and unwavering commitment to students, faculty, staff, and the communities served by UA-EACC; and

WHEREAS, under Dr. Cline's leadership, UA-EACC achieved significant national and statewide recognition, including *USA Today's* list of "America's Top 250 Vocational Schools," Honor Roll status in the *Great Colleges to Work For* program, the Governor's Quality Award from the Arkansas Institute for Performance Excellence, the Arkansas Division of Higher Education "Closing the Gap" Award for increased student completion, the Innovative Approach to Tourism Award from Arkansas Delta Byways, and the Innovative Community Development Award for its Commercial Driver Training program for high school students; and

WHEREAS, Dr. Cline provided visionary leadership during pivotal moments in the college's history, including the successful merger of East Arkansas Community College and Crowley's Ridge Technical Institute in 2018 under the theme "Stronger Together," overseeing the renovation of the original CRTI building into a student- and community-centered Welcome Center, and leading the institution's 2024 affiliation with the University of Arkansas System; and

WHEREAS, Dr. Cline has provided leadership and service beyond the institution through her involvement with national, statewide, and local boards and commissions, including the American Association of Community Colleges Workforce Economic Development Commission, the Association of Community College Trustees Advisory Committee of Presidents, the Board of Examiners for the Governor's Quality Award,

the Arkansas Community Colleges Executive Board, and the Arkansas Community Colleges Workforce Taskforce; and

WHEREAS, Dr. Cline holds a Doctor of Education in Higher Education with an emphasis in Community College Leadership from the University of Arkansas at Little Rock, a Master of Arts in English Literature from Arkansas State University, and a Bachelor of Arts in English Language and Literature from the University of Virginia, reflecting her strong academic foundation and lifelong dedication to higher education; and

WHEREAS, Dr. Cline is widely recognized as a leader in community college and workforce education and is praised for cultivating a student-centric culture that strengthened academic quality, workforce preparation, and community partnerships at UA-EACC;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board hereby bestows upon Dr. Cathie Cline the title of Chancellor Emeritus and grants her certain rights and privileges as extended to emeritus chancellors by the college and the University of Arkansas System.

BE IT FURTHER RESOLVED THAT the Board congratulates Dr. Cline on her retirement and directs that this resolution shall be spread upon the minutes of this meeting, and a copy shall be provided to Dr. Cline.

5.5 Approval of a Resolution Acknowledging with Appreciation Receipt of Donated Funds to The University of Arkansas Foundation, Inc., or to the University:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT pursuant to Board Policy 470.2 the Board acknowledges with appreciation receipt of donated funds to The University of Arkansas Foundation, Inc. or to the University to establish the following endowed awards, chairs, endowments, funds, lectureship, professorship, and scholarships:

UNIVERSITY OF ARKANSAS AT MONTICELLO
Donor's Name: UAM African American Alumni Association & Dr. Simmie Armstrong, Jr.
Name of Endowment: Simmie Armstrong, Jr. MD Scientific Scholarship
For the Benefit of: Mathematical and Natural Sciences

Donor's Name: Mr. and Mrs. Kelton Busby, Jr.
Name of Endowment: Kelton and Betty Busby Endowed Scholarship
For the Benefit of: School of Education

COSSATOT COMMUNITY COLLEGE OF THE UNIVERSITY OF ARKANSAS
Donor's Name: Gayla Irvan
Name of Endowment: The Alex Irvan Memorial Scholarship
For the Benefit of: One annual scholarship awarded to a student in the Occupational Therapy Assistant Program

UNIVERSITY OF ARKANSAS AT LITTLE ROCK
Donor's Name: Leslye Shellam
Name of Endowment: Shellam Flake Planetarium Endowment Fund
For the Benefit of: The revitalization and operation of the planetarium at the University of Arkansas at Little Rock

Donor's Name: Estate of Barbara Buckley Miles
Name of Endowment: Barbara Buckley Miles Non-Traditional Scholarship
For the Benefit of: Non-Traditional students studying at the University of Arkansas at Little Rock

Donor's Name: Tom Hanlon
Name of Endowment: Dr. Gary Chamberlin Memorial Endowed Scholarship
For the Benefit of: Students studying in the Donaghey College of Science, Technology, Engineering and Mathematics at the University of Arkansas at Little Rock

Donor's Name: Estate of Dr. Charles M. McClain, Jr.
Name of Endowment: Pat and Dr. Charles M. McClain, Jr. Endowed Nursing Scholarship
For the Benefit of: Students studying nursing at the University of Arkansas at Little Rock

Donor's Name: Dr. Julie Flinn
Name of Endowment: Anthropology Student Success Endowment
For the Benefit of: Students studying anthropology at the University of Arkansas at Little Rock

Donor's Name: James Darcey
Name of Endowment: Edward Darcey Endowed Scholarship
For the Benefit of: Students studying at the University of Arkansas at Little Rock

Donor's Name: Patrick Ifrah
Name of Endowment: Patrick Ifrah Endowed Scholarship
For the Benefit of: Students studying accounting at the University of Arkansas at Little Rock

Donor's Name: Rebsamen Fund

Name of Endowment: Rebsamen Fund Endowed Social Work Scholarship
For the Benefit of: Students studying social work at the University of Arkansas at Little Rock

Donor's Name: Carol Lee Tucker Foreman
Name of Endowment: Carol Lee Tucker Foreman Endowment Fund
For the Benefit of: Center for Arkansas History and Culture at the University of Arkansas at Little Rock

Donor's Name: Sue Gaskin
Name of Endowment: Clara Rankin Endowed Law Scholarship
For the Benefit of: Students studying law at the University of Arkansas at Little Rock

Donor's Name: Chris Attig and Jennifer Steel
Name of Endowment: Attig Curran Steel Endowed Law Scholarships for Veterans
For the Benefit of: Students studying law at the University of Arkansas at Little Rock

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
Donor's Name: Multiple Donors
Name of Endowment: COM 2003 Scholarship
For the Benefit of: To provide an endowed scholarship to a student enrolled in the UAMS College of Medicine

Donor's Name: Multiple Donors
Name of Endowment: COM 1988 Scholarship
For the Benefit of: To provide an endowed scholarship to a student enrolled in the UAMS College of Medicine

Donor's Name: Multiple Donors
Name of Endowment: COM 1961 Scholarship
For the Benefit of: To provide an endowed scholarship to a student enrolled in the UAMS College of Medicine

Donor's Name: Multiple Donors
Name of Endowment: John and Tina Coffin Scholarship Fund for Excellence
For the Benefit of: To provide an endowed scholarship to a student enrolled in the UAMS College of Medicine

Donor's Name: Multiple Donors
Name of Endowment: Dr. Bart Barlogie Chair for Myeloma Research
For the Benefit of: To provide an endowed chair in Myeloma research

Donor's Name: Brandon C. Achor, Pharm.D. and Kaley S. Achor, Pharm.D.

Name of Endowment: Drs. Brandon and Kaley Achor Advancement in Community Pharmacy Endowed Scholarship in the College of Pharmacy
For the Benefit of: To provide an endowed scholarship to a student enrolled in the UAMS College of Pharmacy who is an active member of NCPA

Donor's Name: William C. Culp, M.D.
Name of Endowment: The Dr. William Culp Endowed Professorship in Interventional Radiology in the College of Medicine
For the Benefit of: To establish a professorship for the benefit of the UAMS Department of Radiology's Interventional Radiology Program

Donor's Name: Sue Gaskin
Name of Endowment: William Rankin Endowed Scholarship for Excellence in Health Administration
For the Benefit of: To provide an endowed scholarship to a student enrolled in the UAMS College of Public Health Master of Health Administration (MHA) program

Donor's Name: Robert and Sandra Connor
Name of Endowment: Sandra and Robert Connor Distinguished Endowed Scholarship
For the Benefit of: To provide an endowed scholarship to a student enrolled in the UAMS College of Medicine

Donor's Name: Kent C. Coleman Westbrook, Sr., M.D.
Name of Endowment: Jonnie K. Westbrook Endowed Fund for Excellence
For the Benefit of: To support the highest priorities of the Chancellor of UAMS, with a preference for palliative care support

Donor's Name: Nicholas and Helen Lang
Name of Endowment: Jonnie Westbrook Fund for Excellence
For the Benefit of: Funds may be used to support the highest priorities of the UAMS Winthrop P. Rockefeller Cancer Institute Auxiliary, at the direction of the Director of Volunteer Services

Donor's Name: Council for Regional Health Education
Name of Endowment: Senator C. Wayne Dowd Endowed Excellence fund in Family Medicine
For the Benefit of: Funds may be used at the discretion of the Southwest Regional Campus Family Residency Program Director to support recruitment and retention efforts

Donor's Name: Richard and Ellen Sandor
Name of Endowment: Richad and Ellen Sandor Endowed Nursing Award

For the Benefit of: To support professional development, training, wellness, or other education activities for nurses, at the direction of the UAMS Center for Nursing Excellence Director

Donor's Name: Drs. Fred Prior and Linda Larson-Prior
Name of Endowment: Larson-Prior Graduate Award in Biomedical Informatics
For the Benefit of: To provide assistance for any education related expenses for students pursuing a graduate degree in biomedical informatics.

Donor's Name: Estate of Thomas Gill, M.D.
Name of Endowment: Thomas David Gill, M.D. Endowed Scholarship
For the Benefit of: To provide an endowed scholarship to a student enrolled in the UAMS College of Medicine

Donor's Name: Drs. Jay and Paulette Mehta
Name of Endowment: Drs. Paulette & Jay Mehta Parkinson's Fund
For the Benefit of: To support the strategic initiatives of Parkinson's Disease and the Movement Disorders Program

Donor's Name: Rebecca and Robert Foster
Name of Endowment: Emma Virginia and Milous Campbell Endowed Fund for Excellence
For the Benefit of: To support the highest priorities of the UAMS North Central Regional Campus in Batesville, AR

Donor's Name: Dr. Stanley and Marsha Stein
Name of Endowment: Ruth and Daniel Stein Memorial Endowed Scholarship
For the Benefit of: To provide an endowed scholarship to a student enrolled in the UAMS College of Medicine

UNIVERSITY OF ARKANSAS FAYETTEVILLE
Donor's Name: Tracy Shollmier Abston and Erik Shollmier
Name of Endowment: Land of Opportunity Scholarship Endowment in Memory of Ken Shollmier
For the Benefit of: Undergraduate scholarships at University of Arkansas, Fayetteville
Donor's Name: George A. and Susan M. Atherton
Name of Endowment: Dr. James C. Atherton Endowed Award
For the Benefit of: Undergraduate awards in the Dale Bumpers College of Agricultural, Food and Life Sciences

Donor's Name: Art Babb and Elise Mitchell
Name of Endowment: Hilary Margaret Babb Endowed Scholarship for Animal Science

For the Benefit of: Undergraduate scholarships in the Dale Bumpers College of Agricultural, Food and Life Sciences

Donor's Name: Bond Consulting Engineers, Inc.
Name of Endowment: Bond Consulting Engineers Endowed Scholarship
For the Benefit of: Undergraduate scholarships in the College of Engineering

Donor's Name: Clay Boyce and East Texas Alumni Group
Name of Endowment: East Texas Alumni Chemical Engineering Endowed Award
For the Benefit of: Undergraduate awards in the College of Engineering

Donor's Name: The Bozie Foundation
Name of Endowment: Land of Opportunity Scholarship Endowment by the Bozie Foundation
For the Benefit of: Undergraduate scholarships at University of Arkansas, Fayetteville

Donor's Name: Kay, Clete, and Tammy Brewer
Name of Endowment: Brewer Family Endowed Excellence Fund
For the Benefit of: Departmental support in the Sam M. Walton College of Business

Donor's Name: Dorothy Gray Campbell
Name of Endowment: Harry M. and Dorothy Gray Campbell Endowed Scholarship
For the Benefit of: Undergraduate scholarships at University of Arkansas, Fayetteville

Donor's Name: Cecil V. Chapman
Name of Endowment: Mabel Ann Thweatt Memorial Endowed Scholarship
For the Benefit of: Undergraduate scholarships in the Sam M. Walton College of Business

Donor's Name: Bill "Hawk" Clement
Name of Endowment: Land of Opportunity Scholarship Endowment by Bill "Hawk" Clement
For the Benefit of: Undergraduate scholarships at University of Arkansas, Fayetteville

Donor's Name: D&F Charity Trust
Name of Endowment: Knox EMPOWER Endowed Award
For the Benefit of: Undergraduate awards in the College of Education and Health Professions

Donor's Name: Tricia Walsh Edwards
Name of Endowment: Wesley Edwards Memorial Endowed Theatre Award
For the Benefit of: Undergraduate awards in the Fulbright College of Arts and Sciences

Donor's Name: Valynda A. Ewton
Name of Endowment: Valynda A. Ewton Endowed OEI Opportunity Fund
For the Benefit of: Departmental support in the Sam M. Walton College of Business

Donor's Name: Jason H. Gaskill
Name of Endowment: Sigma Nu Women of the White Rose Endowed Scholarship in Memory of Theresa Pascal Fender
For the Benefit of: Undergraduate scholarships in the Division of Student Affairs

Donor's Name: Thomas C. "Tom" Gean and Annette Gean
Name of Endowment: Land of Opportunity Scholarship Endowment by Thomas and Annette Gean
For the Benefit of: Undergraduate scholarships at University of Arkansas, Fayetteville

Donor's Name: G. David Gearhart and Jane B. Gearhart
Name of Endowment: G. David and Jane B. Gearhart Endowed Scholarship
For the Benefit of: Graduate scholarships in the College of Education and Health Professions

Donor's Name: Roger A. Glasgow
Name of Endowment: Roger A. Glasgow Endowed Scholarship
For the Benefit of: Graduate scholarships in the School of Law

Donor's Name: Dr. A.Y. Gordon, Jr.
Name of Endowment: Dr. A.Y. (Al) Gordon, Jr. Endowed Scholarship in Athletic Training
For the Benefit of: Graduate scholarships in the College of Education and Health Professions

Donor's Name: Grant Green and Virginia Green
Name of Endowment: Land of Opportunity Scholarship Endowment by Grant Green and Virginia Green
For the Benefit of: Undergraduate scholarships at University of Arkansas, Fayetteville

Donor's Name: Terry Green
Name of Endowment: Terry Green Collections Endowment for the University Libraries
For the Benefit of: Collections support for University Libraries

Donor's Name: Gregg N. Herrell
Name of Endowment: Sara Edna Gregg Memorial Endowed Scholarship
For the Benefit of: Undergraduate scholarships in the Fulbright College of Arts and Sciences

Donor's Name: Jay F. and Patricia P. Hill Family Fund
Name of Endowment: Jay F. Hill Portfolio Manager Endowment
For the Benefit of: Undergraduate scholarships in the Sam M. Walton College of Business

Donor's Name: Craig and Christine Hughes Family Foundation
Name of Endowment: Land of Opportunity Scholarship Endowment by Craig and Christine Hughes Family Foundation
For the Benefit of: Undergraduate scholarships at University of Arkansas, Fayetteville

Donor's Name: Willis C. Hunter and Johnnye Sue Hunter
Name of Endowment: Colonel Willis C. Hunter Family Endowed Award
For the Benefit of: Graduate awards in the School of Law

Donor's Name: Leroy and Connie Jeske
Name of Endowment: Trudy Hegwood Jeske Memorial Endowed Scholarship
For the Benefit of: Undergraduate scholarships in the Dale Bumpers College of Agricultural, Food and Life Sciences

Donor's Name: Dorothy Dortch Kapnic
Name of Endowment: Dorothy Dortch Kapnic Endowed Award in Mathematical Sciences
For the Benefit of: Undergraduate and graduate awards in the Fulbright College of Arts and Sciences

Donor's Name: Kevin Litke
Name of Endowment: T.J. Atwood Endowed Scholarship in Taxation
For the Benefit of: Graduate scholarships in the Sam M. Walton College of Business

Donor's Name: Emma Lou Barton May
Name of Endowment: Wesley "Wes" Barton Memorial Scholarship
For the Benefit of: Undergraduate scholarships in the College of Engineering

Donor's Name: Suzanne O'Neill
Name of Endowment: Robert B. Neece Endowed Faculty Fellowship in Business Law
For the Benefit of: Faculty fellowships in the School of Law

Donor's Name: Phillip W. and Nancy V. Renfrow
Name of Endowment: Land of Opportunity Scholarship Endowment in Memory of John G. Williams by Phillip W. and Nancy V. Renfrow
For the Benefit of: Undergraduate scholarships at University of Arkansas, Fayetteville

Donor's Name: Reynie and Ann Rutledge

Name of Endowment: Land of Opportunity Scholarship Endowment by Reynie and Ann Rutledge
For the Benefit of: Undergraduate scholarships at University of Arkansas, Fayetteville

Donor's Name: Mary L. Ryan
Name of Endowment: Mary L. Ryan Collections Endowment for the University Libraries
For the Benefit of: Collections support for University Libraries

Donor's Name: Regina Shoffner
Name of Endowment: Rom Horticulture Immersive Learning Curriculum Endowed Fund
For the Benefit of: Departmental support in the Dale Bumpers College of Agricultural, Food and Life Sciences

Donor's Name: Central Arkansas Sigma Chi Alumni Association
Name of Endowment: Sigma Chi Dennis Holobaugh Endowed Scholarship
For the Benefit of: Undergraduate scholarships in the Division of Student Affairs

Donor's Name: Colonel Gary L. Tidwell, USA Retired
Name of Endowment: Colonel Gary L. Tidwell, USA Retired, Leadership Speaker Series Endowed Fund
For the Benefit of: Program support in the Division of Student Affairs

Donor's Name: Colonel Gary L. Tidwell, USA Retired
Name of Endowment: Colonel Gary L. Tidwell, USA Retired, Military Science and Aerospace Studies Leadership Speaker Series Endowed Fund
For the Benefit of: Program support in the Arkansas Alumni Association

Donor's Name: ViBo Living Trust U/A 9/2/21
Name of Endowment: Land of Opportunity Scholarship Endowment by Vickie Wise
For the Benefit of: Undergraduate scholarships at University of Arkansas, Fayetteville

Donor's Name: Mark D. Weaver and Susan L. Moon
Name of Endowment: Mark D. Weaver and Susan L. Moon Endowed Lecture in Retail and Hospitality Design
For the Benefit of: Lectureship in the Fay Jones School of Architecture and Design

BE IT FURTHER RESOLVED THAT the Board hereby ratifies and approves the establishment of the foregoing named endowments which shall be held and used pursuant to Board Policy 470.2 and the agreement or resolution of The University of Arkansas Foundation, Inc. establishing them and with such provisions as may be required to be consistent with applicable law and accomplish the donor's purposes as nearly as possible.

5.6 Authorization for the Buildings and Grounds Committee to Take Appropriate Action on Buildings and Grounds Matters Arising Before the Next Scheduled Board Meeting:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT in the interim between this meeting and the next regular Board meeting, upon the presentation and approval of the President, the Buildings and Grounds Committee of the Board is delegated the authority to take appropriate action on all buildings and grounds matters that may need attention prior to the next regular meeting of the Board.

Chair Lawson called on Trustee Crass to convene the Joint Hospital Committee at 1:45 p.m., Trustee Fryar to convene the Academic and Student Affairs Committee at 2:18 p.m. and called on Trustee Dickey to convene the Athletics Committee at 3:55 p.m.

On Thursday, May 21, 2026, Chair Lawson reconvened the meeting at 8:30 a.m. calling on Trustee Ford to convene the Audit and Fiscal Responsibility Committee and called on Trustee Todd to convene the Buildings and Grounds Committee at 10:12 a.m. Chair Lawson then reconvened the regular session of the Board at 10:44 a.m.

6. Report on University Hospital-Board of Trustees Joint Committee Meeting Held May 20, 2026:

Trustee Crass reported that the University Hospital-Board of Trustees Joint Committee met on May 20, 2026, and moved that the actions of the Committee, which included approval of the minutes of the meeting held March 9, 2026, be approved by the Board. Action items included approval of the Safety Management and Emergency Preparedness Reports, and Trustee Wilson seconded the motion and the actions and report were approved by the full Board.

7. Report on Academic and Student Affairs Committee Meeting Held May 20, 2026:

Chair Fryar reported that the Academic and Student Affairs Committee met on May 20, 2026, and moved that the actions of the Committee be approved by the Board; Trustee Cox seconded the motion, and the following resolutions were adopted (Trustee Deere voted "no"):

7.1 Approval to add a New Administrative Unit, the Arkansas Research Institute for Electronics Systems (ARIES) in the Division of Research and Innovation, UAF:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board hereby approves the addition of a new administrative unit called the Arkansas Research Institute for Electronics Systems (ARIES) in the Division of Research and Innovation at the University of Arkansas, Fayetteville, effective Fall 2026.

BE IT FURTHER RESOLVED THAT the President is hereby authorized to submit this proposal to the Arkansas Division of Higher Education for appropriate action.

7.2 Approval to Revise the Curriculum of the Accelerated Bachelor of Nursing (BSN) Program, UAMS:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board hereby approves the curriculum revision for the Accelerated Bachelor of Nursing (BSN) program in the College of Nursing at the University of Arkansas for Medical Sciences, effective Fall 2027.

BE IT FURTHER RESOLVED THAT the President is hereby authorized to submit this proposal to the Arkansas Division of Higher Education for appropriate action.

7.3 Approval to add a New Associate of Science in Traditional Nursing, UACCRM:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board hereby approves the creation of an Associate of Science in Traditional Nursing at the University of Arkansas Community College at Rich Mountain.

BE IT FURTHER RESOLVED THAT if enrollment and budget goals have not been met upon evaluation of the program after five years the program will be discontinued.

BE IT FURTHER RESOLVED THAT the President is hereby authorized to submit this proposal to the Arkansas Division of Higher Education for appropriate action.

7.4 Academic Unanimous Consent Agenda:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board hereby approves the Academic and Student Affairs consent items as presented to the Board at its May 20-21, 2026, meeting.

BE IT FURTHER RESOLVED THAT a letter of notification will be submitted to ADHE following the Board meeting setting forth these items.

1. University of Arkansas – Pulaski Technical College
   A. Curriculum Revision of Program/Option/Emphasis/Concentration/Minor
      - Assoc of Applied Science in Surgical Technology (increase hours from 60-72)
   B. Inactivation/Deletion of Certificate Program
      - Certificate of Proficiency in Dietary Management
      - Technical Certificate in Dietary Management
      - Certificate of Proficiency in Hospitality and Bar Operations
   C. New Certificate or Degree Program, Concentration or Minor
      - Technical Certificate in Restaurant Management and Operations (existing courses)

2. University of Arkansas, Fayetteville
   A. Curriculum Revision of Program/Option/Emphasis/Concentration/Minor
      - Doctor of Philosophy in Philosophy in the Department of Philosophy within the Fulbright College of Arts and Sciences, effective Fall 2026
   B. Delete Program/Option/Emphasis/Track
      - Accounting Minor for Non-Business Students in the William Dillard Department of Accounting within the Walton College of Business, effective Fall 2026
      - Business Economics Minor for Non-Business Students in the Department of Economics within the Walton College of Business, effective Fall 2026
      - Enterprise Resource Planning Minor for Non-Business Students in the Dept of Management within the Walton College of Business, effective Fall 2026
      - Enterprise Systems Minor for Non-Business Students in the Department of Management within the Walton College of Business, effective Fall 2026
      - Information Systems Minor for Non-Business Students in the Department of Information Systems within the Walton College of Business, effective Fall 2026
      - International Business Minor for Non-Business Students in the Department of Economics within the Walton College of Business, effective Fall 2026
      - Supply Chain Management Minor for Non-Business Students in the Dept of Supply Chain Management within the Walton College of Business, effective Fall 2026
      - Behavioral Economics Minor for Business Majors in the Department of Economics within the Walton College of Business, effective Fall 2026
      - Financial Economics Minor for Business Majors in the Department of Business Dean within the Walton College of Business, effective Fall 2026
   C. Title Change
      - Banking/Financial Management/Investment Minor for Business Majors in the Department of Finance within the Walton College of Business, effective Fall 2026, renamed the Financial Management/Investment Minor for Business Majors
      - Risk Management/Real Estate Minor for Business Majors in the Department of Finance within the Walton College of Business, effective Fall 2026, renamed the Risk Management/Real Estate/Banking Minor for Business Majors

3. University of Arkansas at Monticello
   A. New Off-Campus Location
      - Sheridan High School
      - Cossatot Community College of the University of Arkansas
   B. Curriculum Revision of Program/Option/Emphasis/Concentration/Minor
      - AAS in Industrial Technology
      - Advanced Technical Certificate in Electromechanical Technology
      - Certificate of Proficiency in Industrial Equipment Repair
      - Technical Certificate in Electromechanical Technology
   C. New Certificate or Degree Program, Concentration or Minor
      - Graduate Certificate in Physical Education and Coaching

4. University of Arkansas at Fort Smith
   A. Modification of an Existing Program, Curriculum Revision
      - Modify the Bachelor of Science in Chemistry
      - Modify the Bachelor of Science in Music Education
      - Modify the BS in Geoscience and adds Soil Science Concentration
      - Add course, Physical Geography, to general education options

5. University of Arkansas for Medical Sciences
   A. New Certificate or Degree Program, Concentration or Minor
      - Graduate Certificate in Rural Healthcare Management (online)
   B. Modification of an Existing Program, Curriculum Revision
      - Modify the Doctor of Nursing Practice
      - Modify the Doctor of Audiology

6. University of Arkansas at Little Rock
   A. New Certificate or Degree Program
      - Certificate of Proficiency in Safety Sciences (from existing courses)
   B. Deletion of Certificate or Degree Program, Concentration or Minor
      - Graduate Certificate in Public Service at the University of Arkansas Clinton School of Public Service *(students prefer the MA)*
      - Graduate Certificate in National Cybersecurity Teaching Academy
   C. Inactivate Certificate or Degree Program, Concentration or Minor
      - Master of Arts in Art History
      - Master of Arts in Visual Arts

7. University of Arkansas Community College at Hope-Texarkana
   A. New Off-Campus Location
      - Southern Arkansas University in Magnolia

7.5 Approval of Recommended Tuition and Fees, All Campuses and Units:

Upon motion by Trustee Lawson and second by Trustee Cox, and following considerable discussion, the following resolution was approved (with Trustee Deere voting "no"):

WHEREAS, the Board of Trustees of the University of Arkansas asserts its singular focus on student success as evidenced by student retention and graduation;

THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the proposed tuition and fees for the 2025-2026 fiscal year for the University of Arkansas campuses are hereby adopted and approved.

[The tuition and fees documents for all campuses will be included in the finalized minutes.]

8. Report on Athletics Committee Meeting Held May 20, 2026:

Athletics Committee Chair Dickey reported that the Athletics committee met May 20 and heard a cost study report regarding Razorback athletics. Trustee Dickey moved that the report be approved by the full Board, Trustee Fryar seconded and the motion was approved.

9. Report on Audit and Fiscal Responsibility Committee Meeting Held May 21, 2026:

Audit and Fiscal Responsibility Committee Chair Ford reported that the AFR committee met May 21 and moved that items presented, which included approval of the minutes of the meetings held March 9, 2026, and April 16, 2026, be approved. The motion was seconded by Trustee Wilson and the actions and report were approved by the full Board.

AUDIT

9.1 FORVIS Engagement Letter and Audit Planning Discussion for the External Audit of UAMS for Year Ending June 30,2026:

The committee reviewed the engagement letter and heard from Derek Pierce, FORVIS Partner and Financial Statement Audit Engagement Executive, who presented FORVIS' plan for the external audit of the University of Arkansas for Medical Sciences' financial statements as of June 30, 2026.

9.2 Approval of Fiscal Year 2026 Audit Plan Update Report:

The Fiscal Year 2026 Audit Plan Update Report was reviewed and approved. The update included the Audit Plan Update, Strategic Audit Risk Assessment Report, Internal Audit Reports completed since the last meeting, the Follow-Up Report on Prior Audits, a listing of External Audit Reports received and reviewed during Fiscal Year and the Audit Plan for Fiscal Year 2027.

9.3 Review of Loss Tracking Report:

The committee reviewed the Loss Tracking Report Schedule which shows audit reports presented to the Committee during the past year as well as any reports where the case is still active, and a final resolution has not been determined.

9.4 Approval of Annual Review of the Audit and Fiscal Responsibility Committee and Internal Audit Department Audit Charters:

The Committee reviewed and approved the Audit and Fiscal Responsibility Committee Charter and Internal Audit Department Charter, noting that there were no changes to the Charters at this time.

9.5 Approval of Annual Review of the Quality Assurance / Continuous Improvement Plan:

The Committee reviewed and approved the Annual Review of the Quality Assurance and Continuous Improvement Plan.

9.6 Other Business:

The committee reviewed the following engagement letter: Landmark PLC Engagement Letter for the NCAA Agreed-Upon Procedures engagements of the University's three Division I programs for the year ended June 30, 2026.

FISCAL RESPONSIBILITY

9.7 Approval of Provisional Positions for Certification to the Legislative Council, All Campuses:

The committee reviewed and approved the following resolution:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the following Provisional Positions, to be effective immediately and to continue into the Fiscal Year 2026-27, are hereby approved:

University of Arkansas, Fayetteville	1,000
University of Arkansas System	60
University of Arkansas, Division of Agriculture	500
University of Arkansas-Arkansas Archeological Survey	150
University of Arkansas-Clinton School of Public Service	75
University of Arkansas-Arkansas School for Mathematics, Sciences, and the Arts	60
University of Arkansas-Criminal Justice Institute	250
University of Arkansas at Fort Smith	40
University of Arkansas at Little Rock	300
University of Arkansas for Medical Sciences	1,000
University of Arkansas at Monticello	100
University of Arkansas at Pine Bluff	200
Cossatot Community College of the University of Arkansas	105
North Arkansas College of the University of Arkansas	70
Phillips Community College of the University of Arkansas	40
University of Arkansas Community College at Hope-Texarkana	40
University of Arkansas Community College at Batesville	40
University of Arkansas Community College at Morrilton	40
University of Arkansas Community College at Rich Mountain	40
University of Arkansas East Arkansas Community College	40
University of Arkansas - Pulaski Technical College	80

BE IT FURTHER RESOLVED THAT the Board's approval of these Provisional Positions will be submitted to the Arkansas Division of Higher Education for certification to the Legislative Council.

9.8 Approval to Establish a Special Appropriation Line Item for Each of the University of Arkansas Campuses to be Used in the Acquisition of Promotional Items, All Campuses:

The committee reviewed and approved the following resolution:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the establishment of a special appropriation line item for fiscal year 2026-27 for each of the campuses of the University of Arkansas to be used in the acquisition of promotional items is hereby approved.

BE IT FURTHER RESOLVED THAT the line item appropriation for each campus shall be as follows:

University of Arkansas, Fayetteville	2,500,000
University of Arkansas at Fort Smith	200,000
University of Arkansas at Little Rock	500,000
University of Arkansas at Pine Bluff	150,000
University of Arkansas at Monticello	100,000
University of Arkansas for Medical Sciences	750,000
University of Arkansas Grantham	25,000
Cossatot Community College of the University of Arkansas	35,000
North Arkansas College of the University of Arkansas	50,000
Phillips Community College of the University of Arkansas	50,000
University of Arkansas Community College at Batesville	35,000
University of Arkansas Community College at Hope-Texarkana	25,000
University of Arkansas Community College at Morrilton	40,000
University of Arkansas Community College at Rich Mountain	25,000
University of Arkansas East Arkansas Community College	50,000
University of Arkansas - Pulaski Technical College	100,000
Arkansas School for Mathematics, Sciences, and the Arts	35,000
Division of Agriculture of the University of Arkansas	60,000
University of Arkansas Fund	$200,000

BE IT FURTHER RESOLVED THAT the President of the University is hereby directed to forward this request to the Chief Fiscal Officer of the State for processing.

9.9 Approval of the Fiscal Year 2026/2027 Operating Budgets for All Campuses and Units of the University:

The Fiscal Year 2026/2027 Operating Budget requests for all campuses and units were presented and the following resolution was approved:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the 2026/27 budgets for each campus, division, unit and program of the University of Arkansas are adopted as presented.

BE IT FURTHER RESOLVED THAT the President is authorized to make such appropriate corrections, additions, or deletions as may be required for the draft budget to the final budget document for fiscal year 2026/27.

BE IT FURTHER RESOLVED THAT position lists to be developed and attached to final budget documents are solely for the purpose of authorizing the President, and the Chancellors, the Vice President for Agriculture, the Director of the Arkansas Archeological Survey, the Director of the Criminal Justice Institute, the Director of the Arkansas School for Mathematics, Sciences, and the Arts, and the Dean of the Clinton School of Public Service and other appropriate officials as authorized by the President, to determine persons who may be offered employment and the salaries and titles which may be offered within the framework of the respective operating budgets, should it be determined to fill such positions. Approval of the budget is not intended to constitute an act of contracting with any person or persons who may be listed in the final budget documents, or at salary amounts or titles in the positions indicated.

Under such delegation of authority, the President and the Chancellors, the Vice President for Agriculture, the Director of the Arkansas Archeological Survey, the Director of the Criminal Justice Institute, the Director of the Arkansas School for Mathematics, Sciences, and the Arts, and the Dean of the Clinton School of Public Service and other appropriate officials as authorized by the President, may negotiate salaries above or below the amounts shown in the budget, so long as the amount is not in excess of the maximum amounts prescribed by law unless exceeding such line item maximum has previously been approved by the President, Chancellors or other appropriate administrators or by the Board, except as regards UAMS as set forth hereinafter, including previously approved housing allowances; and further, the President and Chancellor at UAMS may approve payment of special allowances as a part of the salaries of the physicians, dentists, and other professional faculty from receipts of professional income in the care of patients and/or funds received from federal agencies, foundations, and other private sponsors in support of research; provided that any such allowance shall not exceed, for any employee, an amount equal to two and one half (2½) times that portion of the salary authorized by the General Assembly to be paid from the University of Arkansas Medical Center Fund. This authority shall include but not be limited to determining compensation for special

services as provided by overload, overtime, and extra compensation policies, provided that the increased stipends from those sources do not exceed the statutory maximum amounts when added to regular salaries.

10. Report on Buildings and Grounds Committee Meeting Held May 21, 2026:

Chair Todd reported that the Buildings and Grounds Committee met on May 21, 2026, and moved that the actions of the Committee be approved by the Board; Trustee Dickey seconded, and the following resolutions were adopted:

10.1 Project Approval/Selection of Architect/Contractor for the Arkansas Union Fit Out for Student Services Project, UAF:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Arkansas Union Fit Out for Student Services project at the University of Arkansas, Fayetteville, is hereby approved.

BE IT FURTHER RESOLVED THAT the University of Arkansas, Fayetteville, is authorized to select Fennel Purifoy Architects/Dake Wells Architecture as the design professionals for the Arkansas Union Fit Out for Student Services project.

BE IT FURTHER RESOLVED THAT the University of Arkansas, Fayetteville, is authorized to select Kinco as the construction manager/general contractor for the Arkansas Union Fit Out for Student Services project.

BE IT FURTHER RESOLVED THAT the President, Chief Financial Officer, Chancellor, and Executive Chancellor for Finance and Administration of the University of Arkansas, Fayetteville, or their designees, shall be, and hereby are, authorized to take such further action and execute such documents and instruments as may be necessary to implement this resolution.

10.2 Approval to Name the new Walton College Academic Classroom Building the "Mandy and Bill Dillard II Hall," UAF:

WHEREAS, Bill Dillard II and Mandy Dillard have demonstrated extraordinary generosity and enduring commitment to the University of Arkansas through philanthropic leadership that has advanced students, programs, and facilities across the university; and

WHEREAS, Bill Dillard II is a graduate of the University of Arkansas and a distinguished business leader whose family name is deeply associated with retail innovation, job creation, and service to the State of Arkansas; and

WHEREAS, Mandy Dillard has demonstrated a meaningful commitment to the community through her philanthropic support, civic engagement and service to organizations that strengthen education, health and quality of life across Arkansas; and

WHEREAS, Bill and Mandy Dillard have supported the University of Arkansas through major gifts and service, including support for the Sam M. Walton College of Business Department of Accounting, the Land of Opportunity Scholarship, Razorback Athletics, student organizations, and other university initiatives; and

WHEREAS, the Sam M. Walton College of Business is experiencing significant enrollment growth and requires additional instructional, study, and collaboration space to support students and faculty and to strengthen the college's national standing and impact; and

WHEREAS, Bill Dillard II and Mandy Dillard have made a transformational gift to support the new academic building for the Sam M. Walton College of Business, an investment that will help expand the university's capacity to educate future business leaders; and

WHEREAS, the new approximately 100,000-square-foot academic building, located at North Harmon Avenue and West Fairview Street adjacent to the Donald W. Reynolds Center for Enterprise Development, will add substantial classroom, study, and collaboration space for the Walton College community; and

WHEREAS, recognizing the generosity and leadership of Bill Dillard II and Mandy Dillard through the naming of this facility is consistent with the mission and traditions of the University of Arkansas and its practice of honoring individuals whose contributions have had a lasting and significant impact on the institution;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the new academic building for the Sam M. Walton College of Business at the University of Arkansas, Fayetteville, shall henceforth be named Mandy and Bill Dillard II Hall, in recognition of the Dillards' longstanding generosity, service, and commitment to the University of Arkansas and the State of Arkansas.

BE IT FURTHER RESOLVED THAT this resolution shall be included in the minutes of this meeting, and a copy shall be provided to Bill Dillard II and Mandy Dillard as an expression of the Board's appreciation.

10.3 Approval to Purchase Property Located at 632 S. Lt. Col. Leroy Pond Ave., Fayetteville, UAF:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board hereby approves an offer to the owner, 6420 Bentonville Rogers, LLC, for the purchase price of Two Million Three Hundred Thousand Dollars ($2,300,000), and on other terms and conditions set forth in the Real Estate Contract, to purchase certain property situated at 682 S. Lt. Col. Leroy Pond Ave., Fayetteville, Washington County, Arkansas, more particularly described as follows:

Part of the Southeast Quarter (SE¼) of the Southwest Quarter (SW¼) and a part of the Southwest Quarter (SW¼) of the Southeast Quarter (SE¼), Section Sixteen (16), also part of the Northeast Quarter (NE¼) of the Northwest Quarter (NW¼) of Section Twenty-One (21), all in Township Sixteen (16) North, Range Thirty (30) West of the Firth Principal Meridian, Washington County, Arkansas, being more particularly described as follows, to-wit: beginning at a point 7.96 feet North of the Southeast corner of said Southeast Quarter (SE¼), Southwest Quarter (SW¼) Section 16; thence South 25,4 feet to the North right of way of the St, Louis-San Francisco Railroad; thence with said right of way, along a curve with a chord bearing S79°55'05"W, 175.64 feet to a point of intersection of said North railroad right of way and the East right of way of Government Avenue; thence leaving said railroad right of way and with said East right of way of Government Avenue, North 196.45 feet; thence leaving said East right of way, East 250 feet; thence South 121.3 feet to the North right of way of the St. Louis-San Francisco Railroad, thence with said right of way, along a curve with a chord bearing a distance of S76°07'48"W 79.39 feet to the point of beginning and containing .95 acres, more or less.
-AND-
Part of the Northeast Quarter (NE¼) of the Northwest Quarter (NW¼) and a part of the Northwest Quarter (NW¼) of the Northeast Quarter (NE¼), all in Section 21, Township 16 North, Range 30 West of the Fifth Principal Meridian, Washington County, Arkansas, being more particularly described as follows, to-wit: Beginning at the Southeast Corner of said Southeast Quarter (SE¼) of the Southwest Quarter (SW¼) of Section 16; thence South 17.44 feet to the North right of way of the St. Louis-San Francisco Railroad; thence with said right of way, along a curve with a chord bearing and distance of N79°55'05"E 32.12 feet; thence leaving said railroad right of way S00°00'04"E 38.17 feet to a fence corner; thence along a fence line N89°37'42"W 200,21 feet to a fence corner; thence N830Z6'07"W 4.38 feet to a point of intersection of the North Right of way of the San Francisco railroad and the East right of way of Government Avenue; thence with said railroad right of way, along a curve with a chord bearing and distance of N79°55'05"E 175.64 feet to the point of beginning and containing 0.09 acres, more or less.
-AND-
Part of the SW¼ of the SE¼ of Section 16 and a part of the NW¼ of the NE¼ of Section 21, Township 16 North, Range 30 West, Washington County, Arkansas, more particularly described as follows: Beginning at the SW corner of said SW¼ of the SE¼ of Section 16; thence North 02°54'08" East a distance of 10.31 feet to a set one-half inch (1/2") rebar with PLS #1728 cap; thence along a curve, 19.20 feet, along a 402.57' radius, non-tangent curve left, whose chord bears North 81°40'11" East, 19.20 feet; thence South 05°48'34" East a distance of 42,30 feet; thence North 87°02'13" West a distance of 25.24 feet; thence North 02°54'08" East a distance of 27,74 feet to the point of beginning, containing 884 sq ft, more or less.

Subject to all easements, covenants, restrictions, reservations and rights of way of record. Subject to all prior mineral reservations and oil and gas leases.

BE IT FURTHER RESOLVED THAT the purchase shall be subject to a determination by the General Counsel that the seller has good and merchantable title to the property and obtaining an acceptable Phase 1 environmental assessment unless waived by the campus officials after inspection of the property.

BE IT FURTHER RESOLVED THAT the President, Chief Financial Officer, Chief Financial Officer and Senior Associate Vice Chancellor for Financial Affairs of the University of Arkansas, Fayetteville, or their designee, shall be, and hereby are, authorized to take such further action and execute such documents and instruments as may be necessary to close the transaction in accordance with the Real Estate Contract.

BE IT FURTHER RESOLVED THAT all documents related to the purchase of the property shall be in a form and content acceptable to the General Counsel.

10.4 Approval to List for Sale the Property Known as Sebastian Commons, UAFS:

WHEREAS, the Board of Trustees of the University of Arkansas ("Board") governs the University of Arkansas at Fort Smith ("UAFS" or "University"); and

WHEREAS, the Chancellor of UAFS has determined that it is in the best interest of the University to divest of the property at 801 North 49th Street, Fort Smith, Sebastian County, Arkansas 72901, which is currently the location of an on-campus student housing apartment complex known as Sebastian Commons; and

WHEREAS, the Chancellor has advised that selling the property is a preferred strategy to avoid the significant, long-term financial liabilities and great expense associated with necessary, substantial repairs and potential rebuilding of Sebastian Commons; and

WHEREAS, the President of the University of Arkansas system concurs with the Chancellor's assessment that the sale of Sebastian Commons is in the best interest of the University's financial health and strategic goals; and

WHEREAS, the Board of Trustees is willing to entertain offers for the purchase of the property, finds the proposed contract with the realty agent acceptable (provided that it is revised to require Board approval of any offer to purchase the property), and wishes to authorize the necessary steps to pursue a sale of the property (with any offer subject to review and approval by the Board);

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the listing of the property with the student

housing apartments known as Sebastian Commons is hereby authorized in accordance with University policy and state law.

BE IT FURTHER RESOLVED THAT the President of the University of Arkansas, or his designee, and the Chancellor of UAFS, or her designee, are authorized to list the property for sale, and to entertain offers, negotiate with potential buyers, and take all such further action and execute such documents and instruments as may be necessary to effectuate the sale of the property, subject to Board approval of any offer so that the final sale agreement is subject to review by the General Counsel and final approval by the Board of Trustees in accordance with this resolution.

10.5 Report of Easement Approved by the President:

President Silveria reported the following easement has been approved since the last report to the Trustees: Water/Sewer Easement to the City of Fayetteville, Arkansas (UAF).

11. President's Report:

President Silveria expressed appreciation to the AG Division and Tim Burcham, Director of Northeast Rice Research and Extension Center (NERREC), for hosting and the hospitality and logistics provided to the Board and UA System.

President Silveria reported that more than 14,000 degrees and certificates were awarded throughout the UA System during the recent commencement ceremonies. He further stated that ASMSA had a graduating class of 107 students, with $32.5 million in scholarship offers; 40 students staying at colleges within the UA System and other graduates going to Columbia, Cornell, Princeton, NYU and Stanford; with one U.S. Presidential Scholar Candidate; and with five National Merit Finalists.

President Silveria went on to mention that Dr. Victoria DeFrancesco Soto, dean of the University of Arkansas Clinton School of Public Service, was selected as one of America's 250 Public Service Champions. The honor recognizes 250 public servants nationwide who have had an exceptional impact on their communities as the United States approaches its 250th anniversary.

President Silveria reported that three videos were developed to promote the Strategic Pillars, following a successful town hall at the UAMS campus in April. The videos and related promotional materials have been distributed to campuses, divisions and units for appropriate dissemination.

He concluded his report mentioning the various campus visits he has made and updated the Trustees on the current leadership searches.

12. Approval to Modify the Roy and Margaret Rom Endowed Award, UAF:

Upon motion by Trustee Fryar and second by Trustee Dockey, the following resolution was approved.

WHEREAS, in 2003, Roy and Margaret Rom established a charitable gift annuity to create the "Roy and Margaret Rom Endowed Award" in support of the Horticulture Department of the Dale Bumpers College of Agricultural, Food, and Life Sciences at the University of Arkansas, Fayetteville; and

WHEREAS, Dr. Rom was a long-serving member of the University's Horticulture Department; and

WHEREAS, the purpose of the award was to support a travel award for a Fruit Studies graduate student to attend a professional meeting or for travel to conduct faculty approved research; and

WHEREAS, there is no longer a Fruit Studies program or concentration at the University of Arkansas, Fayetteville; and

WHEREAS, the Roms have passed away; and

WHEREAS, under such circumstances, Board of Trustees Policy 470.2 authorizes the Board to change an endowment because of changed conditions which make it impossible or impracticable to fulfill the purposes for which the endowment was established while maintaining, as nearly as possible, the purpose for which the respective endowment was created; and

WHEREAS, in light of the forgoing, at the recommendation of Bumpers College Dean Jeff Edwards, the University of Arkansas, Fayetteville, requests the Board's approval to modify the purpose of the award by removing the Fruit Studies restriction and authorizing use of the award to support any graduate student in the Horticulture Department to attend a professional meeting, for travel to conduct faculty approved research, or for international travel for study abroad; and

WHEREAS, the campus has consulted with the heirs of the donors, and they concur with the proposed revision; and

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board hereby adopts this resolution, approving the modification of the Roy and Margaret Rom Endowed Award, as follows:

Purpose: The purpose of the Roy and Margaret Rom Award is to support a travel award for a Horticulture graduate student to attend a professional meeting, and/or for travel to conduct faculty approved research, and/or for international travel for study abroad.

Administration: The selection of the recipients of the Roy and Margaret Rom Endowed Award shall be recommended to the Dean of the Dale Bumpers College of Agricultural, Food, and Life Sciences in consultation with the Department Chair of the Horticulture Department through a committee process consistent with University policy. The funds are to be allocated for travel to a professional meeting, and/or to accommodate approved travel for research purposes, and/or for international travel for study abroad.

13. Approval of Revisions to Razorback Transit Drug and Alcohol Policy, UAF:

UA Fayetteville Chancellor Charles Robinson requested approval of revisions to the Razorback Transit Drug and Alcohol Policy. Upon motion of Trustee Dickey and second by Trustee Wilson, the following resolution was approved:

WHEREAS, the Board of Trustees of the University of Arkansas, acting through Razorback Transit, is dedicated to providing safe and dependable passenger transportation services; and

WHEREAS, it is our policy to assure that employees are not impaired in their ability to perform assigned duties in a safe, productive, and healthy manner and that our workplace environment is free from the adverse effects of drug abuse and alcohol misuse; and

WHEREAS, it is also our policy that the unlawful manufacture, distribution, dispensing, possession, or use of any controlled substance is prohibited and that we encourage employees to seek professional assistance anytime personal problems, including alcohol or drug dependency, adversely affects their ability to perform their assigned duties; and

WHEREAS, the U.S. Department of Transportation, Federal Transit Administration has mandated a compliant Drug and Alcohol Testing Program regulated by 49 CFR Part 655, as amended, and 49 CFR Part 40, as amended, for safety-sensitive employees of public transportation agencies as a condition of federal funding; and

WHEREAS, the proposed updated Drug and Alcohol Policy meets the requirements of the federal regulations;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the proposed revised Drug and Alcohol Policy for Razorback Transit, in compliance with federal regulations, is hereby adopted.

14. Approval to Revise Governance Document and Delete BP 1510.1, UAPB:

Chancellor Anthony Graham presented UAPB's revised governance document. Following discussion and upon motion of Trustee Fryar and second by Trustee Caldwell, the following resolution was approved:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the campus governance document presented at the May 20-21, 2026, meeting of the Board of Trustees for the University of Arkansas at Pine Bluff is approved as presented.

BE IT FURTHER RESOLVED THAT Board Policy 1510.1, *Rules for the Governance of the University of Arkansas at Pine Bluff*, is hereby deleted.

15. Financial Update, UAPB:

UAPB Chancellor Anthony Graham and Vice Chancellor and Chief Financial Officer Carla Martin presented an update on the finances of the University and plans for the upcoming months.

16. Approval of Updated Strategic Plan, UAG:

Chancellor Lindsay Bridgeman, University of Arkansas Grantham, presented UA Grantham's Strategic Plan 2026-2031 document, that builds on past accomplishments and is in alignment with the strategic pillars of the UA System. The strategic priorities include student success, student experience and university excellence. Upon motion by Trustee Fryar and second by Trustee Dickey, the following resolution was approved:

WHEREAS, the University of Arkansas Grantham has developed a strategic plan for 2026-2031 in its effort to support success and to guide both long-term growth and daily operations;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Strategic Plan 2026-2031 for the University of Arkansas Grantham is hereby approved as presented.

17. President's Report of Police Authority Granted:

Since the President's Report to the Board on March 9, 2026, police authority was granted to Corey Hunter, Zack Fink and Adrienne Miller and probationary authority was granted to Deon Gastineau, David Ressenberger, Evan Weyl, Joshua Gulledge, Gavin Easley, Emma Schmich, Daniel Carter, Kimberlyn Donnangelo, Valerie Oswald, and Javadas Walker at UAF; police authority to Jassmine Boyd and probationary authority to Johnathan Hall, Joshua Hunter, and Kristi Henderson Foust at UALR; police authority to Anthony Brown, Eugene Williams, Ignacio Madrigal, Jon Parker, Sarah Hicks, Kena Lambert and Jesse

Horton at UAMS; police authority to Robert Hodges at UAM; and probationary authority to Josh Johnson at UAFS.

There being no further business to come before the Board, the meeting adjourned at 11:40 a.m.

MINUTES OF THE MEETING OF THE
UNIVERSITY OF ARKANSAS BOARD OF TRUSTEES
UNIVERSITY OF ARKANSAS SYSTEM
VIRTUALLY AND IN PERSON
LITTLE ROCK AND FAYETTEVILLE, ARKANSAS
JUNE 24, 2026

TRUSTEES PRESENT VIRTUALLY OR IN PERSON: Chair Randy Lawson; Trustees, Steve Cox, Ed Fryar, Ted Dickey, Nate Todd, Scott Ford, Judd Deere and Ashley Caldwell.

TRUSTEES ABSENT: Trustees Jeremy Wilson and Kevin Crass.

UNIVERSITY ADMINISTRATORS AND OTHERS PRESENT:

System Administration:
President Jay B. Silveria, Vice President for Finance and Chief Financial Officer Tara Smith, Vice President for University Relations and Chief of Staff Melissa Rust, General Counsel David Curran, Vice President for Academic Affairs Michael Moore, Vice President for Strategic and Community College Partnerships Chris Thomason, Vice President and Chief Information Officer Steven Fulkerson, Director of Communications Nate Hinkel, Assistant to the President Angela Hudson and Associate for Administration Shanna Rolen.

UAF Representatives:
Chancellor Charles F. Robinson; Vice Chancellor and Director of Athletics Hunter Yurachek; Vice Chancellor for Student Affairs Jeremy Battjes; Vice Chancellor for Government Relations Rebeca Haley and Chancellor's Chief of Staff Hannah Henderson.

UAMS Representatives:
Chancellor C. Lowry Barnes, Senior Vice Chancellor for Academic Affairs and Provost/ Chief Strategy Officer Stephanie Gardner, Senior Vice Chancellor for Health and Chief Executive Officer of Medical Center Michelle Krause, Vice Chancellor for Finance and Administration and

Chief Financial Officer Amanda George, Vice Chancellor for Communications and Marketing Leslie Taylor and Chief Transformation Officer Andy Davis.

Special Guests:
Justin DeLille, General Manager of Learfield; Allison Fillmore, Senior Vice President of Learfield; and Lisa Gunter, Chief Executive Officer, and Kim Hobbs and Whitney Bartelli, all of CommunityAmerica Credit Union.

Chair Lawson called to order the virtual special meeting of the Board of Trustees of the University of Arkansas at 10:09 a.m. on Wednesday, June 24, 2026.

1. Approval of the Lease of an Arkansas Healthcare Facility (Encore in Bryant), UAMS:

Dr. C. Lowry Barnes, Chancellor of the University of Arkansas for Medical Sciences, requested authority for UAMS to enter into a lease for the Encore Medical Center, a 108,055-square-foot hospital located in Bryant, Arkansas. Following discussion and upon motion by Trustee Cox and second by Trustee Dickey, the following resolution was approved:

WHEREAS, the Board finds and determines that the lease of the Encore Medical Center serves the public purpose by expanding the University of Arkansas for Medical Sciences' ("UAMS") capacity to deliver on its mission of providing hospital and clinical services, advancing medical education, and conducting research for the benefit of the citizens of Arkansas; and

WHEREAS, the Board has reviewed the term sheet attached hereto as Exhibit A, which summarizes the principal terms and conditions, ("Proposed Transaction");

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Chancellor of UAMS and other appropriate officials of the University of Arkansas System and UAMS shall be, and hereby are, authorized to negotiate and finalize the terms of the Proposed Transaction for the Encore Medical Center in Bryant, Arkansas, including a real estate purchase, a Ground Lease, a Space Lease, and related documents, with The Landes Group (or its designated entity).

BE IT FURTHER RESOLVED THAT UAMS is authorized to acquire fee title to the land underlying the Encore Medical Center for $5,000,000 and to enter into a ground lease of such land back to The Landes Group (or its designated entity) in connection with the transaction described above.

BE IT FURTHER RESOLVED THAT UAMS is authorized to enter into a Space Lease on terms substantially consistent with those presented to the Board, including an initial annual rent of $8,159,515 and a purchase option exercisable at the end of the tenth lease year, with the option to extend that lease up to the thirtieth lease year.

BE IT FURTHER RESOLVED THAT UAMS shall seek Board approval prior to exercising the purchase option for this facility.

BE IT FURTHER RESOLVED THAT the President, the Chancellor, and other appropriate officials of the University of Arkansas System and UAMS, subject to review by the Office of General Counsel, shall be, and hereby are, authorized to execute such contracts, leases, deeds, and such other documents and instruments, and to take such further action as may be necessary in order to carry out the purpose and intent of this resolution.

EXHIBIT A
TERM SHEET — SUMMARY OF THE PROPOSED TRANSACTION

This term sheet is intended to summarize the principal terms and conditions of a proposed credit tenant lease transaction (the "Proposed Transaction") for the Encore Medical Center in Bryant, Arkansas, between the Board of Trustees of the University of Arkansas, acting for and on behalf of the University of Arkansas for Medical Sciences ("UAMS"), and The Landes Group or its designated entity ("Landlord"). The terms provided herein are preliminary in nature, subject to final negotiation and review by the Office of General Counsel, and are not intended to be legally binding on any party.

1. Property

Encore Medical Center, Bryant, Arkansas (Saline County). Approximately 108,055 rentable square feet. Licensed for 53 patient beds. Constructed in 2021.

2. Parties

Tenant: Board of Trustees of the University of Arkansas, acting for and on behalf of UAMS

Landlord: The Landes Group (or its designated Delaware limited liability company)

3. Transaction Structure

The Proposed Transaction is structured as a credit tenant lease consisting of the following components:

(a) UAMS acquires fee title to the land underlying the Encore Medical Center for $5,000,000.

(b) UAMS enters a Ground Lease of the land to Landlord for nominal consideration.

(c) Landlord, as building owner, enters into a Space Lease of the building improvements to UAMS.

4. Lease Term

Initial term of 10 years. UAMS will have options to purchase the building improvements or extend the lease for additional periods, up to a total of 30 years.

5. Rent

Year 1 Annual Rent: $8,159,515 ($75.51 per square foot)
Annual Escalation: 2.5%
Rent-Free Period: August through December 2026 (five months)
Rent Commencement: January 1, 2027

6. Fair Market Value

An independent appraisal by VMG Health concluded a fair market rental value range of $72.50 to $77.50 per square foot to lease this facility. The proposed rent falls within this range.

7. Purchase Option

At the end of the tenth lease year, UAMS will have the option to purchase the building improvements at a price to be determined under the Space Lease. Exercise of the purchase option will require separate Board approval. The Space Lease includes a financing cooperation covenant under which the parties agree to cooperate in connection with a revenue bond issuance to fund any purchase.

8. Equipment

UAMS anticipates acquiring approximately $11,000,000 in medical equipment in connection with the Proposed Transaction through a combination of purchase and lease.

9. Execution, Closing and Occupancy

Targeted Execution: July 15, 2026

UAMS Occupancy Closing: October 1, 2026

During the interim period from execution through September 30, 2026, the facility will continue to operate under existing arrangements to ensure continuity of patient care. UAMS will complete all required state and federal regulatory approvals prior to assuming hospital operations on October 1, 2026.

10. Definitive Agreements

The Proposed Transaction will be effectuated by UAMS entering into a Ground Lease, a Space Lease, and related securitization and financing documents (collectively, the

"Definitive Agreements"). The closing of the Proposed Transaction will be conditioned upon the negotiation and execution of the Definitive Agreements in form and substance satisfactory to UAMS and the Office of General Counsel.

2. Approval of a Naming Opportunity (CommunityAmerica Razorback Stadium) , UAF:

University of Arkansas Chancellor Charles Robinson and Athletic Director Hunter Yurachek recommended Board approval to name Razorback football stadium, the CommunityAmerica Razorback Stadium, effective July 1, 2027. CommunityAmerica Credit Union has agreed to a naming rights partnership with the UA Department of Athletics through its third-party multimedia rights partner Learfield. Upon motion by Trustee Fryar and second by Trustee Caldwell, the following resolution was approved:

WHEREAS, the CommunityAmerica Credit Union, headquartered in Kansas City, MO, has agreed to a multi-year, multi-million-dollar naming rights partnership with the University of Arkansas, Fayetteville, Department of Athletics through its third-party multimedia rights partner Learfield; and

WHEREAS, the Board of Trustees hereby recognizes the CommunityAmerica Credit Union for its steadfast and exceptional generosity to the University, as demonstrated through its financial support as a naming rights partner;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board formally expresses its high regard for and lasting gratitude to the CommunityAmerica Credit Union for its exemplary partnership with the University of Arkansas, Fayetteville, by renaming Razorback Stadium **"**CommunityAmerica Razorback Stadium".

BE IT FURTHER RESOLVED THAT, with this naming, the University honors the CommunityAmerica Credit Union for its generosity in providing support to Razorback Athletics that will benefit the student-athletes of the University of Arkansas, Fayetteville, in a myriad ways for years to come.

BE IT FURTHER RESOLVED THAT the Secretary of the Board is instructed to forward a copy of this resolution to the CommunityAmerica Credit Union as an expression of the Board's gratitude.

There being no further business before the Board, the meeting was adjourned at 10:33 a.m.

MINUTES OF THE MEETING OF THE
UNIVERSITY OF ARKANSAS BOARD OF TRUSTEES
UNIVERSITY OF ARKANSAS SYSTEM
VIRTUALLY AND IN PERSON
LITTLE ROCK, ARKANSAS
AUGUST 3, 2026

TRUSTEES PRESENT VIRTUALLY OR IN PERSON: Chair Randy Lawson; Trustees, Steve Cox, Kevin Crass, Ed Fryar, Ted Dickey, Nate Todd, Scott Ford, Judd Deere and Ashley Caldwell.

TRUSTEE ABSENT: Trustees Jeremy Wilson.

UNIVERSITY ADMINISTRATORS AND OTHERS PRESENT:

System Administration:
President Jay B. Silveria, Vice President for Finance and Chief Financial Officer Tara Smith, Vice President for University Relations and Chief of Staff Melissa Rust, General Counsel David Curran, Vice President for Academic Affairs Michael Moore, Vice President for Strategic and Community College Partnerships Chris Thomason, Vice President and Chief Information Officer Steven Fulkerson, Director of Communications Nate Hinkel, Senior Director of Policy and Public Affairs Ben Beaumont, Assistant to the President Angela Hudson and Associate for Administration Shanna Rolen.

UAF Representatives:
Chancellor Charles F. Robinson; Provost and Executive Vice Chancellor for Academic Affairs Indrajeet Chaubey; Vice Chancellor for Student Affairs Jeremy Battjes; Senior Associate Vice Chancellor and Chief Administration Officer for Campus Services Clayton Hamilton and Chancellor's Chief of Staff Hannah Henderson.

UAMS Representatives:
Chancellor C. Lowry Barnes, Senior Vice Chancellor for Academic Affairs and Provost/ Chief Strategy Officer Stephanie Gardner, Senior Vice Chancellor for Health and Chief Executive

Officer of Medical Center Michelle Krause, Vice Chancellor for Finance and Administration and Chief Financial Officer Amanda George, Vice Chancellor for Communications and Marketing Leslie Taylor and Chief Transformation Officer Andy Davis.

PCCUA Representatives:
Chancellor Keith Pinchback; Vice Chancellor for Administration Stan Sullivant.

UACCM Representatives:
Chancellor Lisa Willenberg; Vice Chancellor for Finance & Administration Jeff Mullen

Chair Lawson called to order the virtual special meeting of the Board of Trustees of the University of Arkansas at 10:05 a.m. on Monday, August 3, 2026.

1. Approval and Selection of Design Professionals and a Construction manager/General Contractor for the Ross and Mary Whipple Family Forest Education Center at Garvan Woodland Gardens, UAF:

   Dr. Charles Robinson, Chancellor of the University of Arkansas, Fayetteville, requested project approval and selection of professional design consultants and a construction manager/general contractor for the Ross and Mary Whipple Family Forest Education Center project at Garvan Woodland Gardens. Following discussion and upon motion by Trustee Dickey and second by Trustee Caldwell, the following resolution was approved:

   BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Ross and Mary Whipple Family Forest Education Center project at Garvan Woodland Gardens of the University of Arkansas, Fayetteville, is hereby approved.

   BE IT FURTHER RESOLVED THAT the University of Arkansas, Fayetteville, is authorized to select modus studio as the design professionals for the Ross and Mary Whipple Family Forest Education Center project at Garvan Woodland Gardens.

   BE IT FURTHER RESOLVED THAT the University of Arkansas, Fayetteville, is authorized to select Nabholz as the construction manager/general contractor for the Ross and Mary Whipple Family Forest Education Center project at Garvan Woodland Gardens.

   BE IT FURTHER RESOLVED THAT the President, Chief Financial Officer, Chancellor, and Executive Vice Chancellor for Finance and Administration of the University of Arkansas, Fayetteville, or their designees, shall be, and hereby are, authorized to take such further action

and execute such documents and instruments as may be necessary to implement this resolution.

2. Approval to List for Sale Property Located at 1617 North Washington Street, Magnolia, AR, UAMS:

Chancellor C. Lowy Barnes and the University of Arkansas for Medical Sciences (UAMS) requested approval to list for sale the 22,352-square-foot office and medical building located on 3.5 acres at 1617 North Washington Street, Magnolia, Arkansas. Upon motion by Trustee Fryar and second by Trustee Ford, the following resolution was approved:

WHEREAS, the Board of Trustees of the University of Arkansas ("Board") governs the University of Arkansas for Medical Sciences ("UAMS" or "University"); and

WHEREAS, UAMS owns the approximately 22,352-square-foot office and medical building situated on approximately 3.5 acres located at 1617 North Washington Street, Magnolia, Arkansas 71753; and

WHEREAS, UAMS has relocated much of its Regional Programs staff and operations to its El Dorado Regional Programs location, reducing the University's operational need for the property; and

WHEREAS, the Chancellor of UAMS has determined that the property's limited role in current operations, together with its ongoing maintenance and repair obligations, make the sale of the property in the best interest of the University; and

WHEREAS, the property was recently appraised at approximately $2.2 million, and the President of the University of Arkansas System concurs with the Chancellor's recommendation to pursue its sale; and

WHEREAS, the Board of Trustees desires to authorize the listing of the property for sale, with any proposed sale subject to final approval by the Board;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the property located at 1617 North Washington Street, Magnolia, Arkansas 71753, is hereby authorized to be listed for sale in accordance with University policy and applicable law.

BE IT FURTHER RESOLVED THAT the President of the University of Arkansas, or his designee, and the Chancellor of the University of Arkansas for Medical Sciences, or his designee, are authorized to list the property for sale, solicit and negotiate offers, and execute such documents and take such actions as may be necessary to facilitate the proposed sale,

provided that any final purchase agreement shall be subject to review by the Office of General Counsel and final approval by the Board of Trustees.

3. Approval of a Resolution in Connection with a Nonprofit Hospital Governance Agreement, UAMS:

   Chancellor C. Lowy Barnes and the University of Arkansas for Medical Sciences (UAMS) requested approval for the University of Arkansas Board of Trustees to become the sole corporate member of Jefferson Hospital Association (JHA), a private 501(c)(3) nonprofit corporation that operates Jefferson Regional Medical Center (JRMC) in Pine Bluff, Arkansas. Following discussion and upon motion by Trustee Crass and second by Trustee Todd, the following resolution was approved:

   BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Chancellor of UAMS and other appropriate officials of the University of Arkansas System and UAMS shall be, and hereby are, authorized to negotiate and finalize the terms of a Member Substitution Agreement with Jefferson Hospital Association, a 501(c)(3) nonprofit corporation operating Jefferson Regional Medical Center in Pine Bluff, Arkansas, under which the Board of Trustees of the University of Arkansas will become the sole corporate member of Jefferson Hospital Association, replacing JHA's current corporate member.

   BE IT FURTHER RESOLVED THAT the Board of Trustees shall hold Reserved Powers over Jefferson Hospital Association as set forth in the Member Substitution Agreement.

   BE IT FURTHER RESOLVED THAT the President, the Chancellor, and other appropriate officials of the University of Arkansas System and UAMS, subject to review by the Office of General Counsel, shall be, and hereby are, authorized to execute such contracts, agreements, and such other documents and instruments, and to take such further action as may be necessary in order to carry out the purpose and intent of this resolution.

4. Approval of a Resolution Authorizing the Purchase of Certain Clinical Assets and Equipment on the UAMS Campus in Little Rock, UAMS

   Chancellor Lowry Barnes and the University of Arkansas for Medical Sciences ("UAMS") requested approval to purchase certain clinical assets, including a proton beam therapy system and related property interests, currently located on the UAMS campus in Little Rock. These assets are presently owned by Proton International Arkansas, LLC ("PIA"), a private entity that has experienced significant financial distress and is unable to continue operations. The proposed purchase price is twenty-five million dollars ($25,000,000). Following discussion and upon motion by Trustee Ford and second by Trustee Caldwell, the following resolution was approved:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Chancellor of the University of Arkansas for Medical Sciences and other appropriate officials of the University of Arkansas System and UAMS shall be, and hereby are, authorized to negotiate and finalize the terms of a purchase of certain clinical assets, including a proton beam therapy system, related equipment, and associated property interests, from Proton International Arkansas, LLC ("PIA"), a limited liability company operating a proton therapy facility located on the UAMS campus in Little Rock, Arkansas, for total consideration not to exceed twenty-five million dollars ($25,000,000), subject to the terms and conditions presented.

BE IT FURTHER RESOLVED THAT the transaction shall be structured as a direct asset purchase. UAMS shall not assume any debts, liabilities, or bond obligations of PIA or any affiliated entity.

BE IT FURTHER RESOLVED THAT the transaction shall be subject to bond financing, which bond financing shall be subject to separate approval by the Board of Trustees at a future meeting, and upon satisfaction of such other conditions as the Chancellor and the Office of General Counsel determine to be necessary or appropriate to protect the interests of the University.

BE IT FURTHER RESOLVED THAT the President, the Chancellor, and other appropriate officials of the University of Arkansas System and UAMS, subject to review by the Office of General Counsel, shall be, and hereby are, authorized to execute such contracts, agreements, and such other documents and instruments, and to take such further action as may be necessary in order to carry out the purpose and intent of this resolution; provided, however, that this authorization shall not extend to the execution of any bond financing documents, which shall require separate Board approval.

5. Project Approval and Selection of Design Professionals for the Center for Workforce Innovation, PCCUA

Dr. Keith Pinchback, Chancellor of Phillips Community College of the University of Arkansas, requested project approval and selection of design professionals for the Center for Workforce Innovation Project on the Helena-West Helena campus. Following discussion and upon motion by Trustee Dickey and second by Trustee Cox, the following resolution was approved:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Center for Workforce Innovation Project at the Phillips Community College of the University of Arkansas is hereby approved.

BE IT FURTHER RESOLVED THAT the Phillips Community College of the University of Arkansas is authorized to select SCM Architects as the professional design firm for the Center for Workforce Innovation Project on the Helena-West Helena campus.

BE IT FURTHER RESOLVED THAT the President, Chief Financial Officer, Chancellor and Vice Chancellor for Finance and Administration of the Phillips Community College of the University of Arkansas, or their designees, shall be, and hereby are, authorized to take such further action and execute such documents and instruments as may be necessary to implement this resolution.

6. Project Approval and Selection of Design Professionals for the Campus Creek Remediation and Trail Improvement Project, UACCM

Chancellor Lisa Willenberg of the University of Arkansas Community College at Morrilton, has requested project approval and selection of design professionals for the Campus Creek Remediation and Trail Improvement Project. Following discussion and upon motion by Trustee Dickey and second by Trustee Deere, the following resolution was approved:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Campus Creek Remediation and Trail Improvement Project at the University of Arkansas Community College at Morrilton is hereby approved.

BE IT FURTHER RESOLVED THAT the University of Arkansas Community College at Morrilton is authorized to select McClelland Consulting Engineers Inc. as the professional design firm for the UACCM Campus Creek Remediation and Trail Improvement Project.

BE IT FURTHER RESOLVED THAT the President, Chief Financial Officer, Chancellor and Vice Chancellor for Finance and Administration of the University of Arkansas Community College at Morrilton, or their designees, shall be, and hereby are, authorized to take such further action and execute such documents and instruments as may be necessary to implement this resolution.

7. Approval of Salaries in Excess of the Line-Item Maximum, AGRI and UAF

Upon motion by Trustee Dickey and second by Trustee Ford, the Board approved the following resolution:

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the salaries set forth below (in addition to any future cost-of-living raises that are generally applicable to the campus) which are in excess of the line-item maximum established by law, are hereby approved for the following individuals in accordance with Arkansas Code Annotated section 6-62-103:

University of Arkansas Division of Agriculture	
Deacue Fields, Vice President for Agriculture	$391,106
Housing Allowance	$18,000

University of Arkansas, Fayetteville

Maximum potential earning due to summer/intersession teaching, extra comp, or other allowances, including overtime for UA Police Department and Facilities Management employees due to number of annual events on campus, and post season compensation for Athletic Department coaches & staff.

John Calipari, Head Basketball Coach	$8,166,667
Ryan Silverfield, Head Football Coach	$7,900,000
Ronald Roberts, Defensive Coordinator	$2,247,200
Dave Van Horn, Head Baseball Coach	$1,938,400
Hunter R Yurachek, Vice Chancellor - Athletics	$1,784,469
Tim Cramsey, Offensive Coordinator	$1,622,200
Kenneth Payne, Men's Basketball Associate Head Coach	$1,007,200
Ronald Coleman, Men's Basketball Associate Head Coach	$807,200
Deron Wilson, Assistant Head Coach/Secondary	$872,200
Kelsi Musick, Head Women's Basketball Coach	$785,367
David Joel Johnson, Assistant Football Coach	$722,200
Matthew Hobbs, Asst. Baseball Coach	$607,200
Allandius Wilkerson, Assistant Football Coach	$672,200
Jeffrey Myers, Assistant Football Coach	$672,200
Marcus Johnson, Assistant Football Coach	$672,200
Courtney Deifel, Head Softball Coach	$712,500
Gaizka Ansola-Crowley, Executive Director of Player Acquisition	$533,333
Kynjee' Cotton, Assistant Coach	$572,200
Noah Franklin, Head Strength and Conditioning Coach	$572,200
Larry Smith, Assistant Football Coach	$572,200
Nathan M Thompson, Asst. Baseball Coach	$481,000
Colby Hale, Head Soccer Coach	$480,900
Morgan Turner, Asst. Football Coach	$440,533
Remy Cofield, Deputy Athletic Director for Athlete Resource Allocation	$432,000
Eddie Hicks, Assistant Football Coach	$534,923
Christopher Patrick Johnson, Head Track Coach	$603,400
Rick Thorpe, Athletics Director V	$318,533
Brad McMakin, Head Golf Coach	$392,567
Chad Lunsford, Assistant Football Coach	$457,200
Shauna Estes, Head Golf Coach	$384,167
Douglas Alan Case, Head Track & Field Coach	$583,400
Matt Trantham, Athletics Director V	$296,759
Dan Trump, Athletics Director V	$280,190
Chris Woolard, Sports Operations Manager IV	$340,533
Scott Gasper, Sr. Director of Football Personnel & Recruiting	$333,333
Jason Michael Watson, Head Volleyball Coach	$336,733
Chris Brooks, Head Gymnastics Coach	$324,233
Marcus Edwards, Head Strength and Conditioning Coach	$293,333
Jay Udwadia, Head Tennis Coach	$281,733

Mitch Stewart, Assistant Football Coach	$372,200
Dionnah Jackson-Durrett, Assistant Women's Basketball Coach	$272,667
Lacey Goldwire, Asst. Basketball Coach	$268,619
CJ Wilford, Assistant Football Coach/Quality Control Analyst	$266,667
Mathew John Meuchel, Assistant Softball Coach	$254,948
Neil John Harper, Head Swimming Coach	$253,400
Andrew Tokarz, Sr. Associate Director of Strength & Conditioning	$240,000
Nicholas Bradford, Assistant Women's Basketball Coach	$233,800
Justin Shults, Associate Head Softball Coach	$231,000
Vincent Blankenship, Associate Director of Sports Medicine	$218,133
Rob Jarvis, Assistant Men's Track & Field Coach	$269,508
Lawrence Johnson, Assistant Women's Track & Field Coach	$261,783
David Young, Associate Director of Strength & Conditioning Coach V	$200,000
Christopher Bader, Athletics Director III	$145,343
Cale Wallace, Associate Head Men's Cross Country/Track and Field Coach	$179,333
Bobby Wernes, Assistant Baseball Coach	$176,000
Iliyan Chamov, Assistant Women's Track & Field Coach	$162,560
Danny Verdun Wheeler, Student Support Manager IV	$164,292
Andrew Martin Kreis, Athletics Training Manager II	$120,000
Corey Wood, Athletics Trainer V	$112,299
Indrajeet Chaubey, Provost	$509,490
Brian Raines, Dean of the J. William Fulbright College of Arts and Sciences	$371,925
Terry Martin, Professor	$358,659
Katheleen Guzman, Dean of the School of Law	$350,000
Kevin D Hall, Director of Transformation Management	$335,534
Kate Mamiseishvili, Dean	$326,160
Cheryl Ann Murphy, Vice Provost	$325,333
Jim Gigantino, Vice Provost	$315,032
Cynthia Nance, Professor - Law	$311,404
Blake Warren Woolsey, Chief Strategy and Communications Officer	$255,000
Jeff Edwards, Dean for Division of Agriculture	$326,227
Alan Mantooth, Distinguished Professor - Engineering	$522,370
Harry Patrinos, Department Head of Education Reform and Education Policy	$318,264
Abhay Mishra, Professor	$283,395
Hugh Churchill, Professor	$340,027
Margaret E Sova McCabe, Vice Chancellor for Research and Innovation	$435,290
Scott Varady, Vice Chan for Advancement/Development	$435,290
Jeremy Battjes, Vice Chancellor	$345,870
Bob Davis, Sponsored Program Manager V	$331,500
Steve Krogull, IT Manager V	$266,500
Bryan E Nelson, Chief Pilot	$146,783

8. Approval of a Resolution of Sorrow for Bill Burnett

Upon motion by Trustee Cox and second by Trustee Dickey, the Board approved the following resolution:

WHEREAS, Bill Burnett, Ph.D., 78, of Springdale, the all-time career touchdown record-holder for the Arkansas Razorbacks and pioneer of the Fellowship of Christian Athletes establishment and growth in Arkansas, passed away July 4, 2026; and

WHEREAS, the Board of Trustees of the University of Arkansas wishes to express its condolences to Burnett's many friends and family members, including his wife of 56 years, Linda, and their large extended network of family and loved ones; and

WHEREAS, Mr. Burnett was born in Ada, Oklahoma, grew up in Bentonville, and attended the University of Arkansas, Fayetteville on a football scholarship and earned a bachelor's degree in engineering from the U of A in 1970 where was an honors graduate, an academic All-American, and president of his senior class, and went on to earn a postgraduate NCAA scholarship that led to earning a Master of biblical studies degree at the Dallas Theological Seminary (1982) and a doctorate in counseling at University of North Texas (1986); and

WHEREAS, Mr. Burnett is honored for reaching dozens of athletic milestones including being named an All-American and two-time All-Southwest Conference running back, team captain of the 1970 Razorbacks, a U of A Hall of Fame inductee in 1995, an Arkansas Sports Hall of Fame inductee in 1996, and the Southwest Conference Hall of Fame in 2015; and

WHEREAS, Mr. Burnett also earned the Southwest Conference's Sportsmanship Award and was its offensive player of the year in his senior season of 1970, and still holds the all-time career touchdowns record for the Arkansas Razorbacks; and

WHEREAS, Mr. Burnett's most prized accomplishments rose above the classroom and football field, being led by a faithful calling to bring Fellowship of Christian Athletes (FCA) chapters to Arkansas and to open a Crisis Pregnancy Center in Fort Smith; and

WHEREAS, Mr. Burnett became the first full-time employed representative for the FCA outside of its Kansas City, MO, headquarters to spread chapters in Arkansas by driving around the state he loved convincing high school coaches to join the effort; and

WHEREAS, Mr. Burnett successfully completed two leadership roles with FCA as its state director from 1972-80 and Northwest Arkansas are director from 2008-18; and

WHEREAS, Mr. Burnett's abilities and drive both spiritually and athletically are revered by the Board of Trustees of the University of Arkansas and many across the state who were brought great joy, pride and faithful gratitude by his efforts;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board expresses its deep appreciation for Mr. Burnett's leadership and accomplishments, and its enduring gratitude for the immeasurable contributions he made to the UA System and the state, and the legacy he leaves.

BE IT FURTHER RESOLVED THAT the Board expresses its sincere sympathy and condolences to Mr. Burnett's family and loved ones.

BE IT FURTHER RESOLVED THAT the Board directs this resolution to be spread upon the minutes of this meeting and a copy be provided to Linda Burnett.

9. Approval of a Resolution of Sorrow for Former Trustee Jim Lindsey

Upon motion by Trustee Caldwell and second by Trustee Dickey, the Board approved the following resolution:

WHEREAS, Mr. James E. "Jim" Lindsey served as a member of the Board of Trustees of the University of Arkansas from March 2, 1999 to March 24, 2009, and Mr. Lindsey served as this Board's Chairman from March 1, 2008 through February 28, 2009; and

WHEREAS, the Board wishes to express its condolences to Mr. Lindsey's many friends and family members, especially his wife of 59 years, Nita Kaye Vanhook Lindsey, on his death after a long illness on July 19, 2026, and to express its gratitude for his exemplary life; and

WHEREAS, Mr. Lindsey was a native of Wynne and graduate of Forrest City High School and the University of Arkansas, Fayetteville, where he was a key member of the 1964 Razorback football national championship team; and

WHEREAS, Mr. Lindsey's football accomplishments continued in the NFL where he played for the Minnesota Vikings, serving as special teams captain from 1967 to 1972 and helping to lead the Vikings to Super Bowl IV; and

WHEREAS, Mr. Lindsey became a visionary businessman, investing his NFL signing bonus in property that would later become the site of the Northwest Arkansas Mall, spurring a post-NFL real estate career that included the founding of Lindsey & Associates in 1974, Lindsey Construction Company in 1981, and Lindsey Management Company in 1985 – three companies that helped transform the landscape of Arkansas and the surrounding region; and

WHEREAS, Mr. Lindsey demonstrated a lifelong commitment to the University of Arkansas and the Razorbacks through many actions and activities, including helping his coach and friend Frank Broyles establish the Razorback Foundation and providing countless contributions of time and support to the University throughout his life; and

WHERES, Mr. Lindsey will be remembered for his athletic prowess, natural leadership ability, business acumen, dedicated service to his community and state, and most importantly as a committed husband, father, grandfather, brother, and uncle.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF THE ARKANSAS THAT the Board expresses its deep appreciation for James E. "Jim" Lindsey, for his leadership and accomplishments, and its enduring gratitude for the immeasurable contributions he made to the University and the state, and the legacy he leaves.

BE IT FURTHER RESOLVED THAT the Board expresses its sincere sympathy and condolences to Mr. Lindsey's wife, Nita Kaye; his sister, Claudette Ferguson; his sons, James Earl "Lyndy" Lindsey (Laura) and John David Lindsey (Brooke); his daughter Sarah Lindsey Clark Hyneman (Brian); his nine grandchildren, one great grandchild, and extended family.

BE IT FURTHER RESOLVED THAT the Board directs this resolution to be spread upon the minutes of this meeting and that a copy be provided to the Lindsey family.

There being no further business before the Board, the meeting was adjourned at 10:41 a.m.

UNIVERSITY OF ARKANSAS SYSTEM

Office of the President

September 10, 2026

TO THE MEMBERS OF THE BOARD OF TRUSTEES

Dear Trustees:

The following is a request to exceed the line-item maximum salary for exceptionally well-qualified personnel. This request has been carefully considered, and I concur with the recommendation. A proposed resolution for your consideration is attached.

Sincerely,

Jay B. Silveria
President
Charles E. Scharlau Presidential Leadership Chair

Attachment

RESOLUTION

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the salaries set forth below (in addition to any future cost-of-living raises that are generally applicable to the campus) which are in excess of the line-item maximum established by law, are hereby approved for the following individuals in accordance with Arkansas Code Annotated section 6-62-103:

Chris Curry, UA-Little Rock Head Men's Baseball Coach	$200,000
Effective retroactively to July 1, 2026	

UNIVERSITY OF ARKANSAS SYSTEM

Office of the President

September 10, 2026

TO THE MEMBERS OF THE BOARD OF TRUSTEES

Dear Trustees:

The following individuals have been recommended for emeritus status:

University of Arkansas, Fayetteville
Dr. Michael Ackerson
Dr. Ed Bengston
Dr. Walter Bottje
Mr. Carl Circo
Dr. Michael Daugherty
Dr. Fiona Davidson
Mr. Larry Foley
Ms. Sharon Foster
Dr. Najib Ghabdian
Dr. Beth Juhl
Dr. Thomas Paradise
Dr. Jeffrey Ryan
Dr. Mandel Samuels
Dr. Cathy Wissehr

University of Arkansas for Medical Sciences
Robert W. Arrington, M.D.
Susan S. Beland, M.D
Joan Cranmer, Ph.D.
Elizabeth A. Frazier, M.D.
Charles J. Graham, M.D.
Jamie Howard, M.D.
Ronald F. Kahn, M.D.
Robert E. McGehee, M.D.
Ginell R. Post, M.D., Ph.D.
Paul L. Prather, Ph.D
John Mick Tilford, Ph.D

I concur with these recommendations. Resolutions are attached for your consideration.

Sincerely,

Jay B. Silveria, President
Charles E. Scharlau Presidential Leadership Chair

Attachments (25)

RESOLUTION

WHEREAS, Dr. Michael D. Ackerson, Professor of Chemical Engineering in the College of Engineering at the University of Arkansas, Fayetteville, retired on August 8, 2025, after thirty-seven years of service; and

WHEREAS, Dr. Ackerson received his B.S. in Chemical Engineering from the University of Missouri-Rolla in 1979, his M.S. in Chemical Engineering from the University of Missouri-Rolla in 1982, and his Ph.D. in Chemical Engineering from the University of Arkansas in 1987; and

WHEREAS, Dr. Ackerson joined the faculty of the University of Arkansas in 1988 as an Assistant Professor, and was promoted to Associate Professor in 1992; and

WHEREAS, Dr. Ackerson taught chemical engineering courses in thermodynamics, mass transfer, process control, transport phenomena, and design, as well as advised numerous successful undergraduate student teams who competed at the WERC Environmental Design Contest; and

WHEREAS, Dr. Ackerson has enjoyed a distinguished career as a researcher and inventor in the areas of renewable fuels, hydroprocessing, solvent dewaxing, biofuels, process engineering, and commercialization of advanced energy technologies; and

WHEREAS, Dr. Ackerson has been awarded 34 patents, numerous foreign patents, and has completed nine technology development and commercialization projects; and

WHEREAS, Dr. Ackerson was key in developing the IsoTherming® hydroprocessing technology used to advance clean fuels, which was later bought and marketed by DuPont; and

WHEREAS, Dr. Ackerson was inducted into the Arkansas Academy of Chemical Engineers in 2008;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board bestows upon Dr. Ackerson the title of Professor Emeritus of Chemical Engineering, effective September 18, 2026, and grants him certain rights and privileges as extended to emeritus faculty by the Fayetteville campus and the University of Arkansas System.

FURTHERMORE, the Board directs that a copy of this resolution shall be provided to Dr. Ackerson.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

RESOLUTION

WHEREAS, Dr. Ed Bengston Professor of Educational Leadership in the College of Education and Health Professions, University of Arkansas, Fayetteville, retired on June 30, 2026, after 16 years of service; and

WHEREAS, Dr. Bengston joined the University of Arkansas in 2010 as an assistant professor and then was promoted to associate professor in 2016; and

WHEREAS, Dr. Bengston served as the Program Coordinator of Educational Leadership from 2015-2019; and

WHEREAS, Dr. Bengston served as Interim Department Head, Department of Curriculum and Instruction, from 2019-2020 and Department Head from 2020-2023; and

WHEREAS, Dr. Bengston served as Associate Dean of the Graduate School and International Education, University of Arkansas, from July 2023 to June 2026; and

WHEREAS, Dr. Bengston taught 16 unique classes for the Educational Leadership program; and

WHEREAS, Dr. Bengston served as chair for 21 doctoral student's dissertation committees and served as a member on an additional 32 dissertation committees; and

WHEREAS, Dr. Bengston published 21 refereed articles in professional journals; and

WHEREAS, Dr. Bengston authored/co-authored four book chapters and two book reviews, 14 technical reports, and delivered 44 conference presentations; and

WHEREAS, Dr. Bengston was awarded five funded grant projects from external sources totaling $6,814,620; and

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board bestows upon Dr. Bengston the title of Associate Professor Emeritus of Educational Leadership, effective September 17, 2026, and grants him certain rights and privileges as extended to emeritus faculty by the Fayetteville campus and the University of Arkansas System.

FURTHERMORE, the Board directs that this resolution shall be spread upon the minutes of this meeting, and a copy shall be provided to Dr. Bengston.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

RESOLUTION

WHEREAS, Dr. Walter G. Bottje, Professor of Poultry Science in the Dale Bumpers College of Agricultural, Food, and Life Sciences, retired March 31, 2026, after 40 and three quarters years of service; and

WHEREAS, Dr. Bottje joined the University of Arkansas in 1985 as an assistant professor, was promoted to associate professor in 1990, and to professor in 1993; and

WHEREAS, Dr. Bottje has had an impressive career in the field of poultry physiology and spent over 40 years teaching and conducting research in the University setting for the Division of Agriculture, and providing leadership and instruction to the scientific community and clientele in the poultry industry through service at the university, local, state, national and international levels; and

WHEREAS, Dr. Bottje's graduate and undergraduate students have received numerous presentation and manuscript awards from the Poultry Science Association and Society of Free Radical Biology and Medicine; and

WHEREAS, Dr. Bottje has received the First Research and Transition Award (1987, National Institute of Health), John W. White Award for Research (1996, U of A Division of Agriculture), Broiler Research Award (2003, National Chicken Council, Poultry Science Association), Zoetis Fundamental Science Award (2014, Poultry Science Association), named as Fellow to the Poultry Science Association (2016), and the Spitze Land Grant Faculty Award for Excellence (2024, Division of Agriculture, UofA); and

WHEREAS, Dr. Bottje is a respected colleague and held in high regard by peers and students;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board bestows upon Dr. Bottje the title of Professor Emeritus of Poultry Science, effective September 18, 2026, and grants him rights and privileges as extended to emeritus faculty by the Fayetteville Campus and the University of Arkansas System.

FURTHERMORE, the Board directs that this resolution shall be spread upon the minutes of this meeting, and a copy shall be provided to Dr. Bottje.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

RESOLUTION

WHEREAS, Carl Circo, Professor in the School of Law, University of Arkansas, Fayetteville, retired on May 16, 2026, after 23 years of service on the faculty; and

WHEREAS, Professor Circo earned a Bachelor of Arts and a Juris Doctor from the University of Nebraska, where he served as Articles Editor on the Nebraska Law Review and was a member of the Order of the Coif; and

WHEREAS, Professor Circo joined the University of Arkansas in 2003 as a member of General Law Faculty; and

WHEREAS, as a member of the General Law Faculty, Professor Circo taught numerous courses including Property; Real Estate Transactions; Negotiations; Construction Law Practice; Interviewing, Counseling & Negotiating; Corporate Counsel Externship; Land Use; Wills, Trusts and Estates; Upper-Level Writing—Literature and Law; and

WHEREAS, Professor Circo was a nationally recognized expert and scholar with multiple publications dealing with construction law and other topics; and

WHEREAS, during his time on the faculty at the School of Law, Professor Circo served on numerous law school committees, mentored junior colleagues, and served as faculty advisor to multiple student organizations and law review students; and

WHEREAS, Professor Circo created a construction law education website, provided pro bono services, and chaired the American College of Construction Lawyers Education/Professor Committee; and

WHEREAS, through his efforts Professor Circo made significant contributions to the Law School, resulting in his being named the Ben J. Altheimer Professor of Legal Advocacy; and

WHEREAS, Professor Circo has been a highly successful academic, active in professional associations and held in high regard by his peers and colleagues, law students, and alumni;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board bestows upon Professor Circo the title of Professor of Law Emeritus, effective September 18, 2026, and grants him certain rights and privileges as extended to emeritus faculty by the Fayetteville campus and the University of Arkansas System.

FURTHERMORE, the Board directs that this resolution shall be spread upon the minutes of this meeting, and a copy shall be provided to Carl Circo.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

RESOLUTION

WHEREAS, Dr. Michael K. Daugherty, Distinguished Professor in the Department of Curriculum and Instruction in the College of Education and Health Professions, University of Arkansas, Fayetteville, retired on May 31, 2026, after 21 years of service; and

WHEREAS, Dr. Daugherty joined the faculty of the University of Arkansas in 2005 as a Professor of Technology Teacher Education, and Dr. Daugherty served as Interim Head of the Department of Rehabilitation, Human Resources, and Communication Disorders for the College of Education and Health Professions from 2006-2007; and

WHEREAS, Dr. Daugherty served as Head of the Department of Curriculum & Instruction for the College of Education and Health Professions from 2007-2017; and

WHEREAS, Dr. Daugherty was Director of Innovative Career Education and Professor of STEM Education from 2017-2020; and

WHEREAS, Dr. Daugherty in 2024 was recognized with the *Outstanding Leadership and Service Award* at the 1909 Conference: Advancing Thought, Research, and Practice in Technology and Engineering Education, and Dr. Daugherty in 2022 was named *Fellow* of the Technical Foundation of America, and was Inducted into the *Academy of Fellows* by the International Technology and Engineering Educators Association in 2009; and

WHEREAS, Dr. Daugherty received the *Mary Margaret Scoby Elementary STEM Award* for advancing elementary STEM by the International Elementary STEM Council in 2019; and

WHEREAS, Dr. Daugherty received the Gerhard Salinger Award for Enhancing Integrated STEM Education through Technological and Engineering Design-Based Instruction by the International Technology and Engineering Educators Association (ITEEA) in 2017, and

WHEREAS, Dr. Daugherty led multiple federal grants including the STEAM Education and Training for Underrepresented Students and Teachers in the Arkansas Delta project funded by the National Institutes of Health Science Education Partnership Agreement; the Fulbright Teaching Excellence and Achievement Program for Secondary Teachers of Science, Math, English & Special Education through the International Research and Exchanges Board; and the National Science Foundation;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board bestows upon Dr. Michael Daugherty the title of Distinguished Professor Emeritus of Curriculum and Instruction, effective September 17, 2026, and grants him certain rights and privileges as extended to emeritus faculty by the Fayetteville campus and the University of Arkansas System.

FURTHERMORE, the Board directs that this resolution shall be spread upon the minutes of this meeting, and a copy shall be provided to Dr. Michael K. Daugherty.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

RESOLUTION

WHEREAS, Dr. Fiona M. Davidson, Associate Professor of Geosciences in the Fulbright College of Arts and Sciences, University of Arkansas, Fayetteville, retired effective May 31, 2026; and

WHEREAS, Dr. Davidson joined the University of Arkansas Geography faculty in 1992 and has provided more than three decades of dedicated service, including leadership roles as Vice Chair of the Department of Geosciences and Director of European Studies; and

WHEREAS, Dr. Davidson has demonstrated excellence in teaching a broad array of courses in physical, human, and regional geography, and has received numerous honors for teaching and mentorship, including recognition as a Fulbright College Master Teacher and repeated Outstanding Mentor awards; and

WHEREAS, Dr. Davidson has maintained an active and impactful program of scholarship in political and European geography, contributing to edited volumes, peer-reviewed publications, and major collaborative works, including leadership roles in election atlas projects and scholarship on geopolitics, nationalism, and popular culture; and

WHEREAS, Dr. Davidson has secured external and internal funding in support of undergraduate research and has mentored numerous student research projects, contributing significantly to the academic development of her students; and

WHEREAS, Dr. Davidson has provided extensive service to the University through participation in the Faculty Senate, Honors Council, Academic Integrity Board, and numerous departmental and college committees, and has contributed to the discipline through leadership and service in the American Association of Geographers; and

WHEREAS, Dr. Davidson is a respected colleague, teacher, and scholar whose career has contributed significantly to the Department of Geosciences and the University of Arkansas;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OR ARKANSAS THAT the Board bestows upon Dr. Fiona M. Davidson the title of Associate Professor Emeritus of Geosciences, effective September 17, 2026, and grants her certain rights and privileges as extended to emeritus faculty by the Fayetteville campus and the University of Arkansas System.

FURTHERMORE, the Board directs that this resolution shall be spread upon the minutes of this meeting and a copy shall be provided to Dr. Davidson.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

RESOLUTION

WHEREAS, Larry D. Foley, Professor of Journalism and Strategic Media in the Fulbright College of Arts and Sciences, University of Arkansas, Fayetteville, retired effective May 31, 2026; and

WHEREAS, Professor Foley joined the University of Arkansas faculty in 1993 as an Associate Professor and was later promoted to full Professor in 2005; and

WHEREAS, Professor Foley began his distinguished television career in 1977 at KATV Channel 7, served as Pine Bluff Bureau Chief, was host of *Good Morning Arkansas*, and excelled at such roles as news reporter, assignment editor, anchor, and sports producer before joining Arkansas PBS in 1984 as Senior Producer and ultimately rising to the position of Deputy Director; and

WHEREAS, Professor Foley's body of work has brought honor to the state of Arkansas and to the University of Arkansas, earning induction into the Mid-America Emmy Silver Circle for a career distinguished in teaching, reporting, writing, producing, and directing; and

WHEREAS, Professor Foley's films have earned eight Mid-America Emmy Awards, 25 Emmy nominations from the National Academy of Television Arts and Sciences, and four Best of Festival of Media Arts awards from the Broadcast Education Association; and

WHEREAS, Professor Foley served the University of Arkansas with distinction for more than three decades, earning the admiration of students, colleagues, alumni, and the broader community as: a beloved teacher and trusted mentor; founder of campus television station UATV; Department Chair from 2014 to 2023, successfully leading the transition from the Lemke Department of Journalism to the School of Journalism and Strategic Media; and innovative leader who secured millions of dollars in support for new teaching and laboratory facilities, guided the school through two successful national accreditation reviews, and led the program to record enrollment, strengthening its reputation and future; and

WHEREAS, Professor Foley's many honors—including the University's Faculty Research Award, the Fulbright College Master Researcher Award, the Individual Artist Governor's Award from the Arkansas Arts Council, the Henry Award from Arkansas Parks and Tourism, induction into the Lemke Alumni Society Hall of Honor and the Fayetteville Schools Hall of Honor, and recognition as 2024 Teacher of the Year by the Arkansas Press Association—attest to his excellence in scholarship, creative achievement, and teaching;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board bestows upon Professor Larry D. Foley the title of Professor Emeritus of Journalism and Strategic Media, effective September 18, 2026, and grants him certain rights and privileges as extended to emeritus faculty by the Fayetteville campus and the University of Arkansas System.

FURTHERMORE, the Board directs that this resolution shall be spread upon the minutes of this meeting and a copy shall be provided to Professor Foley.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

RESOLUTION

WHEREAS, Sharon Foster, Professor in the School of Law, University of Arkansas, Fayetteville, retired on December 31, 2025, after 25 years of service on the faculty; and

WHEREAS, Professor Foster earned a Bachelor of Arts from the University of California at Los Angeles, a Juris Doctor from Loyola Law School, a Master of Laws from the University of Edinburgh, and a Doctor of Philosophy from the University of Edinburgh; and

WHEREAS, Professor Foster joined the University of Arkansas in 2000 as a member of the Legal Research and Writing Faculty, and joined the General Law Faculty in 2006; and

WHEREAS, as a member of the General Law Faculty, Professor Foster taught Contracts, Debtor-Creditor, Antitrust, Banking, and International Business Law; and

WHEREAS, Professor Foster was a prolific scholar with publications in the fields of intellectual property, human rights, and antitrust law; and

WHEREAS, during her time on the faculty at the School of Law, Professor Foster served on numerous law school committees, mentored junior colleagues, and served as faculty advisor to multiple student organizations and law review students; and

WHEREAS, Professor Foster unstintingly provided pro bono services to the community, and offered legislative input to the Arkansas State Legislature; and

WHEREAS, through these and other efforts Professor Foster made significant contributions to the instructional, research, and scholarly activities of the Law School, resulting in her being named the Sidney Parker Davis, Jr. Professor of Law; and

WHEREAS, Professor Foster has enjoyed a successful career in the field of legal academia, has been active in various professional associations, and is held in high regard by her peers and colleagues, law students, and alumni;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board bestows upon Professor Foster the title of Professor Emeritus of Law, effective September 18, 2026, and grants her certain rights and privileges as extended to emeritus faculty by the Fayetteville campus and the University of Arkansas System.

FURTHERMORE, the Board directs that this resolution shall be captured within the minutes of this meeting, and a copy shall be provided to Sharon Foster.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

RESOLUTION

WHEREAS, Dr. Najib Ghadbian, Associate Professor of Political Science in the Fulbright College of Arts and Sciences, University of Arkansas, Fayetteville, retired effective December 19, 2025; and

WHEREAS, Dr. Ghadbian joined the University of Arkansas faculty in 1999 as a Visiting Assistant Professor, and was promoted to Assistant Professor in 2000, and was promoted to Associate Professor in 2005; and

WHEREAS, Dr. Ghadbian holds a B.S. from UAE University, an M.A. from Rutgers University, and an M.A. and Ph.D. from The City University of New York; and

WHEREAS, Dr. Ghadbian also held a Visiting Associate Professor position at Naif Arab University for Security Studies, and has served as a Lecturer at Rutgers University, State University of New York-Fashion Institute of Technology, and Kingsborough Community College; and

WHEREAS, Dr. Ghadbian gave 27 years of service to the University and taught a wide variety of undergraduate and graduate courses in Comparative Political Analysis, Middle East Politics, Islam and Politics, The Middle East in World Affairs, Political Economy of the Middle East, Contemporary Issues in the Arab World, Political Leadership in the Middle East, Protest, Politics & Conflict in Syria, American National Government, Introduction to Political Science, Introduction to Comparative Politics, Introduction to International Relations, and Gateways to the Middle East; and

WHEREAS, Dr. Ghadbian is the author of several books, journal articles, book chapters, essays, and conference papers; and

WHEREAS, Dr. Ghadbian is a respected colleague and admired teacher held in high regard by his peers and his students;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OR ARKANSAS THAT the Board bestows upon Dr. Najib Ghadbian the title of Associate Professor Emeritus of Political Science, effective September 18, 2026 and grants him certain rights and privileges as extended to emeritus faculty by the Fayetteville campus and the University of Arkansas System.

FURTHERMORE, the Board directs that this resolution shall be spread upon the minutes of this meeting and a copy shall be provided to Dr. Ghadbian.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

RESOLUTION

WHEREAS, Beth Juhl, Web Services Librarian and Professor in the University Libraries, University of Arkansas, Fayetteville, retired on December 31, 2025, after thirty-two years and ten months of service; and

WHEREAS, Ms. Juhl joined the University of Arkansas in 1993 as Head of the Reference Department in a tenure-track appointment as Associate Librarian and Associate Professor, and was awarded tenure and promoted to Librarian and Professor on July 1, 1999; and

WHEREAS, Ms. Juhl holds a Bachelor of Arts degree from The University of Texas at Austin and a Master of Library Service from Columbia University; and

WHEREAS, Ms. Juhl has rendered distinguished service at the state, national, and international levels, including service on the Steering Committee of the Innovative Users Group, as Secretary, Webmaster, and Chair of ArkIUG, and as a member of the ELUNA Summon 360 Working Group since 2020, and was recognized in 2022 with the Beacon Award from the Innovative Users Group for exceptional service, collaboration, and dedication to libraries worldwide; and

WHEREAS, Ms. Juhl is a respected colleague and leader whose deep institutional knowledge, professionalism, generosity, and unwavering commitment have left a lasting and transformative impact on the University Libraries and the University of Arkansas community;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board bestows upon Ms. Juhl the title of Professor Emerita, effective September 18, 2026, and grants her certain rights and privileges as extended to emeritus faculty by the Fayetteville campus and the University of Arkansas System.

FURTHERMORE, the Board directs that this resolution shall be spread upon the minutes of this meeting, and a copy shall be provided to Ms. Juhl.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

RESOLUTION

WHEREAS, Dr. Thomas R. Paradise, University Professor of Geosciences in the Fulbright College of Arts and Sciences, University of Arkansas, Fayetteville, retired effective May 31, 2026; and

WHEREAS, Dr. Paradise has served the University of Arkansas with distinction as a faculty member since 2000, achieving the rank of University Professor and providing leadership through roles including Director of the King Fahd Center for Middle East Studies; and

WHEREAS, Dr. Paradise has demonstrated excellence in teaching a wide range of courses in geomorphology, natural hazards, cartography, and Middle East geography, and has received multiple Teacher of the Year honors recognizing his impact on student learning and mentorship; and

WHEREAS, Dr. Paradise has established an internationally recognized program of scholarship in geomorphology, cultural heritage conservation, and natural hazards, including more than three decades of research on Petra, Jordan, numerous peer-reviewed publications, and substantial external funding from agencies such as the National Science Foundation and the U.S. Department of State; and

WHEREAS, Dr. Paradise has mentored numerous graduate and undergraduate students and directed theses and dissertations, contributing significantly to geosciences education and research; and

WHEREAS, Dr. Paradise has provided extensive service to the University and the broader community through leadership of interdisciplinary programs, international collaborations, and advisory roles with organizations including UNESCO, The Explorers Club, and Osher Lifelong Learning Institute; and

WHEREAS, Dr. Paradise is a respected colleague, teacher, and scholar whose career has brought distinction to the Department of Geosciences and the University of Arkansas;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OR ARKANSAS THAT the Board bestows upon Dr. Thomas R. Paradise the title of University Professor Emeritus of Geosciences, effective September 18, 2026, and grants him certain rights and privileges as extended to emeritus faculty by the Fayetteville campus and the University of Arkansas System.

FURTHERMORE, the Board directs that this resolution shall be spread upon the minutes of this meeting and a copy shall be provided to Dr. Paradise.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

RESOLUTION

WHEREAS, Dr. Jeffrey J. Ryan, Associate Professor of Political Science in the Fulbright College of Arts and Sciences, University of Arkansas, Fayetteville, retired effective May 15, 2026; and

WHEREAS, Dr. Ryan joined the University of Arkansas faculty in 1990 as an Assistant Professor, and was promoted to Associate Professor in 1996; and

WHEREAS, Dr. Ryan holds a B.A. from Colorado State University, and an M.A. and Ph.D. from Rice University; and

WHEREAS, Dr. Ryan also held an Instructor appointment at Houston Community College; and

WHEREAS, Dr. Ryan gave 36 years of service to the University and taught a wide variety of undergraduate and graduate courses in Comparative Political Analysis, Problems of Political Development, Political Change in Latin America, American National Government, Introduction to Political Science, Introduction to Comparative Politics, Political Development, Inter-American Politics, Government and Politics of Latin America, Conditions of Democracy, Political Violence & Revolution, Democracy and Culture in Central America, Latin American Studies, and Authoritarianism; and

WHEREAS, Dr. Ryan is the author of many refereed publications and conference papers; and

WHEREAS, Dr. Ryan was the recipient of the Dr. John and Mrs. Lois Imhoff Award for Outstanding Teaching and Mentorship, Fulbright College Master Teacher Award, Honors College Outstanding Mentor Award, and University Undergraduate Research Excellence Award; and

WHEREAS, Dr. Ryan served as Director of Undergraduate Studies and Honors Advisor in the Department of Political Science from 2022 to 2026; and

WHEREAS, Dr. Ryan is a respected colleague and admired teacher held in high regard by his peers and his students;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OR ARKANSAS THAT the Board bestows upon Dr. Jeffrey J. Ryan the title of Associate Professor Emeritus of Political Science, effective September 18, 2026, and grants him certain rights and privileges as extended to emeritus faculty by the Fayetteville campus and the University of Arkansas System.

FURTHERMORE, the Board directs that this resolution shall be spread upon the minutes of this meeting and a copy shall be provided to Dr. Ryan.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

RESOLUTION

WHEREAS, Dr. Mandel G. Samuels, Teaching Assistant Professor of Human Resource Development (HRDE), formally Human Resource Workforce Development in the College of Education and Health Professions, University of Arkansas, Fayetteville, retired on January 15, 2026, after 26 years of service; and

WHEREAS, Dr. Samuels joined the University of Arkansas in 2000 as director of media services, transitioned to an instructor in 2012, and then to a teaching assistant professor in 2017; and

WHEREAS, Dr. Samuels served as the program coordinator for the Human Resource Development undergraduate program from 2015 to 2026; and

WHEREAS, Dr. Samuels earned his MBA from the University of Arkansas in 2004 and his EdD in Higher Education Administration from the University of Arkansas in 2017; and

WHEREAS, Dr. Samuels, prior to joining the University of Arkansas, served in various roles for organizations such as JCPenney Company, Walt Disney World Resorts, and the Dallas Independent School District; and

WHEREAS, Dr. Samuels taught 28 unique classes for the HRDE undergraduate program and served as a member on several doctoral students' dissertation committees in HRDE and in Adult and Lifelong Learning; and

WHEREAS, Dr. Samuels published 3 refereed articles in professional journals, delivered 3 conference presentations, and was awarded 2 internally funded grant projects; and

WHEREAS, Dr. Samuels won many honors and awards for his role as executive producer for Silas Hunt: A Documentary, including a 2008 Emmy Award; and

WHEREAS, Dr. Samuels won the Provost's Faculty Recognition for Outstanding Mentor award in 2024;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board bestows upon Dr. Samuels the title of Teaching Assistant Professor Emeritus of Human Resource Development, effective September 17, 2026, and grants him certain rights and privileges as extended to emeritus faculty by the Fayetteville campus and the University of Arkansas System.

FURTHERMORE, the Board directs that this resolution shall be spread upon the minutes of this meeting, and a copy shall be provided to Dr. Samuels.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

RESOLUTION

WHEREAS, Dr. Cathy Wissehr, Associate Teaching Professor in the Department of Curriculum and Instruction in the College of Education and Health Professions, University of Arkansas, Fayetteville, retired on May 31, 2026, after 17 years of service; and

WHEREAS, Dr. Wissehr joined the faculty of the University of Arkansas in 2009 as an Assistant Professor of Science and STEM Education; and

WHEREAS, Dr. Wissehr taught courses in Elementary and Childhood Education, Educational Studies, Secondary Education, and STEM Education; and

WHEREAS, Dr. Wissehr created multiple funded opportunities for teacher development through summer institutes supporting development of teacher quality and specific instructional skills in math and science education; and

WHEREAS, Dr. Wissehr co-led the Teaching Excellence and Achievement Program for Secondary Teachers of Science, Math, English and Special Education at the University of Arkansas funded through the International Research and Exchange Board in 2018; and

WHEREAS, Dr. Wissehr led the Expanding Environmental Education project with Springdale Latino Early Childhood Educators through the North American Association for Environmental Education in 2023; and

WHEREAS, Dr. Wissehr was celebrated by the University of Arkansas Associate Student Government with the Faculty Teaching Award; and

WHEREAS, Dr. Wissehr, in 2011, was recognized by faculty in the Department of Curriculum and Instruction with the Rising STAR; and

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board bestows upon Dr. Cathy Wissehr the title of Associate Teaching Professor Emeritus of Curriculum and Instruction, effective September 17, 2026, and grants her certain rights and privileges as extended to emeritus faculty by the Fayetteville campus and the University of Arkansas System.

FURTHERMORE, the Board directs that this resolution shall be spread upon the minutes of this meeting, and a copy shall be provided to Dr. Wissehr.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

RESOLUTION

WHEREAS, in accordance with University policy, Robert W. Arrington, M.D., has retired as a member of the faculty in the Department of Pediatrics, Section of Neonatology in the College of Medicine at the University of Arkansas for Medical Sciences as of February 28, 2026; and

WHEREAS, Robert W. Arrington, M.D., has served the Department of Pediatrics and the University of Arkansas for Medical Sciences with distinction for 51 years; and over the course of his career, he has ushered significant advances for the care of neonates, including ventilation for respiratory distress, surfactant replacement, oscillating ventilatory support, Extra Corporeal Membrane Oxygenation, head cooling for neonates, among others. He has devoted countless hours to teaching medical students, residents and fellows alike, training over 1,000 residents in newborn and neonatal care during his service to UAMS; and

WHEREAS, he is recognized locally and nationally by organizations in the specialty of Neonatology, being given numerous awards including UAMS Distinguished Alumnus Award, Doctor of the Year at Arkansas Children's Hospital (ACH), Ruth Olive Beall Award, Walmart Endowed Chair of Neonatology, a 50-year service award, the Betty A. Lowe, MD, Lifetime Achievement Award, 2019 UAMS Master Teacher Award, the 2026 the Asklepion Award by the Arkansas Medical Society and the Virginia Apgar award by the Section on Neonatal-Perinatal Medicine of the American Academy of Pediatrics; and

WHEREAS, he has served the Department of Pediatrics as Section Chief of Neonatology for over 34 years, building both the Neonatal Intensive Care Units at UAMS and Arkansas Children's, President of the Arkansas Perinatal Society, Chief of Staff at ACH, Director of UAMS Neonatology Service, Medical Director of the Newborn Transport Service, Medical Director of the NICU and many others—too numerous to mention here; and

WHEREAS, he has shown the highest integrity and leadership, and his continued support and constant vigilance of quality has continued to improve the status of the University of Arkansas for Medical Sciences and the education of both medical students and graduate students;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board expresses its appreciation to Robert W. Arrington, M.D., for his many contributions to the progress and development of the University of Arkansas for Medical Sciences and confers upon him the title of Professor Emeritus of the Department of Pediatrics effective July 1, 2026. The Secretary of the Board is directed to transmit a copy of this resolution to Robert W. Arrington, M.D., with our deepest gratitude.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

RESOLUTION

WHEREAS, in accordance with university policy, Susan Beland, M.D., has retired as a member of the faculty of the Department of Internal Medicine in the College of Medicine at the University of Arkansas for Medical Sciences as of June 30, 2026; and

WHEREAS, Susan Beland, M.D., has served the Department of Internal Medicine and the University of Arkansas for Medical Sciences with distinction for 36 years; and

WHEREAS, she has contributed significantly in the areas of research, graduate education, and medical education; and

WHEREAS, she is recognized locally and nationally by organizations in the specialty of Internal Medicine; and

WHEREAS, she has served the Department of Internal Medicine and the University in the past as a member or chair of many campus committees including Director of General Internal Medicine, Graduate Medical Education Committee and the College of Medicine Promotions Committee; and

WHEREAS, she has shown the highest integrity and leadership, and her continued support and constant vigilance of quality has continued to improve the status of the University of Arkansas for Medical Sciences and the education of both medical students and graduate students;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT Board expresses its appreciation to Susan Beland, M.D., for her many contributions to the progress and development of the University of Arkansas for Medical Sciences and confers upon her the title of Associate Professor Emeritus of the Department of Internal Medicine effective July 1, 2026. The Secretary of the Board is directed to transmit a copy of this resolution to Susan Beland, M.D., with our deepest gratitude.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

RESOLUTION

WHEREAS, in accordance with University policy, Joan M. Cranmer, Ph.D., has retired as a member of the faculty of the Department of Pediatrics in the College of Medicine at the University of Arkansas for Medical Sciences as of August 1, 2026; and

WHEREAS, Joan M. Cranmer, Ph.D., has served the Department of Pediatrics and the University of Arkansas for Medical Sciences with distinction for 50 years, beginning when she joined UAMS in 1976, becoming a faculty member in the Department of Pediatrics in 1984; and

WHEREAS, she has contributed significantly to areas of research, specifically Neurotoxicology. Her research has provided insight into the teratogenicity of various chemicals, elements and compounds on neurodevelopment, the immune system, and other long-term effects on development, organ function, and overall health. Her research is known internationally. She has served on a myriad of study sections, advisory boards, committees and expert panels for the National Institutes of Health, National Institute of Environmental Health Sciences, the Environmental Protection Agency, the National Academy of Science, the World Health Organization, and the United States Department of Defense. She was the founding editor of the journal *Neurotoxicology* in 1979 and served as Editor-in-Chief for 38 years; and

WHEREAS, she has served the Department of Pediatrics by developing one of the most successful academic mentoring systems in the country. Her outstanding leadership in the development of the Department of Pediatrics Mentoring, Promotion and Tenure program, which was formed over 30 years ago, has been executed with an impressive degree of success. The program's impact has reached beyond UAMS and across the country, being shared at institutions in over 11 states and internationally. The program was published in the American Academy of Pediatrics journal, *Pediatrics*; and

WHEREAS, Joan M. Cranmer, Ph.D., founded the Pediatrics Promotion and Tenure Committee in 1984 and has chaired it for 42 years. For her service and contributions within the Department of Pediatrics, a mentoring award has been named in her honor, and within UAMS, she was the inaugural recipient of the UAMS Chancellor's Award of Excellence in Faculty Mentorship in 2023. She received the Distinguished Service Award from the Society of Toxicology, Neurotoxicology Special Section. She received the UAMS Phenomenal Woman Award and in 2026 received one of the highest awards offered to a faculty member: the UAMS Distinguished Faculty Service Award; and

WHEREAS, she has shown the highest integrity and leadership, and her continued support and constant vigilance of quality has continued to improve the status of the University of Arkansas for Medical Sciences, expand the understanding and knowledge of neurotoxicology and the mentoring and promotion of our faculty;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board expresses its appreciation to Joan M. Cranmer, Ph.D., for her many contributions to the progress and development of the University of Arkansas for Medical Sciences and confers upon her the title of Professor Emeritus of the Department of Pediatrics effective August 1, 2026. The Secretary of the Board is directed to transmit a copy of this resolution to Joan M. Cranmer, Ph.D., with our deepest gratitude.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

RESOLUTION

WHEREAS, in accordance with University policy, Elizabeth A. Frazier, M.D., has retired as a member of the faculty of the Department of Pediatrics in the College of Medicine at the University of Arkansas for Medical Sciences as of December 31, 2025; and

WHEREAS, Elizabeth A. Frazier, M.D., has served the Department of Pediatrics in the Section of Cardiology and the University of Arkansas for Medical Sciences with distinction for 38 years; and

WHEREAS, she has contributed significantly to the areas of research around the post-operative care of congenital heart disease, Extracorporeal Membrane Oxygenation, Ventricular Assist Devices, and Pediatric Cardiac Transplantation. She has provided excellent medical education and training to medical students, pediatric residents, pediatric cardiology fellows, nurses and nurse practitioners working within the Department of Pediatrics; and

WHEREAS, she is recognized locally and nationally by organizations in the areas of Pediatric Cardiology and Transplant Cardiology including the American Academy of Pediatrics section of Cardiology, the Pediatric Heart Transplant Society, and International Society for Heart and Lung Transplantation; and

WHEREAS, she has served the Department of Pediatrics and the University in the past as the Medical Director of the CardioVascular Intensive Care Unit and as Medical Director of Cardiac Transplant at Arkansas Children's Hospital, helping further elevate the surgical program to a trusted referral center and launch one of the largest and most successful cardiac transplantation programs in the country; and

WHEREAS, she has shown the highest integrity and leadership, and her continued support and constant vigilance of quality has continued to improve the status of the University of Arkansas for Medical Sciences, the clinical care of our patients, the education of trainees within our academic center and further the research in her clinical areas of expertise;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board expresses its appreciation to Elizabeth A. Frazier, M.D., for her many contributions to the progress and development of the University of Arkansas for Medical Sciences and confers upon her the title of Professor Emeritus of the Department of Pediatrics effective July 1, 2026. The Secretary of the Board is directed to transmit a copy of this resolution to Elizabeth A. Frazier, M.D., with our deepest gratitude.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

RESOLUTION

WHEREAS, in accordance with University policy, C. James Graham, M.D., has retired as a member of the faculty of the Department of Pediatrics in the College of Medicine at the University of Arkansas for Medical Sciences as of September 1, 2026; and

WHEREAS, C. James Graham, M.D., has served the Department of Pediatrics and the University of Arkansas for Medical Sciences with distinction for 36 years; and

WHEREAS, he has contributed significantly to the areas of Pediatrics and Pediatric Emergency Medicine and has made substantial contributions in Academic Affairs. He has received numerous education awards including Educator of the Year Award in the Department of Pediatrics in 1999, 2001 and again in 2003 — making him an Educator Emeritus. He was honored by being asked to provide the keynote address to the senior students at the White Coat Ceremony in 2004, selected as Faculty Marshall for UME Graduation from 2004-2007, and chosen to place the doctoral hoods at convocation from 2011-2016. He has received a total of 18 Red Sash Teaching Awards, a Golden Sash Teaching Award, and has been awarded the Education Research Award by the COM in 2014 at Dean's Honor Day; and

WHEREAS, C. James Graham, M.D., he is recognized locally and nationally by organizations in the specialty of Pediatric Emergency Medicine, in the honor society of Alpha Omega Alpha, Arkansas Medical Society, American Medical Association, American Academy of Pediatrics, and the American Academy of Pediatrics Section on Emergency Medicine, American College of Emergency Physicians, Southern Society for Pediatric Research, and the Academic Pediatric Association. He is also well known in the American Association of Medical Colleges for his numerous contributions to medical education, medical school curriculum development and for his service as committee chair of the prestigious Liaison Committee for Medical Education; and

WHEREAS, he has served the Department of Pediatrics within the College of Medicine at UAMS in multiple leadership roles including Program Director for Pediatric Emergency Medicine Fellowship, Associate Medical Director of the Pediatric Emergency Department at Arkansas Children's, Section Chief for Pediatric Emergency Medicine, Course Director for the Introduction to Clinical Medicine I course for the College of Medicine, Associate Dean for Undergraduate Medical Education in the College of Medicine, and as Executive Associate Dean for Academic Affairs in the College of Medicine; and

WHEREAS, he has shown the highest integrity and leadership, and his continued support and constant vigilance of quality has continued to improve the status of the University of Arkansas for Medical Sciences and the education of both medical students and graduate students;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board expresses its appreciation to C. James Graham, M.D., for his many contributions to the progress and development of the University of Arkansas for Medical Sciences and confers upon him the title of Professor Emeritus of the Department of Pediatrics effective October 1, 2026. The Secretary of the Board is directed to transmit a copy of this resolution to C. James Graham, M.D., with our deepest gratitude.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

RESOLUTION

WHEREAS, Jamie D. Howard, M.D., has retired as a member of the faculty of the Department of Family and Preventive Medicine in the College of Medicine at the University of Arkansas for Medical Sciences as of March 31, 2026; and

WHEREAS, Jamie D. Howard, M.D., has served the Department of Family and Preventive Medicine and the University of Arkansas for Medical Sciences with distinction for 43 years; and

WHEREAS, she has contributed significantly in the areas of clinical service and leadership, graduate and undergraduate medical education, and clinical informatics; and

WHEREAS, she has provided long-term service to the Department of Family and Preventive Medicine and the University as medical director of the Family Medical Center, Little Rock, as well as medical director of Student and Employee Health; Preventive, Occupational and Environmental Medicine; and the Student Health Clinic; and

WHEREAS, she has served the University and the Department of Family and Preventive Medicine as a member or chair of many committees and other leadership groups, including the Quality Improvement Group, the Medical Records Committee, the Infectious Disease Committee, the Center for Primary Care Data Management and Quality Improvement, the Primary Care Quality Improvement Council, the EMR Decision Support Committee, and the Quality and Safety Committee as well as the Family Medicine Appointments, Promotion and Tenure Committee, among others; and

WHEREAS, Dr. Howard has held the Jack W. Kennedy Chair in Family and Preventive Medicine during her service to the department; and

WHEREAS, she has advanced patient care as an early and active promoter of high-quality simulation experiences for medical students; co-led the implementation of the Patient-Centered Medical Home model of care at the Family Medical Center, Little Rock; and served as an early adopter and champion of the transition to electronic medical record-keeping; and

WHEREAS**,** she has shown the highest integrity and leadership, and her continued support and constant vigilance of quality continues to improve the status of the University of Arkansas for Medical Sciences and the education of both medical students and graduate students;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board expresses its appreciation to Jamie D. Howard, M.D., for her many contributions to the progress and development of the University of Arkansas for Medical Sciences and confers upon her the title of Professor Emeritus of the Department of Family and Preventive Medicine effective April 1, 2026. The Secretary of the Board is hereby directed to transmit a copy of this resolution to Jamie D. Howard, M.D., with deepest gratitude.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

RESOLUTION

WHEREAS, Ronald F. Kahn, M.D., has retired as a member of the faculty of the Department of Family and Preventive Medicine in the College of Medicine at the University of Arkansas for Medical Sciences as of August 15, 2026; and

WHEREAS, Ronald F. Kahn, M.D., has served the Department of Family and Preventive Medicine and the University of Arkansas for Medical Sciences with distinction for 49 years; and

WHEREAS, he has contributed significantly in the areas of clinical care, graduate and undergraduate medical education, research, and leadership and administration; and

WHEREAS, he is recognized locally and nationally by organizations in the specialty of Family Medicine and has advised and mentored numerous faculty and learners in the specialty; and

WHEREAS, he has served the Department of Family and Preventive Medicine as medical director of the Family Medical Center, Little Rock; program director of the Little Rock Family Medicine Residency Program; Little Rock site director for the Family Medicine Clerkship; and director of the Division of Medical Student Education; among many other valuable contributions and forms of service; and

WHEREAS, he has held both the Jack W. Kennedy Chair in Family and Preventive Medicine and the Harold Silberbush Chair in Family and Community Medicine during his service to the department; and

WHEREAS, Dr, Kahn has received multiple outstanding Family Practice faculty teaching awards and has also been honored with, on multiple occasions, the Dean's Educational Excellence Award and the Dean's Resident Teaching Award in addition to the College of Medicine's Master Teacher Award as well as the Chancellor's Faculty Teaching Award; and he has received multiple Red Sash Awards; and

WHEREAS, he has served the University as a member of numerous campus boards and committees, including the Hospital Medical Board, the Medical Records Committee, the Nutrition Services Committee, the Infection Control Committee, and the Pharmacy and Therapeutics Committee, as well as many other College of Medicine, Family and Preventive Medicine, and outside committees; and

WHEREAS**,** he has shown the highest integrity and leadership, and his continued support and constant vigilance of quality continues to improve the status of the University of Arkansas for Medical Sciences and the education of both medical students and graduate students;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board expresses its appreciation to Ronald F. Kahn, M.D., for his many contributions to the progress and development of the University of Arkansas for Medical Sciences and confers upon him the title of Professor Emeritus of the Department of Family and Preventive Medicine effective August 16, 2026. The Secretary of the Board is hereby directed to transmit a copy of this resolution to Ronald F. Kahn, M.D., with deepest gratitude.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

RESOLUTION

WHEREAS, in accordance with University policy, Robert E. (Bobby) McGehee, Jr., Ph.D., retired as a faculty member of the Department of Pediatrics in the College of Medicine at the University of Arkansas for Medical Sciences as of February 28, 2026; and

WHEREAS, Dr. McGehee joined the faculty in 1993 in the College of Medicine Department of Pediatrics as assistant professor, with secondary appointments in the Departments of Physiology and Biophysics, and Pathology. He received promotions to associate professor in 1998, full professor in 2004, Dean of the Graduate School in 2004, distinguished professor in 2019, and served as Executive Director of the Arkansas Biosciences Institute (ABI) for 21 years; and

WHEREAS, he maintained continuous NIH funding since 1993 that supported his research in molecular endocrinology, type 2 diabetes, and obesity. For over 17 years, he co-led NIH training grant programs to increase student diversity. He directed the college Honors in Research program for 28 years. As Executive Director of the ABI, oversaw the distribution of over $200 million to ABI institutions that led to a return of over $1 billion in extramural funding to the state; he co-led the university's first successful Clinical and Translational Science Award. He served on over 100 federal scientific study sections; served 13 years on the Board of Directors of the National Biomedical Space Research Institute; and

WHEREAS, Dr. McGehee is renowned for his contributions to medical education. He developed and directed the Cell Biology course, served as Co-Director of the M.D./Ph.D. program for 15 years, and has received teaching awards that include Pediatric Educator Emeritus, COM Educational Innovation Award, the Chancellor's Award of Excellence, the COM Distinguished Faculty Service Award (one of the highest awards the college bestows). In 2011, a family of a student he mentored established the *Robert E. McGehee Jr. Distinguished Lecture in Biomedical Research and Education*, that supports in perpetuity the keynote speaker for UAMS Student Research Day. He served on the COM Research Council for over 20 years, Dean's Executive Council, Chancellor's Cabinet for 20 years, chaired and/or served 17 years on the COM Admission Committee, interim chair of the COM Division of Biomedical Informatics and led efforts for it to become a department, and directed the WPRCI Cell Differentiation and Signaling program. At the UA System level, he chaired the search committee for the UA Pine Bluff Chancellor, and assisted UA System President B. Alan Sugg in establishing UAPB's first Ph.D. program. He also has been generous at giving back to the institution and is a member of the UAMS Society of the Double Helix and is a Lifetime Member of the UAMS Chancellor's Circle; and

WHEREAS, he has shown the highest integrity and leadership, and his continued support and constant vigilance of quality has continued to improve the status of the University of Arkansas for Medical Sciences and the education of both medical students and graduate students;

NOW, THEREFORE BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board expresses its appreciation to Robert E. (Bobby) McGehee, Jr., Ph.D., for his many contributions to the progress and development of the University of Arkansas for Medical Sciences and confers upon him the title of Distinguished Professor Emeritus of the Department of Pediatrics effective July 1, 2026. The Secretary of the Board is directed to transmit a copy of this resolution to Dr. Bobby McGehee with our deepest gratitude.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

RESOLUTION

WHEREAS, in accordance with University policy, Ginell Post, M.D., Ph.D., has retired as a member of the faculty in the Department of Pathology of the College of Medicine at the University of Arkansas for Medical Sciences as of June 30, 2026; and

WHEREAS, Ginell Post, M.D., Ph.D., has served the Department of Pathology and the University of Arkansas for Medical Sciences with distinction for 18 years; and

WHEREAS, she has contributed significantly in the areas of research, medical and graduate education, clinical care, and university and community service; and

WHEREAS, Dr. Post is recognized locally and nationally by organizations in the specialty of pathology including hematology and coagulation; and

WHEREAS, she has served the Department of Pathology and the University in the past as a member of many campus committees including the College of Medicine Promotion & Tenure Committee, Institutional Biosafety Committee, and Academic Senate, and served as Director for the Hematology, Special Coagulation, and Point of Care clinical laboratory sections; and

WHEREAS, she has shown the highest integrity and leadership, and her continued support and constant vigilance of quality has continued to improve the status of the University of Arkansas for Medical Sciences and the education of both medical students and trainees;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board expresses its appreciation to Ginell Post, M.D., Ph.D., for her many contributions to the progress and development of the University of Arkansas for Medical Sciences and confers upon her the title of Professor Emeritus of the Department of Pathology effective July 1, 2026. The Secretary of the Board is directed to transmit a copy of this resolution to Ginell Post., M.D., Ph.D., with our deepest gratitude.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

RESOLUTION

WHEREAS, Paul L. Prather, Ph.D., has expressed his intention to retire as a professor of the Department of Pharmacology and Toxicology in the College of Medicine at the University of Arkansas for Medical Sciences on July 31, 2026; and

WHEREAS, Dr. Prather was awarded the Ph.D. degree in pharmacology from the University of Georgia in 1988, and the B.S. degree in pharmacy from Southwestern Oklahoma State University in 1981; and

WHEREAS, Dr. Prather joined the University of Arkansas for Medical Sciences as a tenure-track assistant professor in the Department of Pharmacology and Toxicology in 1995, was promoted to associate professor with tenure in 2002, and was promoted to full professor in 2013, and he has served UAMS with distinction for 31 years; and

WHEREAS, Dr. Prather has contributed significantly to the research mission of the University by directing an NIH-funded research program to identify pathways by which drugs of abuse exert their pharmacological effects and exploring treatments to limit substance abuse, representing 23 years of NIH funding totaling $3.4 million; and

WHEREAS, Dr. Prather is recognized at UAMS as a respected educator and mentor, serving as the director of an NIH-funded predoctoral training program, serving as a mentor to many graduate students, directing graduate courses, lecturing to medical students, and having received numerous awards to recognize his teaching excellence in the graduate and medical school; and

WHEREAS, Dr. Prather has served on many National Institutes of Health study sections and review panels, served as the invited expert at public forums, and reviewed extensively and provided editorial leadership for scientific journals; and

WHEREAS, Dr. Prather has shown the highest level of integrity, and his support and constant vigilance of quality has continued to improve the status of the University of Arkansas for Medical Sciences and the education of graduate and medical trainees;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board bestows upon Paul L. Prather, Ph.D., the title of Professor Emeritus of the Department of Pharmacology and Toxicology, effective on August 1, 2026, and grants him certain rights and privileges as extended to emeritus faculty by the University of Arkansas for Medical Sciences campus and the University of Arkansas System.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

RESOLUTION

WHEREAS, in accordance with University policy, John Mick Tilford, Ph.D., will retire as a member of the faculty of the Department of Health Policy and Management at the University of Arkansas for Medical Sciences as of December 31, 2026; and

WHEREAS, John Mick Tilford, Ph.D., has served the Department, College of Public Health and College of Medicine, and the University of Arkansas for Medical Sciences with distinction for 33 years; and

WHEREAS, he has contributed significantly to the three missions of UAMS - education, research and service, having received significant university and student accolades for teaching and mentoring, having lectured in and directed numerous courses for medical and graduate students, having held substantial funding from CDC, NIH, AHRQ, and NIMH; and

WHEREAS, Dr. Tilford is recognized locally, regionally, and nationally by organizations for his teaching, publications, and research in public health and health economics to advance knowledge in the field of pediatric research; and

WHEREAS, he has served the University and the Department of Health Policy and Management as College of Public Health Professor in Health Policy and Management, Department Chair, Program Directors in both Ph.D. Program in Health Systems and Services Research and MS Program in Healthcare Analytics, and as a member of many College of Public Health and University committees, including the Dean's Executive Committee, Admissions Committee, as well as many national professional organizations and study panel reviewers; and

WHEREAS, he has shown the highest integrity and leadership, and his continued support and constant vigilance of quality has improved the status of UAMS, scientific research, and the education of medical and graduate students;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board expresses its appreciation to John Mick Tilford, Ph.D, for his many contributions to the progress and development of the University of Arkansas for Medical Sciences and confers upon him the title of Emeritus Professor of the Department of Health Policy and Management, effective January 1, 2027. The Secretary of the Board is directed to transmit a copy of this resolution to John Mick Tilford, Ph.D., with our deepest gratitude.

Adopted on this 17th day of September, 2026.

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Ed Fryar, Secretary
Board of Trustees of the University of Arkansas

UAMS

Medical Center

UNIVERSITY OF ARKANSAS
BOARD OF TRUSTEES
The Joint Hospital Committee
University of Arkansas, Fayetteville
Don Tyson Center for Agricultural Sciences
Waldrip Hall
Via Telephone and Video Conference
Fayetteville, Arkansas
2:30 PM, September 17, 2026

Agenda

AGENDA FOR THE JOINT HOSPITAL COMMITTEE MEETING OF THE
BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS
UNIVERSITY OF ARKANSAS, FAYETTEVILLE
DON TYSON CENTER FOR AGRICULTURAL SCIENCES, WALDRIP HALL
FAYETTEVILLE, ARKANSAS
2:30 P.M., SEPTEMBER 17, 2026

1. Approval of Minutes of Meeting Held May 20, 2026 (Action)
   Michelle Krause, MD

2. Approval of the UAMS Medical Staff Bylaws Rules and Regulations (Action)
   Michelle Krause, MD

3. Approval of the UAMS Medical Center Level 1 Trauma Center Resolution (Action)
   Michelle Krause, MD

4. Approval of the UAMS Institutional Compliance Plans (Action)
   Amy Jones

5. Review of UAMS Institutional Compliance Report (Information)
   Amy Jones

6. Review of the UAMS Quality, Experience and Safety Report (Information)
   Michelle Krause, MD

7. Review of UAMS Clinical Enterprise Key Indicators (Information)
   Amanda George

8. Chief Executive Officer's Update (Information)
   Michelle Krause, MD

Item 1: **Approval of Minutes of Joint Hospital Committee Meeting Held May 20, 2026 (Action)**

Michelle Krause, MD

APPROVAL OF MINUTES OF JOINT HOSPITAL COMMITTEE MEETING HELD MARCH 9, 2026 (ACTION)

Minutes
May 20, 2026

MINUTES OF UNIVERSITY HOSPITAL-
BOARD OF TRUSTEES JOINT HOSPITAL COMMITTEE
UNIVERSITY OF ARKANSAS DIVISION OF AGRICULTURE
VIA IN PERSON AND VIDEO CONFERENCE
HARRISBURG, ARKANSAS
2:30 P.M., MAY 20, 2026

COMMITTEE MEMBERS PRESENT	Chairman Kevin Crass, Trustees Ed Fryar, Scott Ford, Ashley Caldwell and Jeremy Wilson; Chancellor Lowry Barnes, MD and Michelle Krause, MD, CEO, UAMS Medical Center & Senior Vice Chancellor for UAMS Health
OTHERS PRESENT	President Jay Silveria, Trustees Ted Dickey, Col. Nate Todd, Steve Cox, Randy Lawson and Judd Deere
UAMS REPRESENTATIVES:	Amanda George, Vice Chancellor for Finance

Chairman Kevin Crass called the meeting of the Joint University Hospital-Board of Trustees Committee to order at 1:45 pm on May 20, 2026, in Little Rock, Arkansas.

1. Approval of Minutes of Meeting Held March 9, 2026 (Action)

   A motion was made by Trustee Fryar to approve the minutes of the meeting of March 9, 2026. The motion was seconded by Trustee Wilson and passed unanimously.

Minutes

May 20, 2026

2. Approval of the UAMS Safety Management and Emergency Preparedness Reports (Action)

Dr. Krause presented the Safety Management Report from January through March 2026. Three chemical spills were reported, all were contained, cleaned and disposed of properly. Nine quarterly FACT IAQ Assessments were completed. All areas surveyed returned normal results.

The Emergency Preparedness team conducted a Lunch and Learn over severe weather response and resiliency. A tabletop exercise was conducted with the focus on response to an inmate escape from the hospital. Attendees included representation from UAMS Police, VA Police, Arkansas State Hospital (ASH) Security, Department of Corrections and Little Rock Police. This introduced UAMS staff to our neighbors surrounding the main campus and provided good discussion on ways to work together and communicate. The VA conducted a Mass Casualty training event. UAMS Emergency Preparedness coordinated with the VA team to assist in executing the event. During this reporting period, communications support was provided to a Human Resources job fair, planning for Walk for the Cure was completed, and a team member was selected to function as an observer/controller for a Community Emergency Response Team (CERT) exercise at the University of Central Arkansas.

A motion was made by Trustee Ford to approve the UAMS Safety Management Report and Emergency Preparedness Reports. The motion was seconded by Trustee Caldwell and passed unanimously.

4. Review of the UAMS Quality, Experience and Safety Report (Information)

Dr. Krause presented the Quality, Experience and Safety Report. Overall progress in reducing healthcare-associated infections continues to trend positively. Compared to the same period last fiscal year, total HAIs have decreased 40%, reflecting sustained improvement efforts and targeted prevention work across multiple units. There have been continuous efforts towards the reduction of falls and falls with injury, with the continuation of Fall Apparent Cause Analysis Reviews (ACA) and the Fall Prevention Taskforce and subgroups. A 30% reduction in total inpatient falls and 61% reduction in falls with injuries.

5. Review of the UAMS Integrated Clinical Enterprise Key Indicators (Information)

Ms. George presented the UAMS Integrated Clinical Enterprise Key Indicators for the period ending April 2026. Year to date inpatient discharges, clinic visits and surgical cases are above budget from prior year.

7. Chief Executive Officer's Update

No report given.

There being no further business, the meeting was adjourned at 2:18 pm.

Item 2: **Approval of the UAMS Staff Bylaws Rules and Regulations (Action)**

Michelle Krause, MD

2

APPROVAL OF THE UAMS STAFF BYLAWS RULES AND REGULATIONS (ACTION)

Summary of 2026 Bylaws Changes

1. Preamble and Article II. - Moving from a single hospital Medical Staff to a multi-hospital Unified Medical Staff where each hospital (including UAMS Medical Center) has to vote to join the Unified Medical Staff
2. System roles/committees:
    a. Definition 31, Article V. and Section 7.3. - Hospital Medical Board moves to a system, UAMS Health, Medical Executive Committee including one Facility Medical Director from each Member Hospital being added to the voting membership
    b. Definition 18 and Article IX. - Credentials Committee moves to a system, UAMS Health, Credentials Committee including one Facility Medical Director from each Member Hospital being added to the voting membership
    c. Definition 9 and Section 7.3. - Chief Clinical Officer moves to a system, UAMS Health position, appointed by the Chancellor, that is responsible for the clinical activities of the Unified Medical Staff and will also serve as the Facility Medical Director for UAMS Medical Center
    d. Definition 11 and Section 7.1. - Chief of Staff and Chief of Staff Elect currently in office move to system, UAMS Health, positions. In 2028 when electing a new Chief of Staff Elect, nominees could be from any Member Hospital.
    e. Definition 32 - Professional Staff Office moves to a system, UAMS Health, centralized credentialing office renamed as the Medical Staff Office offering 1 UAMS Health application packet, 1 set of primary source verifications and 1 credentialing file for all Member Hospitals, but location specific privileges based on scope of services, size, complexity and patient population at the Member Hospital.
3. Section 2.6. - Ability to activate privileges for practitioners currently credentialed at UAMS Medical Center to work at Member Hospitals without committee approval. Initiated by the Department or Service Line with a JFR Status Change, administratively activated by the Medical Staff Office and will be reported as information only to the Credentials Committee. Activation only applies to current privileges held at UAMS Medical Center that are available at the Member Hospital.
4. Definitions 10 and 24 - Each member hospital (including UAMS Medical Center) will have a Chief Executive Officer (CEO) or Chief Administrative Officer (CAO) that will appoint the Facility Medical Director.

5. Definition 17 and Section 10.2. - Add a Courtesy Staff for Community Physicians who are not members of the College of Medicine, are not employed or under contract with a Member Hospital but wish to perform procedures and consult. They would not admit patients, the hospitalist would admit their patients.
6. Definition 30 and 5.7 - Leadership Council would take on the responsibility of temporary policy approval and planning the MEC agendas (with topics being submitted by MEC Members).
7. 11.2.G.2 - Board Eligibility – change the number of years from 7 years to 4 years with a maximum of three exam attempts
8. 11.2.G.3 – Board Certification Grandfathering – Allow current physicians, at hospitals acquired by UAMS Health, who are not board certified to be grandfathered in to the board certification requirement meaning they would not be required to become board certified if they are on staff at an acquired hospital and were not currently board certified.
9. 11.2.G.4 – Board Certification Waiver for acquired hospitals – Allows evaluation of hospital's patient population and staffing needs where a Waiver of the board certification requirement may be available for physicians joining that hospital
10. 13.3 – Defines who can impose a Summary Suspension to include the Leadership Council or CMO On Call or 1 member of the Leadership Council plus a Department Chair, Chief of Service, Service Line Director, Facility Medical Director
11. Article X. - Moved all the staff categories into one section and consolidated the responsibilities and application articles into 1 article rather than having these articles duplicated for each staff category
12. Updated quorum wording throughout to be 51%
13. All Joint Commission Standard numbers changed

UAMS HEALTH

UNIFIED MEDICAL STAFF

BYLAWS, RULES & REGULATIONS

Amended September 2026

TABLE OF CONTENTS

PREAMBLE

UAMS Health operates under State and Federal law to advance a shared mission of providing patient-centered, cost-effective care through a health care system enriched by and committed to education and research. UAMS Health is comprised of UAMS Medical Center, an academic medical center and its remote location, UAMS Health NWA, together with UAMS Health Benton-Bryant and such additional hospitals and facilities as may hereafter become part of UAMS Health (each, a "Member Hospital," and collectively the "Member Hospitals").

The Board of Trustees of the University of Arkansas (the "Board of Trustees") is the single Governing Body of UAMS Health including each Member Hospital. The Board of Trustees has determined that patient care, quality, safety, and efficiency are best served by a single, unified organized Medical Staff serving all Member Hospitals, rather than separate and duplicative medical staffs at each facility. The Board of Trustees accordingly delegates to this Unified Medical Staff the responsibility of promoting the mission of UAMS Health at each Member Hospital, and the Unified Medical Staff accepts that responsibility, without waiving any confidentiality privileges afforded under State or Federal law to organized committees of the Medical Staff or to any quality or peer review committee.

A single Unified Medical Staff does not mean that a practitioner’s privileges are the same, or automatically effective, at every Member Hospital. Each Member Hospital retains its own scope of services and patient population, and Clinical Privileges are granted on a facility-specific basis as set out in Article II, subject to the administrative activation process in Section 2.6. Consistent with 42 C.F.R. § 482.22(b)(4) and applicable accreditation standards, the Board of Trustees exercises its governing body responsibilities, including final action on Medical Staff appointment and on Clinical Privileges, separately with respect to each Member Hospital's own patients, services, and practitioners, rather than through a single undifferentiated action covering every Member Hospital at once. Execution of the Medical Staff's responsibilities accordingly entails cooperation with the leadership of each Member Hospital, accountability to the Medical Executive Committee, and ultimate accountability to the Board of Trustees. The Medical Staff has therefore resolved to adopt and conform to these Bylaws.[1]

[1] MS.14.01.01, EP 1

DEFINITIONS

The following definitions apply to these Bylaws. Terms specific to a single Member Hospital are so noted:

1. **"Admission"** is placement of a patient in an inpatient status at a Member Hospital by a credentialed and privileged physician (admitting physician).[2]
2. **"Advanced Practice Registered Nurse" (APRN)** is as defined in the Arkansas Nurse Practice Act.
3. **"Advanced Practice Staff"** are all Advanced Practice Registered Nurses and Physician Assistants granted clinical privileges to attend patients at one or more Member Hospital.
4. **"Adverse Action"** is to reduce, restrict, suspend, revoke or deny or fail to renew clinical privileges, membership or authorization to provide patient care.
5. **"Affiliated Health Professional Staff"** are professionals of a Member Hospital, further defined in Article X, who are appointed pursuant to these Bylaws to attend patients of that Member Hospital but do not admit patients.
6. **"Board of Trustees"** is the Board of Trustees of the University of Arkansas. The Board of Trustees is the single Governing Body for UAMS Health including every Member Hospital.
7. **"Chancellor"** is the Chancellor of the University of Arkansas for Medical Sciences including UAMS Health and UAMS College of Medicine. Currently, the Chancellor is the acting Chief Executive Officer for UAMS Health.[3]
8. **"Chief Clinical Informatics Officer" (CCIO)** is the individual responsible for all clinical data, metadata, and software utilized by the organization. Appointed by the UAMS Medical Center CEO.
9. **"Chief Clinical Officer" (CCO)** is the individual responsible for the clinical activities of the Unified Medical Staff of UAMS Health. UAMS Health CEO appoints the CCO. Because UAMS Medical Center is the flagship UAMS Health facility, the CCO currently also serves as the UAMS Medical Center Facility Medical Director.[4] Upon request of the Chancellor or abdication of the Facility Medical Director role by the CCO, the UAMS Medical Center CEO may appoint a separate UAMS Medical Center Facility Medical Director.[5]
10. **"Chief Executive Officer" (CEO) or "Chief Administrative Officer" (CAO)** each Member Hospital will have a CEO or CAO, appointed by the Chancellor, with day-to-day executive responsibility for that Member Hospital. “CEO” or

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[2] Observation services are ordered by a credentialed and privileged physician.

[3] It is anticipated that the roles of UAMS Chancellor and UAMS Health CEO will ultimately be split into two roles consistent with workload and necessity. These Bylaws are intended to reflect the current state of the roles at the time of drafting, with the goal of continued functionality should the roles be split without immediate Bylaw revision. To the extent the Bylaws or other UAMS document is not clear on whether a responsibility belongs to the Chancellor or UAMS Health CEO and the roles have been split, the Chancellor retains the responsibility, but has explicit authority and discretion to delegate any action to the UAMS Health CEO.

[4] UAMS Medical Center’s Facility Medical Director may alternately be referred to as its Chief Medical Officer (“CMO”) as the Medical Center is the flagship UAMS Health institution and to avoid confusion with outside facilities’ nomenclature.

[5] At their discretion, the CCO may designate CMOs (Chief Medical Officers) to serve in an On-Call capacity. The CMOs On-Call have no Bylaws-specific function other than to initiate a summary suspension pursuant to Article 13.3, when necessary. They serve at the sole discretion of the CCO.

"CAO" in these Bylaws refers to a Member Hospital's own CEO or CAO unless the context indicates otherwise, and "Facility CEO" is used interchangeably with "CEO" or "CAO" when referring to a specific Member Hospital's CEO. "UAMS Health CEO" refers to the Chancellor at this time.

11. **"Chief of Staff"** is the individual elected by the Unified Medical Staff to act, along with the Chief Clinical Officer, as the Medical Staff's chief administrative officer.
12. **"Chief Quality Officer" (CQO)** is the individual responsible for the clinical quality, patient safety, clinical effectiveness, efficiency, and care model redesign strategies for the organization. Appointed by the UAMS Medical Center CEO.
13. **"Clinical Privileges"** the permission granted to a Medical Staff member or Courtesy Staff member to render specific diagnostic and therapeutic services at one or more specifically identified Member Hospitals.
14. **"Clinical Service"** is a clinical program, division or department, organized system-wide unless a facility-specific structure is adopted under Article IV. These may change from time to time as approved by the Medical Executive Committee.
15. **"College of Medicine"** is the UAMS College of Medicine.
16. **"Conflict of Interest"** is a personal or financial interest that would lead an objective person to conclude that it would be difficult for the person in those circumstances to make a fair and impartial decision in a Professional Review Activity.
17. **"Courtesy Staff"** are Community Physicians who are not members of the Faculty of the College of Medicine and are not employed by or under contract with a Member Hospital, but who wish to perform procedures and consult but are not eligible to admit to a Member Hospital. This is a non-voting category and they are ineligible to hold office.
18. **"Credentials Committee" or "UAMS Health Credentials Committee"** is the system-wide committee of Medical Staff members defined under Article IX of these Bylaws, which reviews credentials for appointment, reappointment, privileging and ongoing privileging, membership ongoing membership, authorization to provide patient care and ongoing authorization to provide patient care for every Member Hospital.
19. **"Dean of the College of Medicine"** is the individual appointed by the Chancellor to act on the Chancellor's behalf in the overall management of the College of Medicine.
20. **"Department Chair"** is the head of an academic department, appointed by the Dean of the College of Medicine.
21. **"Disability"** is as defined in the Americans with Disabilities Act.
22. **"Due Process"** is the procedures set forth in these Bylaws which ensure fairness in Investigations or other Professional Review Activities and Actions.
23. **"Facility Governing Body"** is with respect to any separately licensed, *potential* Member Hospital, the body responsible under applicable law for final action on Medical Staff membership and Clinical Privileges at that potential Member Hospital. This term applies only to a facility that is not yet a Member

Hospital. Once a facility becomes a Member Hospital, all references in these Bylaws to final action, approval, or oversight with respect to that facility are to the Governing Body, not the Facility Governing Body.

24. **"Facility Medical Director" or "Medical Director"** is a physician appointed by a Member Hospital's CEO or CAO to serve as that Member Hospital's local clinical leader, Medical Staff liaison, and representative on the Medical Executive Committee, consistent with 42 C.F.R. § 482.22(b)(4). If a Member Hospital does not yet have its own CEO or CAO able to make the appointment, the CCO will appoint an interim Facility Medical Director for the Member Hospital.
25. **"Faculty Appointment"** is an appointment in the College of Medicine at the level of Instructor, Assistant Professor, Associate Professor, Professor, Distinguished Professor, University Professor or one of the above titles modified by Adjunct, Visiting or Emeritus.
26. **"Governing Body"** is The Board of Trustees of the University of Arkansas, which for purposes of 42 C.F.R. § 482.12 and applicable accreditation standards is the single governing body of UAMS Health and of every Member Hospital, and which exercises its governing body responsibilities, including final action on membership, Clinical Privileges and authorization to provide patient care, separately with respect to each Member Hospital, as further described in the Preamble and Article II. The Board of Trustees may delegate to a committee or individual it designates the authority to take final action on membership, Clinical Privileges and authorization to provide patient care at a particular Member Hospital; such delegation does not relieve the Board of Trustees of its ultimate accountability and oversight responsibility for that Member Hospital under applicable law.
27. **"Hospital"** unless a specific Member Hospital is named, "Hospital" refers collectively to the Member Hospitals at which a member holds Clinical Privileges, membership or authorization to provide patient care.
28. **"Housestaff"** is an intern, resident, or fellow who is not a member of the Medical Staff, Courtesy Staff or Regional Staff and who is receiving post-graduate training sponsored by the College of Medicine (or an affiliated dental education program), as further described in Article XV.
29. **"Investigation"** is a formal process conducted by a Professional Review Body to obtain and make a detailed examination of facts related to an identified concern about a member's professional competence or conduct to determine whether a Professional Review Action should be requested or recommended. The term Investigation does not include a preliminary review to obtain basic information related to a concern or complaint about a member to determine whether an Investigation should commence, nor does it include routine quality assurance or performance improvement activities, collegial interventions, or peer-to-peer performance improvement interventions that are not intended to and do not impact a member's clinical privileges, membership or authorization to provide patient care.
30. **"Leadership Council"** is the Chief Clinical Officer, Chief of Staff, Past Chief of Staff, Chief of Staff-Elect, and the Director of the Medical Staff Office.

31. **"Medical Executive Committee" or "MEC"** is UAMS Health's Medical Executive Committee, the representative body of the Unified Medical Staff defined by Article V, previously known as the Hospital Medical Board. "Medical Executive Committee" and "MEC" are used interchangeably in these Bylaws to refer to the same body.
32. **"Medical Staff Office" (MSO)** is the single, centralized office responsible for supporting credentialing, privileging, and administrative functions for the Unified Medical Staff at every Member Hospital.
33. **"Medical Staff" or "Unified Medical Staff"** are all physicians, dentists and Advanced Practice Staff granted Medical Staff membership under these Bylaws, without regard to which Member Hospital(s) at which they hold Clinical Privileges.[6]
34. **"Member Hospital" or "Member Facility"** means UAMS Medical Center (including UAMS NWA, its remote location), UAMS Health Benton-Bryant, and any other hospital that becomes part of UAMS Health and adopts these Bylaws in accordance with Article XVIII and Article XX.
35. **"Peer Review"** is the routine professional review activity performed to evaluate the effectiveness and quality of health care rendered by members, including initial Focused Professional Practice Evaluations, Ongoing Professional Practice Evaluations and patient safety events or quality reviews performed by MEC committees. Peer review is not an Investigation for purposes of ARK. CODE ANN. § 20-9-1301, *et seq*.
36. **"Physician Assistant" (PA)** is as defined in the Arkansas Medical Practices Act.
37. **"Professional Review Action"** is an action or recommendation of a Professional Review Body which is taken or made in the conduct of Professional Review Activity and that 1) is based on an individual member's competence or professional conduct that adversely affects or could adversely affect the health or welfare of a patient; and, 2) adversely affects or may adversely affect the membership, Clinical Privileges or authorization to provide patient care.
38. **"Professional Review Activity"** is an activity to determine whether an individual may have Clinical Privileges, membership or authorization to provide patient care, the scope or conditions of Clinical Privileges, membership or authorization to provide patient care, or to change or modify the same. Includes an Investigation.
39. **"Professional Review Body"** is any department, division or chairman and any other person, committee or entity having authority to make an adverse recommendation regarding, or to take or propose an action against, any applicant or member when assisting the Board of Trustees in a Professional Review Activity. As indicated by the circumstances, Professional Review Bodies include but are not limited to the Board of Trustees, the MEC, the Credentials Committee, the Leadership Council, any Ad Hoc Investigation Committee, any Hearing Committee, any Appellate Review Committee, the

[6] MS.14.01.01. EP 1

Chief Clinical Officer, any CEO or CAO, the Chief of Staff, any Facility Medical Director, a Service Line Director/Chief of Service, or Department Chair.

40. **"Reasonable Accommodation"** when used in connection with a Disability, is as defined in the Americans with Disabilities Act.
41. **"Regional Staff"** are all healthcare professionals who are not members of the Medical Staff or Courtesy Staff, but are duly licensed in Arkansas, are employed by UAMS Health, and who regularly treat patients outside of a Member Hospital's licensed premises, as further defined herein.
42. **"Service Line"** is a functional structure of the Clinical Services, organized to enhance care delivery goals, which may operate system-wide or be limited to one or more specific Member Hospitals as the MEC determines.
43. **"Service Line Director", "Chief of Service" or "COM Designee"** is an administrator of UAMS Health and the Unified Medical Staff, appointed under Article IV, responsible for managing staff functions for a Clinical Service or Service Line across every Member Hospital.
44. **"Staff"** for purposes of these Bylaws are Affiliated Health Professional Staff, Courtesy Staff, Honorary Staff, Regional Staff and Medical Staff (physicians, dentists, and Advanced Practice Staff).
45. **"Summary Suspension"** is a temporary suspension or restriction of a member's Clinical Privileges, membership or authorization to provide patient care when failure to summarily suspend or restrict may result in imminent danger to the health or safety of any individual. A Summary Suspension facilitates preliminary review and inquiry to determine whether a Professional Review Action is warranted, but it is not itself a complete Professional Review Action and is neither final nor disciplinary. When a summary suspension is issued at one Member Hospital, it automatically applies to all Member Hospitals where the Member holds clinical privileges, membership or authorization to provide patient care within UAMS Health.
46. **"UAMS Health Benton-Bryant"** is the Member Hospital operating in Bryant, Arkansas, formerly known as Encore Medical Center, holding its own separate hospital license and Medicare provider number.
47. **"UAMS Medical Center"** is UAMS Health's flagship Member Hospital and is the main academic medical center located in Little Rock, Arkansas, holding UAMS Health's original hospital license and Medicare provider number, and inclusive of UAMS NWA and clinics where Medical Staff and Advanced Practice Staff providers are privileged and Affiliated Health Professional Staff providers are authorized to provide patient care as part of UAMS Medical Center.
48. **"UAMS NWA"** is a remote location of UAMS Medical Center, operating under UAMS Medical Center's hospital license and Medicare provider number rather than as a separately licensed hospital.
49. **"UAMS Regional Locations"** are the locations throughout the State of Arkansas where Regional Staff provide care as employees of UAMS Health.

ARTICLE I: NAME, PURPOSE & GOALS

1.1. NAME. The name of this organization is the Unified Medical Staff of UAMS Health (the "Unified Medical Staff" or "Medical Staff"). The Unified Medical Staff is the single organized medical staff, within the meaning of 42 C.F.R. § 482.22(b)(4), for every Member Hospital, and is accountable to the University of Arkansas Board of Trustees.

1.2. PURPOSE. The Purpose of the Unified Medical Staff is to create a single organized medical staff that provides a mechanism to ensure a uniform standard of quality patient care, treatment and services, education, and research through Rules and Regulations, performance standards, peer review and cooperation. The Bylaws provide a structure in which the Medical Staff can perform its duties and functions.[7]

1.3. GOALS: Consistent with its Purpose, the Medical Staff's goals are to:

- **A.** Assure that optimum quality and appropriate health care services are rendered through UAMS Health;
- **B.** Assure appropriate professional performance and utilization of services, within the scope of defined clinical privileges, through centralized credentialing, review, appraisal and improvement;[8]
- **C.** Provide an environment conducive to employment, education and research;
- **D.** Maintain a mechanism to address and resolve medical and administrative issues;
- **E.** Provide a plan for the Medical Staff's self-governance and accountability to the Board of Trustees;[9]
- **F.** Conduct ongoing quality improvement activities and peer review across UAMS Health, allowing shared learning while preserving each Member Hospital's ability to track and address its own quality and safety data;
- **G.** Facilitate the efficient addition of new Member Hospitals to UAMS Health over time, consistent with Article XX; and
- **H.** Provide effective self-governance within a defined, fair, and accountable process, including a means for the Medical Staff to raise concerns specific to a Member Hospital, and, if warranted, for a Member Hospital to opt out of the unified structure as provided in Article XVIII.

ARTICLE II: UNIFIED STRUCTURE, MEMBER HOSPITALS, AND FACILITY-SPECIFIC PRIVILEGES

2.1. SINGLE MEDICAL STAFF, CENTRALIZED MSO. There is one Unified Medical Staff for UAMS Health. A practitioner obtains a single Medical Staff appointment through the Unified Medical Staff appointment process described in Article XI, regardless of the number of Member Hospitals at which the practitioner intends

[7] MS.15.01.01. EP 4
[8] MS.15.01.01, EP 4
[9] MS.15.01.01, EP 4

to practice. All Medical Staff administrative functions, including intake, primary source verification, file maintenance, expirables tracking, and support of the UAMS Health Credentials Committee, are performed by the Medical Staff Office (MSO) for every Member Hospital. No Member Hospital may maintain a separate, parallel credentialing office.

2.2. MEMBER HOSPITALS. The Member Hospitals of UAMS Health as of the date of these Bylaws are:

A. UAMS Medical Center which includes UAMS NWA as a remote location operating under UAMS Medical Center's hospital license; and

B. UAMS Health Benton-Bryant, a separately licensed Member Hospital.

Additional hospitals may become Member Hospitals from time to time in accordance with Article XVIII and Article XX. Each Member Hospital remains a distinct licensed facility (except UAMS NWA, which is not separately licensed from UAMS Medical Center) with its own facility licensure responsibility, patient population, and scope of services, notwithstanding participation in the Unified Medical Staff. Any hospital that becomes a Member Hospital in accordance with these Bylaws will be included as a Member Hospital as of the date of the Board of Trustees approval, as if listed explicitly herein, without necessity of off-cycle amendment of these Bylaws.

2.3. NO AUTOMATIC RECIPROCITY OF PRIVILEGES BETWEEN SEPARATELY LICENSED MEMBER HOSPITALS. Medical Staff membership does not itself confer Clinical Privileges at any Member Hospital. Clinical Privileges are granted on a facility-specific basis, and, except as provided in Sections 2.4, 2.5, and 2.6 below, the granting of Clinical Privileges at one Member Hospital does not automatically confer, and does not create any presumption of entitlement to, Clinical Privileges at any other separately licensed Member Hospital. A practitioner who wishes to exercise Clinical Privileges at more than one separately licensed Member Hospital must separately request, and separately be granted, Clinical Privileges at each such Member Hospital (unless the privilege is eligible for administrative activation under Section 2.6), following the process in Article XI and any facility-specific criteria adopted for that Member Hospital under Section 2.7.

2.4. UAMS HEALTH NWA AS A REMOTE LOCATION OF UAMS MEDICAL CENTER. Because UAMS Health NWA operates under the same hospital license and Medicare provider number as UAMS Medical Center, Section 2.3 does not apply as between UAMS Medical Center and UAMS Health NWA. A Medical Staff member who holds Clinical Privileges at UAMS Medical Center may exercise those same privileges at UAMS Health NWA without a separate privileging action, subject to: (a) any facility-specific limitation the MEC has adopted for privileges exercised at UAMS Health NWA based on the equipment, support services, or scope of services available there; and (b) site-specific FPPE where the MEC determines that practice at UAMS Health NWA presents materially different clinical circumstances. If UAMS Health NWA's licensure status changes such that it

becomes separately licensed from UAMS Medical Center, this Section 2.4 will cease to apply and UAMS Health NWA will thereafter be treated as a separately licensed Member Hospital under Section 2.3.

2.5. DISCRETIONARY MULTI-FACILITY PRIVILEGES INITIATED FROM UAMS MEDICAL CENTER. Notwithstanding Section 2.3, when a practitioner applies for initial appointment or reappointment, the applicant will indicate in writing, on forms established by the MSO, each Member Hospital at which the applicant wishes to activate Clinical Privileges. If the applicant requests Clinical Privileges at UAMS Medical Center together with one or more other Member Hospitals, the MEC and UAMS Health Credentials Committee, acting through the MSO, may process a single, unified application and credentials file to support the granting of Clinical Privileges effective at UAMS Medical Center and at the other identified Member Hospital(s) concurrently ("Multi-Facility Privileges"), provided that: (a) the practitioner separately satisfies the facility-specific privileging criteria of each Member Hospital at which privileges are requested; and (b) the Governing Body takes final action on the granting of privileges at each such Member Hospital separately, as required by Section 2.8. This Section 2.5 is a matter of administrative efficiency in processing, not a substantive exception to facility-specific privileging; it does not authorize the automatic extension of UAMS Medical Center privileges to another Member Hospital without a separate privileging determination for that Member Hospital. No other Member Hospital is authorized to initiate Multi-Facility Privileges under this Section unless the MEC, with the concurrence of the Governing Body, extends this authority to that Member Hospital.

2.6. ACTIVATION OF CLINICAL PRIVILEGES AT ADDITIONAL MEMBER HOSPITALS. Notwithstanding Section 2.3, a Medical Staff member who already holds a specific Clinical Privilege at one Member Hospital may have that same Clinical Privilege administratively activated at another Member Hospital that also offers that privilege, without submitting a new application or Clinical Privileges request for that specific privilege, as follows:

A. Activation at Additional Member Hospitals. At any time after obtaining clinical privileges at one Member Hospital, the Chair or Service Line Director/Chief of Service or designee may request activation of already held Clinical Privileges at an additional Member hospital for a UAMS Health Medical Staff member by written notice to the MSO. The MSO will activate the requested privileges administratively, without a new Credentials Committee recommendation, MEC recommendation, or Governing Body vote on that specific activation, provided that: (a) the member currently holds each specific privilege requested at another Member Hospital in good standing; (b) the receiving Member Hospital's facility-specific delineation of privileges under Section 2.7 includes that same privilege; and (c) none of the limitations in Section 2.6.D apply;

B. Privileges Not Already Held. A privilege offered at the receiving Member Hospital that the member does not already hold at any Member Hospital is not eligible for activation under this Section and must instead be requested as additional privileges;

C. Limitations on Activation. A member may not activate a Clinical Privilege at an additional Member Hospital under this Section if: (i) that privilege is currently suspended, restricted, or subject to Administrative Suspension at any Member Hospital; (ii) an Investigation involving the member is pending; or (iii) the member is subject to a performance improvement plan, proctoring requirement, monitoring agreement, or similar condition anywhere in UAMS Health. This limitation may be waived only with the approval of the Leadership Council; denial of such a waiver is not an Adverse Action and carries no right to hearing or appeal under Article XIV;

D. Governing Body Authorization; Reporting in Lieu of Case-by-Case Approval. The Governing Body's adoption of these Bylaws, including this Section 2.6, constitutes the Governing Body's advance authorization of the activation mechanism described in this Section for every Member Hospital, in satisfaction of the Governing Body's oversight responsibility under Section 2.8, so that no separate case-by-case approval of an individual activation is required. The MSO will provide the Credentials Committee and the MEC a monthly Activation Report, for information only, identifying each member and Member Hospital for which Clinical Privileges were activated under this Section during the preceding month; and

E. Deactivation. A member may deactivate Clinical Privileges at a Member Hospital by written notice to the MSO.

This Section 2.6 applies symmetrically among all Member Hospitals unless the MEC, with the concurrence of the Board of Trustees, adopts a facility-specific limitation on activation into or out of a particular Member Hospital under Section 2.7.

2.7. FACILITY-SPECIFIC PRIVILEGING CRITERIA AND LOCAL RULES. The MEC, in consultation with the Facility Medical Director, Facility CEO or CAO, and relevant Service Line Directors or Chiefs of Service, may adopt facility-specific delineation-of-privileges forms appropriate to that Member Hospital's scope of services, size, complexity, and patient population, consistent with 42 C.F.R. § 482.22(b)(4)(ii). A Member Hospital may likewise adopt Local Rules and Regulations addressing matters unique to that facility (for example, on-call coverage, scope of available services, or transfer arrangements), which supplement but do not conflict with these Bylaws or the UAMS Health Rules and Regulations and are subject to MEC approval. Consistently with Section 2.6, a facility-specific delineation of privileges form determines which privileges are available for application at that Member Hospital, but does not itself require a practitioner already holding a listed privilege elsewhere to apply for it.

2.8. ROLE OF THE GOVERNING BODY. Centralization of the credentialing process in the MSO does not relieve the Board of Trustees (Governing Body) of its own responsibility for final action on appointment, reappointment, Clinical Privileges or authorization to provide patient care for the Members at each Member Hospital. The Credentials Committee and MEC make recommendations; the Board of Trustees takes final action on membership, Clinical Privileges and authorization to provide patient care for the Staff at each Member Hospital separately, including, as described in Section 2.6, by adopting the activation mechanism itself as its final action rather than acting on each subsequent activation individually. Nothing in these Bylaws delegates the Board of Trustees' ultimate oversight responsibility to the Medical Staff, the MEC, or the MSO.

2.9. LOCAL REPRESENTATION. Each Member Hospital, including UAMS Medical Center, is entitled to one (1) voting Facility Representative on the Medical Executive Committee and UAMS Health Credentials Committee, in addition to any other representation these Bylaws separately provide for that Member Hospital, as further described herein.

2.10. UAMS MEDICAL CENTER AS FLAGSHIP FACILITY. UAMS Medical Center is the flagship Member Hospital of UAMS Health. To the extent a question, gap, or conflict arises in the interpretation or application of these Bylaws, Medical Staff policy, or a Member Hospital's facility-specific rules, UAMS Health and/or UAMS Medical Center's policies and leadership may be consulted for guidance and input. This Section does not make UAMS Medical Center's policies binding on another Member Hospital, does not limit the Medical Executive Committee's authority to resolve the question, gap, or conflict, and does not affect the Governing Body's final decision-making authority.

ARTICLE III: CONDUCT OF MEETINGS

3.1. QUORUM AND VOTE. Except as otherwise specified herein, 51% of the voting membership of the Medical Staff, MEC, Leadership Council, and all MEC committees will constitute a quorum for all actions. Except as otherwise specified herein, action on any matter will be taken by a majority vote where a quorum is present. Meetings may be attended and votes may be cast electronically.

3.2. ASSIGNMENT OF RIGHT TO VOTE. Members of the Medical Staff, MEC, Leadership Council, and MEC committees may assign their right to vote to another voting member of the MEC, Leadership Council or MEC committee in which they serve provided that such assignment is in writing. Such assignment may be a continuing one designating another member as an alternate with right to vote in the absence of the member.

3.3. RULES. Meetings will be conducted by Robert's Rules of Order, except where these Bylaws or Medical Staff policy provide otherwise.

ARTICLE IV: CLINCAL SERVICES

4.1. CLINICAL SERVICES ORGANIZATION. The Unified Medical Staff is organized system-wide into Clinical Services and Service Lines to provide patient service, education and research effectively and efficiently by grouping Medical Staff administrative units. A Clinical Service ordinarily spans all Member Hospitals at which that specialty is practiced, so that a single Chief of Service or Service Line Director oversees the specialty across UAMS Health; the MEC may, where warranted by the scope or complexity of services at a particular Member Hospital, designate a facility-specific local designee or local designee to assist the Chief of Service or Service Line Director at that Member Hospital.

4.2. CLINICAL SERVICE FUNCTIONS. Each Clinical Service will have the following functions:

- **A.** Organize services to provide patient care, education and research specifically related to the Clinical Service across every Member Hospital at which it operates;
- **B.** Develop and implement a quality assurance and quality improvement program that accounts for differences among Member Hospitals in patient population, complexity, and scope of services and continuously monitor, evaluate and improve the quality and appropriateness of the care and treatment provided to patients, to include all major clinical activities of the service;
- **C.** Schedule periodic staff meetings to: 1) consider findings from quality assurance and quality improvement activities; 2) provide peer assessment and recommendations for action; and 3) inform staff of policies, procedures and current issues, including facility-specific issues at any Member Hospital;
- **D.** Maintain minutes, including attendance, of meetings and report regularly on quality assurance and quality improvement activities to committees;
- **E.** Assist the MEC and Credentials Committee in developing criteria for delineating clinical privileges and credentialing new staff, including facility-specific criteria; and,
- **F.** Conduct continuing education programs relevant to the services' specialties.

4.3. DUTIES OF MEMBERS OF CLINICAL SERVICE. Each practitioner who is an Active Staff member of a Clinical Service will:

- **A.** Regularly attend service and Medical Staff meetings;
- **B.** Participate in the service's quality assurance, quality improvement, and service's utilization review programs (including facility-specific programs at each Member Hospital where the member holds privileges); and
- **C.** Perform other duties as the Chief of Service or Service Line Director may assign.

4.4. CHIEF OF SERVICE, SERVICE LINE DIRECTOR AND COM DESIGNEE QUALIFICATIONS. A Chief of Service, Service Line Director or COM Designee will be appointed by the UAMS Medical Center CEO or the Dean of the College of Medicine. Chief of Service, Service Line Directors and COM Designee will be active members of the Medical Staff and certified by an appropriate specialty

Board, or possess comparable competence as determined by the Credentials Committee.[10]

4.5. DUTIES OF CHIEF OF SERVICE, SERVICE LINE DIRECTOR AND COM DESIGNEE.[11] Each Chief of Service, Service Line Director and COM Designee is an administrative officer of UAMS , reporting to the MEC, and Chief Clinical Officer and is responsible for the following duties:

- **A.** Serve as a member of the MEC (Chief of Service and Service Line Director only);
- **B.** Reporting to the MEC, the CCO, and the Facility CEO or CAO, responsible for: planning goals, objectives, and staffing for the service across every Member Hospital at which it operates;
- **C.** Assessing and improving quality of care at each Member Hospital;
- **D.** Conducting continuous surveillance of professional performance within the service at each such Member Hospital;
- **E.** Reviewing credentials and making recommendations on appointment, reappointment, Clinical Privileges (including facility-specific privileges, membership and authorization to provide patient care); [12]
- **F.** Presiding at service meetings;
- **G.** Enforcing Medical Staff Bylaws, Rules and Regulations, and each applicable Member Hospital's policies;
- **H.** Coordinating fiscal, space, and equipment needs with the relevant Facility CEO or CAO;
- **I.** Integrating the service into each Member Hospital's operations; fostering UAMS's role in research and education; and
- **J.** Performing such other duties as these Bylaws or the MEC assigns.

ARTICLE V: MEDICAL EXECUTIVE COMMITTEE & LEADERSHIP COUNCIL[13]

5.1. ORGANIZATION. The primary governing body for the Unified Medical Staff, system-wide and at every Member Hospital, is the Medical Executive Committee.

5.2. PURPOSE OF MEC. The MEC is organized to: 1) allow representation and participation of every Member Hospital in any deliberations affecting the discharge of Medical Staff responsibilities; 2) assure the quality, safety, satisfaction, and appropriateness of patient care system-wide and at each Member Hospital; and 3) establish a system of Medical Staff governance with accountability to the Board of Trustees, exercised separately with respect to each

[10] MS.14.01.01, EP 1
[11] MS.14.01.01, EP 1
[12] MS.16.01.01, EP 3
[13] MS.15.01.01, EP 1

Member Hospital. The MEC and its Committees conduct the functions related to the Medical Staff's responsibilities at every Member Hospital.[14] [15]

5.3. COMPOSITION OF THE MEDICAL EXECUTIVE COMMITTEE.

A. The MEC voting members are:[16]

1. Chief of Staff;
2. Chief of Staff-Elect;
3. Immediate Past Chief of Staff;
4. Chief Clinical Officer;
5. Chief Clinical Informatics Officer;
6. Chief Quality Officer;
7. Chair of each clinical department in the College of Medicine (excluding the Nursing and Pharmacy and Therapeutics Clinical Departments);
8. Chief of Service or Service Line Director from each system-wide Clinical Service (excluding any Service Line administrated by a COM Designee as defined herein);
9. The Facility Medical Director from each Member Hospital, including UAMS Medical Center[17]; and
10. Six (6) at-large members, one of which will always be an Advanced Practice Staff member.

B. The following officials will be non-voting members of the MEC:

1. Chief Residents Council Chair;
2. Chief Residents Council Vice Chair;
3. Chancellor;
4. Facility CEO or CAOs[18];
5. Chief Nursing Officer;
6. Chief Pharmacy Officer;
7. Dean of the College of Medicine;
8. Designated Institutional Official of Graduate Medical Education[19];
9. Perioperative Services Surgeon in Chief; and,
10. Other members of the Member Hospitals' Administration team as the MEC may invite.[20]

5.4. VACANCIES. Any membership vacancies that occur prior to the expiration of the term may be filled by an individual appointed by the Chief of Staff unless otherwise specified herein. No member is entitled to more than one vote by holding dual roles within UAMS Health.

5.5. DUTIES OF THE MEC. The MEC will have the following duties:

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[14] MS.15.01.01, EP 4
[15] MS.16.1.01, EP 5
[16] MS.15.01.01, EP 3
[17] If UAMS Medical Center's Facility Medical Director serves a dual role of UAMS Health CCO, the UAMS Medical Center CEO may designate an individual to represent UAMS Medical Center for purposes of the MEC.
[18] MS.15.01.01, EP 2
[19] MS.16.02.01, EP 5, 7
[20] MS.15.01.01, EP 3

A. Fulfill the Medical Staff's purposes as defined under Article I of these Bylaws;[21]
B. Represent and act on behalf of the Medical Staff, subject to limitations imposed by these Bylaws;[22]
C. Coordinate activities and general policies of various MEC committees and Clinical Services across every Member Hospital;
D. Receive and act upon minutes and reports from MEC committees and clinical services;[23]
E. Formulate and implement Medical Staff policies within authority including facility-specific policies;
F. Facilitate liaisons among the Medical Staff, Dean of the College of Medicine, each CEO or CAO, and the Board of Trustees;
G. Recommend action on medical/administrative issues to a Facility's CEO or CAO and the Board of Trustees;[24]
H. Discharge responsibilities essential to maintaining accreditation and licensure;
I. Develop and implement an effective quality assurance and improvement program which measures, assesses and improves processes involving practitioners credentialed and privileged by the Board of Trustees at every Member Hospital, while preserving each Member Hospital's ability to track its own facility-specific quality data;[25]
J. Enforce these Medical Staff Bylaws, Rules and Regulations and the policies and procedures of UAMS Health and each Member Hospital;
K. Appoint a committee comprised of the Leadership Council and the Facility Medical Directors to review and revise as indicated the Medical Staff Bylaws, Rules and Regulations every two (2) years; submit proposed revisions to the Medical Staff for adoption and the Board of Trustees for approval;
L. Plan, organize, implement and monitor a program to grant appointment and reappointment, membership and authorization to provide patient care, delineate clinical privileges at each Member Hospital, and assign members to Clinical Services;[26] and
M. Reasonably ensure professional and ethical conduct and clinical performance of every appointee at every Member Hospital where the appointee practices.

5.6. TERM OF OFFICE OF MEMBERS OF THE MEC.[27] The Chiefs of Service, Service Line Directors, Facility Medical Directors, and the non-voting members of the MEC will serve in an ex-officio capacity. At-large members will serve two-year terms and until a successor is duly elected and qualified, and may serve successive terms by reelection. Initial terms of at-large members may be staggered so no more than three (3) at-large members' terms will expire in the same year.

[21] MS.16.03.01, EP 1
[22] MS.14.01.01, EP 6
[23] MS.15.01.01, EP 4
[24] MS.15.01.01, EP 4
[25] MS.16.03.01, EP 1
[26] MS.15.01.01, EP 4
[27] MS.14.01.01, EP 1

5.7. COMPOSITION OF THE LEADERSHIP COUNCIL. The Leadership Council is composed of the Chief of Staff, Chief of Staff-Elect, Immediate Past Chief of Staff; Chief Clinical Officer; and the Director of the MSO (non-voting except as specified herein). Any member appointed to an interim position of Chancellor, CEO or CAO, or Dean ends their Leadership Council role effective on the date of the interim appointment. If their Leadership Council role has not been filled when their interim appointment ends, they will resume their Leadership Council position.

5.8. DUTIES OF THE LEADERSHIP COUNCIL. The Leadership Council will have the following duties:

- **A.** Act on behalf of the MEC and Board of Trustees, subject to ratification of action at the next MEC or Board of Trustees meeting;
- **B.** Meet when necessary to review the performance and clinical competence of Medical Staff, Courtesy Staff, Regional Staff and Affiliated Health Professional Staff members at any Member Hospital;
- **C.** Monitor effectiveness of committees recommending changes to the MEC;
- **D.** Annually review/update each Member Hospital's Quality and Safety Plan making recommendations to the MEC;
- **E.** Report actions through minutes to the MEC when acting on behalf of the MEC and Board of Trustees;
- **F.** Serve as an advisory body to the Chief of Staff, Chief Clinical Officer and the MEC, to facilitate joint clinical initiatives across UAMS Health;
- **G.** Other duties as assigned by the MEC.

5.9. MEETINGS OF MEC AND LEADERSHIP COUNCIL. The MEC and Leadership Council will ordinarily meet once each month. The Chief of Staff, the Chief of Staff-Elect, or the CCO may call special meetings, or request an email vote when a meeting on the topic is either unnecessary or has already occurred. Minutes will be kept and maintained by the MSO.

ARTICLE VI: ELECTION OF OFFICERS, MEMBERS & REPRESENTATIVES[28]

6.1. UNIFIED MEDICAL STAFF OFFICERS & QUALIFICATIONS. The officers of the Unified Medical Staff are the Chief of Staff and the Chief of Staff-Elect, who serve system-wide. Officers will be physician members of the Active Staff at the time of election and throughout their term of office.

6.2. TERM OF OFFICE OF OFFICERS. The term for office of officers will be two (2) years beginning July 1 and ending June 30. The Chief of Staff-Elect will be elected in even years. The Chief of Staff-Elect, if duly elected, will succeed the Chief of Staff at the end of the Chief of Staff's term or sooner should the Chief of Staff vacate the office prior to the end of their term. If there is no duly elected

[28] MS.14.01.01, EP 1

Chief of Staff-Elect at the end of a Chief of Staff's term, an election for Chief of Staff will be held concurrently with the election for Chief of Staff-Elect.

6.3. **METHOD OF ELECTION.** A Nominating Committee consisting of the Chief of Staff, Chief of Staff-Elect, Immediate Past Chief of Staff, Chief Clinical Officer and one (1) At-Large MEC Member are responsible for identifying and soliciting nominees for Medical Staff officers and elected members of the MEC (including at-large members and the Advanced Practice Staff representative(s)). In the first quarter of each year, the Nominating Committee will identify nominees for each expiring position. The subsequent ballot will be emailed to the Medical Staff using an electronic voting system. The highest number of votes received will determine the outcome, with the Chief of Staff voting to break a tie.

6.4. VACANCIES. Vacancies of the Unified Medical Staff officers will be filled as follows:

A. Chief of Staff: The Chief of Staff-Elect will serve as Acting Chief of Staff for the remaining term and then become Chief of Staff.

B. Chief of Staff-Elect: The CCO will appoint a qualified member of the Medical Staff to serve as the Acting Chief of Staff-Elect for the remaining term. An Acting Chief of Staff-Elect will not succeed to the position of Chief of Staff unless elected by the Medical Staff at the election.

C. Vacancy in Both Offices: In the event of a vacancy in both offices, the CCO may appoint an Acting Chief of Staff and Acting Chief of Staff-Elect to serve the remaining term.

6.5. REMOVAL FROM OFFICE.[29]

A. Reasons for removal. Officers, members at-large, or other elected representatives to the MEC may be removed for any of the following reasons:

1. Failure to perform the duties of the office or position as described in these Bylaws;

2. Failure to attend three (3) scheduled meetings of the MEC in any one (1) year without reasonable cause; in the case of members of the Leadership Council, failure to attend three (3) scheduled meetings of the Leadership Council without reasonable cause;

3. Termination of Medical Staff membership; or,

4. Notification of any officer or members at-large intention to leave UAMS or resign from their position.

B. Action of Leadership Council or MEC. Removal because of termination of Staff membership, notification of intention to leave UAMS Health or resignation from their position will not require any action by the MEC. The Leadership Council will declare a vacancy in the office. In the case of removal for any other cause, the Chief of Staff will notify the involved

[29] MS.14.01.01, EP 1

individual. If the involved individual is the Chief of Staff, the Chief of Staff-Elect will notify the Chief of Staff. The involved individual may at that point decide to resign from their position. If the individual disagrees with the allegations, and wishes the MEC to consider the matter, the allegations against the individual will be presented to the MEC. The involved individual will be entitled to the following due process rights: 1) notification in writing of the allegations and of the date of a hearing before the MEC; 2) the right to be present at the MEC meeting where the allegations are presented; 3) to confront their accuser(s) by asking them questions; and 4) to present witnesses in their own defense.

C. **Vote on Removal.** An elected medical staff officer, member, or representative may be removed from office by 51% vote of all members of the MEC who have voting rights. The involved individual may not vote in removal proceedings. The Chief of Staff may vote to break a tie. If the Chief of Staff is the individual involved, the Chief of Staff-Elect may vote to break a tie.

D. **Finality of MEC Decision.** The MEC decision will be final, and the involved individual will have no appeal rights.

ARTICLE VII: DUTIES OF UNIFIED MEDICAL STAFF OFFICERS, CLINICAL OFFICERS, AND UAMS HEALTH CCO[30]

7.1. UNIFIED MEDICAL STAFF OFFICER DUTIES:

A. **CHIEF OF STAFF.** The Chief of Staff will have the following duties:
   1. Calls and chairs meetings of the Medical Staff, MEC, Credentials Committee and the Leadership Council;
   2. Serves as the principal Medical Staff liaison and addresses issues of mutual concern with the Chancellor, Dean, CEO or CAOs, CCO, CQO, CCIO, and BOT when appropriate; and
   3. Appoints MEC Committee chairs and members except where these Bylaws specify otherwise.

B. **CHIEF OF STAFF-ELECT.** The Chief of Staff-Elect will have the following duties:
   1. Acts as Chief of Staff in their absence;
   2. Calls and co-chairs meetings of the QUEST Committee; and
   3. Other duties as the Chief of Staff or Medical Executive Committee assigns, in preparation for succession to Chief of Staff.

7.2. CLINICAL OFFICERS (CCIO & CQO):

A. **QUALIFICATIONS AND APPOINTMENT.** The UAMS Medical Center's Clinical Officers who serve on the Medical Executive Committee are the Chief Clinical Informatics Officer (CCIO), and the Chief Quality Officer (CQO). The CCIO and the CQO are appointed by the UAMS Medical Center

[30] MS.14.01.01, EP 1

CEO. The CCIO and CQO are required to be licensed physicians with UAMS Medical Center Medical Staff appointments.

B. CHIEF CLINICAL INFORMATICS OFFICER (CCIO)

1. Develops strategic plans regarding clinical systems and clinical workflows;
2. Ensures that clinical systems, clinical workflows, and IT developments are in line with global trends in medicine, informatics, and information technology;
3. Engages stakeholders (*e.g.*, Medical Center Administration, executive management, IT, patients/families) through a clinical systems governance process to ensure strategic and tactical alignment of clinical systems with clinical and organizational needs;
4. Plans and oversees strategic organizational transformation and change management strategies using evidence-based informatics tools and processes;
5. Assures the alignment of IT resources, expenditures, hardware, software, and clinical information system capabilities with organizational, operational and clinical needs and priorities;
6. Represents Operational and Medical Center Administration in the strategy, policy development, selection, timing, and rollout of clinical information systems and workflows;
7. Develops strategic plans regarding the institutional data collection and institutional information management;
8. Oversees the evidence-based implementation of clinical information system enhancements and changes, including decision support, documentation/data collection, computerized provider order entry, reporting, and analytics; and,
9. Selects a designee to act in their absence.

C. CHIEF QUALITY OFFICER (CQO)

1. Provides leadership and strategic oversight of the organization's quality, patient safety, clinical risk, infection prevention, and performance excellence programs.
2. Enforces and supports compliance with applicable governmental and accreditation standards relevant to an academic medical center.
3. Oversees the development, implementation, and evaluation of quality, safety, and performance improvement initiatives across the organization.
4. Collaborates with Chiefs of Service, Service Line Directors, Nursing, Medical Center Administration, and other leaders to establish and measure organizational goals for quality, safety, patient experience, and clinical outcomes.
5. Leads organizational efforts to promote a culture of safety, high reliability, and continuous improvement in the delivery of patient care.

6. Provides strategic guidance for process improvement, care redesign, and evidence based practice initiatives that enhance clinical effectiveness and operational performance.
7. Represents the organization in matters related to quality, patient safety, and performance excellence, and advises the Governing Body and Medical Executive Committee on these matters.
8. Facilitates coordination and communication of quality and safety priorities across departments, service lines, and clinical programs.
9. Oversees the development and maintenance of quality measurement, reporting, and population health capabilities.
10. Accountable for the development, validation, and public reporting of key performance indicators and quality metrics, ensuring absolute transparency and accuracy for external stakeholders, regulatory bodies, and the public. Acting as the primary organizational liaison for external quality ratings, managing the submission and interpretation of data for public-facing quality report cards, government databases, and industry benchmark setting organizational strategy for achieving the desired results.
11. Appoints a designee to act in their absence.

7.3. UAMS HEALTH CHIEF CLINICAL OFFICER (CCO)

A. QUALIFICATIONS AND APPOINTMENT. The UAMS Health Chief Clinical Officer (CCO) is responsible for the clinical activities of the Unified Medical Staff across UAMS Health. The CCO is appointed by the UAMS Health CEO acting on behalf of the Governing Body,[31] and must be a licensed physician holding a Medical Staff appointment. Because UAMS Medical Center is UAMS Health's flagship Member Hospital, the CCO currently also serves as the UAMS Medical Center Facility Medical Director as provided in the Definitions; service as the CCO is not contingent on holding that role.

B. DUTIES.

1. Provides leadership and oversight of the clinical activities of the Unified Medical Staff across UAMS Health to ensure high-quality, patient- and family-centered care;
2. As the individual responsible for the Unified Medical Staff, consults directly with the Governing Body and, in consultation with the Chief of Staff, reports directly to the Governing Body on quality, safety, and clinical metrics as required by CMS, in the format provided by the Governing Body's policies and procedures, including with respect to each Member Hospital;[32]
3. Enforces the Medical Staff Bylaws, Rules and Regulations, in collaboration with the Chief of Staff, Facility Medical Directors, Chiefs of Service, and Service Line Directors;

[31] LD.11.01.01, EP 6.
[32] LD.11.01.01. EP 3. 5

4. Initiates investigations as provided in these Bylaws;
5. Receives and addresses concerns regarding the quality of patient care provided by members of the Staff at any Member Hospital;
6. Facilitates effective collaboration among the Staff, each Member Hospital's Administration, and the Governing Body to support coordinated, efficient clinical operations;
7. Shares accountability with Facility Medical Directors, Chiefs of Service and Service Line Directors for clinical outcomes, performance, and the development of clinical service goals and metrics;
8. Provides strategic oversight for the development and implementation of clinical service plans, including resource prioritization and alignment with institutional missions;
9. Represents clinical leadership in organizational decision-making related to patient care delivery, clinical operations, and resource allocation;
10. Oversees and coordinates with the Facility Medical Directors, who perform the CCO's duties with respect to day-to-day matters at their respective Member Hospitals;
11. Calls and presides over specially-called meetings of the Credentials Committee and, if necessary, the MEC, as provided in these Bylaws;
12. Supports institutional policies on professional behavior and promotes a culture of safety, quality, and accountability;
13. All other duties identified in these Bylaws; and
14. Appoints a designee to act in their absence.

7.4. FACILITY MEDICAL DIRECTORS.

A. APPOINTMENT.

Each Member Hospital will have a Facility Medical Director, appointed by the CEO or CAO of that Member Hospital. If a Member Hospital does not yet have its own CEO or CAO able to make the appointment, the CCO will appoint an interim Facility Medical Director for that Member Hospital, who serves until the Member Hospital's CEO or CAO is appointed and makes an appointment under this Section.

A Facility Medical Director must be a licensed physician holding UAMS Health Medical Staff appointment with Clinical Privileges at that Member Hospital.

B. DUTIES.

1. Reports to the CEO or CAO of that Member Hospital and to the CCO;
2. Serves as that Member Hospital's local physician leader and point of Medical Staff liaison, representing that Member Hospital's facility-specific concerns to the Medical Executive Committee;[33]
3. Performs the CCO's duties as outlined in these Bylaws with respect to day-to-day matters at their Member Hospital subject to the CCO's oversight; and

[33] 42 C.F.R. § 482.22(b)(4)(ii)

4. Coordinates with the Chief of Staff and the MSO on their Member Hospital's credentialing, quality, and Medical Staff administrative needs.

ARTICLE VIII: MEC COMMITTEES[34]

8.1. COMMITTEES. MEC committees have been formed to participate in discharging the duties of the MEC.[35, 36] The MEC will develop and approve a charge for each committee designating the name, membership, meeting frequency, purpose, responsibilities, and whether the committee is a system-wide committee or a facility-specific committee for one or more Member Hospitals. The charges will be made available to Medical Staff members and practitioners with clinical privileges. The committees will meet regularly, maintain minutes and report their activities to the MEC. Special meetings may be called as needed by the Chair. Committees may be created and dissolved in accordance with operational needs and upon recommendation of the Leadership Council and with the approval of the MEC.

8.2. APPOINTMENT OF COMMITTEE MEMBERS. Committee members may be Medical Staff, other health professionals, Medical Center Administrative staff, or from the community. A majority of each committee will be members of the Medical Staff. Unless the committee charge specifies that members who are not physicians are non-voting members, they will be voting members. The Chief Clinical Officer will be a voting member of the Leadership Council, the Credentials Committee and the MEC; and an ex-officio (non-voting) member of all other committees unless named in the specific committee charge as a voting member. Members may concurrently serve on more than one committee.

8.3. TERM AND REMOVAL. Committee members are appointed for two-year terms, beginning on July 1 of even years and renewing automatically for 2 years on each anniversary of the effective date. The Chair of each committee will provide an annual report to the Chief of Staff and the Chief Clinical Officer. The Chief of Staff may review committees for effectiveness and replace committee members as necessary. Reappointments are encouraged to enhance continuity. An appointment will automatically cease if a member leaves UAMS Health or resigns from the committee.

8.4. VACANCIES. Any membership vacancies that occur prior to the expiration of the term may be filled by an individual appointed by the Chief of Staff to serve the remainder of the term. MEC approval of such appointments is not required.

8.5. DUTIES OF MEMBERS. Committee members accept responsibility to:

A. Participate in committee functions;

B. Attend committee meetings;

[34] MS.16.01.01, EP 2, 4
[35] MS.16.01.01, EP 2
[36] MS.16.03.01, EP 1

C. Cooperate with committee members; and,
D. Accept voting rights.

8.6. CHAIR. The Chief of Staff will appoint a physician member of the Medical Staff (unless otherwise specified in the committee charge) as the Chair of each committee. In the event of a vacancy, the Chief of Staff will appoint an Interim Chair to serve out the remainder of the term. The term will be two (2) years, from July 1 of year one through June 30 of year two. The Chair may delegate any duties to another committee member.

8.7. DUTIES OF THE CHAIR.
A. Schedule meetings, prepare meeting agendas and notify members of meetings;
B. Consult with the Chief of Staff on appointment of committee members;
C. Conduct the committee's business to fulfill a defined charge;
D. Record and distribute minutes including notation of meeting attendance; and,
E. Represent the committee at the MEC as requested.

8.8. REPORTING. Committees will have regular business meetings followed by separate quality meetings for discussion of any confidential issues that are before the committee. Each committee will keep a record of its minutes and attendance roster. Separate minutes will be kept for the quality meetings. Minutes will be approved by the membership. Business and quality minutes will be maintained in the office supporting the committee. Committees will report their activities to the MEC and as specified in their charges.

ARTICLE IX: THE UAMS HEALTH CREDENTIALS COMMITTEE

9.1. ORGANIZATION AND PURPOSE. The UAMS Health Credentials Committee ("Credentials Committee") established under the MEC as one of its standing committees, serves as a peer review agent of the MEC and the Board of Trustees, participating in Professional Review Activities on behalf of the organized Medical Staff and assisting the Board of Trustees in fulfilling its oversight responsibility for appointment, reappointment, membership, authorization to provide patient care, and Clinical Privileges.[37]

9.2. COMPOSITION OF THE CREDENTIALS COMMITTEE. The composition of the Credentials Committee is defined in the Committee Charge.

9.3. COMMITTEE RESPONSIBILITIES[38].
A. Conduct Professional Review Activities.
1. In the Appointment Process: 1) Review all applications for appointment and the associated documentation; 2) Assess the

[37] MS.16.03.01, EP 5, LD.11.01.01, EP 7
[38] MS.17.01.03, EP 4

applicant's qualifications in relation to those privileges or membership requested; 3) Make recommendations for appointment, membership, authorization to provide patient care and privilege delineation; and, 4) Factor focused professional practice evaluation (FPPE) into the appointment process according to policy.

2. **In the Reappointment Process:** 1) Review all reappointment requests and associated documentation; 2) Assess individual's suitability to continue as a member of the Staff and perform those procedures for which privileges or general job functions are requested; 3) Make recommendations for reappointment and any changes in privilege delineation or general job functions; and, 4) Factor ongoing professional practice evaluation (OPPE) information into the decision to maintain existing privileges to revise existing privilege, or to revoke an existing privilege prior to or at the time of reappointment and according to policy.
3. **In Response to Identified Concerns about Professional Competence or Conduct**: 1) Oversee Investigations; 2) Review Investigation findings; and, 3) Recommend Professional Review Actions when necessary.
4. **On a perpetual basis:** Review and revise Departmental privilege lists and job descriptions as necessary and make recommendations concerning privileging and general job function processes for specific procedures.[39]

9.4. MEETINGS OF THE CREDENTIALS COMMITTEE. The Credentials Committee will meet monthly. The Chief of Staff, the Chief of Staff-Elect, or the Chief Clinical Officer may call special meetings with reasonable notice. Minutes will be kept and will be maintained in the Medical Staff Office.

9.5. PRIVILEGE AND CONFIDENTIALITY. Activities of the Credentials Committee including meetings and discussions (both formal and informal), documentation, and minutes are intended to be confidential and privileged to the fullest extent of state and federal law and regulation.

ARTICLE X: STAFF RESPONSIBILITIES AND CATEGORIES[40]

10.1. AFFILIATED HEALTH PROFESSIONAL STAFF. Affiliated Health Professional Staff appointees are health professionals: 1) who hold health care related advanced degrees or have a proven skill in their specialty; 2) are employed by UAMS Health; and, 3) who are performing clinical duties and patient services either:

A. As a Consulting Scientist or
B. As an Allied Health Professional

[39] MS.15.01.01, EP 4
[40] LD.13.03.01, EP 1

1. The Affiliated Health Professional Staff is a separate staff from the Medical Staff, Courtesy Staff and Regional Staff. Affiliated Health Professional Staff appointees are not members of the Medical Staff, Courtesy Staff or Regional Staff, and no Affiliated Health Professional Staff appointee will be eligible to hold office or vote as a Medical Staff member;[41]

C. Affiliated Health Professional Staff appointees will not have admitting privileges and typically render in-patient services only if a Medical Staff member has ultimate responsibility for and authority over the care of the patient. Under these conditions, an Affiliated Health Professional Staff appointee may:

1. Participate directly in the management of the patient;
2. Exercise judgment with their area of competence;
3. Perform services within their area of professional qualification, competence and according to their approved job description; and,
4. Record reports and progress notes in the patient's record;

D. Affiliated Health Professional Staff appointees will attend regularly scheduled meetings of the clinical service to which they are assigned; and,

E. Each Affiliated Health Professional will be assigned to a clinical service and will be authorized to provide care under a defined job description that is consistent with their profession, licensure, experience and competence.

F. **CATEGORIES.** Affiliated Health Professional Staff consists of Consulting Scientists and Allied Health Personnel.

1. **CONSULTING SCIENTISTS.** Consulting Scientists are doctoral or master-level scientists and licensed health professionals with doctoral or masters degrees such as, but not limited to, psychologists, podiatrists, optometrists, ethicists, laboratorians, pharmacists, physicists, and audiologists who: 1) by their licensure (or other comparable certification), are eligible to provide patient care services without direction or supervision; and/or, 2) are graduates of a doctoral or masters program in a profession accredited by a nationally recognized accrediting body approved by the U.S. Department of Education. While they may not admit patients, Consulting Scientists may be authorized to consult in relation to patients when their specialized skills may be useful and in activities of education and research;
2. **ALLIED HEALTH PERSONNEL**. Allied Health Personnel will be licensed health professionals such as, but not limited to, Radiology Practitioner Assistants, Emergency Medical Services Professionals and Registered Dental Assistants and highly trained health professionals for whom licensure is not available in Arkansas, who 1) may or may not be licensed to practice independently; and, 2) are performing clinical duties and patient services under a defined job description.

[41] MS.14.01.01, EP 1

10.2. COURTESY STAFF. Courtesy Staff are for the Community Physicians who are not members of the Faculty of the College of Medicine and are not employed by or under contract with a Member Hospital, but who wish to perform procedures and consult but are not eligible to admit to a Member Hospital. The Courtesy Staff status is a non-voting category; Courtesy Staff are ineligible to hold office.

A. Privileges. Courtesy Staff may be granted delineated privileges to perform procedures and to consult. A Courtesy Staff member holds no admitting privileges and has no obligation to take call. A Courtesy Staff member who wishes to have a patient admitted must be admitted by, and remains under the overall responsibility of, a Medical Staff member holding admitting privileges at that Member Hospital.

B. Credentialing. Courtesy Staff are subject to the same appointment and delineation of privileges, Focused Professional Practice Evaluation, and Ongoing Professional Practice Evaluation requirements as any other Medical Staff member exercising the same privileges. Courtesy Staff will be assigned to a Clinical Service for purposes of quality review but have no call or committee-service obligations arising from that assignment.

10.3. HONORARY STAFF. The Honorary Staff will consist of any physician with a purely administrative role or physicians and dentists who are not active in the Member Hospitals but are honored by emeritus positions. Honorary Staff membership in an administrative role may be granted upon the Chief Clinical Officer's invitation and emeritus positions may be granted upon the applicable Chief of Service or Service Line Director's invitation to the respective member. Honorary Staff members in an emeritus position will be assigned to a Clinical Service but will not have any clinical privileges. All Honorary Staff will be eligible for membership and have the right to vote on MEC committees. Attendance at Clinical Service and annual staff meetings will not be required. To the extent necessary to exercise consultative privileges, Honorary Staff members will be responsible for keeping current with changes in policies and procedures which are applicable to the assigned Clinical Service. Honorary Staff members are not subject to the appointment/reappointment process nor the professional malpractice liability requirement.

10.4. MEDICAL STAFF. Only duly licensed professionals who hold a Medical Staff appointment or temporary privileges are eligible to render medical care at any Member Hospital. Appointment to the Medical Staff is granted by the Board of Trustees through the appointment/reappointment process. Every person practicing in the medical profession at any Member Hospital by virtue of Medical Staff appointment will be entitled to exercise only those clinical privileges specifically granted by the Board of Trustees, except in the case of temporary privileges. Medical Staff appointment will consist of Active and Advance Practice Staff categories.[42]

[42] MS.14.01.01, EP1

A. ACTIVE STAFF.[43] The Active Staff will consist of physicians (doctors of medicine or osteopathy) or dentists (doctors of dental surgery or dental medicine) duly licensed in Arkansas who regularly treat patients at any Member Hospital, and who reside closely enough to the Member Hospital to provide continuity of care for their patients. Appointment to the faculty in the College of Medicine or employment or contractual engagement with a Member Hospital does not by itself ensure membership to the Medical Staff. All members of the Active Staff at UAMS Medical Center will hold a faculty appointment in the College of Medicine, will be assigned to a Clinical Service, and will have delineated clinical privileges. Active Staff at other Member Hospitals may hold a faculty appointment in the College of Medicine or will be employed or otherwise engaged (via contract or other relationship) with the applicable Member Hospital, will be assigned to a Clinical Service and will have delineated clinical privileges. Active Staff members will be eligible to serve on MEC committees.

B. ADVANCED PRACTICE STAFF. The Advanced Practice staff will consist of the individuals licensed in Arkansas as either Advanced Practice Registered Nurses (APRNs) or as Physician Assistants (PAs). The Advanced Practice Staff must be employed or contractual engagement by a Member Hospital, regularly treat patients at the Member Hospital and resides close enough to the Member Hospital to provide continuous care for their patients. The Advanced Practice Staff members must have a licensure appropriate agreement with at least one Active Staff physician of a Member Hospital.[44] They are eligible for membership on the MEC, but they are ineligible to hold office. They are also eligible to serve on MEC committees and may vote if so designated in the committee charge.

10.5. REGIONAL STAFF. Regional Staff consists of licensed professionals such as, but not limited to, Physicians, Advanced Practice Registered Nurses, Physician Assistants, Chiropractors, Licensed Independent Behavioral Health Providers, including LCSW, LPC, LMFT, LPE/LPE-I, Psychologists, Registered Dieticians and Licensed Therapists, including, PT, OT, SLP: 1) who have a proven skill in the area of their specialty; 2) who may or may not be licensed to practice independently; 3) who are employees of UAMS Health; and, 4) who regularly treat patients or perform clinical duties and patient services outside of a Member Hospital's licensed premises. All physician members of the Regional Staff will hold a faculty appointment in the College of Medicine and will be assigned to a Clinical Service;

A. Regional Staff is a separate staff from the Medical Staff and Courtesy Staff. Regional Staff appointees are not members of the Medical Staff or Courtesy Staff, and Regional Staff appointees are not eligible to hold office or vote in Medical Staff elections;

[43] MS.16.01.03, EP 4.
[44] MS.14.01.01, EP 1

B. Regional Staff appointees will not have admitting privileges, and will render services to patients outside of a Member Hospital's licensed premises.. Under these conditions, a Regional Staff appointee may:
   1. Participate directly in the management of the patient;
   2. Exercise judgment with their area of competence;
   3. Perform services within their area of professional qualification, competence; and,
   4. Record reports and progress notes in the patient's record;

C. The Regional Staff are not eligible to serve on MEC committees and are not eligible to admit patients. The Regional Staff cannot function as Active Staff or Courtesy Staff members as defined herein;

D. Regional Staff physician appointees will attend regularly scheduled meetings of the clinical service to which they are assigned;

E. Each Regional Staff physician provider will treat patients or perform clinical duties and patient services that are consistent with their profession, licensure, experience and competence.

F. Regional Staff non-physician providers that are not assigned to a clinical service will report to the "COM Designee"

G. Only duly licensed professionals who hold a Regional Staff appointment are eligible to render medical care outside a Member Hospital's licensed premises on behalf of UAMS Health. Appointment to the Regional Staff is granted by the Board of Trustees through the appointment/reappointment process.

10.6. RESPONSIBILITIES OF APPOINTMENT.[45, 46] By applying for and accepting a Staff appointment, the applicant has agreed to:

A. Abide by Medical Staff Bylaws, Rules and Regulations, and policies;[47]

B. Assist in educational and research activities if granted Clinical Privileges at UAMS Medical Center;

C. Adhere to the American Medical Association's Principles of Medical Ethics or the American Dental Association's Code of Ethics and the American College of Surgeons' Principles of Financial Relations in the Professional Care of the Patient;

D. Provide patient care services consistent with delineated clinical privileges, membership or authorization to provide patient care including patient consultation or management upon request and/or pursuant to MS.1.15 – Patient Consultation when appropriate;

E. Medical Staff will appropriately educate, train, and supervise other licensed and non-licensed staff when delegating a medical practice;

F. Provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and care at the end of life;

[45] MS.16.01.03, EP 1, 2, 3, NPG.12.03.01, EP 5
[46] MS.14.01.01, EP 1
[47] MS.17.01.03, EP 4

G. Demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others;
H. Demonstrate the use of scientific evidence and methods to investigate, evaluate and improve patient care practices;
I. Demonstrate interpersonal and communication skills necessary to establish and maintain professional relationships with patients, families, and other members of health care teams;
J. Demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, understanding and sensitivity to diversity, and a responsible attitude toward their patients, profession and society;
K. Demonstrate both an understanding of the context and systems in which health care is provided and the ability to apply this knowledge to improve and optimize health care;
L. Medical Staff will participate in activities including, but not limited to, investigations and hearings;
M. Participate in continuing education;[48]
N. Participate in and cooperate with quality assurance, quality improvement, and utilization review activities;[49, 50]
O. Provide continuity of patient care;
P. Medical Staff will accept voting rights;[51]
Q. Complete and document medical histories and physical examinations as follows:[52, 53]
  1. A medical history, physical examination and any updates regarding same must be completed and documented by a member of the Active Staff, Advanced Practice Staff, Courtesy Staff, or Housestaff in accordance with Hospital policy and state law;
  2. A medical history and physical examination must be completed within the first twenty-four (24) hours after admission to inpatient or observation services. If the patient requires surgery or a procedure requiring anesthesia services, it must be done prior to the procedure except in the event of a medical or surgical emergency;
  3. The medical history and physical examination may be completed up to thirty (30) days before a scheduled admission to inpatient or observation services. The examination must be updated for any changes in the patient's condition within twenty-four (24) hours after admission or registration and prior to surgery or a procedure requiring anesthesia services;
R. Abide by UAMS Health and any relevant Member Hospital Policies and Procedures;[54]

[48] MS.19.01.01, EP 2-3
[49] MS.16.03.01, EP 5
[50] MS.16.03.01
[51] MS.14.01.01, EP 1
[52] MS.16.01.01, EP 7
[53] MS.14.01.01, EP 3. MS.16.03.01, EP 4
[54] MS.17.01.03, EP 4

S. In the event an adverse recommendation or action is made with respect to staff status, membership, authorization to provide patient care or clinical privileges, exhaust any and all administrative remedies which may be available under these Bylaws before utilizing any other means of obtaining staff status, membership, authorization to provide patient care and clinical privileges, including but not limited to legal action; and,

T. Inform the Credentials Committee immediately:

1. If privileges or membership at any hospital or other healthcare organization are denied, suspended, diminished, voluntarily or involuntarily relinquished, revoked or not renewed or if any such action is pending;
2. If charged with or convicted of (including a plea of nolo contendere) a felony;
3. Of any challenge, denial, reduction, limitation, suspension, revocation, probation, non-renewal, reprimand or voluntary or involuntary relinquishment of any license, certificate to practice medicine, or DEA registration in any jurisdiction, or if any such action is pending;
4. If notified of an Investigation by any licensing, privileging or credentialing body;
5. If advised or required by the Arkansas State Medical Board or any other licensing, privileging or credentialing body to seek treatment for physical or mental health condition;
6. If sanctioned by the Centers for Medicare and Medicaid Services (CMS), or of any adverse actions reported to the National Practitioners Data Bank; and,
7. If Board certification expires, is allowed to lapse, is denied or not renewed; if the member's eligibility status changes; or if maintenance of certification is otherwise not met.

ARTICLE XI: APPOINTMENT, REAPPOINTMENT, MEMBERHSIP, AUTHORIZATION TO PROVIDE PATIENT CARE AND CLINICAL PRIVILEGES APPLICATION[55, 56, 57, 58]

11.1. GENERAL.[59, 60] All applications for Staff appointment, reappointment, clinical privileges, membership or authorization to provide patient care will be submitted in writing on forms obtained from the Medical Staff Office upon request by authorized Service Line or Departmental designees on behalf of eligible persons. The decision to grant or deny privileges, membership or authorization to provide patient care or renew existing privileges, membership or authorization to provide patient care is an objective, evidence-based process. The application process will be designed to assure high quality patient care, and requires

[55] MS.14.01.01, EP 1, 2
[56] MS.17.01.03, EP 4
[57] MS.17.02.01, EP 1, 2
[58] LD.11.01.01, EP 2; MS.16.01.01, EP 1
[59] MS.17.01.03, EP 1, 4
[60] MS.17.02.01, EP 2

detailed, documented data about the applicant's qualifications, competence and previous experiences. The MEC and Board of Trustees delegate to the Credentials Committee administrative review and approval of procedures implemented by the Medical Staff Office to support and enforce these Bylaws.[61]

11.2. ELIGIBILITY. To be eligible for appointment, an applicant must satisfy all the following qualifications:

- **A.** A graduate of an accredited medical school, dental school, physician assistant program or advanced practice nurse program or documentation of education and/or training to perform clinical activities, which will be verified by virtue of licensure where education is required and verified by the licensing body or directly with the institution conferring the degree;
- **B.** Hold a current Arkansas license for the relevant Staff category and not currently under investigation by a licensing body in any state;
- **C.** For Initial Appointment, not currently under investigation by another hospital;
- **D.** Clinical activity in the past 18 months relevant to the clinical privileges, membership or general job functions sought. If a practitioner has no relevant clinical activity in the past 18 months, a written explanation must be submitted by the applicant. The Department Chair or Service Line Director must create a detailed, practice-based Re-Entry Plan that will be reviewed for approval by the Credentials Committee. Completion of a Re-Entry Plan does not guarantee approval of an applicant's requested privileges, general job functions nor membership.
- **E.** A United States citizen or a person with an appropriate visa;
- **F.** For appointment to the Medical Staff, the applicant must be:
  1. A member of the faculty at the UAMS College of Medicine;
  2. Employed by UAMS Health; or
  3. Contracted to provide services at a Member Hospital either individually or as a group.
- **G.** **Board Certification:** For appointment, applicants must meet ONE of the following criteria (1 through 5):
  1. **Board Certified:** The applicant will have successfully completed an Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), Commission on Dental Accreditation (CODA) or other training program deemed acceptable by a certifying board member of the American Board of Medical Specialties (ABMS), and be either:
     - **a.** Board certified and meeting any applicable MOC requirements as per specialty Board; or in preparation for Board certification (per 11.2.G.2. herein), in a cognate specialty or subspecialty Board recognized by the ABMS, AOA or the American Dental Association (ADA) which supports the requested privileges; or,
     - **b.** Unable to meet the requirements of Section 11.2.G.1.a. because the applicant is <u>not eligible</u> for Board certification in

[61] MS.17.01.03, EP 4

their cognate specialty, has received a waiver of the Board certification requirement from the sponsoring Department Chair, appropriate Chief of Service or Service Line Director and Chief Clinical Officer after providing evidence of satisfactory alternative education and training to support the position and clinical privileges for which the applicant is applying.

c. A waiver pursuant to Section 11.2.G.1.b. is not available to applicants that lose or have lost Board eligibility due to failure to pass the Board examinations or expiration of time allowed to complete Board certification.

2. **Board Eligible:** Individuals may be granted appointment while in preparation for Board certification, including Board certification through the Alternate Pathway. Upon establishing Board eligibility, such members are required to achieve Board certification within a maximum of four (4) years or within a maximum of three (3) attempts at the certifying examination, whichever occurs first. The Credentials Committee may extend the applicable time period by an additional period of one (1) year for good cause. Failure to achieve Board certification within the applicable time period, or after three (3) attempts, whichever occurs first, will result in automatic relinquishment of appointment.
3. **Grandfathered**.
    a. Members initially appointed to the Medical Staff at UAMS Medical Center prior to July 1, 2002, who were not Board certified at the time of initial appointment and who have held full and unrestricted clinical privileges since their initial appointment will not be required to hold Board certification.
    b. Members appointed from any hospital that joins the Unified Medical Staff pursuant to Article XX by becoming a Member Hospital, at the time the hospital becomes a Member Hospital, if the member holds full and unrestricted clinical privileges at that hospital as of that date the Article XVIII vote and is not Board certified or Board eligible, will not be required to hold Board certification.
4. **Waiver for Applicants at Member Hospitals Other Than UAMS Medical Center.**[62] Notwithstanding Section 11.2.G.1.c., an applicant for appointment to the Staff of a Member Hospital other than UAMS Medical Center who is not Board certified or Board eligible may satisfy the Board certification requirement of this Section 11.2.G. upon receipt of a waiver. A waiver under this Section is only available if the Member Hospital has been determined to be a non-academic facility and that Board certification/eligibility may be waived. A waiver under this Section establishes only that the applicant satisfies a threshold qualification to be considered for appointment; it is determined before,

62 MS.17.02.03, EP 1, 2; MS.17.02.01, EP 2; 42 C.F.R. § 482.22(c)(4), (c)(6).

and separately from, any evaluation of the individual applicant's professional competence or professional conduct under these Bylaws. A waiver requires:

a. Recommendation of the applicable Facility Medical Director. The Facility Medical Director will determine whether the applicant satisfies an alternative qualification standard for the specialty or subspecialty that supports the clinical privileges requested, consisting of education, training, and experience comparable in scope and duration to that ordinarily required for Board certification in that specialty. The determination will be based on the following factors, no single one of which is determinative:

(i) education and training relevant to that specialty or subspecialty;

(ii) duration and continuity of practice in that specialty or subspecialty;

(iii) peer review and clinical outcomes data;

(iv) professional liability history;

(v) continuing medical education; and

(vi) peer references.

Where an applicant's independent practice history is of limited duration, the alternative qualification standard may be satisfied through education, training, and supervised or proctored experience, together with a focused professional practice evaluation under Section 11.7., in lieu of a longer practice record.

b. Review by the Leadership Council. The Leadership Council will review the Facility Medical Director's recommendation and the supporting documentation. If the Leadership Council concurs, the application and the Facility Medical Director's request for a waiver of the board certification requirement will be added to the Credentials Committee agenda. If the Leadership Council identifies practice concerns, those concerns will be referred to the Credentials Committee for review, and will be addressed through the credentialing process and, if warranted, Article XIII, before action on the application.

c. Facility-Specific Criteria. The MEC may adopt, and may from time to time amend, facility-specific criteria under this Section for one or more Member Hospitals, subject to approval by the Board of Trustees. Consistent with Section 2.7 and 42 C.F.R. § 482.22(b)(4)(iii), such criteria may reflect a Member Hospital's scope of services, rural or medically underserved location, designation as a Health Professional Shortage Area, or documented inability to recruit a Board certified practitioner in the specialty or subspecialty that supports the privileges requested.

d. No Entitlement; Nature of Determination. A waiver granted under this Section confers no entitlement to appointment, reappointment, or to any clinical privilege, and the applicant bears the burden of establishing that the alternative qualification standard is satisfied. Because a determination under this Section addresses only whether an applicant satisfies a threshold qualification to be considered for appointment,and is not based upon an evaluation of the individual applicant's professional competence or professional conduct, the denial of a waiver is not an Adverse Action, does not constitute a Professional Review Action, carries no right to hearing or appeal under Article XIV, and will not be reported to the National Practitioner Data Bank. Nothing in this Section limits the evaluation of an applicant's or member's professional competence or professional conduct through the credentialing process, focused or ongoing professional practice evaluation, or Article XIII, or the reporting of any action taken as a result of that evaluation.

5. Advance Practice Staff. For appointment to the Advanced Practice Staff, the applicant will be certified or in preparation for certification by a certifying body approved by the Arkansas State Board of Nursing for licensure or the National Commission on Certification of Physician Assistants (NCCPA).

11.3. APPLICATION REQUIREMENTS. A completed application includes the following:

A. Appropriate signed and dated application;
B. All requested information;
C. All requested attachments;
D. Completed and approved privilege forms or job description as applicable;
E. Prescribing protocols (when applicable); and
F. An Arkansas State Medical Board CCVS profile for physicians.

11.4. SUBMISSION OF APPLICATION. Submission of the application signifies the applicant's:

A. Willingness to appear for interviews regarding the application;
B. Authorization for UAMS Health representatives to consult the National Practitioner Data Bank, the Arkansas State Medical Board, and with other individuals and institutions and inspect all material records having information bearing on the applicant's experience, competence, character, ethics and other qualifications for appointment;
C. Release of UAMS Health and its representatives from any liability for their acts or omissions, performed in good faith without malice, while evaluating the applicant's credentials and the application;
D. Release from liability of all individuals and institutions that provide information to UAMS Health's representatives in good faith and without

malice concerning the applicant's experience, competence, character, ethics and other qualifications for Staff appointment, membership, authorization to provide patient care and clinical privileges, including otherwise privileged or confidential information;

E. Authorization and consent for UAMS Health's representatives to provide other Hospitals, medical associations, and other organizations concerned with provider performance and the quality and efficiency of patient care with any information UAMS Health may have concerning the applicant, and release of UAMS Health and its representatives from liability for so doing, provided that furnishing such information is done in good faith and without malice;

F. Pledge to provide continuous care for the applicant's patients;

G. Receipt and understanding of Medical Staff Bylaws, Rules and Regulations, and agreement that the applicant's activities will be bound by these documents;

H. Burden to produce requested information for a proper evaluation of the applicant's experience, competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications; and,

I. Pledge to report notification of a professional liability action, settlement of a potential professional liability action, sanctions or adverse actions against the applicant.

11.5. REVIEW PROCESS.[63, 64, 65, 66]

A. Application Submission to the Medical Staff Office (MSO). Applications for initial appointment, reappointment, clinical privileges, membership, or authorization to provide patient care will be submitted to the Medical Staff Office which will review the application for completeness, determine eligibility and perform primary source verification of all critical data elements. Reasonable efforts will be made to perform the application review and primary source verifications within 30 calendar days following receipt of a complete application. If an incomplete application is submitted the applicant will be notified, and they will be responsible for completing and resubmitting the application. The MSO will not continue the review process if the applicant does not meet eligibility requirements or until the application is complete. Any misstatement in or omission from an application, whether intentional or not, is grounds for the processing of the application to be stopped. Stopping the processing of an application does not entitle an applicant to hearing or appeal rights. Failure to cure an incomplete application within three (3) months of receipt of notice will be deemed a voluntary withdraw of the application.

B. Information required to be submitted with the application includes, but is not limited to:

[63] MS.14.01.01, EP 1
[64] MS.17.02.01, EP 5
[65] MS.17.02.03, EP 1, 3; MS.17.02.01, EP 2; MS.18.02.01, EP 1
[66] LD.11.01.01, EP 2

1. Malpractice history;
2. Education and training;
3. Behavioral history;
4. Work history;
5. Health Information; and,
6. Quality data.

C. Review and Recommendation by Credentials Committee: The Credentials Committee reviews each initial application, reappointment application, initial FPPE and requested changes in privileges membership or authorization to provide patient care, and makes a recommendation concerning requested privileges, membership and authorization to provide patient care to the MEC. If the Credentials Committee raises a concern or complaint about the professional competence or conduct of an applicant/member during the application review, an Investigation will be conducted in accordance with Article XIII of these Bylaws, prior to making a recommendation that adversely affects or could adversely affect the applicant/member.

D. Review and Recommendation by the MEC. Following review by the Credentials Committee, the MEC reviews the Credentials Committee's recommendation on each application and may review any associated documentation. The MEC makes a recommendation to the Board of Trustees.

E. Review and Approval by Board of Trustees. The Board of Trustees has the ultimate authority to grant or deny clinical privileges, membership, or authorization to provide patient care, if the decision is supported by substantial evidence and is not discriminatory, nor contrary to these Bylaws. The Board of Trustees will review reappointments in advance of the expiration of the appointee's effective period of privileges, membership or authorization to provide patient care. The Board of Trustees may approve or reject the recommendation of the MEC. If the Board of Trustees rejects the recommendation, the matter will be referred back to the MEC for further action consistent with the Board of Trustees decision.[67]

F. Hearing and Appeal Rights. If at any time during the application review process, a recommendation or decision adversely affects or could adversely affect the application/member, the individual will be notified in writing of the hearing and appeal rights set forth in Article XIV.

11.6. ELEMENTS CONSIDERED IN APPLICATION.[68] During the application review process, the following elements will be reviewed by the Credentials Committee before making a recommendation to the MEC regarding clinical privileges, membership, or authorization to provide patient care:

A. Information specific to the Applicant:[69]

[67] MS.17.01.03, EP 4
[68] MS.17.02.03, EP 1; MS.17.02.01, EP 2
[69] MS.0617.02.01.05 EP1,8,, EP 9; MS.18.01.01, EP 3; MS.17.03.01, EP 3

1. Current licensure, DEA certification (if applicable). Any challenges to licensure or registration or the voluntary or involuntary relinquishment of such licensure or registration;[70]
2. File with National Practitioner Data Bank;[71]
3. Training relevant to the specific practice;[72]
4. Certification status with the applicable specialty Board, when applicable;
    a. For APRN appointments to the Advanced Practice Staff: applicants will hold certification by a certifying body approved by the Arkansas State Board of Nursing for licensure. Applicants on a recognized path for Board certification may be approved by the Credentials Committee for appointment. Any exceptions to this requirement will be resolved by the Credentials Committee;
    b. For PA appointments to the Advanced Practice Staff: applicants will hold certification by the National Commission on Certification of Physician Assistants (NCCPA). Applicants on a recognized path for Board certification may be approved by the Credentials Committee for appointment. Any exceptions to this requirement will be resolved by the Credentials Committee. PAs holding full and unrestricted privileges prior to July 1, 2011, and not meeting this requirement will not be required to hold certification;
    c. For appointments to the Affiliated Health Professional Staff: applicants will hold certification as required by their job description.
5. Current professional, competence, performance, experience and ability;[73]
6. Quality assurance, quality improvement, and utilization review participation;
7. Evidence of physical ability to perform the requested privileges or general job functions;[74]
8. Health status (including, but not limited to, substance abuse, medical or psychiatric disorders);[75]
9. Evidence of adverse action taken against the applicant by any Member Hospital or any other facility, certifying body or licensing body;
10. Cooperation with personnel, patients and other practitioners;
11. Ethics;
12. Clinical judgment in the treatment of patients;
13. Conduct and professional attitude;

[70] MS.0617.01.03 EP6, EP 3
[71] MS.0617.02.01.05 EP7, EP 4
[72] MS.0617.01.03 EP6, EP 3
[73] MS.17.01.03, EP 3
[74] MS.17.02.01, EP 3
[75] MS.17.02.01, EP 3

14. Peer and/or faculty review and recommendations;[76]
15. Professional liability insurance coverage, applicants must meet ONE of the following:
    a. A Certificate of Insurance from the medical malpractice insurance carrier engaged by UAMS College of Medicine;
    b. A Certificate of Insurance for the same (or greater) limits of coverage as the policy purchased by the UAMS College of Medicine (e.g., $1M/$3M); or
    c. A letter from the UAMS Office of General Counsel that the practitioner's license or practice type shall be covered by sovereign immunity, and therefore, an insurance policy is unnecessary;
16. Canceled or refused professional liability insurance coverage; Malpractice claims and lawsuits alleging medical injury;
17. Copy of an acceptable picture ID;[77]
18. A statement explaining any voluntary or involuntary termination of membership or employment at any other hospital, clinic or medical facility;
19. A statement explaining any voluntary or involuntary limitation, reduction, or loss of clinical privileges or membership;
20. If available, data from professional practice review by an organization that currently privileges the applicant; and,
21. Collaborative practice agreements (APRNs), delegation of services agreements (PAs) and prescribing protocols as required by licensure and/or UAMS Health or Member Hospital policy.

B. Staff category of membership requested;
C. The relevant Member Hospital's ability to provide adequate facilities and support services for the applicant and the applicant's patients;
D. Health care needs of the patient population; and,
E. The relevant Member Hospital's current need for the expertise offered by the applicant.

Applicants will not be entitled to appointment or membership or have the right to exercise clinical privileges or authorization to provide patient care merely by virtue of the fact that they have: 1) fulfilled eligibility requirements; 2) practiced their profession in this or any other state; 3) been a member of any professional organization; 4) been granted appointment, membership and/or clinical privileges at another institution; or 5) are licensed in Arkansas. Gender, race, creed, disability or national origin are not used in making decisions regarding clinical privileges.[78, 79]

11.7. INITIAL APPOINTMENT/INITIAL FPPE.[80]

[76] MS.18.01.01, EP 1, 2, 4
[77] MS.17.01.03, EP 2
[78] MS.17.02.03, EP 2
[79] MS.14.01.01, EP 2
[80] MS.18.02.01, EP 2, 4-7

A. Following initial appointment, all new practitioners will undergo an Initial FPPE. The Chief of Service or Service Line Director will conduct the FPPE and report the results to the Credentials Committee within the first six (6) months of appointment.

B. Individuals must successfully complete the initial FPPE to be recommended for full appointment. Recommendations will be presented to the MEC for approval and to the Board of Trustees for final approval.

C. If any concerns about the member's professional conduct or competence are identified during this time, the Chief of Service or Service Line Director will refer the matter to the Chief Clinical Officer to determine if an Investigation or other Professional Review Activity is warranted pursuant to Article XIII.

11.8. REAPPOINTMENT.[81, 82]

A. General: The effective period of an appointment will not exceed a two (2) year period. At the end of the effective period the appointee is eligible for reappointment.[83]

B. Criteria for Reappointment:[84] Recommendations for reappointment will be based on the following criteria:

1. Current licensure, DEA registration or certification (if applicable). Any challenges to licensure or registration or the voluntary or involuntary relinquishment of such licensure or registration;

2. File with National Practitioner Data Bank;[85]

3. To the extent applicable, documentation of satisfaction of Section 11.2.G. regarding Board certification requirements from initial appointment and/or any applicable MOC requirements as per specialty Board;

4. Current professional competence, performance, experience and ability including relevant practitioner specific data and ongoing professional practice evaluations;[86]

5. Quality assurance, quality improvement, and utilization review participation;

6. Members are required to submit reasonable evidence of current ability to perform privileges or authorization to provide patient care. If the member has indicated they have a Disability, an evaluation of Reasonable Accommodations for such Medical Staff member will be made (but no discrimination will be based on a Disability for which Reasonable Accommodation can be made);

7. Health status (including, but not limited to, drug/alcohol abuse);

[81] MS.18.02.03, EP 1
[82] MS.14.01.01, EP 1
[83] MS.18.02.03, EP 1
[84] MS.18.01.01, EP 3; MS.17.03.01, EP 3
[85] MS.17.02.01, EP 4
[86] MS.18.02.03, EP 1-3

8. Evidence of adverse action taken against the member by any Member Hospital or any other facility, certifying body or licensing body;
9. Cooperation with personnel, patients and other practitioners;
10. Ethics;
11. Clinical judgment and technical skills in the treatment of patients;
12. Conduct and professional attitude;
13. Peer review and recommendations;
14. Professional liability insurance coverage, practitioners must meet ONE of the following:
    a. A Certificate of Insurance from the medical malpractice insurance carrier engaged by UAMS College of Medicine;
    b. A Certificate of Insurance for the same (or greater) limits of coverage as the policy purchased by the UAMS College of Medicine (e.g., $1M/$3M); or
    c. A letter from the UAMS Office of General Counsel that the practitioner's license or practice type shall be covered by sovereign immunity, and therefore, an insurance policy is unnecessary;
15. Canceled or refused professional liability insurance coverage;
16. Malpractice claims and lawsuits alleging medical injury;
17. Information explaining voluntary or involuntary termination of appointment or membership at any other hospital, clinic, or medical facility;
18. Information explaining voluntary and involuntary limitation, reduction, or loss of clinical privileges;
19. Results in patient satisfaction surveys and referring physician satisfaction surveys; and
20. Collaborative practice agreements (APRNs), delegation of services agreements (PAs) and prescribing protocols as required by licensure and Hospital policy;
21. Attendance at Staff meetings and Clinical Service meetings;
22. Attestation of Continuing Medical Education as required by the member's licensing Board;[87]
23. Accuracy, timeliness and completion of medical records;
24. Compliance with policies and procedures of UAMS Health and any
25. Member Hospital where the practitioner maintains membership or privileges;
26. Utilization of resources;
27. Efficiencies in patient care and utilization; and
28. Service and attendance on MEC committees.

C. Application for Reappointment**.**

1. Approximately six (6) months prior to appointment expiration the Medical Staff Office will request the staff member to complete a Reappointment Application. Members will return the completed form to

[87] MS.19.01.01, EP 4

the Medical Staff Office no later than 14 days after it is sent to them. Information requested (from the applicant) includes:

   a. Completed privilege request forms or job description. New privilege requests or new general job function requests will include justification documentation;
   b. Attestation of Continuing Medical Education hours obtained as required by the member's licensing Board;
   c. If the member has identified a Disability, an evaluation of Reasonable Accommodations for such person will be made (but no discrimination will be based on a Disability for which Reasonable Accommodation can be made);
   d. Any challenges to licensure or registration or the voluntary or involuntary relinquishment of such licensure or registration;[88]
   e. Canceled or refused professional liability insurance coverage;
   f. Health status (including, but not limited to, substance abuse, medical or psychiatric disorders);
   g. Malpractice history (claims and lawsuits) alleging medical injury within last two (2) years; and,
   h. Information concerning the staff member's admitting practices;

2. The Director of the Medical Staff Office, on behalf of the CCO, will also request reports from the National Practitioner Data Bank, the Arkansas State Medical Board, and from UAMS's Quality Management Department, and will seek such information from other sources as the CCO deems related to the reappointment application;

3. Applicants for reappointment will be presented to the Credentials Committee, the MEC and the Board of Trustees prior to the expiration of effective period of their appointment. To this end, the Medical Staff Office will make every effort to inform applicants and their Departments of their reappointment schedule allowing the applicants ample opportunity to return their completed application packets in a timely manner. The Medical Staff Office will forward the completed application packet to the Chiefs of Service and Service Line Directors when credentialing is complete and at least 14 days prior to the Credentials Committee. The Chiefs of Service and Service Line Directors will review available clinical performance information and report any concerns about the member's professional competence to the Credentials Committee;

4. The Medical Staff Office will communicate approved reappointments to the provider within two (2) business days of the reappointment approval; and,[89]

5. Providers' non-compliance with any part of the reappointment process including not returning the reappointment packet, may be considered a voluntary relinquishment or may result in suspension of appointment.

[88] MS.17.02.01, EP 9
[89] MS.17.01.03, EP 4

11.9. CLINICAL PRIVILEGES, MEMBERSHIP, OR AUTHORIZATION TO PROVIDE PATIENT CARE.[90, 91]

A. Members will seek clinical privileges, membership, or authorization to provide patient care through the appointment/reappointment process defined in this Article.

B. Criteria for granting or denying clinical privileges, membership, or authorization to provide patient care will be applied consistently.

C. Each member will be entitled to exercise only those clinical privileges or general job functions specifically granted to such member. Each Chief of Service and Service Line Director will have the responsibility to continually monitor and assure that all members with clinical privileges or authorization to provide patient care within the respective service will provide only those services within the scope of privileges or general job functions granted. The MEC will have responsibility to ensure the provision of the same level of quality patient care by all individuals with delineated clinical privileges or general job functions within and across Clinical Services and among all members. The MEC will conduct this responsibility through the established quality assurance program.

D. All Active Staff members are automatically granted privileges to: 1) Admit patients according to their privileges and treat inpatients and outpatients; 2) Order diagnostic and therapeutic services, except as noted in Medical Staff Bylaws, Rules and Regulations or any UAMS Health or Member Hospital Policy; 3) Document orders and progress notes in the patient's medical record; 4) Request consultation; 5) Provide consultation within the scope of their privileges; and, 6) Render any care, without regard to delineation of privileges, in a life-threatening emergency. Honorary Staff members will not have any clinical privileges. Regional Staff is a membership only category and will not have privileges;

E. All Advanced Practice Staff and Courtesy Staff members are automatically granted privileges within their scope of practice to: 1) Provide inpatient and outpatient care according to their privileges; 2) Order diagnostic and therapeutic services except as noted in Medical Staff Bylaws, Rules and Regulations or UAMS Health or Member Hospital Policy; 3) Write Orders and progress notes in the patient’s medical record; 4) Request Consultation; and, 5) Provide consultation within the scope of their privileges.

F. All Affiliated Health Professional Staff members are automatically granted authorization to provide patient care within their scope of practice and general job functions;

G. Practitioners who prescribe, render a diagnosis or otherwise provide clinical treatment to UAMS Health patients via telemedicine are subject to the credentialing and privileging processes described herein. The MEC will determine which Clinical Services can be provided by telemedicine.

[90] MS.17.02.01, EP 2
[91] MS.14.01.01, EP 1

H. Every patient will be under the care of a member of the Active Staff. The responsibility cannot be delegated to any person who is not a member of the Active Staff.

I. If clinical privileges, membership, or authorization to provide patient care necessary for quality patient care are removed, the member's patients will be reassigned to another member by the respective Chief of Service or Service Line Director to assure that medical care will not be interrupted. The wishes of the patient will be considered in choosing a substitute member.

11.10. TEMPORARY PRIVILEGES, TEMPORARY MEMBERSHIP, OR TEMPORARY AUTHORIZATION TO PROVIDE PATIENT CARE.[92] Temporary Privileges, Temporary Membership, or Temporary Authorization to Provide Patient Care may be granted but will not exceed 120 days. Upon recommendation of the Chief Clinical Officer, the CEO or CAO may grant Temporary Privileges, Temporary Membership or Temporary Authorization to Provide Patient Care.[93]

A. Temporary Privileges Granted for an Important Patient Care Need (Urgent Privileges).[94] On a case-by-case basis, temporary privileges may be granted to an individual for an important patient care, treatment and service need that mandates an immediate authorization to practice, for a limited period of time, while the full credentials information is verified and approved.

1. These privileges require that no issues are identified in the file that would be listed in an issues section of the Credentials Committee Agenda when the file is reviewed by the committee (with the exception of issues reviewed by Leadership Council and determined to be insufficient to deny privileges) and receipt of a complete application as defined in Section 11.3. which includes an Arkansas State Medical Board CCVS Profile for physicians, current licensure, current professional liability coverage and current competence are verified. Current competence may be verified by written statement from the Chief of Service or Service Line Director delineating the applicant's relevant education, training, and experience.
2. In the unusual circumstance that urgent, important patient care needs mandate immediate temporary privileges for individuals that have not applied for Appointment, temporary privileges may be granted by verification of current licensure, a current CV, proof of malpractice coverage and NPDB verification. Competence must be established based on a written statement from the Chief of Service or Service Line Director. The letter must include identification of the urgent medical need, the reason why the need cannot be satisfied by other members, the specific patient, procedure and date of the procedure and must establish the applicant's current competence by delineating the applicant's relevant training and experience.

[92] MS.17.04.01, EP 1
[93] MS.17.04.01, EP 4, 5, 6
[94] MS.17.04.01, EP 2

B. Temporary Privileges, Temporary Membership or Temporary Authorization to Provide Patient Care Granted for New Applicants..[95, 96] Temporary privileges, Temporary Membership, or Temporary Authorization to Provide Patient Care for new applicants may be granted while awaiting review and recommendation by the MEC and final approval by the Board of Trustees upon previously stated elements considered in the application, including, but not limited to a complete application, current licensure, relevant training and experience, current competence, ability to perform the privileges or general job functions requested, NPDB query, no current or previously successful challenge to licensure or registration, no subjection to involuntary termination of membership at another facility, no subjection to involuntary limitation, reduction, denial or loss of clinical privileges or membership.

C. Temporary Visiting Privileges. Licensed practitioners who are not applicants for appointment may be granted temporary visiting privileges. Such privileges may be granted at the request of a Chief of Service or Service Line Director by the CEO or CAO following review and approval by the Chief Clinical Officer as the designee of the Chief of Staff. Practitioners with visiting privileges will practice under the direct supervision of the appropriate Chief of Service or Service Line Director or their designee. They will not have admitting privileges. Such privileges will be specific as to the patient, procedure, dates and the member who will supervise the visiting staff member. These privileges require that, at a minimum, current licensure and current competence are verified and a current CV, proof of malpractice coverage and NPDB verification are obtained. Such privileges apply only to those professionals who will be directly caring for patients and does not apply to individuals who may observe procedures for educational purposes.

11.11. LEAVE OF ABSENCE.

A. A member may request a leave of absence of their privileges, membership, or authorization to provide patient care, which will apply to all Member Hospitals where they hold privileges, membership, or authorization to provide patient care up to one (1) year. The MEC will have authority to grant or deny requests for leaves of absence and extensions of leave. During the leave of absence, unless otherwise specified by the MEC, the individual will continue to be a member. If the time for reappointment occurs during the leave of absence, the member may defer the reappointment process until their return from leave of absence.

B. The reappointment process for a member who has been on a leave of absence will include disclosure of complete information concerning the member's practice and activities during the leave period, and if the practitioner was not performing clinical duties, a focused professional

[95] MS.17.04.01, EP 3
[96] MS.17.03.01, EP 1, 2, 3

practice evaluation and/or Re-Entry Plan may be necessary upon resumption of clinical duties.

C. Applicable clinical privileges, membership, or authorization to provide patient care of any member who does not return from a leave of absence within one year will automatically terminate unless an extension is granted by the MEC. If the individual wishes to return to practice at any UAMS Health location, they must complete the procedure for initial appointment.

11.12. CHANGE IN PRIVILEGES.[97] Members requesting revisions to Clinical Privileges must designate the Member Hospital(s) in which the requested revisions will apply, must submit documentation from their Chief of Service or Service Line Director supporting the request and addressing the Member's competency, evidence of adequate training and experience, and any completed forms applicable to the request. The Medical Staff Office will conduct an NPDB query and verify current licensure in conjunction with the request.

11.13. DISASTER PRIVILEGES.[98] Disaster privileges may be granted when the emergency management plan has been activated for UAMS Health or any Member Hospital, and the Medical Staff at that Member Hospital are unable to meet the immediate patient care needs. Disaster privileges may be granted by the CEO or CAO at the applicable Member Hospital or their designee, the Chief of Staff, or the Chief Clinical Officer, however, disaster privileges are not a right, and the person considering granting the privileges is not required to do so. Decisions will be made on a case-by-case basis at the grantor's discretion and upon presentation of a valid picture ID issued by a state, federal, or regulatory agency and at least one of the following:

A. A current picture Hospital ID card that clearly identifies professional designation;

B. A current license to practice;

C. Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), Medical Reserve Corps (MRC), or the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VAP) or other recognized state or federal organization or group;

D. Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state, or municipal entity);

E. Presentation by a current Medical Staff member(s) with personal knowledge regarding practitioner's identity and ability to act as a licensed independent practitioner; or,

F. Primary source verification of the license.

[97] MS.17.02.01, EP 4
[98] NPG.03.02.03, EP 2

Practitioners receiving disaster privileges will be easily identifiable as having disaster privileges with easily identifiable approved volunteer badges and assigned to a designated area supervised by a member of the Active Staff. It will be the priority of the Medical Staff Office to immediately begin the credentialing process of providers receiving disaster privileges and to follow the procedures used for granting temporary privileges to meet an important patient care need. A log of practitioners receiving disaster privileges will be kept with the badges. Primary source verification of licensure of those providers who provided care, treatment and services will begin as soon as the immediate situation is under control and will be completed within seventy-two (72) hours (if possible) from the time the volunteer practitioner presented to the organization. In the extraordinary event that verification cannot be completed in seventy-two (72) hours, it will be done as soon as possible.

Within seventy-two (72) hours of initially granting the privileges, the physician supervising the area in which the volunteer was assigned will evaluate the volunteer's performance through direct observation, interviews with staff, mentoring, clinical record review, etc., and determine, at that time, if privileges are to be continued. Any privileges granted during a disaster will automatically terminate when the disaster is declared to have ended.

ARTICLE XII: AUTOMATIC TERMINATION AND ADMINISTRATIVE SUSPENSION[99, 100]

12.1. AUTOMATIC TERMINATION. Automatic termination occurs in response to the issues that, by definition, implicate the affected member's basic qualifications to practice at UAMS Health. Automatic termination of a member is not a Professional Review Action and is not subject to hearing or appeal. Termination of a Member's clinical privileges, membership, or authorization to provide patient care will automatically occur under the following circumstances and will apply to all Member Hospital(s) where the practitioner holds clinical privileges, membership, or authorization to provide patient care:

- **A.** Permanent loss or revocation of license to practice;
- **B.** Permanent loss or revocation of DEA certificate;
- **C.** When Board certification is required, failure to achieve Board certification within the time limits and conditions prescribed by these Bylaws or being found ineligible for further preparation for Board certification;
- **D.** When Board certification is required, failure to cure any lapse in maintenance of Board certification within two (2) years of the expiration of certification or designation of not meeting maintenance of certification unless the Credentials Committee has granted a waiver of this requirement;
- **E.** Involuntary exclusion from participation in Medicare, Medicaid or other federally funded health care programs;

[99] MS.14.01.01, EP 7
[100] MS.15.01.01, EP 4

F. Termination of employment required to satisfy Section 11.2.F.;
G. Conviction of a felony;
H. Failure to satisfactorily complete the program of therapy or monitoring for substance use, medical or psychiatric disorders deemed necessary by the Medical Staff Health Committee (MSHC) and/or failure to comply with the terms of an on-going monitoring agreement deemed necessary by the MSHC for substance use, medical or psychiatric disorders; or,
I. Failure to cure an Administrative Suspension within ninety (90) days of receiving notice of the suspension.

A request for reinstatement may be made following the end of a disqualifying event. Requests made less than one (1) year after the automatic termination will be considered a reapplication for appointment. Requests made greater than one (1) year after automatic termination will be considered an initial application for appointment.

12.2. ADMINISTRATIVE SUSPENSION.[101] The following will result in administrative suspension of clinical privileges, membership, or authorization to provide patient care until the reason for the suspension is cured and will apply to all Member Hospital(s) where the practitioner holds membership, clinical privileges or authorization to provide patient care:

A. In the event a member's license in this State is suspended or restricted, the action and its terms will automatically apply to clinical privileges, membership, or authorization to provide patient care as appropriate. Such an action by a State Licensing Board may trigger an Investigation pursuant to Section 13.5. If a member's license expires, the member will automatically be suspended from practice at all Member Hospital(s) where the practitioner holds clinical privileges, membership or authorization to provide patient care until there is evidence of license renewal;
B. In the event a member's DEA certificate is suspended, stayed, or restricted, the action and its terms will automatically apply to the member's right to prescribe, dispense or administer medications covered by the certificate at all Member Hospital(s) where the practitioner holds clinical privileges, membership or authorization to provide patient care until there is evidence of certificate of renewal. Such an action by the DEA may trigger an Investigation pursuant to Section 13.5. If a member's DEA certificate expires, the member's right to prescribe, dispense, or administer medications covered by the certificate will be automatically suspended at all Member Hospital(s) where the practitioner holds clinical privileges, membership or authorization to provide patient care until there is evidence of certificate renewal;
C. In the event a member's Collaborative Physician or Supervising Physician leaves UAMS Health and the APRN or PA fails to provide documentation of a replacement physician prior to the physician's leave date or within three (3) business days from the change;

[101] MS.14.01.01, EP 7

D. Failure to maintain professional liability insurance as required by these Bylaws. Failure to provide such evidence within three (3) months of the date of suspension will be deemed a voluntary resignation; or,

E. Administrative suspensions will be reported to the appropriate Department Chair, Chief of Service or Service Line Director and Credentials Committee. Members who have repeated administrative suspensions are subject to disciplinary action in accordance with UAMS employment policies.

F. For Courtesy Staff, repeated administrative suspensions will be referred to the Credentials Committee for review of continued membership and Clinical Privileges, which may result in an Investigation pursuant to Section 13.5.

Administrative suspension of clinical privileges, membership, or authorization to provide patient care under this section is not a Professional Review Action and is not subject to hearing or appeal. Members on leave of absence are not subject to automatic suspension during their leave period but must meet all applicable eligibility requirements prior to returning to practice.

12.3. PATIENT REASSIGNMENT. If an automatic termination or administrative suspension result in removal of clinical privileges or authorization to provide patient care necessary for quality patient care, the involved individual's patients will be reassigned to another member by the respective Chief of Service or Service Line Director to assure that medical care will not be interrupted. The wishes of the patient will be considered, when feasible, in choosing a substitute member.

ARTICLE XIII: PROFESSIONAL REVIEW ACTION[102, 103]

13.1. BASIS FOR PROFESSIONAL REVIEW ACTION.[104] The Credentials Committee, as the peer review agent of the MEC and the Board of Trustees, is responsible for conducting Professional Review Activities whenever it appears that the competence or professional conduct of any applicant/appointee:

A. Jeopardizes, or may jeopardize, the safety or best interest, quality of care, treatment or services to the patient, or the safety or best interests of a visitor or employee;

B. Presents a question regarding the competence, character, judgment, ethics, adequacy of mental or physical health, or ability to work cooperatively with others in the provision of safe patient care, treatment and services;

C. Violates these Unified Medical Staff Bylaws, Rules and Regulations or the policies or procedures of UAMS Health or a Member Hospital; or,

D. Disrupts or has the potential to disrupt the operations of any UAMS Health location.

13.2. TYPES OF PROFESSIONAL REVIEW ACTIONS.[105]

[102] MS.14.01.01, EP 7
[103] MS.18.02.01, EP 3
[104] MS.14.01.01, EP 7
[105] MS.17.01.03, EP 4

A. Examples of a Professional Review Action include, but are not limited to, the following:[106]

1. Denial of initial appointment to a qualified applicant (as defined in Article XI);
2. Denial of reappointment to a qualified applicant (as defined in Article XI);
3. Adverse actions related to clinical privileges, membership, or authorization to provide patient care, including:
4. Restriction or limitation of privileges or general job functions, including but not limited to requirements for monitoring, mentoring, proctoring or remediation for longer than thirty (30) days;
5. Termination, reduction or revocation of privileges or general job functions previously granted (except under Sections 12.1 and 12.2);
6. Probation or suspension of clinical privileges or general job functions until specific conditions or requirements are met or until required education, training or remediation is completed;
7. Limitation of prerogatives related to the member's delivery of safe patient care, treatment and services;
8. Suspension of appointment for longer than thirty (30) days; or,
9. Revocation of appointment;

B. The following corrective actions are not Professional Review Actions and, therefore, do not entitle the member to hearing and appeal rights:

1. Denial of clinical privileges, membership or authorization to provide patient care where the applicant does not meet the minimum eligibility or competency requirements as delineated in these Bylaws or the applicable clinical privilege form or job description;
2. Disciplinary action, such as a letter of warning letter or reprimand, probation, suspension, or termination for an employment issue unrelated to competence or professional conduct;
3. Automatic termination or administrative suspension under Sections 12.1 or 12.2;
4. Denial of or failure to renew a specific type of clinical privilege or general job function for reasons other than professional competence, such as an administrative decision that a privilege or general job function will be limited to a particular specialty or will not be performed at a UAMS Health location;
5. Alternatives to Professional Review Actions that are not intended to, and do not, impact a member's clinical privileges, membership or authorization to provide patient care include, but are not limited to:

[106] 45 C.F.R. §60.12

a. Informal discussions or formal meetings regarding concerns raised about conduct or performance;
b. Written letters of guidance, reprimand or warning regarding concerns about conduct or performance;
c. Voluntary agreement to participate in a Performance Improvement Plan;
d. Notification that future conduct will be closely monitored and notification of expectations for improvement;
e. Recommendations for seeking continuing education, consultations, or other assistance in improving conduct or interactions with others; or,
f. Warnings regarding potential consequences of failure to improve conduct or performance.

13.3. SUMMARY SUSPENSION.[107]

A. Imposition. Whenever the failure to take action against a member may result in an imminent danger to the health or safety of any individual, the Leadership Council or the CMO On Call or one member of the Leadership Council plus one of the following individuals may summarily suspend or restrict all or any portion of the member's clinical privileges or general job functions: the Service Line Director, the relevant Facility Medical Director or the Department Chair of the Department to which the provider reports. Such Summary Suspension is effective immediately upon imposition, and the member shall be given prompt written notice stating the action taken and the general reasons for it;[108]

B. Notice to CCO. When not directly involved, the Chief Clinical Officer will be immediately notified any time a Summary Suspension is imposed.

C. Leadership Council Review.

1. Expedited interim review when appropriate. If the Summary Suspension was not imposed by the Leadership Council, within 72 hours after imposition of a summary suspension, the Leadership Council shall conduct an initial review of the available information and decision to suspend and may dissolve or modify it pending full review.[109]

2. As soon as practicable, and in no event later than fourteen (14) days after imposition, a Summary Suspension imposed by individuals other than the Leadership Council will be reviewed by the Leadership Council to determine whether the suspension will be continued, modified or voided.[110]

D. Investigation Trigger. If the Leadership Council imposed the Summary Suspension, or if the suspension is continued or modified, an Investigation will be initiated in accordance with Section 13.5 of these Bylaws to determine

[107] MS.14.01.01, EP 7
[108] 42 U.S.C. § 11112(c)(2)
[109] 42 U.S.C. § 11112(c)(2)
[110] 42 U.S.C. § 11112(c)(1)(B)

if there is a need for Professional Review Action. The Investigation shall be conducted as promptly as the circumstances reasonably permit;[111]

E. Hearing and Appeal Rights. If (i) the Leadership Council initially imposed the Summary Suspension or (ii) the Leadership Council continues or modifies the Summary Suspension as a continuing restriction of clinical privileges or general job functions, that action constitutes an adverse action, and the member's entitlement to the notice, hearing, and appeal rights set forth in Article XIV (Hearing & Appeal) vests upon that imposition or continuation, respectively. This entitlement is triggered by the action itself and does not depend on the duration of the Summary Suspension. The hearing shall be convened in accordance with Article XIV following completion of the Investigation under subsection (D) and the resulting determination of the Professional Review Action, if any, to be taken; notice of the charges and proposed action under Article XIV shall be provided to the member promptly after that determination. Pending the Investigation and hearing, the Summary Suspension shall remain subject to dissolution or modification under subsection (C) at any time the basis for continued suspension no longer exists;[112]

F. Reporting. A Summary Suspension that remains in effect for a period longer than thirty (30) days shall be reported to the National Practitioner Data Bank[113] and the Arkansas State Medical Board or other applicable licensing body. The thirty-day period referenced in this subsection governs reporting obligations only and does not affect the member's hearing and appeal rights under subsection (E).

13.4. PATIENT REASSIGNMENT. If a Summary Suspension results in removal of clinical privileges or general job functions necessary for quality patient care, the involved individual's patients will be reassigned to another member by the respective Chief of Service or Service Line Director to ensure that medical care will not be interrupted. The wishes of the patient will be considered, when feasible, in choosing a substitute member.

13.5. INVESTIGATIONS.[114]

A. A request for an Investigation to review the competence or professional conduct of a member or applicant raising a question under Section 13.1 may be submitted by any member, committee, CEO or CAO;

B. Requests must be submitted to the Chief Clinical Officer who will review the request with the Leadership Council to determine whether an Investigation is warranted. If no Investigation is warranted, the Leadership Council may take any action that is not a Professional Review Action (Bylaw 13.2.B) without presenting the matter to Credentials Committee for review and vote. If an Investigation is initiated, the affected individual will be notified in writing

[111] 42 U.S.C. § 11112(a), § 11112(c)(1)(B)
[112] 42 U.S.C. § 11112(a)(3), § 11112(b); § 11112(c)(2).
[113] 42 U.S.C. § 11133 and 45 C.F.R. Part 60.12.
[114] MS.18.03.01. EP 1

within five (5) business days. Imposition of a Summary Suspension will trigger an Investigation;

C. The Chief Clinical Officer will assign a peer or peer group to perform the Investigation. Any assigned peer group will be comprised of no more than two (2) members of the Credentials Committee. In the event no appropriate peer or peer group is available and it is necessary to select an external reviewer to perform the Investigation, such reviewer will be selected in accordance with the Arkansas Peer Review Fairness Act, as amended;

D. The Investigation may be performed through a focused professional practice evaluation or other appropriate process and will be completed as expeditiously as possible. The Investigation may include a review of all relevant records and reports and interviews with the affected member and individuals having relevant knowledge of the matters considered. Any interviews will be conducted without attendance of counsel, and a summary of the interview will be prepared by the interviewers. Procedural rules for a formal hearing will not apply to an Investigation;

E. A written report of the Investigation findings, which will include all relevant information reviewed will be prepared and a copy provided to the affected member and the Credentials Committee;

F. During a specially-called Credentials Committee meeting chaired by the Chief Clinical Officer, the Credentials Committee will review the Investigation findings as soon as practical after the conclusion of the Investigation. The affected member will be given the opportunity to discuss the findings with the Credentials Committee before a recommendation is made. The Credentials Committee may request the affected member or other individuals integral to the Investigative process to attend the specially-called Credentials Committee meeting. The affected member's failure to attend a requested meeting will result in administrative relinquishment of clinical privileges, membership or authorization to provide patient care at all Member Hospitals.

G. The Credentials Committee will make a recommendation to: 1) close the matter if there are no findings to substantiate the concern; 2) initiate a corrective action; or 3) recommend a Professional Review Action; and,

H. The Credentials Committee, via the Chief Clinical Officer, will report any Professional Review Action recommendation to the MEC.

13.6 PROFESSIONAL REVIEW ACTIONS.

A. The MEC will review the Investigation findings and recommendation of the Credentials Committee and determine whether to close the matter, impose corrective action, or propose a Professional Review Action;

B. The Chief Clinical Officer will present the recommendation of the Credentials Committee to the MEC;

C. If the Credentials Committee recommends a Professional Review Action, the affected member will be given the opportunity to discuss the recommendation with the MEC;

D. After review of the Credentials Committee recommendation and discussion with the member (if so requested), if the MEC proposes a Professional

Review Action, the affected member will be given written notice of the decision, the basis for the decision and the right to a hearing as set forth in Article XIV. Notice will be provided within five (5) business days after the decision is made. A copy of the notice will also be sent to the Chief of Staff, respective Department Chair, Chief of Service or Service Line Director, and depending on the employment arrangement, the Dean of the College of Medicine, the Chief Nursing Officer, and/or the CEO or CAO or other individual with employment authority for relevant location;[115]

E. All Professional Review Actions proposed by the MEC will be communicated to the Board of Trustees in writing for approval. No final action will be taken until the affected member has waived or exhausted hearing and appeal rights pursuant to Article XIV;

F. A Professional Review Action must state a procedure for concluding the Action; and,

G. Professional Review Actions will be reported to the Arkansas State Medical Board or other applicable licensing body and the National Practitioner Data Bank as required or allowed by law.

13.7. ATTORNEYS. At any stage of the procedure outlined in Article XIII and XIV, when an attorney participates on behalf of UAMS Health and the affected member is present, they may also have independent legal counsel participating in the activity.[116]

ARTICLE XIV: HEARING AND APPEAL[117]

14.1. GROUNDS FOR HEARING. Any proposed Professional Review Action that adversely affects a member's clinical privileges, membership, or authorization to provide patient care will constitute grounds for a hearing. Affiliated Health Professional Staff members who are employees of UAMS Health will be subject to the personnel policies of the Member Hospital rather than the due process procedures stated within these Bylaws.

14.2. REQUESTS FOR HEARING.[118]

A. A petitioner has thirty (30) days following the date of receipt of notice of a proposed Professional Review Action to request a hearing. The request must be in writing and delivered to the Chief of Staff. Failure to request a hearing within thirty (30) days constitutes voluntary waiver of any hearing rights and acceptance of the decision. Upon expiration of thirty (30) days, the decision will be forwarded to the Board of Trustees and will be immediately effective and final;

B. Upon receipt of a request for a hearing, the Chief of Staff will appoint an ad hoc hearing panel and schedule a hearing within thirty (30) calendar days

[115] MS.18.04.01
[116] Ark. Code Ann. § 20-9-1304(b)
[117] MS.18.04.01, EP 1, 2, 3, 4, 5
[118] MS.18.04.01, EP 2, 3, 4

from the date of the request, unless both the Chief of Staff and the petitioner agree to a later date. Notice will be given to the petitioner of the time, place and date for the hearing; and,

C. The petitioner may request postponements of time beyond the times expressly permitted in these Bylaws and such postponements will be permitted by the Chief of Staff or hearing panel on a showing of good cause.

14.3. HEARING PANEL SELECTION.[119, 120]

A. The hearing panel will consist of five (5) members of the Active Staff, including, where practicable, at least one (1) member of the Active Staff at either the practitioner's primary practice location or the location where the underlying events transpired. A third-party Hearing Officer or Arbitrator will not be used;

B. A member who actively participated in the Professional Review Activity or Professional Review Action or who is in direct economic competition (*i.e.*, within the same sub-specialty) with the petitioner will not be chosen to serve on the hearing panel;

C. Potential individuals selected to serve on the panel will disclose any potential unresolved personal, professional or financial conflicts of interest with the petitioner to the Leadership Council which will consider all disclosures and objections and make a determination of whether a conflict exists;

D. The Leadership Council will prepare a list of potential panel members and provide the list to the petitioner. The petitioner will be given five (5) business days to submit a written objection to any member based on a potential conflict of interest;

E. If the petitioner objects to an individual chosen to serve on the panel, the Leadership Council will assess the validity of the objection, any information disclosed by the potential panelist, and document the reason for determining whether a conflict exists;

F. The Leadership Council will appoint one (1) member of the hearing panel to serve as Chair of the panel. Decisions will be made by a 51% majority of the members; and,

G. Panel members must agree to exercise unbiased, independent and professional judgement when evaluating the competence or professional conduct of the petitioner.

14.4. CONDUCT OF HEARING.

A. No later than twenty (20) business days prior to the hearing, the Chief of Staff (on behalf of the MEC) and the petitioner will disclose all relevant information related to the hearing to each other whether via formal or informal discovery.

B. The Chief of Staff and petitioner will provide each other with a list of witnesses expected to testify and documents expected to be introduced at

[119] Ark. Code Ann. Section 20-9-1309
[120] MS.14.01.01, EP 8

the hearing at least ten (10) business days prior to the commencement of the hearing;

C. It is the duty of the petitioner and the Chief of Staff to raise any procedural objections before the hearing so that decisions can be made in a timely manner. Any objections raised will be preserved for consideration at any appellate review hearing that may be subsequently requested;

D. Any hearing held pursuant to these Bylaws is for the purpose of intra-professional resolution of matters bearing on professional conduct or competence. Relevant evidence, including hearsay, will be admitted regardless of admissibility in a court of law. The Chair of the hearing panel will have the authority to 1) rule on questions of procedure; 2) rule on admission and exclusion of evidence; 3) draft the findings and recommendations of the hearing panel; and, 4) generally advise the panel on the discharge of its functions;

E. A record of the hearing will be made by a certified court reporter. The cost of the reporter will be borne by UAMS Health. The cost of any transcript requested will be borne by the requesting party;

F. Both the Professional Review Body and the petitioner have the right to representation by an attorney or other person at the hearing. The Chief of Staff as the Chair of the MEC (the Professional Review Body) will either represent or designate a member of the MEC to represent it at the hearing. Each party will have the right to attend the hearing, present evidence, question witnesses who are present and submit written supporting statements at the close of the hearing. Each member of the Professional Review Body is not required to be present at the hearing;

G. The Professional Review Body must present evidence supporting its proposed action and the petitioner will bear the burden of persuading the hearing panel by the substantial weight of evidence provided at the hearing that the decision of the Professional Review Body was not supported by substantial evidence;

H. Any dispute over relevance or the method of discovery, or any other dispute that arises during the hearing process will be resolved by the hearing panel;

I. Upon receipt of all evidence and argument, the hearing will be closed; and,

J. Failure of the petitioner to appear without good cause at a hearing constitutes voluntary waiver of any hearing rights and acceptance of the MEC's recommendation. In the event of voluntary waiver, the recommendation of the MEC will be forwarded to the Board of Trustees and will be immediately effective and final.

14.5. ACTION OF HEARING PANEL. The hearing panel will conduct deliberations and render a final written decision based on the record produced at the hearing within thirty (30) days. The decision will include a statement identifying the basis for the decision and findings of facts supporting the decision on each matter contained in the notice of action. The decision will be delivered to the petitioner, Chief of Staff, Professional Review Body and Board of Trustees. The decision of the hearing panel may be appealed as provided in Section 14.6.

14.6. APPEAL OF PROFESSIONAL REVIEW ACTION.[121]

A. The petitioner may appeal adverse decisions by the hearing panel to the Board of Trustees. No petitioner is entitled to more than one (1) evidentiary hearing and appellate review of any Professional Review Action;

B. The petitioner must submit written notice of appeal stating the reason for appeal to the Chief of Staff within ten (10) calendar days of receipt of the adverse decision. The only permissible grounds for an appeal of the hearing panel decision are: 1) lack of compliance with the procedures required by these Bylaws at the hearing sufficient to deny the petitioner a fair hearing; and/or, 2) the action was not supported by substantial evidence;

C. The Chief of Staff will notify the Chair of the Board of Trustees of the appeal. The Board of Trustees will set a date for the appellate review and will give both parties notice of the time, place and date of the review. The date of appellate review will not be less than fifteen (15) nor more than ninety (90) calendar days from the date of receipt of the request for appeal. The time for appellate review may be extended by the Board of Trustees for good cause;

D. When an appellate review is requested, the Board of Trustees may sit as the appeal board or may appoint an appeal board of at least three (3) of its members;

E. The proceedings on appeal will be based on the hearing panel record. The appeal board may accept additional evidence subject to a showing that such evidence could not have been made available to the hearing panel in the exercise of reasonable diligence. Each party will have the right to present a written statement in support of its position. The appeal board, at its sole discretion, may allow each party or representative to appear personally and make an oral argument. Following receipt of all evidence, the appeal board will conduct deliberations outside of the presence of the petitioner and the MEC and their representatives to determine whether the decision was supported by substantial evidence and appropriate procedures were followed;

F. Within ten (10) calendar days after the conclusion of the appellate review proceedings, the appeal board will render a decision in writing, which will be the decision of the Board of Trustees. The Board of Trustees may affirm, modify or reverse the decision of the hearing panel or remand the matter for further review and recommendation within a time frame determined by the Board. The decision of the Board of Trustees will be immediately effective, final, and not subject to further hearing or appeal; and,

G. Written notice of the final decision will be provided to the petitioner and Chief of Staff to be presented to the MEC. Copies of the decision will also be sent to the Medical Staff Office, the respective Chief of Service or Service Line Director, Department Chair, and depending on the employment arrangement, the Dean of the College of Medicine, the Chief Nursing Officer,

[121] MS.18.04.01, EP 5

and/or the CEO or CAO or other individual with employment authority for relevant location.

ARTICLE XV: HOUSESTAFF

15.1. HOUSESTAFF[122]

A. The "Housestaff" consists of individuals who are appointed to:

1. The College of Medicine and Regional Centers Residency or Fellowship Program and have been assigned clinical rotation at UAMS Health locations according to Graduate Medical Education Committee Policy on Recruitment and Appointment; or,

2. Residency programs sponsored by the Center for Dental Education College of Health Professions.

B. The Housestaff are eligible to serve on committees and to function in the clinical areas of UAMS Health within the limitations of their appointment. The Housestaff are not eligible to admit patients. The Housestaff cannot function as Active Staff or Courtesy Staff members as defined in the Medical Staff Bylaws and are not voting members of the Medical Staff;[123]

C. The Chief of Service and Service Line Directors are responsible for ensuring that each Housestaff member is supervised by a member of the Active Staff within their service. The Chief of Service or Service Line Director will establish patient care activities consistent with ACGME guidelines that can be carried out by Housestaff. Within such parameters, members of the Active Staff may delegate certain duties and responsibilities according to the individual Housestaff member's capabilities and experience. Members of the Active Staff are directly responsible for all Housestaff patient care activities. Housestaff members may also be supervised by upper level Housestaff members as well as their assigned Active Staff member. The Housestaff are directly responsible to upper level Housestaff and assigned to Active Staff members, as well as to their respective Chief of Service or Service Line Director to the Chief of Staff, and to the Chief Clinical Officer for clinical aspects of patient care and pertinent UAMS Health and Member Hospital policies;

D. Housestaff members are not privileged members of the Medical Staff and are not afforded due process as defined in these Bylaws;

E. Residents or Fellows in non-ACGME approved residencies or fellowship training programs may not serve as Housestaff. To provide patient care, including call coverage, those individuals must apply for Medical Staff membership.

XVI: MEDICAL STAFF MEETINGS

16.1. The Medical Staff will meet as deemed appropriate by the Chief of Staff. The Chief of Staff will preside.

[122] MS.16.02.01, EP 1
[123] MS.14.01.01, EP 1

XVII: RULES AND REGULATIONS[124]

17.1. The Medical Staff may adopt necessary Rules and Regulations to implement these Bylaws, subject to approval by the Board of Trustees, in addition to any Local Rules and Regulations a Member Hospital adopts under Section 2.7. These Rules and Regulations will relate to the proper conduct of Medical Staff organizational activities as well as specify the level of practice required of each member.

ARTICLE XVIII: ADOPTION OF BYLAWS[125]

18.1. ADOPTION BY THE UAMS MEDICAL CENTER MEDICAL STAFF.[126] The UAMS Health Unified Medical Staff Bylaws and Rules and Regulations, will be adopted upon a majority (51%) vote of the UAMS Medical Center Medical Staff. Where the vote under this Section is conducted by electronic ballot, a UAMS Medical Center Medical Staff member's failure to respond within the notice period specified for that ballot will be counted as a vote in favor of adoption. Upon adoption, the Bylaws will replace any previous Bylaws of the Medical Staff. These Bylaws will become effective when approved by the Board of Trustees.[127]

18.2. ADOPTION BY AN ADDITIONAL MEMBER HOSPITAL. A facility becomes a Member Hospital, and its practitioners become subject to these Bylaws, upon: (a) a majority vote of that facility's organized active medical staff to adopt these Bylaws and join the Unified Medical Staff, in lieu of maintaining separate bylaws, consistent with 42 C.F.R. § 482.22(b)(4)(i); or (b) where Section 23.3 applies because no organized medical staff exists to vote as of the Transition Date, provisional adoption by the Board of Trustees under that Section, subject to the ratification vote required by Section 23.3. Where a vote under subsection (a) is conducted by electronic ballot, a member's failure to respond within the notice period specified for that ballot will be counted as a vote in favor of adopting these Bylaws. Final action remains subject to Board of Trustees approval.

18.3. RIGHT TO OPT OUT. The Active Staff of any Member Hospital may, by majority vote, elect to withdraw that Member Hospital from the Unified Medical Staff and adopt separate medical staff bylaws for that facility, subject to Board of Trustees approval and a transition plan approved by the Medical Executive Committee to protect continuity of patient care and orderly transfer of credentialing files.

18.4. CONTINUITY OF CURRENT OFFICERS. The individuals serving as Chief of Staff and Chief of Staff-Elect of UAMS Medical Center's medical staff immediately before the adoption of these Bylaws continue, without a new election, to serve as the Chief of Staff and Chief of Staff-Elect of the Unified

[124] MS.14.01.01, EP 1
[125] MS.14.01.01, EP 1
[126] 42 C.F.R. § 482.22(b)(1).
[127] MS.14.01.01, EP 1, 5

Medical Staff, for the remainder of the terms to which they were previously elected. Article VI governs all elections held after the adoption of these Bylaws.

ARTICLE XIX: AMENDMENTS TO BYLAWS[128]

19.1. The Medical Staff Bylaws, Rules and Regulations cannot be unilaterally amended.[129] The Medical Staff may propose changes to the Bylaws, Rules and Regulations when necessary to reflect current and future practices of the Medical Staff organization. Proposed changes to the Bylaws or Rules and Regulations must be presented in writing to the MEC through the appropriate MEC committee. If the proposed amendments are approved by the MEC, they will be presented to the Medical Staff for a vote. An amendment will be passed upon a majority (51%) vote of the Medical Staff. Where the vote under this Section is conducted by electronic ballot, a Medical Staff member's failure to respond within the notice period specified for that ballot will be counted as a vote in favor of adoption. Amendments will become effective when approved by the Board of Trustees. All approved amendments will be communicated to the Medical Staff.

19.2. Any conflicts or disagreements between the Medical Staff and the MEC including, but not limited to, proposals to adopt a rule, regulation or policy or an amendment thereto, will be resolved according to the UAMS Medical Center Policy, “Conflict Management”[130] as approved by the Board of Trustees.

19.3. In cases of a documented need for an urgent amendment to Rules and Regulations necessary to comply with law or regulation, the MEC may provisionally adopt, and the Board of Trustees may provisionally approve an urgent amendment without prior notification of the Medical Staff. If this becomes necessary, the Medical Staff will have an opportunity to retrospectively review and comment on the provisional amendment. If no conflict is submitted in writing to the Chief Clinical Officer within five (5) business days of receipt of notification, the provisional amendment stands. If the stated concerns cannot be resolved through the established MEC committees, the issue will be addressed according to the “Conflict Management Policy.”[131]

ARTICLE XX: NEW AND TRANSITIONING MEMBER HOSPITALS

20.1. **PURPOSE.** This Article governs the addition of a new Member Hospital to UAMS Health, including a facility, such as UAMS Health Benton-Bryant, that is being acquired or newly operated by UAMS Health, including situations where the new Member Hospital may have little or no organized medical staff structure of its own at the time of transition.

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[128] MS.14.01.01, EP 1
[129] MS.14.01.01, EP 1, 5; MS.14.02.01, EP 1, 2, 3
[130] As UAMS Health’s flagship hospital, the UAMS Medical Center policy will be utilized until a UAMS Health corresponding policy is approved by the Board of Trustees. At that time the UAMS Health policy on conflicts shall control.
[131] MS.14.02.01, EP 4

20.2. DESIGNATION OF A NEW MEMBER HOSPITAL; EFFECTIVE DATE. The Board of Trustees designates the effective date on which a facility becomes a Member Hospital (the "Transition Date"). From and after the Transition Date, practitioners practicing at that Member Hospital are subject to these Bylaws.

20.3. ADOPTION BY VOTE.[132]

A. Vote by Existing or Incoming Medical Staff. Before the Transition Date, UAMS Health will make reasonable efforts to identify the practitioners then practicing at the facility becoming a Member Hospital, and to give those practitioners the opportunity to vote on whether to accept these Bylaws and join the Unified Medical Staff, consistent with the adoption process in Article XVIII. If a majority of those voting approve, the facility becomes a Member Hospital, and its medical staff is deemed to have accepted these Bylaws, on the Transition Date on that basis. Where the vote under this Section is conducted by electronic ballot, a Medical Staff member's failure to respond within the notice period specified for that ballot will be counted as a vote in favor of adoption.

B. Vote Within Six Months After Transition Date. Where a vote under subsection (A) does not occur or is not completed before the Transition Date, the Board of Trustees may provisionally adopt these Bylaws on behalf of that Member Hospital, effective as of the Transition Date, so that patient care and credentialing are not disrupted while a vote is organized. This provisional adoption is not a substitute for medical staff acceptance and does not itself constitute final adoption. No later than six (6) months after the Transition Date, the then-current Active Staff practicing primarily at that Member Hospital must be given the opportunity to vote, by majority of those voting, either (a) to accept these Bylaws and continue as part of the Unified Medical Staff, or (b) to request that the Member Hospital adopt separate medical staff bylaws for that facility, subject to Board of Trustees approval, consistent with Section 21.3 and 42 C.F.R. § 482.22(b)(4)(i). Where the vote under this Section is conducted by electronic ballot, a Medical Staff member's failure to respond within the notice period specified for that ballot will be counted as a vote in favor of adoption.

20.4. INTERIM LOCAL LEADERSHIP. A newly transitioning Member Hospital's Facility Medical Director is appointed under Section 7.4: by that Member Hospital's own CEO or CAO once one is in place, or, until then, on an interim basis by the CCO. Pending that appointment and the appointment or election of other local leadership at the newly transitioning Member Hospital, the CEO of UAMS Health, in consultation with the CCO, may also appoint such other interim clinical leadership as needed, including those that serve on the Medical Executive Committee and exercise the duties of the corresponding position under these Bylaws until a permanent appointment or election can be made, and in any

[132] 42 CFR §482.22(b)(4)(i) and CMS State Operations Manual Appendix A (A-0348 through A-0350).

event for no longer than the Onboarding Period unless the Medical Executive Committee extends the interim appointment for good cause.

20.5. FACILITY-SPECIFIC CRITERIA FOR A NEW MEMBER HOSPITAL.

A. As soon as practicable, the Medical Executive Committee, in consultation with interim or elected local leadership at the new Member Hospital and the Service Line Director / Chief of Staff, adopts facility-specific delineation-of-privileges forms and any facility-specific criteria under Section 2.7 appropriate to that Member Hospital's scope of services. Upon assessing and consulting on facility-specific needs, the MEC may adopt privileges consistent with one or more Member Hospitals when facility-specificity is determined unnecessary.

B. As part of that review, and consistent with 42 C.F.R. § 482.22(b) by recognizing that a hospital's size, complexity, scope of services, and patient population may warrant different Medical Staff standards, the Medical Executive Committee will specifically consider whether the Board certification and Alternate Pathway requirement in Section 10.2 should apply at the new Member Hospital in the same form as at UAMS Medical Center, or whether that Member Hospital's unique circumstances warrant a facility-specific modification of that requirement. This Section requires only that the question be considered; it does not itself modify Section 10.2 for any Member Hospital unless the Medical Executive Committee affirmatively adopts a facility-specific modification.

20.6. NO EFFECT ON OTHER MEMBER HOSPITALS. Nothing in this Article authorizes provisional or expedited privileges at any Member Hospital other than the specific newly transitioning Member Hospital identified by the Board of Trustees for a given Transition Date, and nothing in this Article overrides Section 2.3's general rule against automatic reciprocity between separately licensed Member Hospitals, except as Section 2.6 separately provides.

20.7. PRE-TRANSITION CREDENTIALING.

A. Where UAMS Health has entered into a definitive agreement to acquire or begin operating a facility that will become a Member Hospital, but the Transition Date has not yet occurred (the period between signing and the Transition Date, the "Pre-Transition Period"), the following applies so that credentialing is not the reason patient care is disrupted at the change of ownership:

1. Pre-Transition Application Intake. During the Pre-Transition Period, the MSO may begin accepting Medical Staff applications, and may begin primary source verification and file-building under Article XI, for practitioners who are then currently credentialed and privileged at the facility to be acquired, notwithstanding that the facility is not yet a Member Hospital and the applicants are not yet eligible for actual appointment. Action on these applications by the Credentials Committee, Medical Executive Committee, and the Governing Body

may proceed on the same schedule as any other application, but no appointment or Clinical Privileges become effective before the Transition Date;

2. Coordination with the Prior Operator. The CCO, UAMS Health CEO, and MSO are authorized to communicate and coordinate directly with the prior operator of a facility to be acquired during the Pre-Transition Period for purposes of this Section and Section 23.8, subject to any confidentiality or standstill restrictions in the definitive transaction agreement; and

3. Nothing in these Bylaws shall prevent the onboarding of clinicians or other staff (prior to the Transition Date for appointment and Clinical Privileges) from completing or coordinating efforts to transition to the UAMS Health HER, email, Workday (or other human resource management software), HIPAA training, or other onboarding efforts to facilitate the transition to being a functional Member Hospital on the Transition Date

20.8. CREDENTIALS RELIANCE AND FILE ADOPTION.

A. To avoid re-performing primary source verification that a facility's prior operator has already validly completed, UAMS Health, acting through proper signatory authority, may enter into a Credentials Reliance Agreement with the prior operator of any facility that has become, or is becoming, a Member Hospital (whether UAMS Health Benton-Bryant or any future acquisition), on the following terms:

1. Scope of Reliance. The MSO may rely upon and adopt, as part of a practitioner's Unified Medical Staff credentials file, the prior operator's complete credentialing documents including current and prior Credentials Committee, MEC and Board of Trustees Minutes, current and prior Bylaws, current and termed provider records (including initial application, reappointment applications, CV’s, temporary approval notice, board approval letters, current malpractice coverage, history of malpractice coverage, malpractice claims history, privilege forms, authorization and release forms, CCVS authorization and release forms, CCVS attestations, APRN collaborative practice agreements, PA delegation agreements, PA portal screenshots, medical questionnaires, photo id, Medicare acknowledgement form, peer references, drug screen results) verifications of objective credentialing elements (including licensure, DEA registration, education and training, hospital affiliations, CCVS profiles, Board certification status, NPDB queries, Medicare opt out queries and SAMS queries) without independently re-verifying each such element, provided that: (a) the prior operator was itself a Medicare-participating, accredited hospital whose credentialing program met standards substantially equivalent to UAMS Health's; (b) the specific verification being relied upon was verified after the end date or is no older than the maximum look-back period specified in Medical Staff

policy (not to exceed one hundred and twenty (120) days from the applicant's UAMS Health Board of Trustees approval date, consistent with prevailing delegated-credentialing standards); and (c) the prior operator provides a written attestation as to the completeness and accuracy of the file elements being transferred;

2. Exclusion of Peer Review and Investigation Records. Notwithstanding Section 23.8(a), the prior operator's peer review, quality, and Investigation-related records (as distinct from the objective verification elements listed above) are not to be transferred to or adopted by UAMS Health under a Credentials Reliance Agreement. Those records are subject to the prior operator's own peer review privilege, and their transfer risks waiving that privilege for both organizations. The MSO will instead request only such summary information as the prior operator is willing and able to disclose without waiving privilege (*e.g.*, whether the practitioner was in good standing and free of pending disciplinary action as of the Transition Date;

3. Supplemental Verification. The MSO retains the authority, at any time, to require supplemental or refreshed verification of any file element it determines to be stale, incomplete, inconsistent, or otherwise insufficient to support appointment or privileging, regardless of any reliance otherwise permitted under this Section; and

4. Standing Authorization. This Section is a standing authorization for Credentials Reliance Agreements with the prior operator of any Member Hospital, so that a new Bylaws provision is not required each time UAMS Health acquires or begins operating an additional facility.

ARTICLE XXI: GOVERNING LAW

21.1. These Medical Staff Bylaws will be governed by and construed in accordance with the Health Care Quality Improvement Act of 1986 and to the extent not inconsistent therewith, the Arkansas Peer Review Fairness Act of 2013, and to the extent not so governed, with the other laws of the State of Arkansas without giving effect to its conflict of laws principles. To the extent any provisions of the Arkansas Peer Review Fairness Act of 2013 are inconsistent with, or conflict with, the Health Care Quality Improvement Act of 1986, the provisions of the Health Care Quality Improvement Act of 1986 will govern.[133]

ARTICLE XXII: PRIVILEGES AND IMMUNITIES

22.1. Any committees of the MEC and/or of the Board of Trustees who conduct Professional Review Activities and any individuals within a Member Hospital

[133] MS.14.01.01, EP 4

authorized to conduct Professional Review Activities, are organized as Professional Review Bodies as defined in the Health Care Quality Improvement Act of 1986 and the Arkansas Peer Review Fairness Act of 2013. Each Professional Review Body hereby claims all privileges and immunities afforded to it by federal and state law. Any action by a Professional Review Body pursuant to these Medical Staff Bylaws will be made based upon reasonable belief that it is in furtherance of quality health care (including the provision of care in a manner that is not disruptive to the delivery of quality medical care at the Member Hospital) only after a reasonable effort has been made to obtain the true facts of the matter, after adequate notice and hearing procedures are afforded to any applicant or practitioner, and only with the reasonable belief that the action is warranted by the facts known after a reasonable effort has been made to obtain the facts.

ARTICLE XXIII: BOARD OF TRUSTEES ACTIONS

23.1. The procedures specified herein will not preclude the Board of Trustees from taking any direct action authorized under the Board of Trustees policies and/or procedures.

THE UAMS HEALTH MEDICAL STAFF
RULES AND REGULATIONS

1. **APPLICABILITY:** These Rules and Regulations are adopted by the MEC and Board of Trustees to govern the discharge of professional services within UAMS Member Hospitals. These Rules and Regulations are in addition to the UAMS Health Medical Staff Policies and Procedures and are binding on all members.

2. **PROVISION OF PATIENT CARE:** The UAMS Health Medical Staff are responsible for medical care of patients. Medical Staff members who are in good standing may, in accordance with their clinical privileges, admit patients to the applicable Member Hospital; treat inpatients and outpatients; assume responsibility for continuous care of their patients; obtain and provide consultations; and, where appropriate, perform medical screening examinations and provide emergency service care.

3. **MEDICAL STAFF HOSPITAL POLICIES:** The Medical Staff is responsible for developing and maintaining Medical Staff Hospital policies and for complying with such policies. A policy may be recommended by any MEC Committee. All policies must be reviewed at least every two years. The MEC must approve all Medical Staff Hospital policies and is responsible for informing the Medical Staff when policies are implemented, revised or retired.

4. **HOUSESTAFF:**
   - **A.** Active Staff physicians are directly responsible for all Housestaff patient care activities. Supervision responsibilities include, but are not limited to reviewing and planning patient care at attending rounds; cosigning Housestaff documentation; documenting supervising physician progress notes; teaching surgical and procedural techniques; ensuring Housestaff follow Hospital policies and procedures; and, remaining available for patient care consultation on a 24-hour basis; and,[134]
   - **B.** Each clinical service will have specific job descriptions and/or delineated privileges for Housestaff members assigned to the service that specifies the patient care responsibilities of Housestaff members. A copy of each job description/delineated privileges will be available to all staff members and Hospital employees through the UAMS Intranet.[135]

5. **HISTORY AND PHYSICAL EXAM[136]:** The Medical Staff is responsible for ensuring that the history and physical examination (H&P) report is completed prior to surgery, or within the first twenty-four (24) hours of admission to inpatient or observation services by Active Staff, Advanced Practice Staff, Courtesy Staff, or Housestaff. The H&P must be entered into the Electronic Health Record and attached to the current admission encounter. The H&P should reflect an

[134] MS.16.02.01, EP 3
[135] MS.16.02.01, EP 2
[136] MS.14.01.01, EP 3, MS.16.02.01, EP 4

assessment related to the chief complaint, reason for admission, or scheduled procedure.

A. The H&P report must contain the following:

(i) Chief Complaint;
(ii) Present illness with dates or approximate dates of onset;
(iii) Past medical history/surgical history;
(iv) Medications;
(v) Allergies;
(vi) Relevant family and social history;
(vii) Review of systems;
(viii) Physical examination which should include at a minimum: head and neck exam, heart exam; lung exam; abdomen exam; a global assessment of neurological function; additional specialty or subspecialty examination appropriate to the admitting service;
(ix) Provisional diagnosis(es) or a statement of the conclusions or impressions drawn from the H&P. In case of an emergency, the provisional diagnosis will be stated as soon after admission as possible; and,
(x) Plan for evaluation and treatment.
(xi) An abbreviated H&P containing the specifics of the procedure may be appropriate for hospital-based outpatient procedures not requiring general anesthesia.[137]

6. **CONTINUING EDUCATION:** Members will obtain continuing education hours as required by the member's licensing board and provide attestation of such at the time of each reappointment.

7. **PROFESSIONAL CONDUCT:** Members will comply with the UAMS Code of Conduct, Corporate Compliance Program and any Member Hospital and Medical Staff policies. Members are expected to conduct themselves in a professional manner in all interactions with patients, families, and Hospital personnel. Inappropriate or disruptive behavior will not be tolerated and incidents of inappropriate or disruptive behavior will be addressed in accordance with these Bylaws and applicable UAMS Policies.

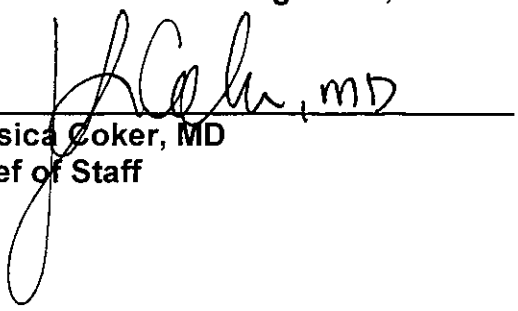
8. **RESEARCH**: Medical Staff members involved in clinical trials are responsible for assuring that the health, welfare and safety of human subjects is of primary importance. Clinical trials will be conducted in accordance with applicable UAMS clinical policies and procedures. Individuals participating in clinical trials will have the same rights and privileges as any other UAMS Health patient.

9. **REPORTING REQUIREMENTS:** Members will report to their Chief of Service or Service Line Director, Department Chair, Office of General Counsel, the Judicial & Insurance Coordinator, and the Medical Staff Office all lawsuits in which they are

[137] MS.16.01.01 EP 10.

named as defendants in their professional capacity as well as any complaints or sanctions filed against them by a regulatory, licensing or credentialing body. Such reports will be made as soon as reasonably practical after the member receives notice of the lawsuit/complaint.

Adopted by the Medical Staff of the University of Arkansas for Medical Sciences, Medical Center on August 21, 2026



Jessica Coker, MD
Chief of Staff

8/21/26
Date

Approved and upheld by the Board of Trustees of the University of Arkansas on September 17, 2026

Randy Lawson
Chair, Board of Trustees

Date

BOARD OF TRUSTEES

UNIVERSITY OF ARKANSAS

RESOLUTION NO. [_____]

ADOPTION OF UPDATED MEDICAL STAFF BYLAWS

FOR UAMS HEALTH HOSPITALS

WHEREAS, the Board of Trustees of the University of Arkansas (the "Board") serves as the governing body of the University of Arkansas for Medical Sciences ("UAMS") and its affiliated health care facilities; and

WHEREAS, the Medicare Conditions of Participation, 42 C.F.R. § 482.22, require that each hospital have an organized medical staff operating under bylaws approved by the governing body; and

WHEREAS, when a system governing body adopts medical staff bylaws for multiple hospitals within the system, the documentation must clearly identify each hospital to which the bylaws apply; and

WHEREAS, the UAMS Medical Staff has reviewed, approved, and voted to adopt the updated Medical Staff Bylaws, a copy of which is attached hereto as **Exhibit A**; and

WHEREAS, the Board wishes to adopt the updated Medical Staff Bylaws for all UAMS Health hospitals, including the facility to be known as UAMS Health Benton – Bryant (CCN 04-0161), which UAMS will begin operating effective October 1, 2026, pursuant to a Change of Hospital Ownership under 42 C.F.R. § 489.18.

NOW, THEREFORE, BE IT RESOLVED:

Section 1. Adoption. The Board hereby adopts the updated Medical Staff Bylaws, as attached hereto as Exhibit A, as the governing medical staff bylaws for the following UAMS Health hospitals:

(a) UAMS Medical Center, Little Rock, Arkansas;

(b) [*additional UAMS Health hospitals, if any*]; and

(c) UAMS Health Benton – Bryant, Bryant, Arkansas (CCN 04-0161).

With respect to existing UAMS Health hospitals, this Resolution shall be effective upon adoption. With respect to UAMS Health Benton – Bryant, this Resolution shall be effective October 1, 2026.

Section 2. Amendment Process. Future amendments to the Medical Staff Bylaws shall be submitted to the Board for approval only after review and approval by the UAMS Health Medical Staff in accordance with the amendment procedures set forth in the Bylaws.

Section 3. Further Authorization. The Chancellor of UAMS and any officer designated by the Chancellor are authorized to take such further actions and execute such further documents as may be necessary to effectuate the intent of this Resolution.

ADOPTED this _____ day of _____, 2026.

BOARD OF TRUSTEES
UNIVERSITY OF ARKANSAS

_____
Randy Lawson, Chair

BOARD OF TRUSTEES

UNIVERSITY OF ARKANSAS

RESOLUTION NO. [_____]

ADOPTION OF POLICIES AND PROCEDURES FOR

UAMS HEALTH BENTON – BRYANT (CCN 04-0161)

WHEREAS, the Board of Trustees of the University of Arkansas (the "Board") serves as the governing body of the University of Arkansas for Medical Sciences ("UAMS") and its affiliated health care facilities; and

WHEREAS, UAMS will assume operational responsibility for the acute care hospital facility located at 1901 Encore Way, Bryant, Arkansas 72022, to be known as UAMS Health Benton – Bryant (CCN 04-0161 / PTAN 04-0161), effective October 1, 2026, pursuant to a Change of Hospital Ownership under 42 C.F.R. § 489.18; and

WHEREAS, the Medicare Conditions of Participation, 42 C.F.R. § 482.12, require that the governing body of each hospital adopt policies and procedures governing the hospital's operations, and that documentation of such adoption clearly identify each hospital to which the policies and procedures apply; and

WHEREAS, the UAMS Health System maintains comprehensive policies and procedures governing clinical operations, patient care, quality and safety, compliance, human resources, and administrative functions at its hospitals, a current index of which is attached hereto as **Exhibit A**; and

WHEREAS, the Board wishes to adopt the UAMS Health System Policies and Procedures as the governing policies and procedures for UAMS Health Benton – Bryant, and to authorize the Chief Clinical Officer of UAMS Health to develop facility-specific supplements and to maintain such policies and procedures in the ordinary course of operations.

NOW, THEREFORE, BE IT RESOLVED:

Section 1. Adoption. The Board hereby adopts the UAMS Health System Policies and Procedures, as indexed in Exhibit A attached hereto, as the governing policies and procedures for UAMS Health Benton – Bryant (CCN 04-0161), effective October 1, 2026. The Board has reviewed and specifically chosen to apply these policies and procedures to UAMS Health Benton – Bryant.

Section 2. Facility-Specific Supplements. The Chief Clinical Officer of UAMS Health is authorized to develop, adopt, and implement facility-specific supplements to the UAMS Health System Policies and Procedures as necessary for the operation of UAMS Health Benton – Bryant, consistent with applicable law, accreditation standards, and the Medicare Conditions of Participation.

Section 3. Ongoing Maintenance. The Chief Clinical Officer of UAMS Health is authorized to maintain, update, and revise the policies and procedures applicable to UAMS Health Benton – Bryant in the ordinary course of operations, consistent with applicable law, accreditation standards, and the Medicare Conditions of Participation. Material changes to system-wide policies and procedures shall be reported to the Board through the regular governance reporting process.

Section 4. Further Authorization. The Chancellor of UAMS and any officer designated by the Chancellor are authorized to take such further actions and execute such further documents as may be necessary to effectuate the intent of this Resolution.

ADOPTED this _____ day of _____, 2026.

BOARD OF TRUSTEES
UNIVERSITY OF ARKANSAS

_____
Randy Lawson, Chair

Item 3: **Approval of the UAMS Medical Center Level 1 Trauma Center Resolution (Action)**

Michelle Krause, MD

APPROVAL OF THE UAMS MEDICAL CENTER LEVEL 1 TRAUMA CENTER RESOLUTION (ACTION)

3

4301 W. Markham St. #728
Little Rock, AR 72205-7199

501-603-1452
501-686-8365 fax

www.uamshealth.com

RESOLUTION
UNIVERSITY OF ARKANSAS BOARD OF TRUSTEES

WHEREAS the University of Arkansas Board of Trustees is committed to the provision of quality trauma care consistent with the standards set for UAMS Medical Center Level 1 Trauma Center designation:

THEREFORE, BE IT RESOLVED THAT:

1. UAMS Medical Center reaffirms its commitment to providing the highest possible quality of care to injured patients consistent with Level 1 Trauma designation.

2. UAMS Medical center reaffirms its commitment to provide the professional, physical and financial resources required for operation of a high quality Trauma Program, as overall resources allow.

3. UAMS Medical Center reaffirms its commitment to providing a high priority for admission of patients whose serious injuries require the resources of our Trauma Program and Medical Center.

4. UAMS Medical Center reaffirms its commitment that the care of seriously injured patients requiring the specialized services of the Medical Center and its Trauma Program shall be provided without regard to race, sex, creed, religion, disability or ability to pay.

_____ _____

Kevin Crass — Date
Chairman
Joint Hospital Committee

_____ _____

Randy Lawson — Date
Chairman
University of Arkansas Board of Trustees

Item 4: **Approval of UAMS Institutional Compliance Plans (Action)**

Amy Jones

APPROVAL OF UAMS INSTITUTIONAL COMPLIANCE PLANS (ACTION)

4

OFFICE OF CLINICAL BILLING COMPLIANCE & PRIVACY

4301 W. Markham St., #800
Little Rock, AR 72205-7199

501-603-1600 (phone)
501-603-1601 (fax)

www.uams.edu

Amy L. Jones, RHIA, CHC
Associate Vice Chancellor & Chief Compliance Officer

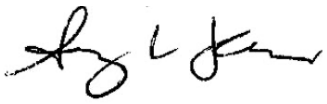
TO THE MEMBERS OF THE BOARD OF TRUSTEES

Dear Trustees:

As part of its continuing evaluation of compliance at UAMS, the Chief Compliance Officer has reviewed the Institutional Compliance Program and recommends certain changes to existing plans and programs. All amendments to the Compliance Program require Board approval.

Changes to the compliance programs reflect changes to internal processes and organizational structure. The amended Plans & Programs are presented today for your approval.

Sincerely,



Amy L. Jones, RHIA, CHC
Associate Vice Chancellor & Chief Compliance Officer

Attachments:

- Institutional Compliance Program including Code of Conduct
- UAMS Clinical Billing Compliance Plan
- Research Compliance Plan
- HIPAA Compliance Plan
- UAMS Identity Theft Program

CC: Dr. Lowery Barnes, Chancellor

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
OFFICE OF CLINICAL BILLING COMPLIANCE & PRIVACY

Institutional Compliance Program

POLICY STATEMENT

The mission of The University of Arkansas for Medical Sciences ("UAMS") is to excel in the generation, dissemination, and application of knowledge to better the health of society in a way which supports our core values in an environment where professional behavior is expected by all. As we pursue this mission, we are committed to conducting all of our business in an ethical and law-abiding fashion. We will maintain a business culture that builds and promotes compliance consciousness and encourages employees and faculty to conduct all University business with honesty and integrity. The UAMS Office of Clinical Billing Compliance & Privacy strives to provide integrated guidance by communicating to all UAMS employees, faculty, consultants, and independent contractors clear ethical guidelines to follow by providing general and specific training and education regarding applicable laws, regulations, and policies, and, by providing monitoring and oversight to help ensure that UAMS meets its compliance commitments. We promote open and free communication regarding our compliance standards in a work environment free of retaliation.

INTRODUCTION

To promote compliance, this office has developed an Institutional Compliance Program. With this program, we promote compliance with all applicable legal requirements, foster ethical conduct, and provide education, training, and guidance to all employees and faculty. Our plan is designed to prevent accidental or intentional non-compliance with applicable laws and regulations, to detect such non-compliance, if it occurs, to discipline those involved in non-compliant behavior, and to prevent future non-compliance.

Our compliance program has been developed to include the seven requirements of an effective compliance program included in the Federal Sentencing Guidelines.

1. Establishing compliance standards and procedures to be followed by employees and faculty that are reasonably capable of reducing errors, possible wrongdoings, and the prospect of criminal conduct;

2. Assigning a Chief Compliance Officer to have responsibility to oversee compliance with such standards and procedures, and to appoint an Institutional Compliance Committee;

3. Initiating appropriate investigations on all compliance-related complaints or reports by taking reasonable steps to respond appropriately to detected offenses and to prevent further similar offences;

4. Developing compliance education and training programs that effectively communicate compliance standards and procedures to all employees;

5. Developing monitoring and auditing systems reasonably designed to detect errors, possible wrongdoings, or criminal conduct;

6. Developing open lines of communications and maintenance of the current reporting system; and

7. Enforcing disciplinary standards through well-publicized guidelines.

I. STANDARDS of CONDUCT

The University of Arkansas for Medical Sciences is committed to conducting business with integrity and in compliance with all applicable laws. UAMS has established policies and procedures that address compliance with federal and state laws and regulations that impact the activities of the entire campus. The Institutional Compliance Program incorporates the existing policies by reference and establishes our commitment to follow them in the ordinary course of business. The UAMS Code of Conduct is Appendix A to the Institutional Compliance Program.

II. COMPLIANCE ORGANIZATION and OVERSIGHT

A. Chief Compliance Officer

The Chief Compliance Officer is responsible for developing a risk-based process that builds compliance consciousness into daily business processes, monitors the effectiveness of those processes, and communicates instances of non-compliance to the Institutional Compliance Committee for corrective, restorative, and/or disciplinary action. Duties of the Chief Compliance Officer include, but are not limited to:

1. Identifying University functions and routine business practices requiring compliance oversight.

2. Taking reasonable steps to achieve compliance with standards, procedures and codes of conduct by all employees and other agents, including oversight responsibilities, employee training, monitoring and auditing, enforcement and discipline and response and prevention that meet unique needs of the Campus.

3. Communicating such standards, procedures and codes of conduct effectively to the Campus through education and training.

4. Managing, directing, and coordinating Clinical Billing Compliance and HIPAA Compliance, and building compliance infrastructure where appropriate.

5. Coordinating investigations of reports of alleged wrongdoing.

6. Responding to government inquiries in concert with the Office of the General Counsel.

7. Monitoring changes in laws, rules and regulations.

8. Providing advice and direction to senior management, faculty, staff, other employees and agents to maximize compliance and assisting in the review, revision and formulation of written policies, procedures and guidelines for the Campus.

9. Developing, implementing or monitoring effective mechanisms by which individuals may report alleged violations of the compliance program.

10. Providing reports to the Chancellor, the Board of Trustees and others designated by the Chancellor.

B. Institutional Compliance Committee

The UAMS Chief Compliance Officer shall appoint an Institutional Compliance Committee to guide the compliance efforts at UAMS. The Chief Compliance Officer shall chair this committee.

The Committee shall consist of leaders and/or other senior representatives of various university departments.

Committee Responsibilities

1. Building and maintaining a culture of ethics and compliance;

2. Ensuring that risk assessments are conducted and that appropriate processes are implemented to control or manage identified risks;

3. Ensuring that the compliance program is designed to prevent and/or detect violations of the law, or UAMS policies;

4. Ensuring communication of the compliance program to all UAMS employees and faculty;

5. Ensuring the compliance program has comparable stature, compensation levels, title and resources as other campus strategic functions;

6. Ensuring the independence of compliance personnel;

7. Ensuring compliance's role in operational and strategic decisions; and,

8. Providing guidance for revisions to the program and institutional compliance policies.

C. Campus Compliance Offices

The Office of Clinical Billing Compliance & Privacy will consist of the offices for clinical billing and HIPAA compliance. Compliance Officers for each of these areas shall report to the Chief Compliance Officer. Each compliance office shall prepare and maintain a compliance plan. The UAMS Clinical Billing Compliance Plan, the UAMS HIPAA Compliance Plan, and the UAMS Identity Theft Prevention Program are incorporated herein by reference. Amendments to these compliance plans are subject to the approval of the Chief Compliance Officer and the Board of Trustees.

III. INVESTIGATIONS and CORRECTIVE ACTION INITIATIVES

Whenever conduct that may be inconsistent with University policy, state and/or federal laws is reported, the Office of Clinical Billing Compliance & Privacy will determine whether there is reasonable cause to believe that a compliance issue may exist. If the preliminary review indicates that a problem may exist, an inquiry into the matter will be undertaken with the appropriate assistance from the compliance officers within the Office of Clinical Billing Compliance & Privacy. Responsibility for conducting the review will be decided on a case-by-case basis.

Investigational findings will be coordinated with the appropriate management or administrative offices. If deemed necessary, the Chief Compliance Officer will work in cooperation with legal counsel and the UAMS administration on issues that may require mandatory reporting to governmental agencies.

When an instance of non-compliance has been discovered and confirmed by the Chief Compliance Officer, a corrective action plan will be developed. The corrective action plan will focus on implementing changes in internal processes to improve compliance as well as to prevent or detect non-compliance. The corrective action plan may include one or all of the following elements, or other elements as may be deemed necessary:

1. Specific areas requiring compliance attention;
2. Requirement of additional training;
3. Change in policies and procedures;
4. Further audit and/or investigation; and/or
5. Disciplinary action, up to and including termination

IV. EDUCATION and TRAINING

UAMS is committed to communicating our policies and standards for ethical conduct to all employees. The Institutional Compliance Program provides education and training to develop compliance awareness and commitment. As new developments or concerns arise, the UAMS

Institutional Compliance Program may require additional training for some or all UAMS employees.

All administration, faculty, medical staff, and employees must complete compliance training that includes, but is not limited to, the following topics:

1. Employee's individual responsibility for knowledge of and compliance with laws, regulations, and policies, to include Arkansas False Claims laws and the Federal False Claims Act;

2. Reporting violations or questionable conduct fraud and abuse;

3. Arkansas and Federal Whistle blower provisions;

4. Compliance as a condition of employment, inclusion in the job description, and as a function of job performance; and,

5. Legal consequences of non-compliance.

V. AUDITING and MONITORING

The UAMS Institutional Compliance Program will conduct risk assessments. These risk assessments will:

1. Identify compliance risk areas;

2. Establish a priority for identified areas;

3. Assign responsibility to appropriate compliance officers;

4. Establish monitoring activities as necessary; and,

5. Conduct appropriate education and training sessions.

VI. COMMUNICATION

Open lines of communication are essential for the success of the institutional compliance program.

Any UAMS employee may report to the UAMS Compliance Hot Line, 1-888-511-3969, any activity that may be believed to be inconsistent with UAMS policies or legal requirements regarding any aspect of compliance practices. UAMS employees who report possible compliance issues in good faith shall not be subjected to retaliation or harassment as a result of their report.

VII. ENFORCEMENT of DISCIPLINARY STANDARDS

UAMS will impose disciplinary action, up to and including termination, on employees who fail to comply with applicable laws, regulations, and policies.

UAMS prohibits the employment of the following individuals:

1. Persons known to be under investigation related to health care violations;

2. Persons convicted of a criminal offense related to health care or research; and,

3. Persons listed by a federal or state agency as debarred, excluded, or otherwise ineligible for participation in federally funded programs.

Appendix A

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
CODE OF CONDUCT

University of Arkansas for Medical Sciences ("UAMS") has a policy of maintaining high professional and ethical standards in the conduct of its educational, research, public service and clinical care missions. UAMS places the highest importance upon its reputation for honesty, integrity, and high ethical standards. This Code of Conduct and the UAMS Institutional Compliance Program are a reaffirmation of the importance of high ethical conduct and standards.

A. Employees must be educated and follow to the best of their abilities all federal and state laws and regulations applicable to their responsibilities at UAMS.

   1. The standards of this Code of Conduct are achieved and sustained through the actions and conduct of all personnel of the Institution.

   2. Each and every person associated with UAMS, including management employees, is responsible for conducting their actions in a manner to ensure adherence to these standards.

   3. Any UAMS administrator, employee or agent who violates federal or state laws and regulations applicable to their responsibilities at UAMS or who ignores or disregards the principles of the compliance program, will be subject to disciplinary action which may include termination of their employment or affiliation with UAMS.

   4. Any UAMS administrator, employee or agent who violates federal and state laws and/or regulations applicable to their responsibilities at UAMS not only risks individual indictment, criminal prosecution and penalties, but also may be liable in civil actions for damages, penalties and administrative exclusion.

B. Each administrator or employee or agent who is materially involved in any of UAMS medical record documentation, coding, billing or competitive practices must ensure they are familiar with applicable laws and regulations, and must adhere at all times to the requirements thereof.

C. Where any question or uncertainty regarding the requirements of applicable laws or regulations exists, each administrator or employee should seek guidance from the UAMS Chief Compliance Officer or their designee.

D. As examples, and without limitation, this Code of Conduct and compliance program prohibit UAMS, its administrators, employees and agents from directly or indirectly engaging or participating in certain proscribed conduct or acts described below:

1. Improper Claims. Improper claims include a person presenting or causing to be presented to the United States government or any other health care payor a claim for a[n]:

    a. Item or Service Not Provided as Claimed. This involved a claim for a medical or other item or service that such person knows or should know was not provided as claimed, including a pattern or practice of presenting or causing to be presented a claim for an item or service that is based on a code that such person knows or should know will result in a greater payment to UAMS than the code such person knows or should know is applicable to the item or service actually provided.

    b. False Claim. This involved a claim for a medical or other item or service and such person knows or should know the claim is false or fraudulent.

    c. Service by Unlicensed Physician. This involves a claim for a physician's service (or an item or service incident to a physician's service) when such person knows or should know the individual who furnished (or supervised the furnishing of) the service:

        i. Was not a licensed physician.
        ii. Was licensed as a physician, but such license had been obtained through a misrepresentation of material fact.
        iii. Represented to the patient at the time the service was furnished that the physician was certified in a medical specialty by a medical specialty board when the individual was not so certified.

    d. Excluded Provider. This involves a claim for a medical or other item or service furnished during a period in which such person knows or should know the claimant was excluded from the program under which the claim was made.

    e. Not Medically Necessary. This involves a claim for a pattern of medical or other items or services that such person knows or should know are not medically necessary.

2. False Records. No false records shall be made or caused to be made or used. No false statements or representations of material fact for use in determining rights to any benefit or payment under any health care program shall be created or used.

3. Conspiracy to Defraud. No UAMS administrator, employee or agent shall conspire to defraud the United States government or any other health care payor by getting a false claim paid.

4. Health Care Fraud Relating to Health Care Matters. No hospital administrator, employee or agent shall obtain, by means of false, fictitious or fraudulent pretenses, schemes, representations or promises, anything owned by, or under the control of

any health care benefit program; Nor shall any UAMS administrator, employee or agent receive any kickbacks, bribes, or anything of value, offered to influence decision making.

5. Improper Referrals are Prohibited. No UAMS administrator, employee or agent shall knowingly and willfully solicit or receive any remuneration, directly or indirectly, overtly or covertly, in cash or in kind, in return for referring an individual for services payable under the Medicare or Medicaid programs for purchasing, leasing, ordering or arranging for or recommending any good, facility, service, or item for which payment may be made under these programs.

6. Unethical Conduct in Research. No UAMS administrator, employee or agent shall knowingly misrepresent or falsify research data; intentionally conceal actual facts material to research results reported, or falsely represent actual facts discovered which are material to research results reported; file research reports and/or publish research findings without having done the research indicated; falsely claim to be the author of research which was performed by others; deceitfully report research of others as one's own; or materially fail to comply with federal requirements that uniquely relate to the conduct of research. This would include, but not be limited to, failure to comply with federal requirements for protection of human subjects or for ensuring the welfare of laboratory animals, or safeguarding research that is conducted free from bias.

E. All administrators and employees of UAMS will be evaluated in pay and promotion by their adherence to this Code of Conduct.

F. All administrators and employees of UAMS will promptly notify their supervisor, and administrator, the Compliance Department, or the toll-free confidential Compliance Line at 1-888-511-3969 of any possible violations of law or improper activity by employees and agents of UAMS. All reports will be assured of confidentiality to the extent permitted by law. Under no circumstances shall the good faith reporting of any such information or possible impropriety serve as a basis for any retaliatory actions to be taken against any employee, administrator, patient or other person making the report. Employees shall not make intentionally false statements or otherwise misuse the compliance line.

G. UAMS employees shall conduct all transactions with vendors, contractors and other third parties free from offers, solicitation or receipt of gifts and favors or other improper inducements in exchange for influence or assistance in a transaction.

I. Introduction and Purpose

The University of Arkansas for Medical Sciences ("UAMS") Clinical Billing Compliance Plan has been developed in accordance with applicable law, the Federal Sentencing Guidelines and with guidance from state and federal authorities. This plan will promote full compliance with all legal duties applicable to it, foster and assure ethical conduct, and provide guidance to each employee and agent playing a role in clinical billing. The procedures contained in this plan are intended to generally define the scope of conduct which the plan is intended to cover and are not to be considered as all inclusive.

This plan is designed to prevent accidental and intentional noncompliance with applicable laws, to detect such noncompliance if it occurs, to discipline those involved in noncompliant behavior, and to restore to the payer any payments which have been made inappropriately. This plan will be updated periodically to keep employees and agents informed of their obligations pertaining to compliance requirements for the healthcare industry.

II. Scope

This compliance plan addresses the compliance issues related to the clinical care billing activities at the University of Arkansas for Medical Sciences, including, the UAMS Health System and all hospitals within the health system. Within the context of this plan, clinical care is defined as the provision or support of patient care provided in an inpatient or outpatient setting for which a technical and/or professional fee was charged. This plan also encompasses clinical trial billing.

III. Seven Elements of an Effective Compliance Program

The Office of Inspector General (OIG) recommends in its compliance program guidance documents that a comprehensive compliance program should include the following seven elements:

1. Written Policies and Procedures;
2. Compliance Officer and Compliance Committee;
3. Training and Education;
4. Effective Lines of Communication;
5. Enforcing Standards through Well-Published Disciplinary Guidelines;
6. Auditing and Monitoring; and,
7. Responding to Detected Offenses.

Below is UAMS's plan to ensure that all seven recommended elements are part of compliance at all UAMS locations.

IV. Administrative Responsibility

The Chief Compliance Officer will appoint a Clinical Billing Compliance Officer to oversee the day-to-day operational functions of the plan.

Duties and responsibilities of the appointed Compliance Officer:

A. Oversee and monitor the implementation of the compliance plan to ensure compliance with the law;
B. Supervise the preparation and development of guidelines on specific federal and state legal and regulatory issues, and matters involving ethical and legal business practices;
C. Assist in establishing methods to improve the Institution's efficiency and quality of services and reducing the vulnerability to fraud, abuse and waste;
D. Revise the plan periodically to include the changes of the laws, regulations, and procedures of the federal and state governments and private payer health plans;
E. Develop, coordinate, and participate in various educational and training programs that focus on the elements of the Compliance Plan, and ensure that all appropriate employees and management are knowledgeable of pertinent federal and state regulations;
F. Ensure that all billing providers receive yearly compliance training;
G. Ensure all UAMS employees receive yearly Corporate Compliance Training and other compliance training as needed;
H. Ensure that all onboarding billing providers receive new provider meetings and compliance education.
I. Conduct checks and coordinate with the department of Human Resources to ensure that no employee has been excluded from participation in any government health care plan;
J. Ensure that all independent contractors and agents who furnish medical services to the Institution are aware of the requirements of the Compliance Plan with respect to coding, billing, marketing, referrals and kickbacks;
K. Develop audit plan for hospital services/billing to include service line audits as appropriate;
L. Develop audit plan for physician/provider services/billing;
M. Assist campus leadership as directed by Chief Compliance Officer; and,
N. Conduct investigations of potential fraud, waste, and abuse and other compliance matters.

V. Reporting by Compliance Officer

A. The Compliance Officer shall prepare a report to the Chief Compliance Officer for presentation to the Board concerning the compliance activities and actions bi-annually. This report will contain audit results, education provided, regulatory changes, and other activity occurring during the report period.
B. The Compliance Officer shall prepare a quarterly report for the Chief Compliance Officer for presentation to the Institutional Compliance Committee whose members consist of UAMS Health leadership.
C. The Clinical Billing Compliance Officer shall prepare a quarterly report for the Chief Compliance Officer to report progress towards yearly audit plan. The quarterly report is reviewed at Dean/CEO Compliance Meeting.
D. The Compliance Officer will work with department managers, service line leaders and other leaders directly upon discovery of a compliance issue. Every effort will be made to resolve the issue as soon as discovered.

VI. Risk Assessment

Risk assessments shall be conducted biennially at a minimum. It is the practice of the Clinical Billing Compliance department to conduct biennial risk assessments in the third and fourth quarter of even years. The Risk Assessment is then used to formulate an audit plan for coming years. If the Clinical Billing Compliance department identifies an item that requires prompt attention, the item is analyzed and corrected as soon as possible.

VII. Educational and Training Programs

The Compliance Officer shall be responsible for developing and conducting systematic and on- going training and educational programs to enhance and maintain awareness of coding, billing, and documentation requirements and the subject matter delineated below.

A. The Compliance Officer and designees shall be responsible for ensuring that the Compliance Plan and appropriate policies concerning compliance are disseminated in a manner to be understood by all employees.
B. The Compliance Officer and designees shall work with the Human Resources department and appropriate department administrative personnel to ensure that there are systematic and ongoing training programs that teach employees how to perform their duties lawfully.
C. The training shall educate and maintain awareness of the Compliance Plan and compliance policies among existing and newly obtained employees and third party affiliates and such education shall be appropriately documented.

Subject Matter may include but is not limited to:

A. False Claims Act (31 U.S.C. Sec. 3729);
B. Civil and Criminal Provisions of the Social Security Act (42 U.S.C. Sec. 1320a-7a and Sec. 1320a-7B, respectively);
C. Criminal Offenses concerning false statements relating to health care matters (18 U.S.C. Sec. 1347);
D. Criminal Offense of Health Care Fraud (18 U.S.C. Sec. 1347);
E. Federal Anti-Referral Laws (42 U.S.C. Sec. 1395m);
F. Anti-Kickback Laws (42 U.S.C. Sec. 1320a-7b(b);
G. ICD10 and CPT code selection for services provided;
H. Yearly coding updates;
I. Updates from Center for Medicare and Medicaid Services (CMS) as released;
J. Improper claims submission-UB and 1500 claims;
K. Information to each party receiving training on what to do if he/she suspects someone is engaging in non-compliant behavior or not following laws and regulations;
L. Exclusion of providers from participation in government programs;
M. Medical Necessity requirements needed to provide care;
N. Advanced Beneficiary Notices;

O. 2 Midnight Rule for Medicare admissions to hospital; and
P. CMS Clinical trial billing guidance.

Frequency and Scope of Training

A. All billing providers shall receive compliance training when onboarding and yearly thereafter. Training is initiated by the request to bill through the JFR privileging system.
B. Compliance training for all UAMS staff is required during July-October each year. This training requirement can be met by completing on-line training.
C. As issues arise, it may be necessary to require staff members, including billing providers, to attend additional training sessions or complete training on-line.

VIII. Code of Conduct

All employees are required to review, sign and follow the Institution's Code of Conduct. All employees receive training on the Code of Conduct during onboarding through Workday. Each employee must acknowledge receipt of the Code of Conduct and pledge to abide by its tenants. The completion of this training is recorded within that system on the date the Code of Conduct pledge is recorded.

IX. Monitoring and Auditing for Compliance Assurance

An audit plan will be developed each year to include auditing individual billing providers who submit professional charges, hospital inpatient and outpatient ambulatory areas submitting facility charges, and also clinical trial billing. In addition to scheduled benchmark audits, the audit plans will focus on high risk billing areas identified through billing analytics software, OIG and CMS reports, and through internal compliance reports and risk assessments.

A. **Billing Providers**- review includes but is not limited to:

1. Accuracy and validity of coding of claims submitted to Medicare and Medicaid and other federal health programs;
2. Correct Evaluation and Management code selection;
3. Correct procedure code selection;
4. Thorough documentation to match code selection;
5. Correct diagnoses selected that match documentation;
6. Appropriate modifier selection;
7. Correct place of service;
8. Correct units;
9. Correct provider;
10. Medical necessity; and
11. Correct Teaching Documentation-Medicare Teaching Rules are expected to be applied to all patients treated regardless of payer source when applicable.

Each billing provider will be audited within the first 90 days of submitting charges and will be placed on a biennial audit schedule thereafter. Billing providers may be audited more often depending on their program and level of risk associated with their clinical practice.

Failure to receive a passing score on an audit will result in additional audits. A more detailed description of the progression of the audit process is included in the Clinical Billing Compliance Audit Plan.

Audit results are provided to each of the following: the billing provider audited, the department chair, the service line director if different from the chair, and the business administrator or service line administrator. In some areas, billing and coding managers also receive copies of audits.

B. **Facility/Hospital/Clinic/Ancillary**- review includes but is not limited to:
   1. Accuracy and validity of coding of claims submitted to Medicare and Medicaid and other federal health programs.
   2. Accuracy of charges on claims submitted to Medicare and Medicaid and other federal health programs;
   3. Compliance with CMS regulations related to clinical billing;
   4. Laboratory charges to ensure correct coding and accurate charge submission from laboratory information system; and
   5. Credit balance audit;
   6. Pharmacy; and,
   7. Clinical trial billing and coding.

Results of periodic audits are shared with appropriate facility administration and at the quarterly Dean/CEO meeting. Based on audit results, a corrective action plan will be requested from the appropriate manager/director, followed by ongoing monitoring or additional audits.

Errors found during the audit process that result in incorrect payments will be adjusted and monies appropriately refunded.

X. Compliance Hotline and Reporting

A. The compliance officer shall have an open door policy with respect to receiving reports of violations or suspected violations of the law or of the Compliance Plan. All employees and billing providers are welcome to personally report any concerns or suspected problems directly to the Compliance Officer. Every effort is made to keep the reporter of a suspected compliance issue anonymous if possible.
B. A confidential hotline has been established and will serve as a reporting option for employees and agents with information about suspected misconduct.
C. The hotline telephone number will be posted in visible locations throughout the facilities.
D. The compliance officer or his/her designee shall investigate all reports of suspected misconduct received through the Hotline.

XI. Investigating Suspected Compliance Issues

A. Suspected compliance issues whether reported through the Hotline, a phone call, an in- person visit, or an audit finding will be investigated.
B. The Chief Compliance Officer shall always be made aware of any investigations that are opened.

C. If the issue requires staff interviews, two members from the compliance staff will be present. Every effort will be made to have interview questions documented prior to the interview and be consistent in interviewing process.
D. Employees are required to participate fully in any compliance investigations.
E. Confidentially shall be maintained to the extent possible during any investigation.

Results of investigations shall be reported to the Chief Compliance Officer and to the appropriate level of management. Office of General Counsel shall be informed of compliance issues when appropriate. Disciplinary action will be taken consistent with UAMS policy as is appropriate for the offense.

XII. Disciplinary Procedures

A. Failure to comply with this plan or the laws and/or regulations applicable to participants in federally funded health care programs and third party payers will result in discipline up to and including termination from employment or association with the Institution.
B. Appropriate disciplinary action measures shall be made on a case-by-case basis according to policies of the Board of Trustees and all applicable UAMS policies.
C. If after an appropriate investigation the Chief Compliance Officer and/or Legal Counsel determine that noncompliant conduct occurred as a result of gross misconduct, the matter shall be forwarded to the appropriate level of campus administration for appropriate disciplinary action. Such disciplinary action may include, but not be limited to, terminating the individual(s) involved, revising procedures to prevent the occurrence of future misconduct in the area, increasing review and monitoring procedures, reassigning supervisors who although not involved in the misconduct, nonetheless failed to adequately supervise and control the Institution's personnel, and reporting the responsible individuals to the appropriate government agency whenever it is determined that such action is required by law.

XIII. Actions in Response to Detection of Misconduct

A. In addition to disciplinary action, the following shall be considered for each specific situation on a case-by-case basis:
   1. Additional training of employees as needed;
   2. Modification of the coding and billing systems where necessary;
   3. Updating policies and procedures; and,
   4. Any other appropriate measures necessary to reduce occurrence of non-compliant behaviors.

B. Payment adjustments are made to government or other appropriate payers if payments were made or received in error.

I. PREAMBLE

The mission of the University of Arkansas for Medical Sciences ("UAMS") is to provide patient-centered, cost-effective care through a health care system enriched by and committed to education and research. UAMS is committed to conducting all of its affairs in accordance with all applicable laws. The mission of the UAMS HIPAA Office is to oversee compliance with the HIPAA Privacy and Security regulations and UAMS policies related to privacy and security of patient information for all UAMS covered components of the University of Arkansas for Medical Sciences hybrid entity. To enhance its efforts to better assist all UAMS employees and physicians in achieving this goal and to formalize our commitment to patient's rights, confidentiality and privacy, the UAMS[1] HIPAA Compliance Plan has been developed. The Plan shall include the provisions listed and summarized on the following pages.

II. POLICY STATEMENT

It is the policy of UAMS to protect the privacy, security and the confidentiality of Protected Health Information (PHI). UAMS is committed to implementing protections for patient privacy in a manner that maximizes the effectiveness of such protections while not compromising the availability, timeliness, or the quality of medical care.

To guide employees, students, physicians, and other health professionals, the UAMS HIPAA Privacy Officer shall, with the assistance of legal counsel and others as appropriate, biennially review existing HIPAA related policies and procedures, revise those policies and procedures as necessary, and develop any additional procedures and/or policies that are deemed advisable to maintain compliance with applicable laws and regulations. All UAMS policies concerning protection of PHI shall be considered an integral part of this plan. To that end, UAMS will:

1. Adhere to the standards set forth in its Notice of Privacy Practices.
2. Recognize that patients have a right to privacy.
3. Act as responsible information stewards and treat PHI as private and confidential.
4. Recognize that patients have certain federal rights protected by the HIPAA privacy and security rules.

III. ADMINISTRATIVE RESPONSIBILITY

Primary responsibility for developing, implementing, and managing the UAMS HIPAA

[1] All references in the UAMS HIPAA Compliance Plan to the term "UAMS", including but not limited to the UAMS faculty, departments and employees, shall mean only those components of UAMS designated by UAMS as part of the "Covered Entity" subject to, and as defined by, the HIPAA regulations.

compliance effort shall be assigned to the UAMS HIPAA Privacy Officer. The UAMS HIPAA Privacy Officer reports to the Associate Vice Chancellor/Chief Compliance Officer. The UAMS Chief Information Security Officer has indirect reporting responsibility to the UAMS HIPAA Privacy Officer. The UAMS HIPAA Privacy Officer, in collaboration with the Chief Information Security Officer and other campus leaders as may be appropriate and necessary, will perform and coordinate the following activities:

1. Maintain knowledge of current and applicable federal and state privacy and security laws;

2. Perform and/or assist with periodic risk assessments and on-going compliance monitoring in connection with the HIPAA regulations;

3. Review, revise, and formulate HIPAA-related policies including, but not limited to, policies that address patient requests to obtain and/or amend patient records, to request restrictions on the use and disclosure of health information, to request confidential communications, to request restrictions on uses or disclosures for purposes of a patient directory, and to request obtaining accountings of disclosures as required by HIPAA.

4. Monitor, verify and assist with compliance with UAMS policies and procedures regarding such requests by patients and oversee grievance and appeals processes for denials of requests related to patient requests for access, amendments, and accounting for disclosures;

5. Work with the legal counsel, management and other committees as needed to verify and assist with the use of appropriate HIPAA-related forms and administrative materials;

6. Develop and deliver educational and training programs, as needed;

7. Direct or oversee the delivery of privacy and security training and orientation to the UAMS workforce, and maintain documentation of such training;

8. Consult with administration, departments, and faculty to develop procedures for implementing UAMS HIPAA-related policies;

9. Consult with departments and faculty to develop and/or enhance HIPAA privacy and security expertise and to facilitate department-based training programs;

10. Provide other assistance as directed by the Chancellor or his designee;

11. Oversee the complaint policy and the procedures for submitting complaints relating to confidentiality of PHI and other HIPAA-related issues, and review complaints and responses to complaints submitted by UAMS employees, students, faculty, patients, and family members of patients;

12. Establish and administer a process for receiving, documenting, investigating, and taking appropriate action on all privacy and security complaints;

13. Monitor activity within the UAMS electronic health record to ensure access is appropriate and in compliance with the HIPAA rules and regulations;

14. Investigate incidents involving potentially inappropriate access to UAMS electronic health records in violation of the HIPAA rules and regulations;

15. Develop standardized corrective action plans;

16. Work with Human Resources to provide guidance to supervisors regarding disciplinary action resulting from the failure of a UAMS workforce member to comply with privacy and security policies;

17. Cooperate with the U.S. Department of Health and Human Services' Office for Civil Rights, other government entities, and UAMS officers involved in HIPAA-related compliance reviews or investigations;

18. Prepare bi-annual reports for the Associate Vice Chancellor/Chief Compliance Officer that describes the general HIPAA compliance efforts and offers specific actions to improve compliance.

The UAMS HIPAA Privacy Officer shall work closely with the UAMS Office of General Counsel and other UAMS representatives to foster and enhance compliance with all applicable HIPAA requirements.

IV. POLICY GUIDELINES

The policy of UAMS is to communicate to the UAMS workforce the fundamental principles of the HIPAA privacy and security rules, including, but not limited to, how UAMS is permitted under the federal HIPAA rules to use and disclose PHI, and the individual rights of patients protected by these rules. These rights include, but are not limited to, the following:

1. the right to the confidentiality of a patient's PHI;

2. the right to adequate notice of the uses and disclosures of PHI;

3. the right to request restrictions on the uses and disclosures of PHI;

4. the right to access PHI;

5. the right to request an amendment to PHI; and

6. the right to an accounting of certain disclosures of PHI.

UAMS physicians, faculty, employees, students and other health care professionals have an individual responsibility to maintain a working knowledge of the HIPAA regulations and UAMS policies as they impact and affect their respective responsibilities and duties.

V. INTERNAL REVIEW PROCESS FOR COMPLIANCE ASSESSMENT

The UAMS HIPAA Privacy Officer is responsible for the ongoing evaluation of the privacy and security programs of UAMS to oversee compliance with the HIPAA regulations.

All findings shall be summarized and reported to the Associate Vice Chancellor/Chief Compliance Officer, who shall review and approve the report. Once finalized, the report will be submitted to the Board of Trustees of the University of Arkansas System. After the appropriate parties review the findings, penalties may be assessed against a specific UAMS HIPAA component and/or individual for deficiencies with compliance.

VI. EDUCATION AND TRAINING

The UAMS HIPAA Privacy Officer shall be responsible for ensuring that UAMS HIPAA policies are disseminated to the UAMS workforce and that systematic and on-going training and educational programs shall be conducted to enhance and maintain awareness of HIPAA privacy and security policies and requirements.

Educational forums and on-line training shall be available throughout the year. Completion of such training by the UAMS workforce will be mandatory at the time of initial engagement of the workforce member with UAMS and annually thereafter. The UAMS HIPAA Privacy Officer shall report all incidents of non-completion and/or attendance to the employee's supervisor.

VII. INVESTIGATING COMPLIANCE ISSUES AND CORRECTIVE ACTION PLANS

Whenever a compliance issue has been identified by the UAMS HIPAA Privacy Officer through monitoring, reporting, investigations or otherwise, the UAMS HIPAA Privacy Officer, in consultation with the UAMS Chief Information Security Officer, the Associate Vice Chancellor/Chief Compliance Officer, when necessary, shall take or direct the appropriate action to address the issue. The corrective action will be set forth in writing. The results will be furnished to the Chancellor as may be necessary. The UAMS workforce shall cooperate fully with any inquiries undertaken pursuant to this section of the Plan. To the extent practical and appropriate, efforts should be made to maintain the confidentiality of such inquiries and of the information gathered.

Corrective action plans shall be designed to ensure not only that the specific issue is addressed, but also that similar problems do not occur in other areas or departments. Corrective action plans may require that issues be handled in a designated manner, that responsibility be reassigned, that certain training take place, that restrictions be imposed, that penalties be assessed, or that the matter be disclosed externally.

If it appears that certain departments, divisions, or individuals have exhibited a propensity to engage in practices that raise compliance concerns related to HIPAA, the corrective action plan shall identify actions that will prevent them from exercising substantial discretion with regard to implementing procedures related to the HIPAA regulations and policies.

A corrective action plan may recommend that campus leadership impose a sanction or disciplinary action. Moreover, if the UAMS HIPAA Privacy Officer determines that any action of non-compliance has been intentional, the Chancellor shall be informed of that finding, as may be necessary and appropriate. UAMS employees, students, and faculty who have intentionally engaged in activities in violation of the HIPAA requirements and UAMS HIPAA-related policies will be subject to disciplinary action in accordance with UAMS policy, up to and including termination of employment and dismissal from the academic program.

VIII. CONFIDENTIAL DISCLOSURE PROGRAM

Any member of the UAMS workforce may report to the **UAMS Compliance Reporting Line at 1-888-511-3969 or the UAMS HIPAA Office at 501-603-1379**, or to their supervisor**,** any suspected violations of UAMS HIPAA-related policies or legal requirements regarding any aspect of the HIPAA privacy and/or security regulations. Report may also be submitted via the UAMS HIPAA Office website at http://hipaa.uams.edu/ by clicking on the "Report an Incident" tab. UAMS workforce members may request that such reports be anonymous and confidential, but the UAMS HIPAA Office cannot guaranty the reporter's anonymity. If the UAMS HIPAA Privacy Officer has determined from the report that a violation may have occurred and an investigation is warranted, an investigation into the matter will be conducted.

UAMS workforce members who report in good faith possible compliance issues shall not be subjected to retaliation or harassment as a result of their report.

IX. OVERSIGHT AND ADMINISTRATION OF THE PLAN

This Plan is intended to be flexible and readily adaptable to changes with regulatory requirements. As circumstances dictate, the Plan may be changed as recommended by the HIPAA Privacy Officer. The UAMS HIPAA Privacy Officer shall prepare an annual report for the Associate Vice Chancellor/Chief Compliance Officer describing the compliance efforts that have been undertaken during the preceding year along with any changes that may be needed to enhance or improve compliance.

As part of UAMS' commitment to integrity, the UAMS HIPAA Compliance Plan has been adopted to ensure that the workforce is aware of their responsibilities to UAMS and to obey the law. To administer this plan, UAMS has established the position of UAMS HIPAA Privacy Officer for the health system.

UAMS
University of Arkansas for Medical Sciences

University of Arkansas for Medical Sciences
Identity Theft Prevention Program

Effective June 5, 2009
Revised August 2026

I. Program Adoption

The University of Arkansas for Medical Sciences ("UAMS") developed this Identity Theft Prevention Program ("Program") pursuant to the Federal Trade Commission's Red Flags Rule ("Rule"), which implements Section 114 of the Fair and Accurate Credit Transactions Act of 2003. 16 C. F. R. § 681.2. This Program was developed with oversight and approval of the University of Arkansas Board of Trustees ("Board"). After consideration of the size and complexity of UAMS's operations, and the nature and scope of UAMS's activities, the Office of Institutional Compliance with the guidance of various departments across campus, determined that this Program was appropriate for UAMS, and therefore approved this Program effective June 5, 2009.

II. Program Purpose and Definitions

A. Purpose

This Program is implemented to protect UAMS patients and students from the risk of identity theft, and to fulfill the requirements of the Red Flag Rule. Under the Rule, every financial institution and creditor is required to establish an "Identity Theft Prevention Program" tailored to its size, complexity and the nature of its operation. Each program must contain reasonable policies and procedures to:

1. Identify relevant Red Flags for new and existing covered accounts and incorporate those Red Flags into the Program;
2. Detect Red Flags that have been incorporated into the Program;
3. Respond appropriately to any Red Flags that are detected to prevent and mitigate Identity Theft; and,
4. Ensure the Program is updated periodically, to reflect changes in risks to customers or to the safety and soundness of the creditor from Identity Theft.

B. Definitions

Covered Account means any Account UAMS offers or maintains that involves multiple payments or transactions, or for which there is a foreseeable risk of Identity Theft. At UAMS, all patient accounts and certain student accounts are Covered Accounts.

Identifying Information for purposes of the Program means any name or number that may be used, alone or in conjunction with any other information, to identify a specific person. Examples include name, address, telephone number, social security number, date of birth, government issued driver's license or identification number, alien registration number, government passport number, employer or taxpayer identification number, unique electronic identification number, computer's Internet Protocol address, or routing code.

Identity Theft means fraud committed using the identifying information of another person.

Red Flag means a pattern, practice, or specific activity that indicates the possible existence of Identity Theft.

III. Identification of Red Flags

In order to identify relevant Red Flags, UAMS considers the types of accounts that it offers and maintains, the methods it provides to open its accounts, the methods it provides to access its accounts, and its previous experiences with Identity Theft. UAMS identifies the following red flags, in each of the listed categories:

A. Alerts, notifications, or warnings from a consumer reporting agency

B. Suspicious documents

1. A patient presents an identification card or document that appears to be forged or altered.
2. A patient presents an identification card or document on which a person's photograph or physical description is inconsistent with the patient presenting the card or document or a photograph on file with UAMS.
3. A patient presents an insurance card that appears to be forged or altered.
4. A student presents an identification card or other document which appears to be forged or altered.

C. Suspicious personal identifying information

1. A patient gives personal identifying information that is inconsistent with information on file with UAMS, for example
   a. the name and date of birth given match a patient on file, but the social security number is different;
   b. the social security number given is similar to the social security number on file for a patient with a name similar to the one given;
   c. the social security number given matches a patient on file, but the first and last name are switched; or,
   d. multiple hyphenated names are given in different order at different visits.
2. The social security number given by a patient does not match the identifying information associated with that number, as determined by the registration computer system.
3. A patient is recognized by UAMS staff as someone other than who the patient presents himself/herself to be.
4. A student gives personal identifying information that is inconsistent with student data on file at UAMS or from another source, such as a transcript from another institution or a student loan application.
5. A student provides personal identifying information, such as a social security number, that is the same as that of another student.

D. Unusual or suspicious activity of a covered account

1. A patient's clinical markers are inconsistent from visit to visit.

2. A patient presents with conditions or services clearly inconsistent with prior visits in the medical record.
3. A patient requests access to health records with unusual frequency or urgency.
4. A patient admits to using another person's identity.
5. A patient or student requests an address change followed by a name change.

E. Notice from a patient, a student, a victim of theft, law enforcement agencies, or other institutions or businesses

1. A patient notifies UAMS that he or she received an Explanation of Benefits that contains information of another patient, and UAMS determines the other information that is included is not there due to UAMS's registering the patient under the incorrect guarantor or health plan.
2. A patient notifies UAMS that he or she received a bill for services that is inconsistent with services obtained by the patient, and UAMS determines the error is not due to UAMS's incorrectly registering the patient under the medical record of another patient.
3. A patient notifies UAMS that he or she reviewed his or her medical record and has identified incorrect information in the record, which appears to be the information of another patient and the inclusion of the other patient's records is not due to an error on the part of UAMS incorrectly including the other records in the patient's records.
4. A student notifies UAMS that there has been unauthorized activity on the student's account, such as unauthorized changes to a student loan or class schedule.
5. Another institution, such as another hospital, health plan, school or bank notifies UAMS that a patient or student is the victim of identity theft.
6. Law enforcement notifies UAMS that a patient or student used another person's identity.

IV. Detection of Red Flags

In order to detect any of the Red Flags identified above, UAMS personnel will take the following steps to obtain and verify the identity of a patient seeking services, a student seeking admission or financial aid, or an individual seeking information from UAMS:

1. Registration personnel will verify the patient's identity in accordance with applicable policies and procedures. This may include asking for photo identification and, when applicable, comparing the patient's photograph to the photograph on record.
2. Registration personnel will verify other identifying information provided at the time of registration for possible Red Flags.
3. The Outpatient Pharmacy may require photo identification and a signature of anyone who is picking up a prescription for someone else.
4. Clinical staff will review the prior medical records of a patient as appropriate in order to detect any inconsistencies as identified above.
5. Health Information Management (HIM) will screen duplicate records for Red Flags.
6. HIM personnel will verify the identity of anyone requesting access to or amendments of health records, in accordance with applicable policies and procedures.

7. Billing personnel will verify the identity of anyone requesting billing information, in accordance with applicable policies and procedures.
8. Admissions and financial aid personnel will verify student and prospective student identities prior to processing applications or discussing student accounts.

V. Preventing and Mitigating Identity Theft

In the event that UAMS personnel detect any identified Red Flags, the Program Administrator and, as necessary, law enforcement, will be notified as soon as possible. The Program Administrator, in conjunction with other UAMS employees and UAMS Police, as needed, will investigate to determine the risk posed by the detected Red Flag. As needed, the individuals involved will take the actions necessary to prevent and mitigate identity theft, including the following examples:

1. Registration or other personnel who detect a Red Flag will "flag" the record in the patient registration computer system.
2. The Program Administrator will be notified anytime a Red Flag is detected.
3. Services may be denied, if a determination is made that a patient's identity cannot be verified, in accordance with applicable policies and procedures; however, no patient will be denied screening or, as needed, treatment for an emergency medical condition, regardless of ability to verify the patient's identity.
4. HIM and/or the billing offices will monitor the patient's record and account for evidence of identity theft.
5. The patient or student will be contacted, if appropriate.
6. The billing offices will, as needed, forbear on billing for services until the investigation is complete.
7. Law enforcement will be notified as appropriate.
8. A determination may be made that no response is necessary under the circumstances.

Other UAMS efforts to prevent and mitigate identity theft include limiting the use of patient, student, or employee social security numbers to those circumstances when no other identifier will serve the same purpose, and limiting access to social security numbers to only those individuals who need access to perform their job duties.

VI. Program Updates

The Program Administrator will periodically review and update this Program to reflect changes in risks to patients and students from Identity Theft. In doing so, the Program Administrator will consider UAMS's experiences with Identity Theft, changes in Identity Theft methods, changes in Identity Theft detection and prevention methods, and changes in UAMS's business arrangements with other entities. After considering these factors, the Program Administrator will determine whether changes to the Program, including the listing of Red Flags, are warranted. If warranted, the Program Administrator will present the appropriate committee and/or other UAMS employees with his or her recommended changes and a determination of whether to accept, modify or reject those changes to the Program will be made.

VII. Program Administration

A. Oversight

Responsibility for developing, implementing, and updating this Program lies with a Program Administrator who is appointed by the Associate Vice Chancellor/Chief Compliance Officer. The Program Administrator will be responsible for the Program administration, for ensuring appropriate training of UAMS staff on the Program, for reviewing any staff reports regarding the detection of Red Flags and the steps for preventing and mitigating Identity Theft, determining which steps of prevention and mitigation should be taken in particular circumstances and considering periodic changes to the Program. The Program Administrator will report annually to the designated member of senior management through the Associate Vice Chancellor/Chief Compliance Officer.

B. Staff Training

UAMS staff responsible for implementing the Program shall be trained, as applicable to their job function, either by or under the direction of the Program Administrator in the detection of Red Flags, and the responsive steps to be taken when a Red Flag is detected. The Program Administrator may delegate training to new employees, refresher training as needed, and training on new policies or procedures when the Program is updated.

C. Provider Agreements

When UAMS engages a service provider to perform an activity in connection with one or more Covered Accounts, UAMS should take steps to ensure that the activity of the service provider is conducted in accordance with reasonable policies to detect, prevent, and mitigate the risk of Identity Theft. For example, UAMS may require by contract that service providers have such policies and procedures in place, and UAMS may require, by contract that service providers report any Red Flags to the Program Administrator or take appropriate steps to prevent or mitigate identity theft.

INTRODUCTION

The University of Arkansas for Medical Sciences ("UAMS") Institutional Mission consists of four equally important parts: teaching, healing, searching, and serving. The discoveries made as a result of research conducted at UAMS can change the way we treat patients, educate our students and serve the state of Arkansas. Those involved in research at, or through, UAMS are expected to conduct their activities with the highest ethical standards and in accordance with the standards of the community and their respective professions. In addition, there is a vast array of legal and regulatory requirements which must be met. Failure to comply with these requirements can result in monetary fines, loss of grant funding, or institutional shut down. Achieving research compliance relies on the combined efforts of many.

PURPOSE

The purpose of this Research Compliance Plan and the Office of Research Integrity is to provide the information, support, and oversight needed to meet the laws, rules, and policies governing research in the most efficient and effective way; to create and maintain a research compliance plan consistent with federal sentencing guidelines; to promote responsible and ethical practices in research; and to provide guidance and support to the UAMS research community and the UAMS research oversight committees and offices to ensure that UAMS research activities meet the regulatory requirements.

I. PLAN ELEMENTS

A. Evaluate, or establish, policies, standards and procedures which comply with applicable accreditation standards, federal, state, and local laws and regulations, including those specified by the U.S. Federal Sentencing Guidelines and the Model Compliance Program of the Office of Inspector General for health care organizations.

B. Evaluate existing training and communication programs for effectiveness.

C. Maintain a compliance hotline to receive information regarding potential research compliance concerns and adopt procedures that protect anonymity of those calling and protect whistleblowers from retaliation.

D. Respond to allegations of improper/illegal activities and assist with the enforcement of appropriate disciplinary action.

E. Monitor compliance through audits and evaluation of individual research projects and the committees which oversee the research.

F. Investigate and help remediate identified system problems.

II. COMPLIANCE STRUCTURE

A. Vice Chancellor for Research and Innovation

The Research Compliance Plan was established at the request of the Vice Chancellor for Research and Innovation (VCRI) to ensure appropriate oversight of research activities conducted at or through UAMS.

B. Office of Research Integrity

In order to facilitate compliance with the Plan, UAMS has developed an Office of Research Integrity. The Office of Research Integrity will assist in development of policies and procedures related to research integrity, review and monitor ongoing changes in compliance regulations, serve as a point of contact regarding research integrity, assist UAMS research oversight committees/offices, and develop integrity and compliance education programs.

The Office of Research Integrity assists each UAMS research oversight committee/office responsible for specific elements of research compliance (i.e., Institutional Review Board, Institutional Animal Care and Use Committee, pre- and post-award grants administration, etc.) to ensure compliance with the regulatory requirements related to research activity conducted at and/or approved through UAMS. The Office of Research Integrity directly evaluates and monitors the protection of human research subjects and animals used in research. The Office of Research Integrity may assist the other research oversight committees and offices as well as the Vice Chancellor for Research and Innovation.

The office consists of the Research Compliance Officer, one Human Subject Research Audit Manager, one Animal Research Audit Manager, one Compliance Analyst, and one Education Coordinator. The Office of Research Integrity reports to the Vice Chancellor for Research and Innovation.

C. Reporting by Research Compliance Officer

The Research Compliance Officer shall prepare a report for presentation to the Board concerning the compliance activities and actions bi-annually. This report will contain number and type of audits conducted, education provided, regulatory changes, and other activity occurring during the report period.

D. UAMS Research Oversight Committees/Offices

All research at UAMS is subject to oversight from certain offices and committees. In addition, research protocols that involve the use of outside funding, human subjects, animals, recombinant DNA molecules, infectious agents, or other biohazardous agents must comply with federal and University requirements. A research protocol at UAMS involving any of these items must be submitted to and approved by the appropriate University research oversight committee before the

project can begin. Among these offices and committees are:

1. Institutional Review Board

   The Institutional Review Board (IRB) reviews all research protocols involving human subjects or data/biological samples derived from humans.
   Website: https://research.uams.edu/irb/

2. Institutional Animal Care and Use Committee

   The Institutional Animal Care and Use Committee (IACUC) reviews all animal research conducted at UAMS as required by Federal regulations to ensure all practices are humane and legal.
   Website: https://inside.uams.edu/iacuc/

3. Institutional Biosafety Committee

   The Institutional Biosafety Committee (IBC) reviews and approves the use of recombinant DNA and other biohazards, including infectious and toxic or carcinogenic agents.
   Website: https://uams.edu/ISS/depts/campusop/ohs/biosafety_cmte

4. Conflict of Interest Committee

   The Conflict of Interest Committee (COIC) reviews disclosed financial interests and conflicts of commitment, and has responsibility for managing, reducing or eliminating financial interests that raise an actual or potential conflict of interests in research or educational activities. The Director of Conflict of Interest reports to the Assistant Vice Chancellor for Research Compliance.
   Website: https://coi.uams.edu/

5. Office of Research and Sponsored Programs

   The Office of Research and Sponsored Programs (ORSP) provides pre-award services in collaboration with faculty and administration to obtain and administer extramural funding in support of the mission of UAMS.
   Website: https://orsp.uams.edu/

6. Grants Accounting Office

   The Grants Accounting Office (GAO) assists UAMS principal investigators and administrators with the post-award management of grants and contracts. This includes ensuring compliance with the rules and regulations of funding agencies, the preparation and submission of related financial reports and invoices, and maximizing cash flow.
   Website: https://finance.uams.edu/departments/grants-accounting/

III. COMMUNICATION AND REPORTING RESOURCES

When potential issues arise related to research integrity, research personnel are encouraged to report issues directly to their immediate supervisor or to contact the appropriate UAMS research oversight committee or office. However, UAMS recognizes that this may not always be an option. The Research Compliance Officer and all Office of Research Integrity personnel are available to discuss potential issues with research personnel and to receive reports of potential noncompliance in research.

A Compliance Hotline has been established to receive reports of potential noncompliance, including research noncompliance. The Hotline number is 1-888-511-3969. The purpose of this hotline is to provide employees with an alternative method of reporting suspected research compliance violations, other than using regular administrative channels.

Research personnel are expected to report any known or suspected illegal, unethical, or questionable research activity, such as violations of human subject protections, falsification of research data, fraudulent research financial issues, financial conflicts of interest or retaliation against good faith reports of noncompliance.

IV. DEVELOPMENT AND IMPLEMENTATION OF POLICIES AND PROCEDURES

Each research oversight committee/office is responsible for developing, implementing, distributing, reviewing, and updating policies and procedures related to its research oversight responsibilities. The Office of Research Integrity is available as a resource to assist each research oversight committee/office in developing, reviewing, and updating such policies and procedures, including those required by federal or state law and regulation.

V. EDUCATION AND TRAINING PROGRAMS

Each research oversight committee/office is responsible for developing and updating training materials and programs for Research Personnel subject to their research oversight activities. The Office of Research Integrity is available to assist with the training needs of any of the research oversight committees/offices on campus. The Office of Research Integrity will conduct training in specific areas of research as needed to ensure compliance with federal agency requirements and applicable federal, state, and local laws.

VI. EFFECTIVE MONITORING OF RESEARCH COMPLIANCE

A. Monitoring and Auditing Plan

The Office of Research Integrity has developed written plans which outline the methods of conducting monitoring and auditing activities for all research activity conducted on UAMS campuses. The monitoring/auditing plans are periodically reviewed and updated.

B. Monitoring Activity

The Office of Research Integrity will identify activities to monitor. The monitoring function shall focus on quality control and monitoring for compliance with regulatory requirements. The results will be used to evaluate the research compliance program's effectiveness, update research related policies as needed and identify additional education and training needs.

C. Auditing Activity

The Office of Research Integrity may conduct audits based on information obtained as a result of research compliance activities, including but not limited to calls to the Research Compliance Hotline or requests from UAMS research oversight committees and offices. Audits will be both targeted to specific issues of concern and consist of routine audits conducted to ensure compliance with applicable regulations and policies.

VII. RESPONDING TO RESEARCH NONCOMPLIANCE

Complaints or allegations of research noncompliance will be investigated. If the investigation discovers noncompliance with applicable laws, regulations or institutional policies, corrective action shall be communicated to the appropriate offices within UAMS and may require reporting to federal agencies/authorities.

VIII. CORRECTIVE ACTION

Failure to comply with this Research Compliance Plan or the compliance policies of any oversight committee/office will result in appropriate corrective action and may result in disciplinary action.

IX. RISK ASSESSMENT

The Office of Research Integrity will conduct a biennial risk assessment at a minimum. All research areas are assessed and rated with a low-to-high risk rating. The Risk Assessment is then used to formulate an audit plan for coming years. If the Office of Research Integrity identifies an item that requires prompt attention, the item will be analyzed and corrected as soon as possible.

RESOLUTION

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Amendments to the Institutional Compliance Program of the University of Arkansas for Medical Sciences, including the Clinical Billing Compliance Plan, the Research Compliance Plan, the HIPAA Compliance Plan and the Identity Theft Prevention Program, are hereby approved as presented.

ADOPTED this _____ day of _____, 2026.

BOARD OF TRUSTEES
UNIVERSITY OF ARKANSAS

_____

Randy Lawson

Chair, Board of Trustees

Item 5: **Review of the UAMS Institutional Compliance Program (Information)**

Amy Jones

REVIEW OF THE UAMS INSTITUTIONAL COMPLIANCE PROGRAM (INFORMATION)

INSTITUTIONAL COMPLIANCE

In his January 2026 report, Mark Hagemeier discussed the transition of the UAMS compliance functions resulting from the reorganization of Institutional Compliance. Under the new structure, HIPAA and Clinical Billing Compliance now report to Amanda George, CFO, while Research Compliance, Conflict of Interest, and Export Control report to Dan Voth, Vice Chancellor of Research & Innovation.

Although the four original areas of Institutional Compliance now have separate reporting structures, maintaining the same level of compliance oversight remains a priority for UAMS. While I, Amy Jones, currently oversee the Clinical Billing Compliance and HIPAA functions, I will continue to provide the Board of Trustees with updates on all compliance areas previously included in these reports. Any significant issues or concerns arising within these functions will continue to be reported to the Board consistent with historical practice.

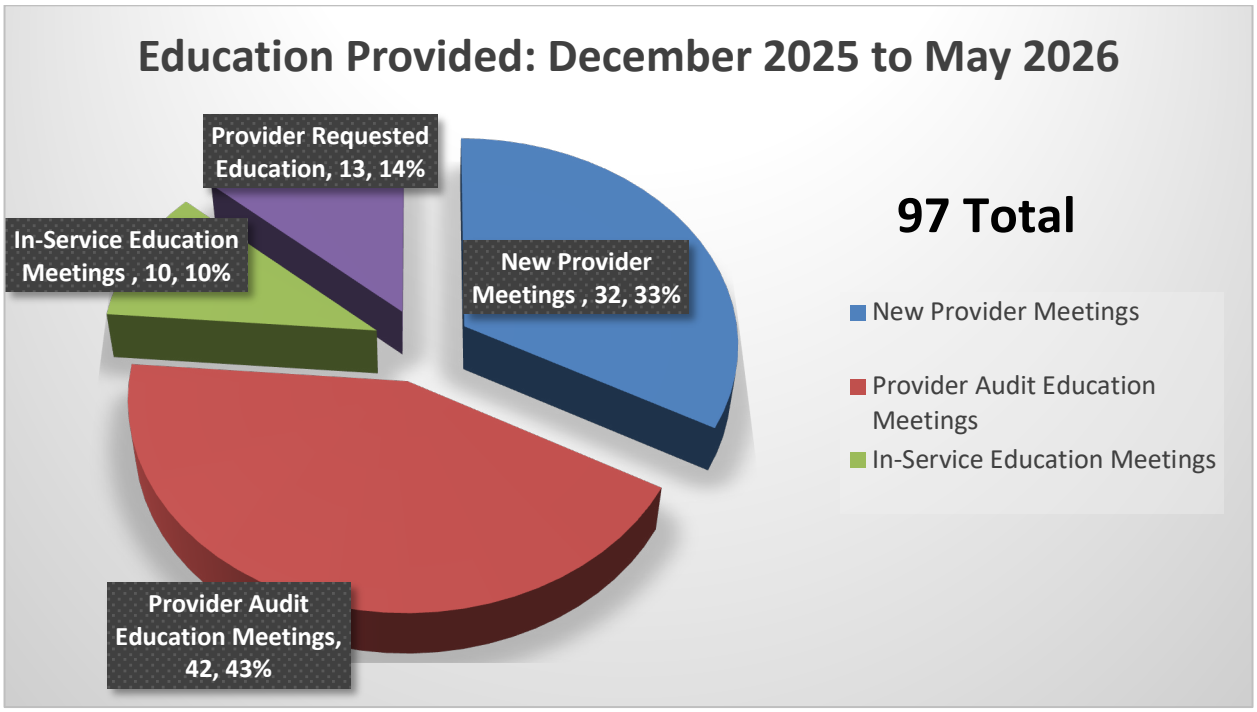
The reporting format has not changed, and all compliance activities previously presented to the Board will continue to be reported semiannually. In addition, the respective compliance groups have updated their compliance plans, policies, and procedures to reflect the new organizational structure. These updated plans have been submitted for your review and approval.

CLINCIAL BILLING COMPLIANCE

The mission of the Clinical Billing Compliance Office is to serve UAMS through safeguarding and promoting ethical practices. We provide education and training on fraud, waste, and abuse, false claims, and proper documentation, billing and coding to ensure that UAMS processes accurate and complete claims in accordance with the rules and regulations of federal payers.

Education

- On-going, weekly involvement with hospital and physician charge maintenance files, setting up new codes, and reviewing existing codes for accuracy.
- New provider training and ongoing educational in-services for various departments.
- Q&A and presentations focused on current billing and coding trends.

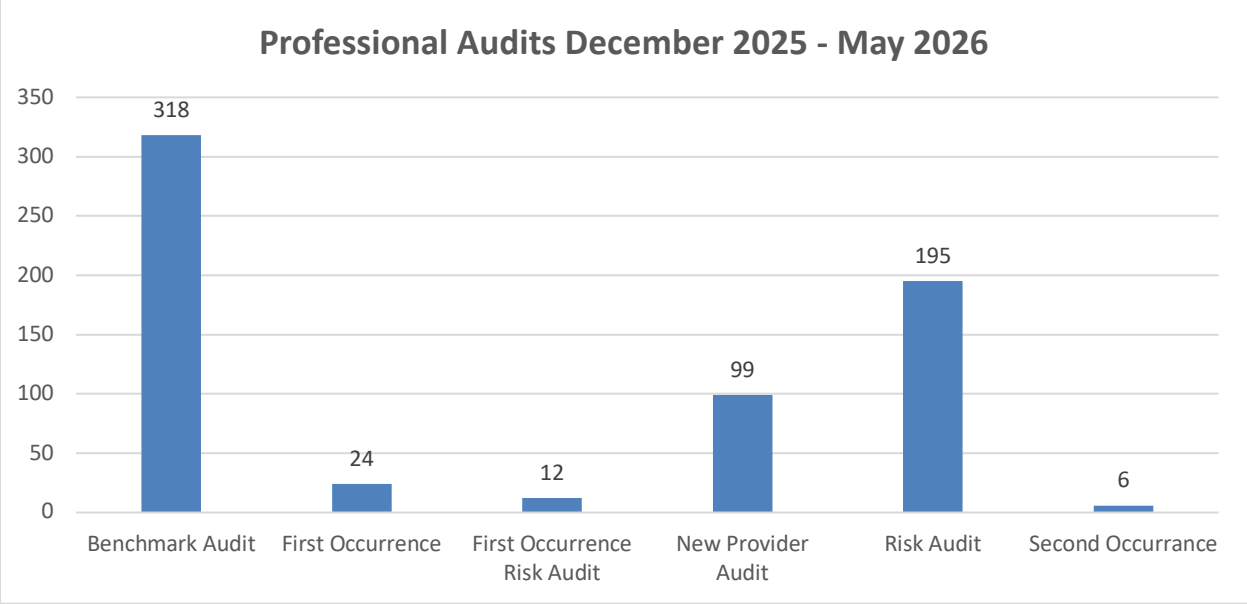


Regulatory Reviews (External Audits) Conducted

- Audits processed for external review: 118
  - 28 Physician/Professional Audit Requests from government payers, including Medical Necessity and Durable Medical Equipment (DME).
  - 90 Hospital/Facility Audit Requests from government payers, including Medical Necessity, Ambulatory Payment Classification (APC) Validation, and Diagnostic Related Group (DRG) Validation.

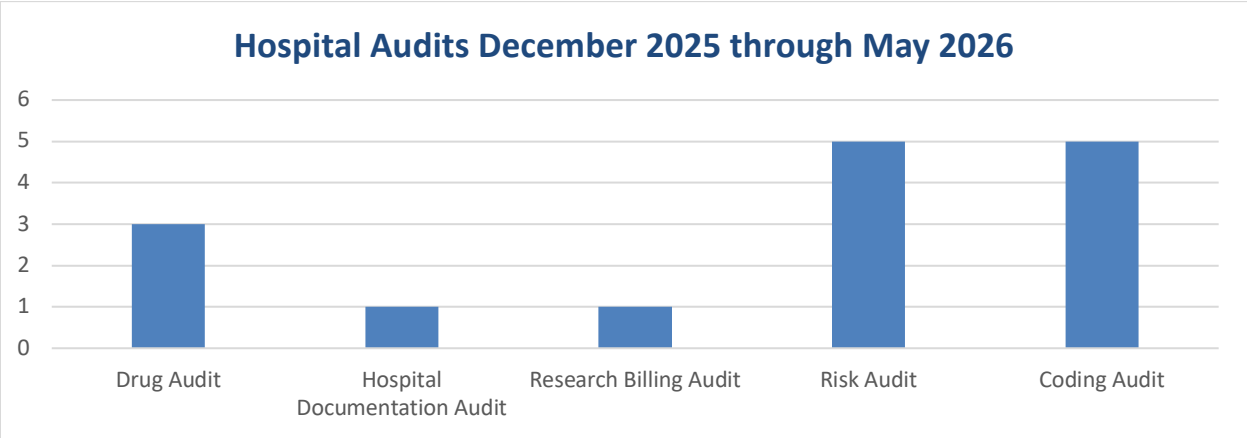
Provider Billing Audits Conducted

- Provider billing audits review for appropriate diagnosis coding, procedure coding and billing for physicians, nurse practitioners, physician assistants and other qualified healthcare providers.
- The combined pass rate was 89%.



Hospital Audits

- Hospital billing audits review for appropriate diagnosis coding, procedure coding and billing for both hospital inpatient and hospital outpatient ancillary departments. Any identified overpayments are returned to appropriate parties.



Compliance Hot Line

- 19 calls were received from December 2025 through May 2026 and routed to the appropriate area for investigation/resolution:

    - 4 HIPAA Office
    - 12 Patient Relations Department
    - 1 Human Resources
    - 1 Conflict of Interest Office
    - 1 Research Compliance Office

Employee and Vendor Exclusions

- Continue to review and monitor employee and vendor exclusion or sanction reports on a monthly basis.
- No matches.

CONFLICT OF INTEREST (COI)

The formation of the UAMS COI Office originates with requirements ensuring federally-funded research is free from bias. Despite its origin, the UAMS COI Office serves multiple roles. In addition to protecting UAMS research from the perception of bias, the UAMS COI Office is tasked with helping the Institution and its employees navigate a number of scenarios where the perception of bias in decision making could erode public trust in the Institution, its services, its business decisions, and yes, its research. This Office advises all UAMS employees when navigating federal and state conflict of interest regulations as well as COI-adjacent policies (*e.g.*, the UAMS Gift/Ethical Conduct policy and the UAMS Industry Interaction policy). The Office is also involved in vendor screenings and procurement decisions during the UAMS vendor setup process.

As a state entity with federal funding, UAMS works to ensure its employees are aware of applicable federal regulations, state laws, and institutional policies to ensure compliance with these requirements. This is accomplished through broad annual training, targeted training for federally funded researchers, and *ad hoc* training for employees and departments. Under 42 CFR Part 50 (Promoting Objectivity in Research), any institution that receives Public Health Service (including NIH) funding must maintain an up to date, written, and enforced policy on financial conflicts of interest, as well as train and inform each PHS-funded investigator on the applicable regulation and institutional policy.

This Office also reviews all interests reported to it through disclosures made by UAMS employees. During this review process, a conflict-of-interest analysis is conducted, and disclosures are processed accordingly to identify and manage potential conflicts of interest. As an institution accepting funds from PHS-funded agencies and other federal

agencies and organizations that follow the PHS standard, UAMS must review all investigators' financial disclosures and manage any financial interests that are determined to be conflicts of interest. Without a Conflict-of-Interest program and a COI Office managing that program, UAMS could not accept Federal research funds, which as of FY 2026 totaled over $88 million, accounting for over 75% of UAMS' total research funding, and the public trust in the state's only academic medical center could be jeopardized.

Education to Campus

- Provided training to new Deans/Chairpersons on Conflict-of-Interest matters using COI On-Boarding Checklist, as needed.
- Continued quarterly meetings with College Deans to highlight noncompliant faculty and staff in addition to providing guidance to Deans on responsibility to identify and manage Conflicts of Commitment within their Colleges.
- Updated and maintained UAMS COI website with training materials, FAQs, policies and procedures, and other relevant information.
- Provided *ad hoc* training and analysis of potential COI issues to employees by phone, email, and Zoom calls with COI questions daily.
- Continued to increase Institution-wide communication of COI and COI-related policies through UAMS Announcements.

Regulatory

- Attended the following weekly/monthly/quarterly meetings as *ex officio* members and as regulatory and policy resources:
  - Academic Conflict of Interest Committee meeting
  - Institutional Conflict of Interest Committee meeting
  - Non-Academic Conflict of Interest Committee meeting
  - UAMS Patent and Copyright Committee

- Monitored U of A System policies, state laws, and federal regulations for Conflict of Interest-related changes that affect UAMS' COI-related policies.
- In a continuing effort to support the compliance initiative of the UAMS Procurement Office, the COI Office reviewed 21 new vendor requests for potential conflict of interest issues during this reporting period.
- The Director continued to serve on the Administrative Guide policy committee and reviewed/edited all polices to ensure readability and clarity.

System Upgrades and Monitoring

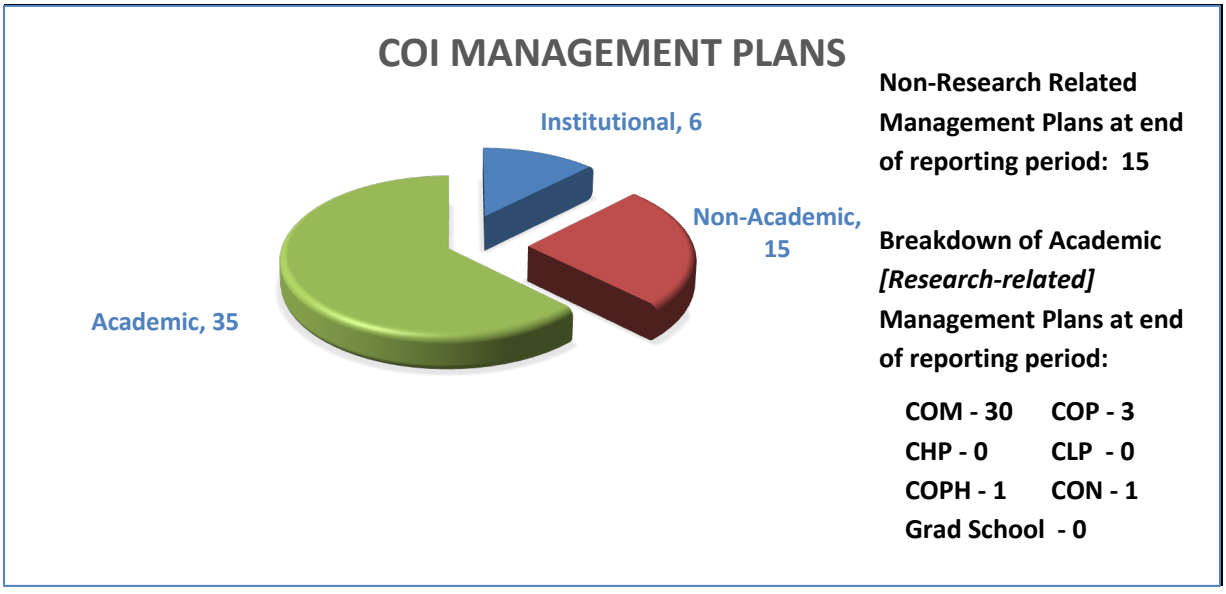
- The COI Office works closely with the Offices of Research & Sponsored Programs and Research Information Systems to monitor the MUSE research management system to ensure the product works as designed. When design issues are uncovered, the COI Office works with the Office of Research Information Systems to identify the

cause of the issue and promptly report to the system vendor (Huron). Often times, the cause of system malfunction is due to impacts made in systems that feed data to MUSE. We conduct a check of the HR data feed to ensure the appropriate individuals are required to make COI disclosures.

- The COI Office works with UAMS IT and the UA System-Workday team to monitor and upgrade the UAMS Workday disclosure process for non-academic employees.
- The COI Office continues to engage with ORIS, UAMS IT, and the UA System-Workday team to address issues related to transfer employees and the "COI Designator" used to push employees to the correct COI disclosure system.
- The COI Director met with the UAMS Office of General Counsel and Amy Jones, Associate Vice Chancellor and Chief Compliance Officer for UAMS, to advise on practical touchpoints within the UAMS Outside Employment System and how to utilize this home-grown system to help triage outside activities that could implicate Stark Law and Anti-Kickback regulations before the outside activity is approved by the employee's Department and College.

Analysis and Reviews of UAMS Staff Member Disclosures

- There were 1,337 Academic and Institutional financial disclosures reviewed and processed by the UAMS COI Office from December 1, 2025, to May 31, 2026.
- 10,871 financial disclosures were submitted and reviewed as a part of the 2025 Annual COI disclosure campaign in Workday for Non-Academic Staff Members, which ended September 2025. Outside of the 2025 Annual COI disclosure campaign, newly hired Non-Academic Staff Members continued to make their first COI disclosure in the Workday system. Likewise, Non-Academic Staff Members are required to update their COI disclosure outside of the Annual Campaign if they learn of or acquire a reportable interest after the Annual Campaign is closed. An additional 1,031 financial disclosures were submitted by Non-Academic Staff Members between December 1, 2025, and May 31, 2026.



INTERNATIONAL COMPLIANCE

Many UAMS activities are subject to export control regulations or U.S. regulations whose purport is to reinforce U.S. export control regulations. Examples of such international matters include the shipment of items outside the U.S., travel outside the U.S., hiring Foreign Nationals, and/or the hosting of foreign visitors. The UAMS International Compliance Office takes the lead on many international efforts and assists in many more. For example, all H-1B visa applications require a determination by the visa sponsor as to whether or not an export license will be necessary for the visa applicant. As of May 26, 2026, UAMS sponsors 237 H-1B visa holders, all of which were reviewed by the Office of International Compliance.

Penalties for noncompliance with U.S. export control regulations can be imposed on institutions and individuals. Such penalties may include partial or complete denial of export privileges, civil fines, or seizure of equipment. Criminal penalties for willful violations of U.S. export regulations may include, depending on the type and number of violations, fines of up to $1 million and imprisonment for 10 years or more.

Arkansas state law also imposes additional requirements on UAMS when it engages with foreign entities and individuals. Specifically, Act 473 of 2025 requires that educational institutions make certain findings prior to entering into foreign contracts, accepting foreign gifts, or making an offer of employment or providing opportunities as Academic Visitors to entities and foreign nationals from countries the State has identified as Foreign Adversaries. Arkansas's Transparency in Foreign Investment Act also requires that any such gifts/contracts aggregating over $250,000 be reported to appropriate state agencies. Likewise, UAMS must report the same gifts/contracts to the United States Department of Education, pursuant to Section 117 of the Higher Education Act. The Office of International Compliance works to ensure that UAMS remains compliant with these federal and state laws, reducing the possibility of fines and penalties. It does this by spearheading the design, implementation, and refinement of the screening process for all new hires who originate from a country that has been identified as a Foreign Adversary. Additionally, it works with multiple offices across the institution to compile reporting information regarding contracts with and gifts from foreign entities for multiple federal reporting requirements.

Due to national security concerns, the proliferation of technology by American adversaries subject to U.S. export control regulations, and the theft of federally funded research and development, UAMS is required to apply certain basic safeguarding protocols and procedures to its research program pursuant to National Security Presidential Memorandum 33 ("NSPM-33"). This unfunded, federal research security mandate applies to any research organization, such as a university, that receives at least $50 million in Federal science and engineering support annually. UAMS is required to establish a research security program with the following elements: (i) cybersecurity; (ii) foreign travel security; (iii) research security training; and (iv) export control training. The Office of International Compliance continues to conduct travel screenings. The depth of those

restricted party screenings has increased to include potential collaborators disclosed to the International Compliance Office. As a part of those travel screenings, the International Compliance Office performs additional counseling for travelers and their respective Deans when traveling to countries that have been identified as Foreign Adversaries. These risk assessments are provided to the appropriate Dean to ensure they have necessary facts before approving international travel. This screening also ensures researchers have completed the appropriate export control training. The Director of International Compliance continues to meet with and advise the UAMS Research Security Officer on established processes to assist establishing a UAMS Research Security Program.

On a state level, the Arkansas State Legislature enacted the Research and Education Protection Act of 2025. This Act mirrors many of the concerns of the federal Research Security requirements placed on federal agencies in NSPM-33. Among the many new requirements included in this state legislation, UAMS is now required to identify whether potential applicants for research-related positions are nationals of countries the State of Arkansas has identified as Foreign Adversaries. If such an applicant is present in the pool, the applicant must undergo additional screening to determine whether it is appropriate to offer the applicant a research-related position at UAMS. The Office of International Compliance has worked with the Office of Research Integrity, UAMS Immigration, and UAMS HR to build a screening workflow to be employed in the JFR system and Workday. To date, this workflow has required 21 screenings of potential new hires to be conducted by the Office of Research Integrity. The Office of International Compliance assists with these screenings by confirming whether a position qualifies as a Designated Research Position and whether the individual was. identified on a federal denied, debarred, restricted, or unverified list.

Education to Campus

- Provided training to staff on export regulations and regulations specific to international shipping.
- The International Compliance Office successfully worked with CITI, Huron, and the UAMS Office of Research Information Systems to pull export compliance training completion into the UAMS research management platform (i.e., MUSE).
- Made presentations on Export Controls and International Compliance as a part of the annual Advanced CRS training program.

Regulatory

- Continue to collaborate with UAMS Research Contract attorneys and the UAMS Vice Chancellor of Research and Innovation to assure compliance with the UAMS *Approval and Disclosure of Certain International Activities and Undue Foreign Influence* policy.
- Working with other subject matter experts to update compliance programs and processes pursuant to Arkansas's Research & Education Protection Act of 2025.
- Working with the Office of Research and Innovation to assure compliance with

Research Security requirements of the CHIPS Act and NSPM-33.
- Continued to compile foreign gift & foreign contract information as part of the biannual reporting requirement to US Department of Education.
- Continued to compile and report foreign gift & foreign contract information under the Transparency in Foreign Investment Act, Ark Code Ann. § 6-60-1201 *et seq*.
- Participated in U of A System internal audit of the UAMS Travel Department.
    - Findings require that the International Compliance Office be added to the Travel Department's workflow because they did not ensure compliance with travel screenings requirements prior to departure.

Analysis and Reviews

- Conducted the following export control screenings & reviews for December 1, 2025 – May 31, 2026.
    - 120: Foreign Nationals screened as part of UAMS immigration process.
    - 112: International Travel Forms received, recorded, and screened. Provided traveling employees with most current US State Dept travel advisory for proposed destinations and guidance from the National Science Foundation's SECURE Center.
    - 6: Material Transfer Agreements/International Shipments screened.
    - 13: Foreign Vendors & Foreign Contracts screened.
    - 22: Screenings of foreign entities disclosed through UAMS Administration Guide 4.4.26 Approval and Disclosure of Certain International Activities process.

HIPAA COMPLIANCE

The UAMS HIPAA Office exists to ensure that UAMS remains compliant with the HIPAA regulations, protecting the privacy, security and confidentiality of Protected Health Information ("PHI") and reducing the risk of fines and penalties. Our mission is to oversee compliance with the HIPAA Privacy and Security regulations for all UAMS covered components of the University of Arkansas for Medical Sciences hybrid entity and UAMS policies related to privacy and security of patient information.

To comply with HIPAA, the UAMS HIPAA Office investigates potential HIPAA violations, conducts risk assessments to determine if a HIPAA violation rises to the level of a breach, notifies individuals in writing when a breach of their PHI has occurred, and submits breaches to the Office for Civil Rights, the federal agency that enforces HIPAA. The UAMS HIPAA Office ensures UAMS honors individuals' privacy rights, such as the right to request and receive a copy of their medical records, and the right to request restrictions as to who can and cannot obtain their PHI. The UAMS HIPAA Office reviews agreements with third parties that will access, receive, use and/or maintain PHI to ensure the agreements contain the terms and provisions required under the HIPAA regulations. The UAMS HIPAA Office and other departments as appropriate review existing HIPAA related policies and procedures, revise those policies and procedures as necessary, and develop

any additional policies and/or procedures deemed advisable to maintain compliance with HIPAA. The UAMS HIPAA Office provides education and training to guide employees, students, physicians, and other health professionals on the UAMS HIPAA policies and procedures. Noncompliance with the HIPAA regulations may result in civil and criminal penalties. For example, in calendar year 2025, 19 entities covered under HIPAA were subject to monetary fines issued by the Office for Civil Rights totaling over $8,005,566. (UAMS was **not** among the entities subject to monetary fines).

Education to Campus

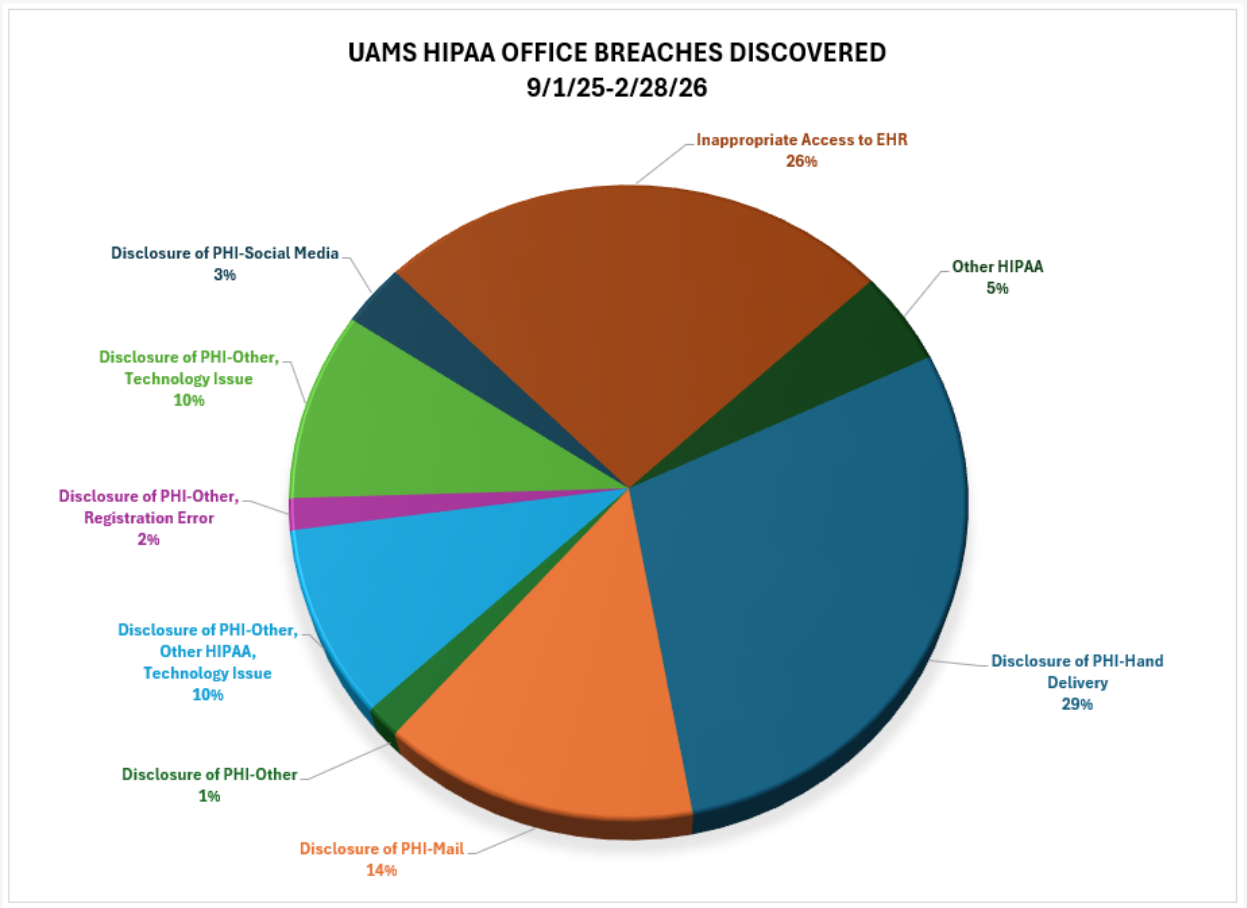
- Provide mandatory training of new workforce members, including employees, students and faculty, in person and through online training
- Conduct department-specific in-service presentations as needed or requested
- Update UAMS HIPAA website regularly with training materials, desk reference guides, policies and procedures and other relevant information
- Post “HIPAA Hints” (short, brief tips for complying with HIPAA) on the HIPAA Office web site, provided at in-services, and posted periodically on campus TV screens

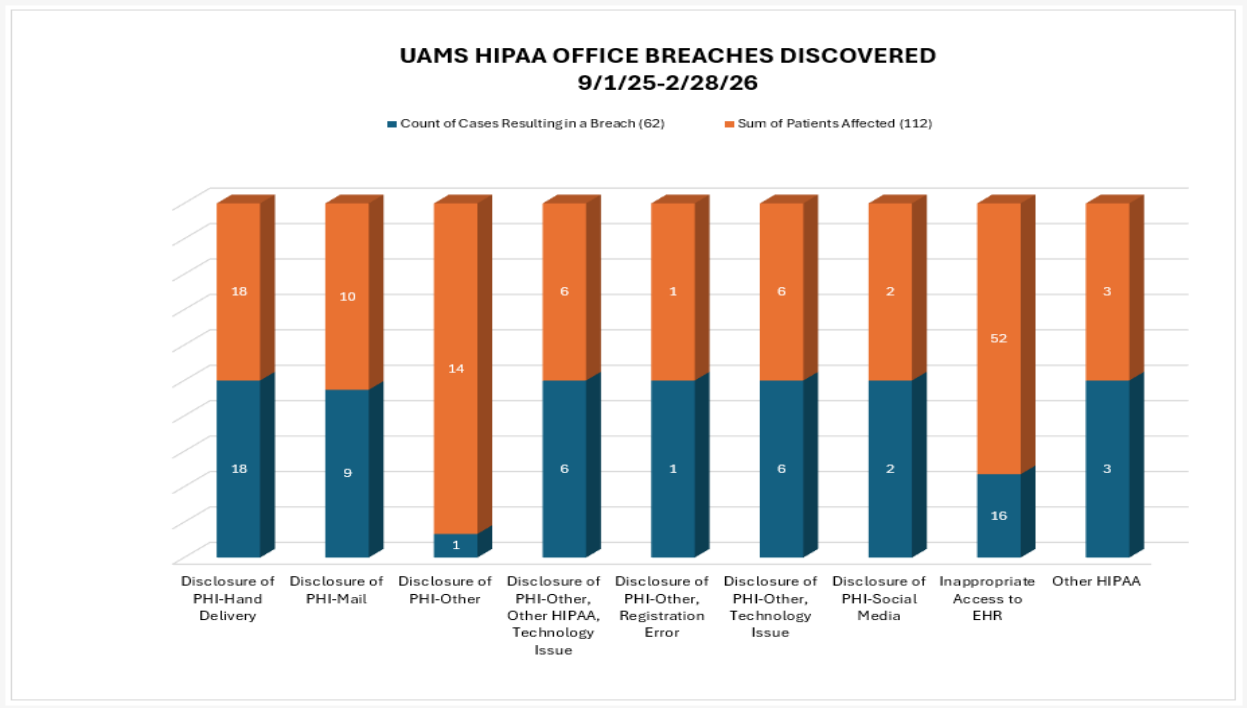
Monitoring Access to Electronic Health Record

UAMS uses PrivacyPro (formerly known as Protenus), a software system that monitors all access to the electronic medical record by UAMS students, health care providers and other employees that is potentially unauthorized or inappropriate. Once PrivacyPro identifies potentially inappropriate access, it is reviewed by the UAMS HIPAA Office to determine whether or not it was in accordance with the user’s workflow or job duties and if it rises to the level of a HIPAA violation and/or breach. The majority of the breaches in the pie chart and bar graph below involving inappropriate access to EHR (“electronic health record”) were accesses that PrivacyPro identified as suspicious and the UAMS HIPAA Office determined were breaches under HIPAA.

Breaches Discovered from September 1, 2025 to February 28, 2026

The pie chart and bar graph below include data regarding breaches with a discovery date from September 1, 2025 to February 28, 2026. As of the submission of this report in August 2026, the UAMS HIPAA Office has finalized and concluded investigations of breaches discovered through February 28, 2026.


UAMS HIPAA OFFICE BREACHES DISCOVERED
9/1/25-2/28/26
Inappropriate Access to EHR
26%
Other HIPAA
5%
Disclosure of PHI-Hand Delivery
29%
Disclosure of PHI-Mail
14%
Disclosure of PHI-Other
1%
Disclosure of PHI-Other, Other HIPAA, Technology Issue
10%
Disclosure of PHI-Other, Registration Error
2%
Disclosure of PHI-Other, Technology Issue
10%
Disclosure of PHI-Social Media
3%


UAMS HIPAA OFFICE BREACHES DISCOVERED
9/1/25-2/28/26
Count of Cases Resulting in a Breach (62)
Sum of Patients Affected (112)
18
18
10
9
14
1
6
6
1
1
6
6
2
2
52
16
3
3
Disclosure of PHI-Hand Delivery
Disclosure of PHI-Mail
Disclosure of PHI-Other
Disclosure of PHI-Other, Other HIPAA, Technology Issue
Disclosure of PHI-Other, Registration Error
Disclosure of PHI-Other, Technology Issue
Disclosure of PHI-Social Media
Inappropriate Access to EHR
Other HIPAA

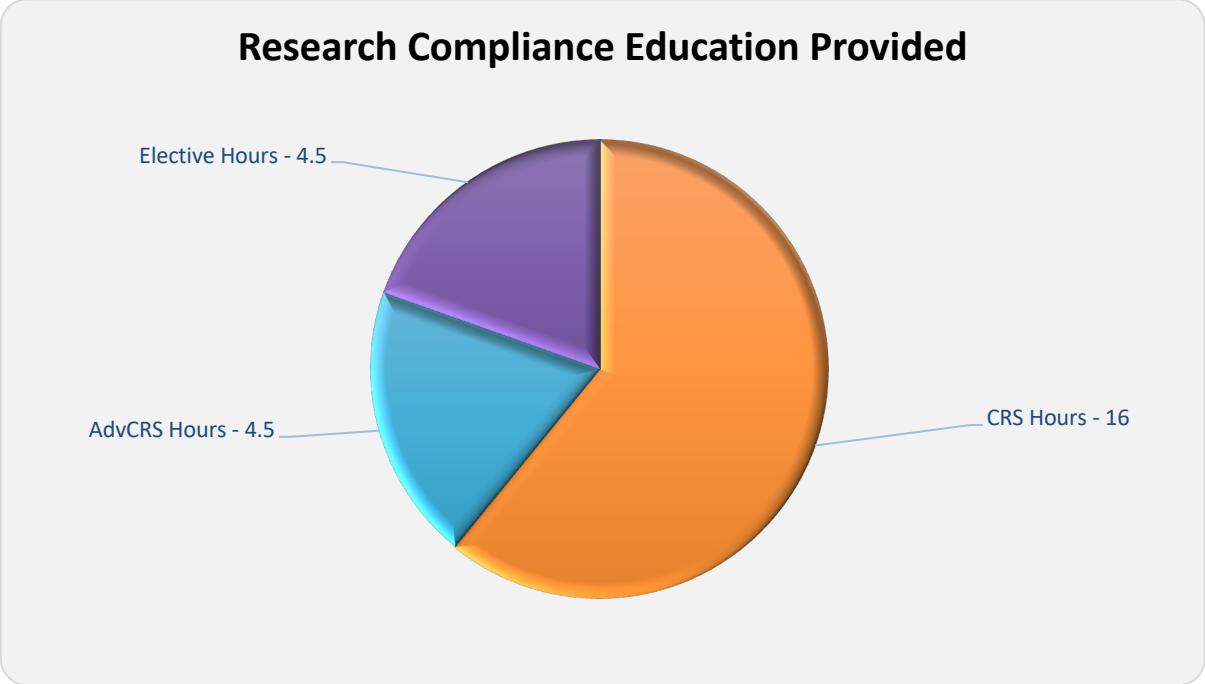
RESEARCH INTEGRITY

An essential part of UAMS's mission is to advance knowledge in human health and disease. The discoveries made as a result of research conducted at UAMS can change the way we treat patients, educate our students, and serve the state of Arkansas. Those involved in research at, or through, UAMS are expected to conduct their activities with the highest ethical standards and in accordance with the standards of the community and their respective professions. Additionally, a vast array of legal and regulatory requirements, at the federal, state, and institutional levels, related to research must be met. Failure to comply with these requirements can result in monetary fines, loss of grant funding, or the shutting down of all institutional research. The purpose of the Office of Research Integrity (ORI) is to provide the information, support, and oversight needed to meet the rules, regulations, and policies governing research in the most efficient and effective way. ORI promotes responsible and ethical practices in research by providing guidance and support to the UAMS research community and research oversight committees and offices to ensure that UAMS research activities meet the applicable regulatory requirements.

Education

The ORI continues our commitment to educating investigators and research staff from the UAMS main campus as well as the Northwest Arkansas campus, Arkansas Children's Hospital/Arkansas Children's Research Institute (ACH/ACRI), and Central Arkansas Veterans Healthcare System (CAVHS). The Certified Research Specialist (CRS) and Advanced CRS education programs continue to offer virtual courses in 2026 so they may be attended by the growing number of research staff located throughout Arkansas. In the last 6 months (December 2025 – May 2026) we have offered 17 classes representing 23 hours of education. The classes offered are broken down as 14 hours of CRS requirements, 4.5 hours of Advanced CRS requirements, and 4.5 hours of elective classes. Approximately 464 UAMS system, ACH/ACRI, and VA staff participate in the CRS program. So far in 2026, 24 have completed the requirements for CRS certification and 3 have completed requirements for the Advanced CRS. They will be honored at an award ceremony in December.

ORI staff provide training to animal and human subject research study staff. This training is provided at the request of the investigator or study staff, or as directed by the Institutional Review Board (IRB) or the Institutional Animal Care and Use Committee (IACUC).



Regulatory

ORI staff attended the following weekly/monthly meetings as a regulatory and policy resource:

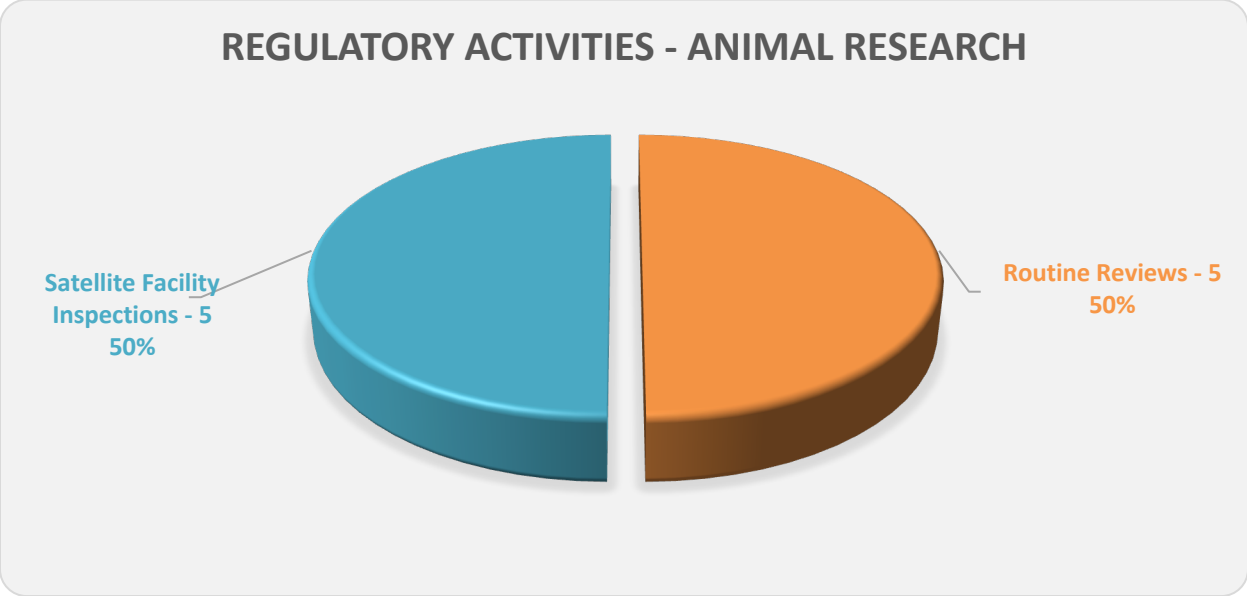
- Institutional Review Board (IRB)
- Institutional Animal Care and Use Committee (IACUC)
- Academic Conflict of Interest Committee (ACOIC)
- Institutional Biosafety Committee (IBC)

Participated in the following periodic regulatory compliance reviews:

- IACUC Semi-Annual Site Inspection and Program Review
- Review of controlled substances used in animal research
- AAALAC reaccreditation site visit for the IACUC
- AAHRPP reaccreditation site visit for the IRB

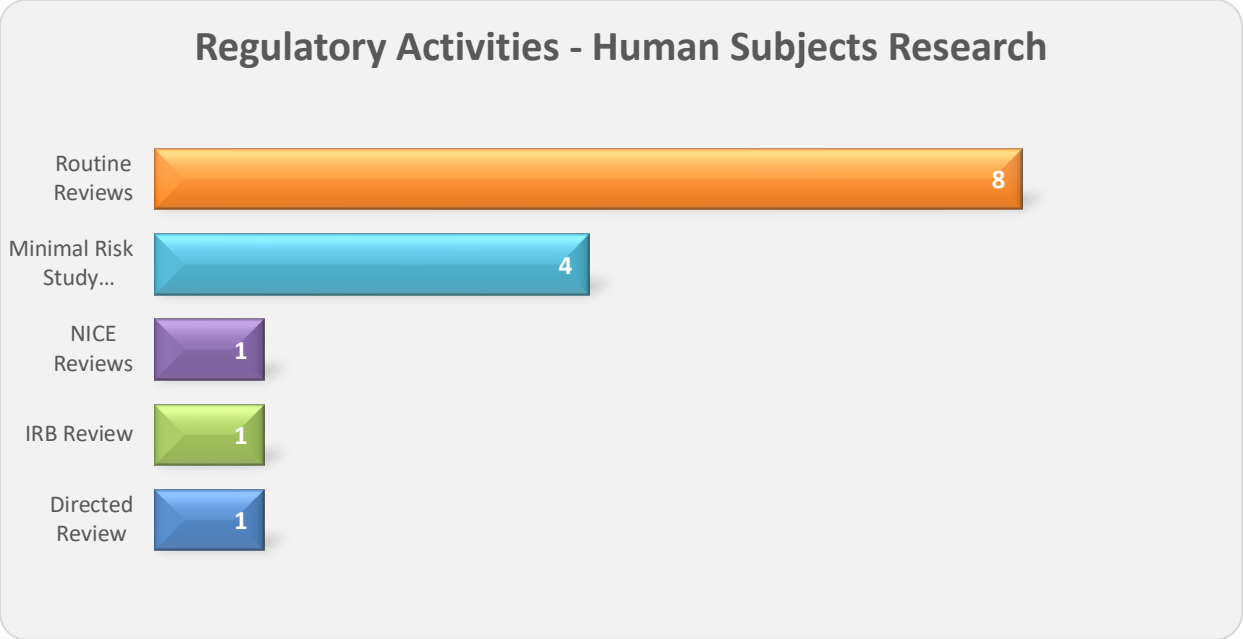
Regulatory Activities – Animal Research

- 5 Routine post-approval training sessions and laboratory reviews
- 5 Satellite facility inspections (Inspecting all active)



Regulatory Activities – Human Subjects Research

- 8 Routine study reviews (greater than minimal risk studies)
- 1 Directed review
- 3 Minimal risk study review and education
- 1 NICE (New Investigation Consult and Education) reviews
- 1 IRB review



Joint Projects

The Office of Research Integrity acts as a liaison with the Drug Enforcement Administration and Arkansas Department of Health for researchers applying for licenses to use controlled substances in their research. Approximately 35 researchers currently have controlled substances registration. Three new investigators have obtained their Federal and State controlled substances registrations since our last report. In April 2026, the ORI audited 100% of the controlled substances registration and documentation for UAMS and ACRI researchers. Additionally, we facilitated and witnessed destruction and disposal of expired drugs for 4 registrants.

Item 6: **Review of the UAMS Quality, Experience and Safety Report (Information)**

Michelle Krause, MD

REVIEW OF THE UAMS QUALITY, EXPERIENCE AND SAFETY REPORT (INFORMATION)

Quality, Experience, and Safety Report - August 2026

FY26 Performance (July 2025 – June 2026)

FY26 concluded with significant improvement in healthcare-associated infection performance, exceeding the organizational target and demonstrating sustained success in reducing preventable patient harm. The organization ended the fiscal year with **100 total HAIs**, surpassing the FY26 goal of **≤108 infections** and representing a **28% reduction from FY25 performance**.

Metric	FY25 Jul - Jun	FY26 TARGET	FY26 Jul - Jun	% Change
Total HAIs	**139**	**108**	**100**	**-28%**
CLABSI	50	38	35	**-36%**
CAUTI	24	23	13	**-50%**
MRSA	15	12	25	**+19%**
CDIFF	32	35	27	**-27%**

Key Highlights

- **CLABSI:** Reduced by **36%** compared to FY25 (35 vs. 50 infections) and surpassed the FY26 target. Continued emphasis on central line maintenance, standardized auditing, interdisciplinary review, and frontline education contributed to sustained improvement.
- **CAUTI**: Reduced by **50%** compared to FY25 (13 vs. 24 infections), exceeding the annual goal. Ongoing focus on catheter necessity reviews, timely removal, insertion and maintenance best practices, and unit-level accountability supported performance.
- **CDIFF:** Reduced by **27%** compared to FY25 (27 vs. 32 infections) and met the FY26 target. Sustained efforts in antimicrobial stewardship, environmental hygiene, and hand hygiene practices contributed to improvement.

Quality, Experience, and Safety Report - August 2026

- **MRSA**: MRSA infections increased from 15 to 25 events and exceeded the FY26 target. Continued focus remains on surveillance, hospital-onset bacteremia prevention, hand hygiene compliance, peripheral IV stewardship, and early identification of prevention opportunities.

Process Improvements and Sustained Efforts

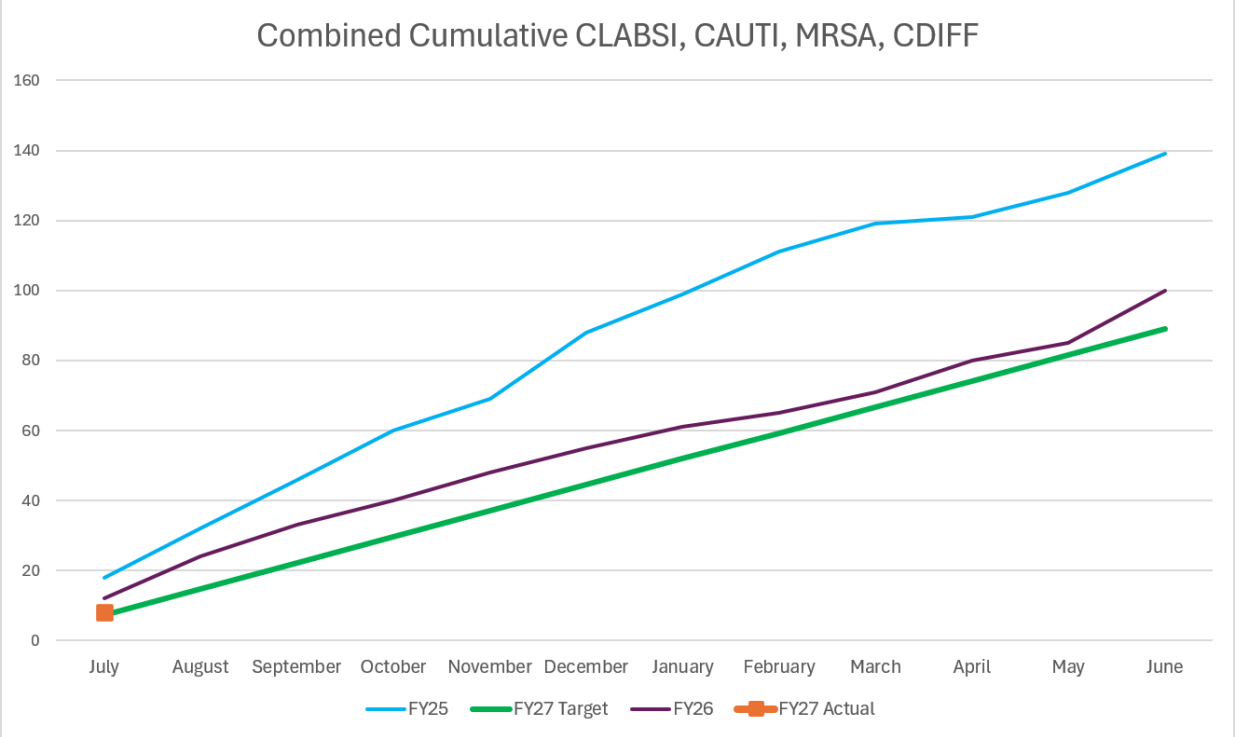
- The **Apparent Cause Analysis (ACA)** review process continued to support interdisciplinary event reviews, identification of contributing factors, and development of targeted improvement actions.
- Infection Prevention rounding remained active across inpatient units, providing real-time coaching, reinforcing prevention practices, and identifying barriers to reliable care processes.
- Collaboration among Infection Prevention, Nursing Quality, clinical leadership, and frontline teams strengthened data transparency, accountability, and timely implementation of corrective actions.
- A nursing-led **Peripheral IV Stewardship Workgroup** continued efforts to reduce unnecessary vascular access utilization and address hospital-onset bacteremia risks.

Looking Ahead

Following a successful FY26, FY27 has started on a positive trajectory. July concluded with 8 total HAIs, a 33% improvement from July 2025 and a 56% improvement from July 2024. CLABSI performance continues to show sustained gains, with 3 events in July, representing a 40% reduction from July 2025 and a 73% reduction from July 2024.

Although July finished just above the monthly average required to achieve the FY27 HAI target, overall performance remains significantly improved compared to previous years. Continued diligence in infection prevention practices, device stewardship, diagnostic stewardship, and MRSA reduction efforts will be necessary to sustain progress. Through continued interdisciplinary engagement, ACA reviews, and Infection Prevention rounding, the organization remains well-positioned to build on FY26 successes and further reduce preventable patient harm.

Quality, Experience, and Safety Report - August 2026



Hospital Acquired Pressure Injuries (HAPIs)

CMS programs such as the Hospital-Acquired Condition (HAC) Reduction Program, Value-Based Purchasing, and the Five-Star Quality Rating System continue to utilize the CMS PSI 90 composite measure. It is a composite score that combines the rates of ten different Patient Safety Indicators (PSIs), including PSI 3. This measures the rate of new Stage III, Stage IV, or unstageable pressure ulcers that develop during a patient's hospital stay. Additionally, it is the most heavily rates PSI-90 measure.

FY26 Performance (July–June 2026)

FY25 presented substantial challenges in reducing hospital-acquired pressure injuries (HAPIs), with increased pressure injury prevalence observed across inpatient care areas. Institution-wide HAPI occurrence increased approximately 60% compared to FY24, indicating the need for intensified prevention and early intervention strategies. Despite the elevated HAPI burden observed during FY25, subsequent year-over-year performance data demonstrate modest but meaningful improvement during FY26, with a reduction in overall pressure injury volume and fewer months with sustained high occurrence rates. Analysis of injury subtype distribution identifies deep tissue pressure injuries (DTPIs), particularly involving the sacrococcygeal and buttocks regions, as the predominant driver of overall pressure injury burden. Consequently, the greatest opportunity for continued improvement lies in strengthening prevention strategies targeting these high-risk anatomical locations. Moving forward, sustained emphasis on early identification of high-risk patients, prevention bundle reliability, proactive specialty consultation, pressure redistribution, offloading interventions, and interdisciplinary care coordination will be critical to reducing overall HAPI incidence and preventing progression to more severe injury stages. Continued surveillance of injury trends, coupled with focused review of advanced-

Quality, Experience, and Safety Report - August 2026

stage and unstageable injuries, will support ongoing quality improvement efforts and advancement toward institutional patient safety goals.

Key Highlights: FY26 Performance (July 2025 – June 2026)

Metric	FY25 Jul - Jun	FY26 Jul - Jun	% Change
Total HAPIs	88	87	-.01%
ICU/Progressive	53	51	-.04%
Med-Surg	18	19	.05%
Oncology	17	17	0%

Outstanding Unit Performance
Sustained reliability and prevention practices are being demonstrated across multiple areas:

- **6 units** went the **entire FY-26** without stage III and above pressure injury.
- **F7, F8, F9, H4, H6, and H8,** reduced stage III and above pressure injury from YoY.

Looking Ahead

FY26 target goal was ≤ 78 pressure injuries Stage 3 and above. UAMS Health Inpatient units were slightly off track and were attributed 87 house wide. However, compared to FY25 there was still slight improvement. FY27 targets were set at Stage 2+ prevalence of 9.5% HAPI per 10,000 patient days. (≤136 HAPIs). Stage 3+ prevalence of 4.5 HAPI per 10,000 patient days (≤66 HAPIs) respectively. Emphasize pressure injury prevention interventions during ACA reviews and continue to rectify system contributing factors. Continued dedication to these initiatives will be critical for maintaining progress, achieving additional reductions, and advancing toward the institutional goal. To accelerate progress in FY27 and achieve a sustained reduction in hospital-acquired pressure injuries (HAPIs), improvement efforts should focus on enhancing prevention bundle reliability, strengthening accountability, and leveraging real-time data to drive intervention.

1. Reduce Deep Tissue Pressure Injuries Through Targeted Sacral Prevention

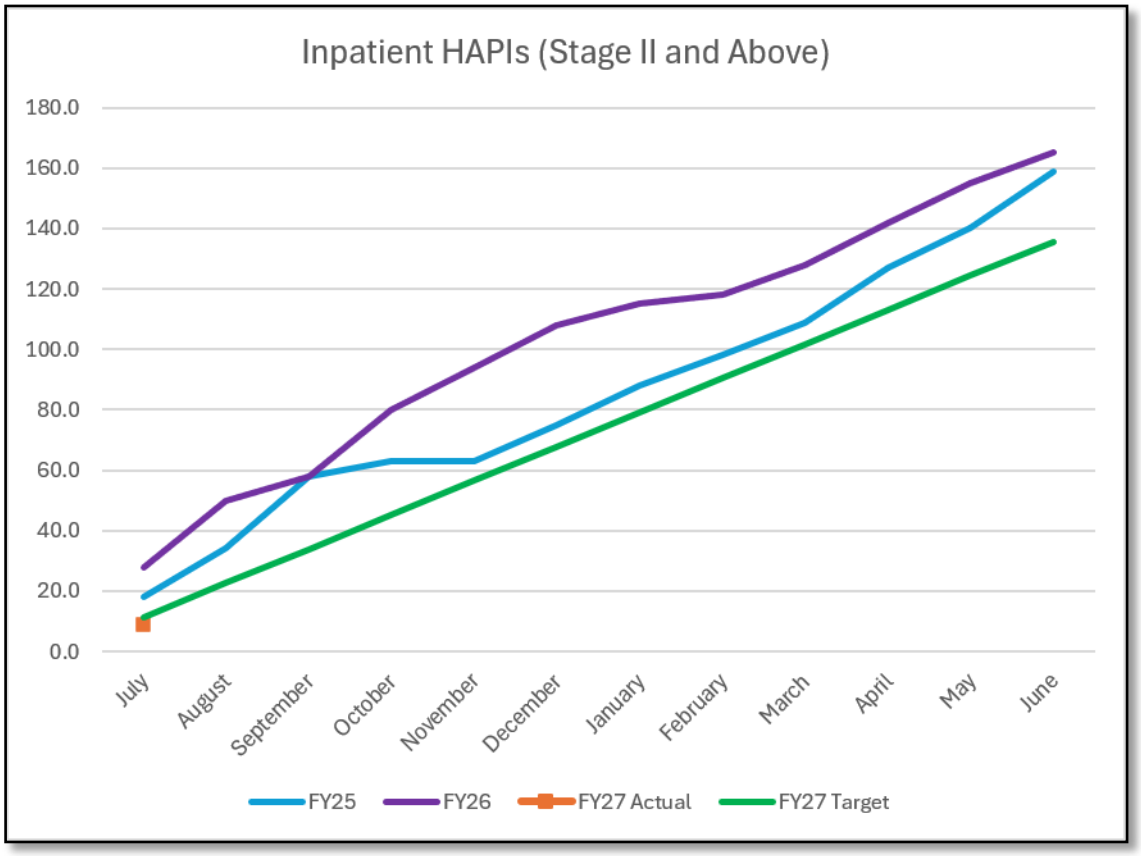
2. Improve Prevention Bundle Reliability

3. Strengthen Multidisciplinary Collaboration

4. Focus on High-Risk Units and Patient Populations Early

Quality, Experience, and Safety Report - August 2026

Building off FY26 second half performance, FY27 is off to a great start. New strategic pressure injury interventions are paying dividends as July 2026 has **21 less pressure injuries** compared to July 2025.



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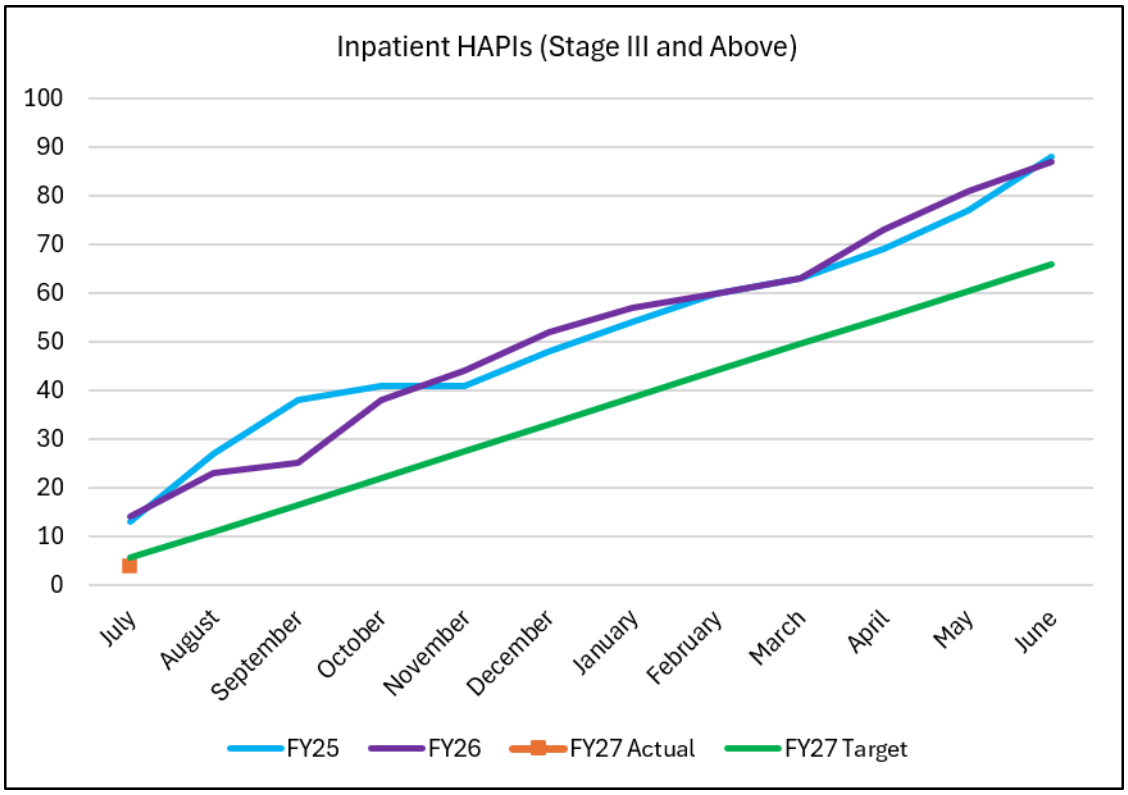


Patient Safety Indicators (PSI 90)

For FY26, our monthly average count of Patient Safety Indicators (PSI-90s) was 9.91, which was above our target of 7 cases. Eight months out of twelve exceeded the target, with November (19) and May (21) as significant outliers.

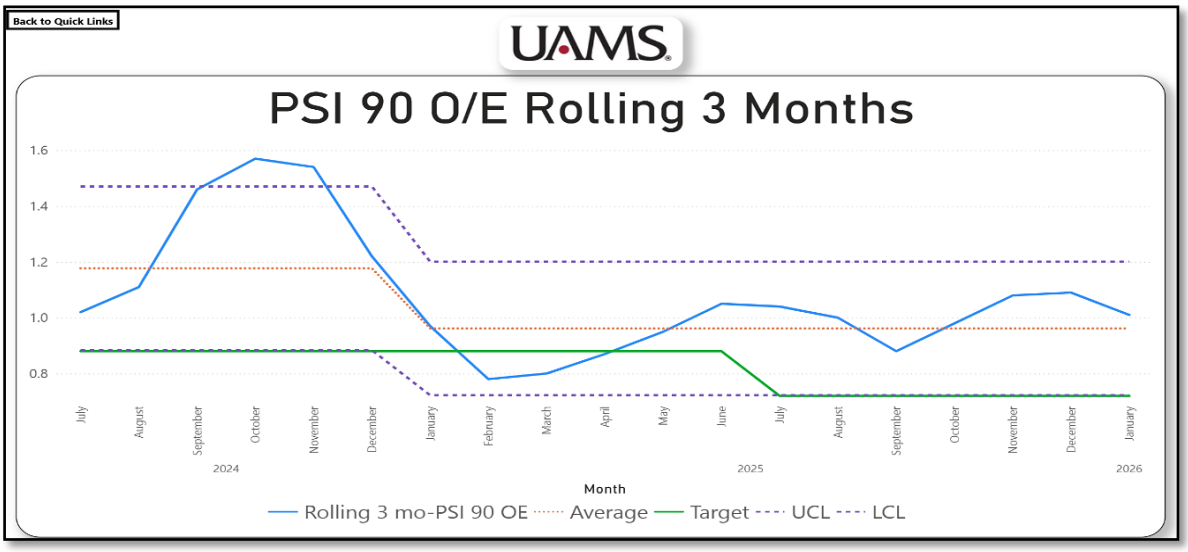
PSI 90 Rolling 3-month O/E target has moved further away to reach our goal of Top 5 in our regional cohort at. The current target is 0.72, while the FY26 performance was 0.98. For FY25 the target was 0.88, while the performance was 1.21.

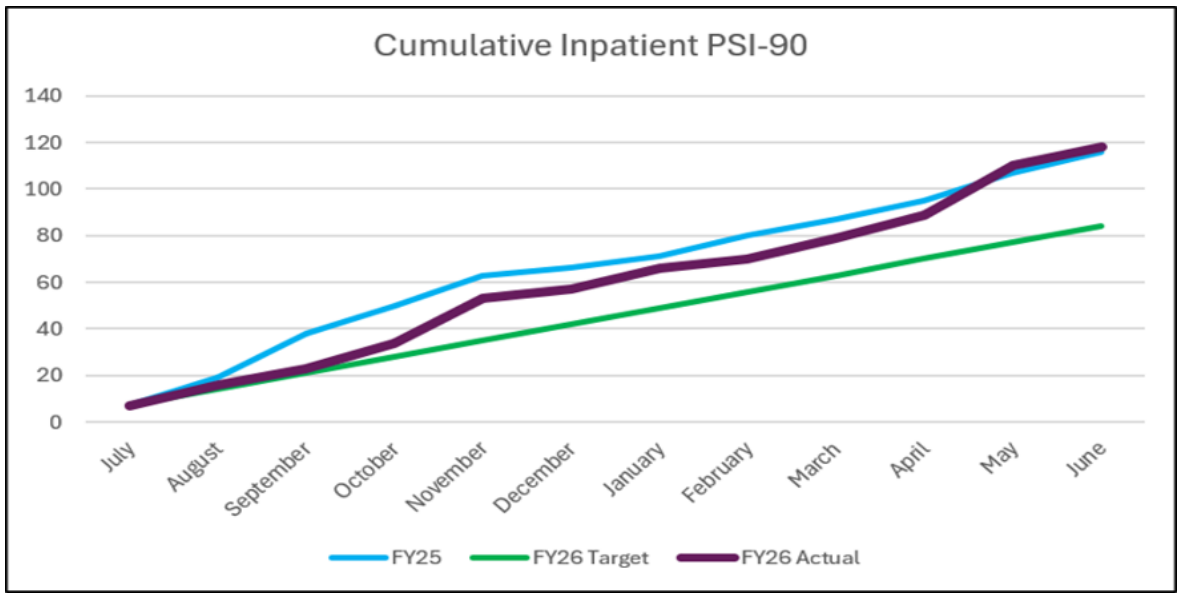
Although the goal has not been reached, there has been a decrease from FY 25 to FY26 in the most heavily weighted PSI categories which resulted in the improved O/E despite the increased incidence:

- PSI 3 Pressure Injury (Stage 3 and >): Decrease from 20 to 16
- PSI 11 Postoperative Respiratory Failure (elective admits only): Decrease from 21 to 18
- PSI 13 Postoperative Sepsis (elective admits only): Decrease from 28 to 19

Forty-eight PSIs were excluded in FY26 through pre-billing internal review with either query, chart correction, or coding update.

Quality, Experience, and Safety Report - August 2026





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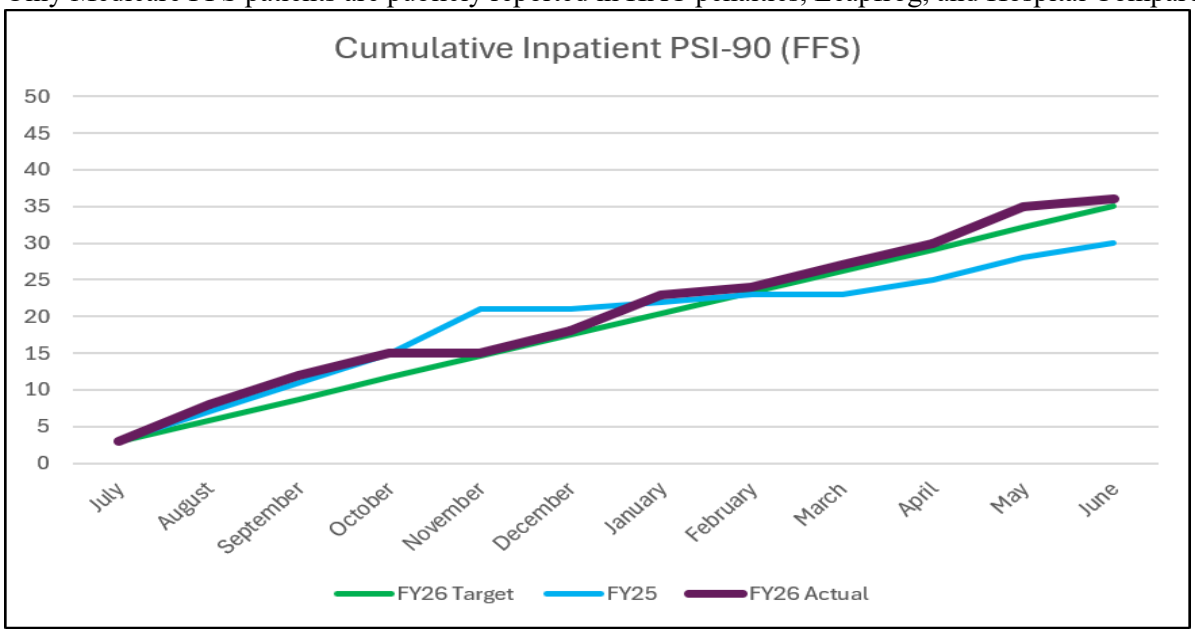
Only Medicare FFS patients are publicly reported in HAC penalties, Leapfrog, and Hospital Compare.



Inpatient Falls with Injury

FY26 Q1-Q4 Performance (July 2025– June 2026)

FY26 concluded with continued robust efforts toward reducing total falls and most importantly, falls with injury. Apparent Cause Analyses (ACA), Falls MGT, Fall Prevention Taskforce, and workgroups remain active and engaged. As we assess our progress towards the new institutional target related to falls with injury, the comparison of the previous quarters shows a reduction in falls that remained relatively the same in FY25 (116) vs FY26 (116)

UAMS entered FY27 with an institutional target of 90 falls with injury for the year. July falls with injury decreased from 16 in FY26 to 10 in FY27—a reduction of 6, or **37.5%.** While this reflects positive progress, the current trend of 10 falls with injury per month remains above the level needed to achieve the annual target. We anticipate that with the implementation of newly developed prevention initiatives we will realize a further reduction in falls with injuries and position UAMS to achieve the FY27 target.

Metric	Q1	Q2	Q3	Q4	Injury Total
Total Falls with Injury FY26	40	18	30	28	116
Total Falls with Injury FY25	37	26	28	25	116

Quality, Experience, and Safety Report - August 2026

Although the institutional target relates only to falls with injury, we will continue to review and monitor total falls to remain diligent in our efforts to reduce all falls and to ensure the hospital's fall rate remains within the Healthcare Research and Quality (AHRQ, PS Net) benchmark of 3 - 5 falls per 1,000 patient days. Currently, UAMS has a fall rate of **1.52** falls per 1,000 patient days, which is well below the national average of 3 - 5 falls.

Outstanding Unit Performance

- **Nursing units** continue unit-based fall-prevention initiatives, including maintaining staffing levels, maintaining supply of fall prevention and safety equipment in MedSurg Safety Closets, implementation of the Sara Stedy device for post-epidural mobility, and ensuring Posey chair-alarms are readily available.
- **Nursing Division** and Provider continued presence and participation in **Fall ACA Reviews, Fall Prevention Taskforce** and **Fall Prevention Workgroups**.

Process Improvements and Sustained Efforts

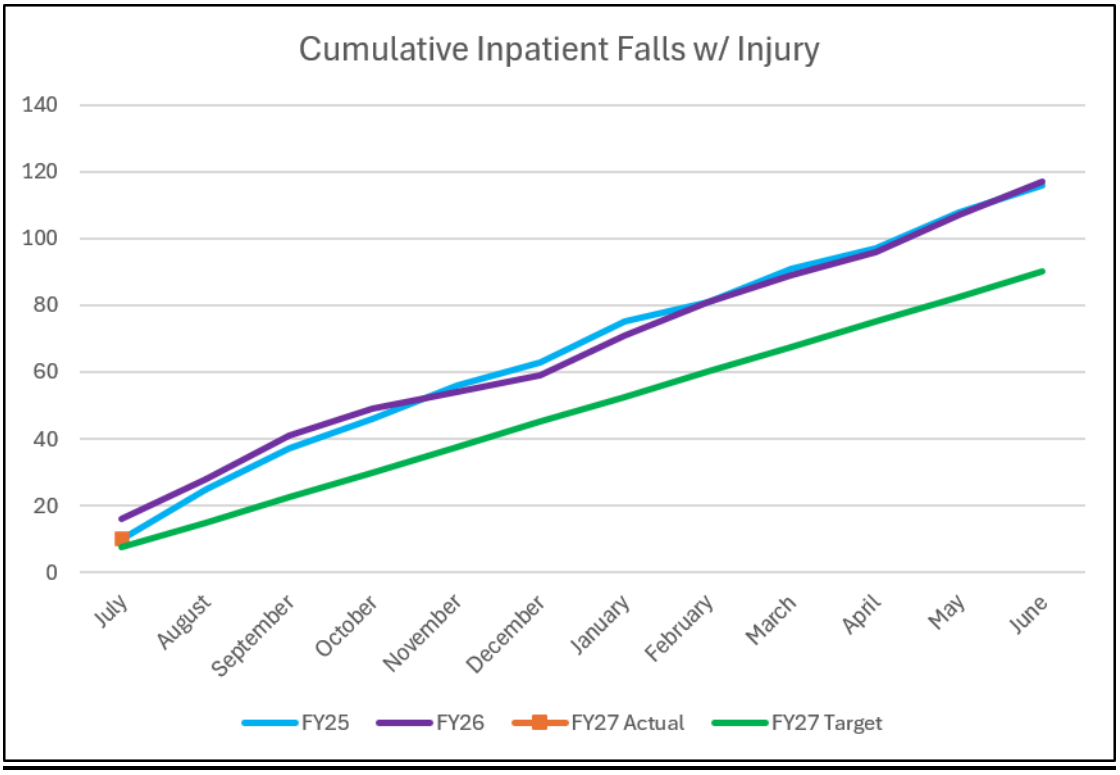
- **Staff Fall Education Interactive Module:** This will be a hands-on simulation designed for all patient-facing employees. The module will be offered in the SIM Center on the following schedule: (Estimated date: December 2026/January 2027)
  - During new employee orientation,
  - Annually, as part of ongoing education, and
  - Following a fall that results in a major injury, as part of targeted re-education.
  - SIM Center moving into the working phase, finalizing module stations
- **Patient Education Fall Prevention Video** (Estimated date October 2026)
  - Champions: Dr. Franklin Gray & Tammy Jones
  - The inpatient education video will be shown to all inpatients on their first day of admission, and patients will be re-educated as needed.
  - The ambulatory patient falls education video/PowerPoint is still in development.
- **Safe room set up** (currently piloting in oncology units)
- **Escalation process** for patients who refuse fall prevention measures. (complete)

Looking Ahead

We will continue ACA Fall Reviews, finalize implementation of improvement initiatives developed by the Fall Prevention Taskforce, and review and monitor total falls and falls with injury as a result of those efforts. These initiatives include advanced staff education, mobility training, and comprehensive patient education and engagement aimed at encouraging engagement.

We will measure the success of these initiatives by looking for evidence of a decrease in total falls and falls with injury. To ensure these initiatives are sustainable, they will be integrated into standardized workflows, supported through ongoing education, and monitored by appropriate committees.

Quality, Experience, and Safety Report - August 2026



Access

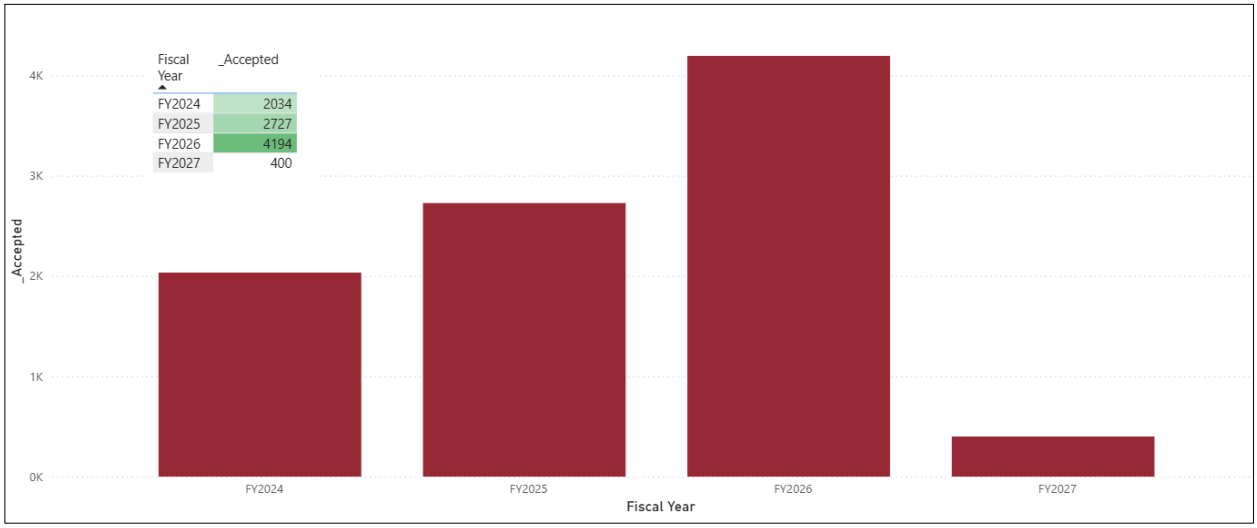
Clinical Command Center

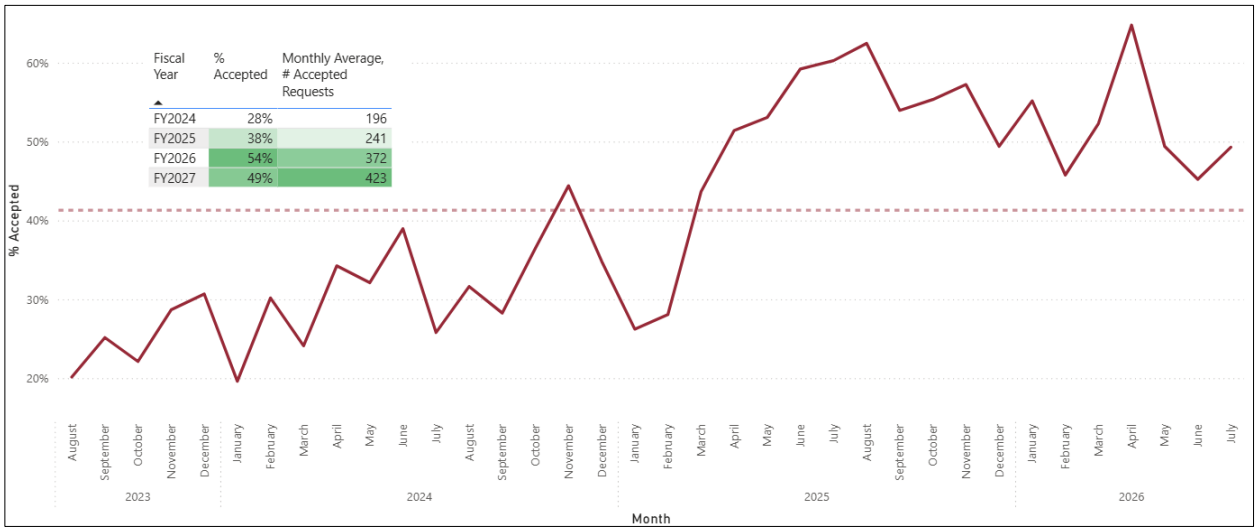
The Clinical Command Center was established in February 2023. The main goals were to decrease LOS and improve discharge times by expediting patient testing and needs as well as coordinating with inpatient nursing and provider teams.

From FY25 to FY26, the transfer acceptance rate increased from 38% to 54%. In addition, the Case Mix Index for this population is at 2.68.

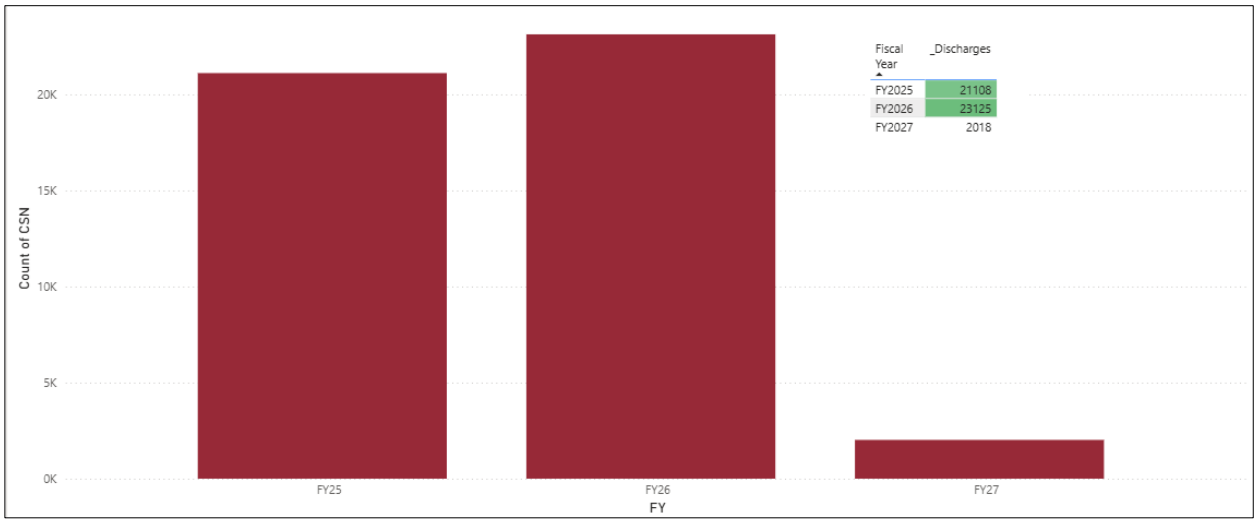
Continuing to improve month-over-month, for FY27TD (through July 2026), UAMS has a **49% acceptance rate** with a monthly average of 423 accepted transfers. In addition, the Case Mix Index for this population is at 2.75.

Quality, Experience, and Safety Report - August 2026





Quality, Experience, and Safety Report - August 2026



**Include Adult Med/Surg, Adult ICUs and A Units. Patient class of Inpatient and Observation included.*

Item 7: **Review of UAMS Clinical Enterprise Key Indicators (Information)**

Amanda George

7

REVIEW OF UAMS CLINICAL ENTERPRISE KEY INDICATORS (INFORMATION)

University of Arkansas for Medical Sciences
Summary Statement of Revenues, Expenses and Changes in Net Position
For the Period Ended August 31, 2026
All Funds Excluding Agency Funds
TOTAL ENTITY

Current Mth Act	Current Mth Bud	Variance $	Variance %	Same Mth Prior Yr	Variance $	Variance %		Current YTD Act	Current YTD Bud	Variance $	Variance %	Prior YTD	Variance $	Variance %
							Operating Revenues							
$ 6,354,971	$ 5,895,119	459,852	7.8%	$ 5,386,016	$ 968,955	18.0%	Student tuition and fees	$ 8,924,789	$ 8,517,898	$ 406,891	4.8%	$ 7,940,750	$ 984,039	12.4%
142,210,316	140,825,674	1,384,642	1.0%	129,416,849	12,793,467	9.9%	Net patient services	283,614,850	274,048,329	9,566,521	3.5%	251,990,979	31,623,870	12.5%
11,634,470	10,867,574	766,896	7.1%	10,645,791	988,679	9.3%	Federal grants and contracts	22,400,820	20,357,949	2,042,871	10.0%	21,542,738	858,083	4.0%
2,141,640	2,618,406	(476,766)	-18.2%	2,360,995	(219,356)	-9.3%	State grants and contracts	4,230,244	4,945,768	(715,524)	-14.5%	4,878,359	(648,115)	-13.3%
19,979,059	20,377,386	(398,327)	-2.0%	16,554,596	3,424,463	20.7%	Nongovernmental grants and contracts	38,586,074	41,521,299	(2,935,225)	-7.1%	37,268,384	1,317,691	3.5%
3,791,009	4,221,171	(430,162)	-10.2%	3,099,607	691,401	22.3%	Sales and services-educational depts	7,568,467	8,442,342	(873,875)	-10.4%	6,881,381	687,085	10.0%
							Auxiliary enterprises:						-	
879,695	913,421	(33,726)	-3.7%	898,758	(19,062)	-2.1%	Housing and food services	1,729,251	1,723,422	5,829	0.3%	1,715,009	14,242	0.8%
249,554	210,583	38,971	18.5%	343,615	(94,061)	-27.4%	Parking	466,016	420,643	45,373	10.8%	608,928	(142,912)	-23.5%
10,689	6,887	3,802	55.2%	8,658	2,031	23.5%	Other	13,960	13,774	186	1.4%	20,121	(6,161)	-30.6%
27,413,962	29,350,139	(1,936,177)	-6.6%	28,241,722	(827,759)	-2.9%	Other operating revenues	56,531,627	56,880,775	(349,148)	-0.6%	53,871,753	2,659,874	4.9%
214,665,365	**215,286,360**	**(620,995)**	**-0.3%**	**196,956,607**	**17,708,758**	**9.0%**	**Total Operating Revenues**	**424,066,098**	**416,872,199**	**7,193,899**	**1.7%**	**386,718,402**	**37,347,696**	**9.7%**
							Operating Expenses							
129,359,617	133,144,322	(3,784,705)	-2.8%	123,472,791	5,886,826	4.8%	Compensation and benefits	259,496,988	262,639,863	(3,142,875)	-1.2%	245,854,159	13,642,829	5.5%
80,719,397	79,994,167	725,230	0.9%	73,113,382	7,606,016	10.4%	Supplies and other services	157,734,189	155,305,470	2,428,719	1.6%	139,771,013	17,963,175	12.9%
-	(258)	258		-			Shared services	-	(258)	258		-		
3,585,291	2,160,233	1,425,058	66.0%	2,677,067	908,224	33.9%	Scholarship and fellowships	3,908,733	2,649,024	1,259,709	47.6%	2,862,640	1,046,092	36.5%
8,639,288	8,264,507	374,781	4.5%	8,101,823	537,465	6.6%	Depreciation and amortization	17,402,938	16,687,470	715,468	4.3%	16,380,610	1,022,328	6.2%
222,303,593	**223,562,971**	**(1,259,379)**	**-0.6%**	**207,365,062**	**14,938,531**	**7.2%**	**Total Operating Expenses**	**438,542,847**	**437,281,569**	**1,261,278**	**0.3%**	**404,868,423**	**33,674,424**	**8.3%**
(7,638,228)	**(8,276,611)**	**638,383**	**7.7%**	**(10,408,455)**	**2,770,227**	**26.6%**	**Operating Income (Loss)**	**(14,476,749)**	**(20,409,370)**	**5,932,621**	**29.1%**	**(18,150,021)**	**3,673,272**	**20.2%**
							Non-Capital Subsidies							
5,623,027	6,026,657	(403,630)	-6.7%	4,353,971	1,269,056	29.1%	State appropriations (net of match)	10,896,339	12,053,314	(1,156,976)	-9.6%	10,888,510	7,829	0.1%
3,271,649	2,461,109	810,540	32.9%	3,004,151	267,498	8.9%	Gifts	5,393,656	4,636,914	756,742	16.3%	5,731,923	(338,267)	-5.9%
8,894,676	**8,487,766**	**406,910**	**4.8%**	**7,358,122**	**1,536,554**	**20.9%**	**Total Non-Capital Subsidies**	**16,289,995**	**16,690,228**	**(400,233)**	**-2.4%**	**16,620,433**	**(330,438)**	**-2.0%**
							Transfers In (Out)							
-	-	-		-	-		Debt service	-	-	-		-	-	
-	-	-		-	-		Campus overhead	-	-	-		-	-	
-	-	-		-	-		Medicaid match	-	-	-		-	-	
-	-	-		-	-		Capital transfers	-	-	-		-	-	
-	-	-		-	-		Other transfers	-	-	-		-	-	
-	-	-		-	-		**Total transfers**	-	-	-		-	-	
1,256,448	**211,155**	**1,045,294**	**495.0%**	**(3,050,333)**	**4,306,782**	**-141.2%**	**Operating Income/Loss And Non-Capital**	**1,813,246**	**(3,719,142)**	**5,532,388**	**-148.8%**	**(1,529,588)**	**3,342,834**	**218.5%**
							Non-Operating Revenues (Expenses)							
1,051,185	-	1,051,185	#DIV/0!	1,907,125	(855,939)		Capital gifts and grants	1,263,868	1,333,333	(69,465)	-5.2%	1,907,125	(643,257)	
		-			-	#DIV/0!	Capital appropriation and grants			-			-	#DIV/0!
		-			-	#DIV/0!	ARHealth Ventures, Inc.			-			-	#DIV/0!
(1,854,519)	(1,830,876)	(23,643)	-1.3%	(1,866,974)	12,455	-0.7%	Interest on capital	(3,728,276)	(3,661,753)	(66,524)	-1.8%	(3,723,362)	(4,914)	0.1%
113	10,410	(10,297)	-98.9%	27,662	(27,549)		Gain (Loss) on disposal of capital assets	(55,945)	20,820	(76,765)	-368.7%	(386)	(55,558)	
3,006	16,701	(13,695)	-82.0%	193,651	(190,645)		Interagency Transfers/Other Transfers	3,006	33,402	(30,396)	-91.0%	166,924	(163,919)	-98.2%
361,362	**(728,639)**	**1,090,001**	**149.6%**	**1,417,894**	**(1,056,532)**	**-74.5%**	**Total Non-Operating Revenues (Expenses)**	**(386,905)**	**(33,708)**	**(353,198)**	**1047.8%**	**(301,364)**	**(85,542)**	**28.4%**
$ 1,617,810	**$ (517,485)**	**$ 2,135,295**	**-412.6%**	**$ (1,632,440)**	**$ 3,250,250**	**-199.1%**	**Increase (Decrease) In Net Position**	**$ 1,426,340**	**$ (3,752,850)**	**$ 5,179,190**	**138.0%**	**$ (1,830,952)**	**$ 3,257,292**	**177.9%**

University of Arkansas for Medical Sciences

Summary Statement of Revenues, Expenses and Changes in Net Position

For the Period Ended August 31, 2026

All Funds Excluding Agency Funds

UAMS HEALTH

Current Mth Act	Current Mth Bud	Variance $	Variance %	Same Mth Prior Yr	Variance $	Variance %		Current YTD Act	Current YTD Bud	Variance $	Variance %	Prior YTD	Variance $	Variance %
							Operating Revenues							
$ -	$ -	-		$ -	-		Student tuition and fees	$ -	-	-		-	-	
128,882,111	130,617,639	(1,735,528)	-1.3%	117,341,651	11,540,460	9.8%	Net patient services	259,427,115	253,632,256	5,794,859	2.3%	229,724,472	29,702,643	12.9%
582,201	475,074	107,127	22.5%	370,192	212,009	57.3%	Federal grants and contracts	1,308,655	950,148	358,507	37.7%	674,112	634,543	94.1%
258,997	274,403	(15,406)	-5.6%	475,276	(216,280)	-45.5%	State grants and contracts	431,601	548,806	(117,205)	-21.4%	778,041	(346,441)	-44.5%
222,420	176,129	46,291	26.3%	162,873	59,547	36.6%	Nongovernmental grants and contracts	363,865	352,258	11,607	3.3%	212,074	151,791	71.6%
645,820	884,287	(238,467)	-27.0%	1,006,948	(361,127)	-35.9%	Sales and services-educational depts	1,165,824	1,768,574	(602,750)	-34.1%	2,025,397	(859,573)	-42.4%
							Auxiliary enterprises:							
							Housing and food services			-			-	
		-			-		Parking			-			-	
3,051	4,304	(1,253)	-29.1%	6,236	(3,185)	-51.1%	Other	6,147	8,608	(2,461)	-28.6%	12,012	(5,865)	-48.8%
26,613,500	28,915,120	(2,301,620)	-8.0%	27,452,973	(839,473)	-3.1%	Other operating revenues	54,940,777	55,919,532	(978,755)	-1.8%	52,517,540	2,423,237	4.6%
157,208,100	**161,346,956**	**(4,138,856)**	**-2.6%**	**146,816,149**	**10,391,952**	**7.1%**	**Total Operating Revenues**	**317,643,984**	**313,180,182**	**4,463,802**	**1.4%**	**285,943,649**	**31,700,335**	**11.1%**
							Operating Expenses							
67,087,021	70,538,498	(3,451,477)	-4.9%	65,927,533	1,159,488	1.8%	Compensation and benefits	135,822,364	136,341,518	(519,154)	-0.4%	129,810,244	6,012,120	4.6%
66,395,519	64,718,002	1,677,517	2.6%	60,992,166	5,403,353	8.9%	Supplies and other services	130,197,355	125,759,949	4,437,406	3.5%	115,927,257	14,270,098	12.3%
15,054,224	15,054,226	(2)	0.0%	13,204,690	1,849,533		Shared services	30,108,448	30,108,469	(21)	0.0%	26,409,381	3,699,067	14.0%
10,000	9,583	417		34,988	(24,988)		Scholarship and fellowships	105,000	19,166	85,834		34,988	70,012	200.1%
2,261,243	2,371,645	(110,402)	-4.7%	2,020,811	240,431	11.9%	Depreciation and amortization	4,472,283	4,743,431	(271,148)	-5.7%	4,128,670	343,613	8.3%
150,808,006	**152,691,954**	**(1,883,948)**	**-1.2%**	**142,180,189**	**8,627,817**	**6.1%**	**Total Operating Expenses**	**300,705,449**	**296,972,533**	**3,732,916**	**1.3%**	**276,310,540**	**24,394,909**	**8.8%**
6,400,094	**8,655,002**	**(2,254,908)**	**-26.1%**	**4,635,960**	**1,764,135**	**38.1%**	**Operating Income (Loss)**	**16,938,535**	**16,207,649**	**730,886**	**4.5%**	**9,633,109**	**7,305,426**	**75.8%**
							Non-Capital Subsidies							
1,287,336	1,287,338	(2)	0.0%	1,287,336	(0)	0.0%	State appropriations (net of match)	2,574,672	2,574,676	(4)	0.0%	2,574,672	(0)	0.0%
76,083	37,664	38,419	102.0%	42,823	33,261	77.7%	Gifts	152,203	75,328	76,875	102.1%	223,293	(71,090)	-31.8%
1,363,419	**1,325,002**	**38,417**	**2.9%**	**1,330,158**	**33,261**	**2.5%**	**Total Non-Capital Subsidies**	**2,726,874**	**2,650,004**	**76,870**	**2.9%**	**2,797,964**	**(71,090)**	**-2.5%**
							Transfers In (Out)							
(2,065,798)	(2,065,045)	(753)	0.0%	(2,097,057)	31,259	1.5%	Debt service	(4,131,596)	(4,130,090)	(1,506)	0.0%	(4,194,114)	62,518	1.5%
		-			-		Campus overhead			-			-	
(4,016,293)	(4,619,073)	602,780	13.0%	(2,806,119)	(1,210,174)	-43.1%	Medicaid match	(8,322,407)	(9,238,146)	915,739	9.9%	(5,321,658)	(3,000,749)	-56.4%
-	-	-		-	-	0.0%	Capital transfers	(8,652)	-	(8,652)		-	(8,652)	
(16)	229,775	(229,791)	-100.0%	286,497	(286,514)	-100.0%	Other transfers	(16)	459,550	(459,566)	100.0%	577,778	(577,794)	-100.0%
(6,082,108)	**(6,454,343)**	**372,235**	**5.8%**	**(4,616,679)**	**(1,465,429)**	**-31.7%**	**Total transfers**	**(12,462,672)**	**(12,908,686)**	**446,014**	**3.5%**	**(8,937,995)**	**(3,524,677)**	**-39.4%**
1,681,406	**3,525,661**	**(1,844,255)**	**-52.3%**	**1,349,439**	**331,967**	**24.6%**	**Operating Income/Loss And Non-Capital Subsidies**	**7,202,738**	**5,948,967**	**1,253,771**	**21.1%**	**3,493,079**	**3,709,659**	**106.2%**
							Non-Operating Revenues (Expenses)							
-		-		-	-		Capital gifts and grants	-		-		-	-	
		-	#DIV/0!		-	#DIV/0!	Capital appropriation and grants			-	#DIV/0!		-	#DIV/0!
		-			-					-			-	
(325,314)	(363,972)	38,658	10.6%	(297,334)	(27,981)	-9.4%	Interest on capital	(664,033)	(727,952)	63,919	8.8%	(609,262)	(54,771)	-9.0%
-	-	-		-	-		Gain (loss) on disposal of capital assets	-	-	-		-	-	#DIV/0!
3,006	-	3,006		-	3,006		Interagency Transfers	3,006	-	3,006		-	3,006	#DIV/0!
(322,306)	**(363,958)**	**41,652**		**(297,306)**	**(25,000)**		**Total Non-Operating Revenues (Expenses)**	**(661,024)**	**(727,924)**	**66,900**		**(609,234)**	**(51,790)**	**8.5%**
$ 1,359,100	**$ 3,161,703**	**$ (1,802,603)**	**-57.0%**	**$ 1,052,133**	**$ 306,967**	**29.2%**	**Increase (Decrease) In Net Position**	**$ 6,541,713**	**$ 5,221,043**	**$ 1,320,670**	**25.3%**	**$ 2,883,845**	**$ 3,657,869**	**126.8%**

University of Arkansas for Medical Sciences
Summary Statement of Revenues, Expenses and Changes in Net Position
For the Period Ended August 31, 2026
All Funds Excluding Agency Funds
ALL DIVISIONS EXCEPT UAMS HEALTH

Current Mth Act	Current Mth Bud	Variance $	Variance %	Same Mth Prior Yr	Variance $	Variance %		Current YTD Act	Current YTD Bud	Variance $	Variance %	Prior YTD	Variance $	Variance %
							Operating Revenues							
$ 6,354,971	$ 5,895,119	$ 459,852	7.8%	$ 5,386,016	$ 968,955	18.0%	Student tuition and fees	$ 8,924,789	$ 8,517,898	$ 406,891	4.8%	$ 7,940,750	984,039	12.4%
13,328,205	10,208,035	3,120,170	30.6%	12,075,198	1,253,007	10.4%	Net patient services	$ 24,187,735	20,416,073	3,771,662	18.5%	22,266,507	1,921,227	8.6%
11,052,269	10,392,500	659,769	6.3%	10,275,599	776,670	7.6%	Federal grants and contracts	21,092,166	19,407,801	1,684,365	8.7%	20,868,626	223,540	1.1%
1,882,643	2,344,003	(461,360)	-19.7%	1,885,719	(3,076)	-0.2%	State grants and contracts	3,798,643	4,396,962	(598,319)	-13.6%	4,100,318	(301,675)	-7.4%
19,756,639	20,201,257	(444,618)	-2.2%	16,391,722	3,364,916	20.5%	Nongovernmental grants and contracts	38,222,209	41,169,041	(2,946,832)	-7.2%	37,056,309	1,165,900	3.1%
3,145,188	3,336,884	(191,696)	-5.7%	2,092,660	1,052,529	50.3%	Sales and services-educational depts	6,402,643	6,673,768	(271,125)	-4.1%	4,855,985	1,546,658	31.9%
-	-	-		-	-		Auxiliary enterprises:	-	-	-		-	-	
879,695	913,421	(33,726)	-3.7%	898,758	(19,062)	-2.1%	Housing and food services	1,729,251	1,723,422	5,829	0.3%	1,715,009	14,242	0.8%
249,554	210,583	38,971	18.5%	343,615	(94,061)	-27.4%	Parking	466,016	420,643	45,373	10.8%	608,928	(142,912)	-23.5%
7,638	2,583	5,055	195.7%	2,422	5,216		Other	7,813	5,166	2,647	51%	8,109	(296)	
800,462	435,019	365,443	84.0%	788,749	11,713	1.5%	Other operating revenues	1,590,849	961,243	629,606	65.5%	1,354,212	236,637	17.5%
57,457,264	**53,939,404**	**3,517,860**	**6.5%**	**50,140,458**	**7,316,806**	**14.6%**	**Total Operating Revenues**	**106,422,114**	**103,692,017**	**2,730,097**	**2.6%**	**100,774,753**	**5,647,361**	**5.6%**
							Operating Expenses							
62,272,596	62,605,824	(333,228)	-0.5%	57,545,257	4,727,339	8.2%	Compensation and benefits	123,674,624	126,298,345	(2,623,721)	-2.1%	116,043,915	7,630,709	6.6%
14,323,879	15,276,165	(952,287)	-6.2%	12,121,216	2,202,663	18.2%	Supplies and other services	27,536,834	29,545,521	(2,008,687)	-6.8%	23,843,756	3,693,078	15.5%
(15,054,224)	(15,054,484)	260	0.0%	(13,204,690)	(1,849,533)	14.0%	Shared services	(30,108,448)	(30,108,727)	279	0.0%	(26,409,381)	(3,699,067)	14.0%
3,575,291	2,150,650	1,424,641	66.2%	2,642,079	933,212	35.3%	Scholarship and fellowships	3,803,733	2,629,858	1,173,875	44.6%	2,827,652	976,080	34.5%
6,378,045	5,892,862	485,183	8.2%	6,081,011	297,034	4.9%	Depreciation and amortization	12,930,655	11,944,039	986,616	8.3%	12,251,940	678,715	5.5%
71,495,587	**70,871,017**	**624,569**	**0.9%**	**65,184,873**	**6,310,713**	**9.7%**	**Total Operating Expenses**	**137,837,398**	**140,309,036**	**(2,471,638)**	**-1.8%**	**128,557,883**	**9,279,515**	**7.2%**
(14,038,322)	**(16,931,613)**	**2,893,291**	**17.1%**	**(15,044,415)**	**1,006,093**	**6.7%**	**Operating Income (Loss)**	**(31,415,284)**	**(36,617,019)**	**5,201,735**	**14.2%**	**(27,783,130)**	**(3,632,154)**	**-13.1%**
							Non-Capital Subsidies							
4,335,691	4,739,319	(403,628)	-8.5%	3,066,635	1,269,056	41.4%	State appropriations (net of match)	8,321,667	9,478,638	(1,156,971)	-12.2%	8,313,838	7,829	0.1%
3,195,566	2,423,445	772,121	31.9%	2,961,329	234,237	7.9%	Gifts	5,241,453	4,561,586	679,867	14.9%	5,508,630	(267,177)	-4.9%
7,531,257	**7,162,764**	**368,493**	**5.1%**	**6,027,964**	**1,503,293**	**24.9%**	**Total Non-Capital Subsidies**	**13,563,120**	**14,040,224**	**(477,104)**	**-3.4%**	**13,822,468**	**(259,348)**	**-1.9%**
							Transfers In (Out)							
2,065,798	2,065,045	753	0.0%	2,097,057	(31,259)	-1.5%	Debt service	4,131,596	4,130,090	1,506	0.0%	4,194,114	(62,518)	-1.5%
-	-	-		-	-		Campus overhead	-	-	-		-	-	
4,016,293	4,619,073	(602,780)	-13.0%	2,806,119	1,210,174	43.1%	Medicaid match	8,322,407	9,238,146	(915,739)	-9.9%	5,321,658	3,000,749	56.4%
-	-	-	0.0%	-	-	0.0%	Capital transfers	8,652	-	8,652		-	8,652	#DIV/0!
16	(229,775)	229,791	100.0%	(286,497)	286,514	100.0%	Other transfers	16	(459,550)	459,566	100.0%	(577,778)	577,794	100.0%
6,082,108	**6,454,343**	**(372,235)**	**-5.8%**	**4,616,679**	**1,465,429**	**31.7%**	**Total transfers**	**12,462,672**	**12,908,686**	**(446,014)**	**-3.5%**	**8,937,995**	**3,524,677**	**39.4%**
(424,958)	**(3,314,506)**	**2,889,549**	**87.2%**	**(4,399,773)**	**3,974,815**	**90.3%**	**Operating Income/Loss And Non-Capital Subsidies**	**(5,389,492)**	**(9,668,109)**	**4,278,617**	**44.3%**	**(5,022,667)**	**(366,825)**	**-7.3%**
							Non-Operating Revenues (Expenses)							
1,051,185	-	1,051,185		1,907,125	(855,939)		Capital gifts and grants	1,263,868	1,333,333	(69,465)		1,907,125	(643,257)	
-	-	-		-	-		Capital appropriation and grants	-	-	-		-	-	#DIV/0!
-	-	-		-	-		ARHealth Ventures, Inc.	-	-	-		-	-	#DIV/0!
-	1	(1)		-	-		CARES Act	-	1	(1)		-	-	
1,161,574	1,075,111	86,463	8.0%	1,156,403	5,171	0.4%	Investment income	2,130,440	2,240,461	(110,021)	-4.9%	1,348,308	782,132	58.0%
(1,529,205)	(1,466,904)	(62,301)	4.2%	(1,569,641)	40,436	-2.6%	Interest on capital	(3,064,244)	(2,933,801)	(130,443)	4.4%	(3,114,100)	49,857	-1.6%
113	10,410	(10,297)		27,662	(27,549)		Loss on disposal of capital assets	(55,945)	20,820	(76,765)		(386)	(55,558)	14385.9%
-	16,701	(16,701)		193,651	(193,651)		Interagency Transfers	-	33,402	(33,402)		166,924	(166,924)	
683,667	**(364,681)**	**1,048,349**	**287.5%**	**1,715,200**	**(1,031,533)**	**-60.1%**	**Total Non-Operating Revenues (Expenses)**	**274,119**	**694,216**	**(420,097)**	**-60.5%**	**307,871**	**(33,752)**	**-11.0%**
$ 258,709	**$ (3,679,188)**	**$ 3,937,897**	**-107.0%**	**$ (2,684,573)**	**$ 2,943,282**	**-109.6%**	**Increase (Decrease) In Net Position**	**$ (5,115,373)**	**$ (8,973,893)**	**$ 3,858,520**	**43.0%**	**$ (4,714,797)**	**$ (400,576)**	**-8.5%**

UAMS HEALTH
Financial Ratios
For Two Months Ended
31-Aug-26

Current Mth Act	Current Mth Bud	Variance %	Same Mth Prior Yr	Variance %		Current YTD Act	Current YTD Bud	Variance %	Prior YTD	Variance %
2,167	2,134	1.5%	2,055	5.5%	Adult Discharges	4,315	4,127	4.6%	4,094	5.4%
291	304	-4.3%	303	-4.0%	Newborn Discharges	599	588	1.9%	611	-2.0%
2,458	2,438	0.8%	2,358	4.2%	Total Inpatient Discharges	4,914	4,715	4.2%	4,705	4.4%
11,804	11,998	-1.6%	11,332	4.2%	Adult Patient Days	23,496	23,204	1.3%	22,924	2.5%
2,363	2,138	10.5%	2,314	2.1%	Newborn Patient Days	4,797	4,135	16.0%	4,684	2.4%
14,167	14,136	0.2%	13,646	3.8%	Total Inpatient Days	28,293	27,339	3.5%	27,608	2.5%
5.45	5.62	-3.0%	5.51	-1.1%	Adult ALOS	5.45	5.62	-3.0%	5.49	-0.7%
381	387	-1.6%	366	4.1%	Adult ADC	379	387	-2.1%	375	1.1%
1,348	1,198	12.5%	1,189	13.4%	Observation Cases	2,713	2,317	17.1%	2,534	7.1%
38,137	38,652	-1.3%	40,369	-5.5%	Observation Hours	78,806	74,751	5.4%	82,036	-3.9%
51	52	-1.9%	54	-5.6%	Observation Equivalent ADC	53	52	2.0%	51	3.7%
432	439	-1.6%	420	2.9%	Total Adult Equivalent ADC	432	439	-1.7%	426	1.3%
55,906	58,468	-4.4%	55,443	0.8%	Clinic Visits	111,146	113,075	-1.7%	113,079	-1.7%
5,683	5,325	6.7%	5,197	9.4%	ED Visits	11,477	10,298	11.4%	10,652	7.7%
946	893	5.9%	919	2.9%	Surgical Cases-IP	1,978	1,727	14.5%	1,857	6.5%
1,396	1,557	-10.3%	1,253	11.4%	Surgical Cases-OP	2,814	3,011	-6.5%	2,537	10.9%
2,342	2,450	-4.4%	2,172	7.8%	Surgical Cases-Total	4,792	4,738	1.1%	4,394	9.1%
185,080	-		191,099	-3.1%	OR Minutes	386,290	-		385,777	0.1%
-	-		4,695	-100.0%	FTEs	4,882	-		4,733	3.1%
316,373	323,659	-2.3%	287,573	10.0%	RVWs	638,856	625,944	2.1%	588,316	8.6%
2.534	2.411	5.1%	2.311	9.6%	CMI	2.459	2.411	2.0%	2.411	2.0%

UAMS Medical Center

Integrated Clinical Enterprise

Supplemental Schedule #1

FY2026 - Key Indicators By Month

ACTUAL	July	August	September	October	November	December	January	February	March	April	May	June	YTD
Adult +PRI Discharges	2,148	2,167											4,315
Newborn Discharges	308	291											599
Total Inpatient Discharges	2,456	2,458											4,914
Adult +PRI Patient Days	11,692	11,804											23,496
Newborn Patient Days	2,434	2,363											4,797
Total Patient Days	14,126	14,167											28,293
Adult ALOS	5.44	5.45											5.45
Adult ADC	377	381											379
Observation Cases	1,365	1,348											2,713
Observation Hours	40,669	38,137											78,806
Observation Equivalent ADC	55	51											53
Total Adult Equivalent ADC	432	432											432
Clinic Vts Inc Infus + Regional Vsts	55,240	55,906											111,146
ED Visits	5,794	5,683											11,477
Surgical Cases-IP	1,032	946											1,978
Surgical Cases-OP	1,418	1,396											2,814
Surgical Cases-Total	2,450	2,342											4,792
OR Minutes - Hospital	201,210	185,080											386,290
FTEs													4,882
RVWs	322,483	316,373											638,856
CMI less PRI	2.459	2.534											2.459

UAMS Medical Center

Item 8: Chief Executive Officer's Update (Information)

Michelle Krause, MD

CHIEF EXECUTIVE OFFICER'S UPDATE (INFORMATION)

8

UNIVERSITY OF ARKANSAS SYSTEM

Office of the President

September 10, 2026

TO MEMBERS OF THE BOARD OF TRUSTEES

Dear Trustees:

I request that you consider approval of a resolution expressing strong support for the Protect College Sports Act and respectfully urge its passage by Congress.

Across the UA System, our athletics programs are substantial and diverse, providing invaluable experiences for our students, campus communities, alumni, and fans across the state. Unfortunately, these opportunities currently face significant legal and regulatory uncertainty. While recent changes have created new opportunities for student-athletes, the absence of a consistent national framework has resulted in a patchwork of rules that places students, institutions, and athletic programs in an increasingly difficult position. A national standard is needed to provide clarity, competitive fairness, and long-term stability.

The Protect College Sports Act offers that framework. It protects student-athletes, strengthens accountability and transparency, preserves meaningful opportunities to benefit from name, image, and likeness activities, and establishes a more predictable environment for colleges and universities. Just as importantly, it helps safeguard the future of women's sports, Olympic sports, and the broad-based participation opportunities that are central to the collegiate model.

The UA System is committed to providing student-athletes with opportunities to excel academically, athletically, and personally. The ability to continue making those investments depends upon a stable national framework that allows institutions to compete on a level playing field and focus on supporting student-athlete success.

A proposed resolution is attached for your consideration. I recommend approval.

Sincerely,

Jay B. Silveria
President
Charles E. Scharlau Presidential Leadership Chair

Attachment

RESOLUTION

WHEREAS, intercollegiate athletics is experiencing significant legal and regulatory uncertainty affecting student-athletes, institutions of higher education, and athletic conferences; and

WHEREAS, the Protect College Sports Act is under consideration in the United States Congress to establish a national framework providing student-athlete protections and promoting the long-term stability of college sports; and

WHEREAS, the Board of Trustees of the University of Arkansas recognizes the importance of preserving a stable and sustainable model for intercollegiate athletics; and

WHEREAS, the Board acknowledges that the future of college athletics depends on preserving women's sports, Olympic sports, and broad-based participation opportunities for student-athletes;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board supports the Protect College Sports Act and respectfully urges Congress to enact it.

BE IT FURTHER RESOLVED THAT the Board authorizes the President to share this resolution with the Arkansas Congressional Delegation and other appropriate federal policymakers.

AGENDA FOR THE **ACADEMIC AND STUDENT AFFAIRS** COMMITTEE
UNIVERSITY OF ARKANSAS BOARD OF TRUSTEES
UNIVERSITY OF ARKANSAS, FAYETTEVILLE
DON TYSON CENTER FOR AGRICULTURAL SCIENCES, WALDRIP HALL
FAYETTEVILLE, ARKANSAS
8:30 A.M., SEPTEMBER 18, 2026

1. Consideration of Request for Approval to Add a New Program, the Master of Science in Pavement Technology, UAF (Action)

2. Consideration of Request for Approval to Add a New Administrative Unit, the Center for AI and Business Decision Making, UAF (Action)

3. Consideration of Request for Approval to Add a New Program, the AAS in Respiratory Therapy, UAFS (Action)

4. Consideration of Request for Approval Add a New Program, the Master of Science and the Graduate Certificate in Strength and Conditioning, UAM (Action)

5. Presentation of the Annual Report of New Articulation Agreements, All Campuses (Information)

6. Academic Unanimous Consent Agenda, All Campuses (Action)

September 10, 2026

TO MEMBERS OF THE ACADEMIC AND
STUDENT AFFAIRS COMMITTEE:
Dr. Ed Fryar, Chair
Mr. Steve Cox
Mr. Judd Deere
Mr. Jeremy Wilson
Mr. Randy Lawson, Ex-Officio

Dear Committee Members:

Chancellor Charles Robinson at the University of Arkansas, Fayetteville, requests approval of a proposal to add a new Master of Science in Pavement Technology in the Department of Civil Engineering within the College of Engineering, effective Spring 2027. This program will be offered 100% online.

The proposed Master of Science in Pavement Technology (PAVEMS) is a 30-credit-hour, fully online graduate program designed to provide advanced education in pavement engineering and technology to working professionals in Arkansas and across the nation. Housed in the Department of Civil Engineering, the program will offer both a non-thesis option (30 hours of coursework) and a thesis option (24 hours of coursework and 6 hours of thesis research). Courses will be delivered in an 8-week format, allowing students to be able to complete five courses per year and graduate within approximately two years.

The program is designed to provide students with a comprehensive understanding of the entire pavement life cycle, including pavement materials, structural design, construction and production practices, maintenance strategies, and rehabilitation techniques. By offering flexible online delivery, the program expands access to specialized graduate education for professionals who may not otherwise have the opportunity to pursue advanced study while working full-time.

The proposal has received the necessary campus approvals. I concur with Dr. Robinson's recommendation. A proposed resolution follows for your consideration.

> BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board hereby approves adding the Master of Science in Pavement Technology in the Department of Civil Engineering within the College of Engineering at the University of Arkansas, Fayetteville, effective Spring 2027.
>
> BE IT FURTHER RESOLVED THAT if enrollment and budget goals have not been met upon evaluation of the program after five years the program will be discontinued.

BE IT FURTHER RESOLVED THAT the President is hereby authorized to submit this proposal to the Arkansas Division of Higher Education for appropriate action.

Sincerely,

Jay B. Silveria
President
Charles E. Scharlau Presidential Leadership Chair

Attachments

Master of Science in Pavement Technology (PAVEMS)

1. Expected cost to students to earn the credential

    - Total estimated cost of tuition and fees for the 30-credit hour program is $19,700.

2. Expected starting salary

    - Based on data from the Arkansas Division of Higher Education (ADHE) for Engineering Managers at the 25th percentile of earnings, the beginning salary for graduates of the Master of Pavement Technology program is $134,409. ADHE data for beginning salaries of Civil Engineers without completion of the degree is $78,145.

    - The median wage for Engineering Managers who graduate with a Master of Pavement Technology is expected to be $167,481.

3. Expected salary after 5 years

    - Salaries (from ADHE numbers) after five years based on 3% annual salary increase are expected to be $155,817.

New Degree Program Proposal Form

A New Program Proposal can be submitted once a Letter of Intent has been approved by the Arkansas Higher Education Coordinating Board. Program Proposals must be received by ADHE by the established deadlines. After ADHE reviews a submitted proposal, a member of ADHE Executive Staff will present a recommendation for approval at the next AHECB meeting. An institution's Provost/Chief Academic Officer, or their representative, is required to be in attendance to answer questions and/or present information.

When completing this form, please use font color black. Make all attempts to preserve document formatting. If you choose to create a separate document, please use the same outline structure as below.

1. INSTITUTION NAME: **University of Arkansas**

2. PROPOSED PROGRAM TITLE: **Master of Science in Pavement Technology (PAVEMS)**

3. REQUESTED CIP CODE: **14.0804**
Link for CIP Codes: https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=56

4. PROPOSED START DATE: **Spring 2027**

5. PROPOSED ACADEMIC PROGRAM REVIEW DATE:
Program review date must be within 10 years of program start date.
Fall 2032

6. PRIOR APPROVALS

a. Provide the date that the Board of Trustees approved (or will consider) the proposed program.
September 17-18, 2026

b. Provide a copy of the Board of Trustees meeting agenda that lists the proposed program, and written documentation of program/unit approval by the Board of Trustees prior to the Coordinating Board meeting that the proposal will be considered.
To be provided when the Board of Trustees agenda is published.

c. Provide documentation of program review/approval by any required, external agency/board/program accreditors such as education, nursing-initial approval required, health professions, counseling, etc.
Non applicable

d. Provide the date that the institutional curriculum committee approved the proposed program.
December 10, 2025

7. PROGRAM SUMMARY

Consider writing your program summary after you have completed this document. This summary will be used to present your program to the Higher Education Coordinating Board. It should include foundational information and aspects you would like to highlight.

Elements that make a thorough summary include:

- A description of the academic program.
- Explain how new program supports the institutional mission and promotes strategic initiatives.
- Describe the capability of college/department to deliver the new program with high quality.
- Sustainability of program on a long-term basis.
- Are the characteristics of the new program distinctive from similar programs offered by the competition?
- General statement on student outcomes.
- General statement on market outlook.
- General recruitment/enrollment goals.
- General statement on both operating and capital resource requirements.
- General statement on economic benefit to community & region.
- Identify where the program will be administratively housed.

a. Provide a general description of the proposed program.

The proposed Master of Science in Pavement Technology (PAVEMS) will be a 30-hour distance education program with a curriculum that will engage students in understanding the entire life cycle of a pavement including but not limited to pavement materials (aggregate, asphalt materials, concrete materials, and asphalt emulsions), pavement structural design, pavement production and construction, and pavement maintenance and rehabilitation. Housed in the Civil Engineering department in the College of Engineering, the program will be offered with both a non-thesis option of 30 hours of coursework only or a thesis option with 24 of coursework and 6 hours of thesis. The program will be taught by existing faculty from the College of Engineering (COE). All courses will be offered in an 8-week format, ensuring that students are able to take five courses a year and graduate in two years.

The program supports the University of Arkansas' mission by providing the transformational opportunity of gaining the foundational knowledge of the entire life cycle of pavements to professionals in Arkansas and beyond. It will target both the public and private sector and is eagerly anticipated as indicated by the following items of support:

- Letter of support from the Arkansas Department of Transportation
- Letter of support from the Arkansas Asphalt Pavement Association
- Two letters of support from private companies (material supplier and contractor)
- Email of support from the Federal Highway Administration
- Four letters of support from potential students
- Employer Needs Survey from six private companies who provide pavement consulting services

The College and Department are able to deliver the new program with high quality, as indicated by the development, execution, and delivery of the Master of Science in Engineering, the Master of Science of Operations Management (MSOM), and most currently from the Civil Engineering department, the Master of Science of Construction Management (MSCM).

The program's student learning outcomes, which align with the essential components of the pavement life cycle, include:

- Identifying key aggregate properties within flexible and rigid pavement
- Classifying materials properties of asphalt binder, asphalt mixtures, asphalt emulsion, cementitious materials, and portland cement concrete
- Differentiating multiple structural design strategies of flexible and rigid pavement
- Identifying the steps in production and construction of flexible pavement, rigid pavement, and asphalt emulsion-based treatments
- Comparing how flexible and rigid pavements are preserved, maintained, and rehabilitated
- Locating and evaluating pertinent published literature relevant to a given topic, and applying the information gained to a design, analysis or research effort

The PAVEMS program fills a significant need within the civil engineering community. There is a growing need in the construction and pavement industry as the sector has experienced significant shortages of skilled workers to replace the extensive experience of their retiring workforce. The program addresses two primary groups of students to help fill this need: civil engineers who are seeking further education in pavements, and non-civil engineers with four-year degrees that have found themselves working for a pavement company.

Students who earned an undergraduate civil engineering degree will benefit from this program by its direct focus on one aspect of the larger civil engineering discipline. Currently, the vast majority of American undergraduate civil engineering programs provide a broad education in the five major areas of civil engineering (construction management, environmental, geotechnical, structural, and transportation) that leaves relatively little room for specialization. Therefore, if a student does not intentionally focus on one single area, such as pavements, they will not be exposed to all facets of the pavement life cycle to support a variety of construction and highway projects. Consequently, many civil engineers working in pavements lack a comprehensive background of the entire pavement life cycle. This is clearly shown in the Employer Needs Survey, where six consulting companies indicated that over 110 employees would benefit from enrolling in selected coursework in the PAVEMS program.

The second group of students this program serves are students with a four-year degree in a field other than civil engineering but in an adjacent discipline. As showcased in the four letters of support from potential students, there are many companies who work in pavements, but hire non-civil engineers who would benefit from the intensive engagement on this topic. The four letters collected are from:

- A chemical engineer (BS and MS), currently an asphalt technologist, 17 years' experience
- A business administrator (BA), currently a sales manager, 16 years' experience
- A building scientist (BS), currently a president, 38 years' experience
- A chemical engineer (BS and MS), currently a senior researcher, 15 years' experience

University of Arkansas faculty work extensively with the National Asphalt Pavement Association, the Asphalt Institute, the Asphalt Emulsion Manufacturing Association, the International Slurry Surfacing Association, and the Asphalt Reclaiming and Recycling Association which, combined, have over 1,400 member companies. These companies have countless more employees who are in similar situations as those represented by these four potential students. Therefore, this program is strongly positioned to appeal to both students with civil engineering degrees and to students with degrees outside engineering.

After a review of programs around the world, there are only two programs that are similar to this proposed program: one in Australia and the other at Auburn University. The program in Australia is targeted to potential students who work in Australia and follow Australian specifications and standards. While Auburn University uses the same specifications and standards that would be covered in the PAVEMS program, it is different in two fundamental ways. First, Auburn's program includes on-campus requirements, while the proposed program is 100% online. Second, Auburn's program is for an MSCE, which provides graduates with the means to be licensed as professional engineers. The PAVEMS degree is not designed to train licensed engineers but will allow graduates to learn key concepts of pavement materials, design, construction, production, maintenance, and rehabilitation. This will allow graduates to have stronger professional conversations and understand how their company fits into the world of pavements.

The market outlook for the PAVEMS program is strong. From the collected letters of support, there are approximately 75 companies in the state of Arkansas alone that could leverage the program (with upwards of 1,000 workers), approximately 3,900 workers at Arkansas Department of Transportation, and approximately 2,900 workers at the Federal Highway Administration. These numbers can be scaled up across the country based on population and lane-miles of pavement in any given state, resulting in a potential reach of at least 50,000 workers in industry and 195,000 state agency employees, in addition to employees at county and local agencies who could also leverage the program.

From an economic ROI standpoint, students completing this program have the potential to realize meaningful long-term career and salary benefits. Arkansas Division of Higher Education (ADHE) data for beginning salaries of Civil Engineers is $78,145, which is representative of many professionals entering the field with a bachelor's degree. By earning a master's degree in a specialized area, graduates may strengthen their qualifications for technical leadership and management roles as they gain professional experience. ADHE data indicate that Engineering Managers at the 25th percentile earn approximately $134,409 annually. While individual career progression will vary based on experience, employer, and job responsibilities, the Employer Needs Survey suggests that advanced education in pavement technology is valued by industry and can enhance opportunities for career advancement and increased earning potential. As a result, for many students, the long-term financial benefits of the degree may outweigh the cost of obtaining it.

Data provided by the Arkansas Division of Higher Education indicates that there were over 16,000 openings for managers in 2025 for which the graduates of this program will be uniquely qualified.

Based on the employer needs surveys, letters of support, and conversations with industry professionals, the recruitment goal in the first five years is a total of 155 enrolled students, with 95 projected graduates. This is assuming a first three-semester enrollment of 10 students/semester, and an increase of an additional 5 students/semester every three semesters.

The current operating and capital resources required to launch the program are already in place and will support the program through its first three years. This includes administrative duties, faculty needs, graduate and research assistants, library resources, instructional and research equipment and resources, and distance delivery costs. These costs are being covered by the College of Engineering, the Civil Engineering department, and Global Campus, which is supporting the three participating faculty through course development and course delivery. However, after two and a half years, it is anticipated that a new part-time staff member will be necessary in order to handle the logistics of the program and to be the primary advisor and liaison with the students. The projected cost for this

position is $31,000/year. Revenue generated from tuition from these students directed back to the College of Engineering will cover the cost of this new position.

The economic benefit to the community and region will be high. It is estimated by the American Society of Civil Engineers that the cost of poor roads is approximately $1,400/year for the average driver, and that there will be a $684 billion funding gap in roadway expenditures over the next ten years. This highlights the importance of the proper knowledge needed to not only construct new roads, but also to take care of our existing roads. This program will help cities and counties not only in Arkansas, but nationwide, while positioning the University of Arkansas as a premiere destination for professional expertise in pavements.

b. List degree programs or emphasis areas currently offered at the institution that support the proposed program.

Bachelor of Science in Civil Engineering (CVEGBS)
Master of Science in Civil Engineering (CVEGMS)
Master of Science in Construction Management (CSMGMS)
Master of Science in Operations Management (OPMGMS)
Master of Science in Engineering (ENGRME)

8. PROGRAM NEED

Institutions should include as many of the following elements as possible to demonstrate the need for a proposed program. Since need may be defined differently based on several factors, it is the responsibility of the institution to prove/justify need. Focus should be primarily on local and state needs and less on regional and national needs, unless applicable to the program.

a. Based on the Workforce Analysis provided by ADHE, summarize program need in terms of corporate demand, current job availability, and employment/wage projections.

Salient points of the Workforce Analysis from ADHE include the fact that there were almost 250,000 undergraduate degree completions in 2024 in various engineering and science disciplines in the nation. Many graduates from these disciplines, including the chemical engineers, chemists, and business majors who provided letters of support, have found themselves working in the field of pavements, but have no background in pavement materials. These individuals represent a second group of target students beyond civil engineers. The PAVEMS program will provide such a background. In addition, the Analysis anticipates an increase of almost 10,000 managers in the next five years, which provides a tremendous incentive for potential students who only have a bachelor's degree but wish to accelerate their move into a management role. Finally, it is of interest that in 2025, there were 9,474 manager positions posted, but only 4,152 hires – which indicates the need for a larger pool of potential managers, something that a master's degree can provide.

The data from the Workforce Analysis from ADHE is complemented by a separate analysis completed by UA Global Campus. This report found that there were 17,257 annual openings in Civil and Transportation & Highway Engineering nationwide, and 3,308 within the nine-state region. The report also indicated that there were over 7,500 engineering manager positions alone nationwide from 2018-2023, and 957 regionally. Again, this demonstrates a large market for employees with only bachelor's degrees to quickly move into a managerial role, and the associated increase in salary. Finally, the report indicated that project management and Civil Engineering are a "rapidly growing" skill growth area relative to the market.

b. Submit a summary of an Employer Needs Survey. Survey and summary templates are available here. The summary should include information on the following:
    - Corporate demand
    - Current job availability
    - Employment and wage projections
    - Names and types of organizations or businesses surveyed
    - Survey data can be obtained by telephone, letters of interest, student inquiry, etc.

The Employer Needs Survey was completed by six companies headquartered in Arkansas. All of these companies were consulting firms, and they complemented the companies who provided letters of support. This demonstrates that interest in the PAVEMS program extends beyond agencies and material suppliers to include consulting firms as well.

- Halff Associates, Inc.; 1,500 employees
- Olsson, Inc.: 2,300 employees
- Garver, LLC: 1,400 employees
- Crafton Tull: 300 employees
- McClelland Consulting Engineers, LLC; 160 employees
- Kimley-Horn and Associates: 9,000 employees

In short, there are three approximate levels of employees represented in these six companies: pre-professional engineers (engineers in training, or Civil EIT), professional engineers (or Civil PE), and project managers/team leaders. Table 1 shows the breakdown of the estimated number of positions filled within these six companies, the number of open positions, the number of future positions, and the salaries.

Table 1 – Employer Needs Survey Findings

Position Title	Number of Filled Positions	Number of Open Positions	Number of Future Positions	Salary (per hour)
Civil EIT	561	38	78	$35-50
Civil PE	306	40	78	$45-60
Managers/leaders	222	77	92	$57-80

These estimates clearly show that these consulting companies would benefit from their employees completing the program and complement discussion in previous sections on how individuals could increase their own skill set and marketability by completing the PAVEMS program. In addition to the numbers in Table 1, several of the quotes from the surveys were also of high interest. Companies talked about employees getting a "leg up" or moving up the company ladder which, based on their responses, is not only possible with future positions, but also includes a pay raise of $10-30/hour. Other companies discussed how students of the PAVEMS would be "a resource for the rest of the engineering staff," or could "better compete for work," and that the program would "provide a strategic advantage."

The four student letters also provide strong evidence for corporate demand. An asphalt binder supplier stated that "the program would be highly beneficial, as it offers a structured and comprehensive framework." A contractor stated that "a fully encompassing degree would be tremendously valuable to me professionally," and goes on to say that "I strongly believe that other

colleagues of mine in the industry would also find the degree of high benefit." Finally, the Arkansas Department of Transportation stated the program will "support [us] in accomplishing our purpose to deliver a modern transportation system to enhance safety and quality of life in Arkansas." These testaments clearly show that the PAVEMS degree will help both the private and the public sectors.

c. Describe what workforce need the proposed program will address and how the institution became aware of this need.

The PAVEMS will be the first online, graduate program in pavement technology in the United States based on a review of comparable U.S. programs. While PAVEMS purposely covers the life cycle of a pavement (materials, design, production and construction, use phase), other institutions have similar, in-person and on-campus master's degrees in Transportation and Highway Engineering. According to the Workforce Analysis from ADHE, the top ten institutions who offer degrees in Transportation and Highway Engineering (including University of Washington-Seattle, University of California-Davis, New York University, University of Southern California, New Jersey Institute of Technology, Pennsylvania State University-Penn State, Altoona, Massachusetts Institute of Technology, Illinois Institute of Technology, Morgan State University, and University of Louisville) do not offer any 100% online degrees in pavements. This is important because five of the six employers who completed the Employer Needs Survey indicated that they would prefer either distance education or hybrid instruction. In addition, five of the six would prefer evenings and weekends for the degree. This clearly shows the majority of employers support an online program, where students can complete the degree at a time that is convenient for them outside of business hours.

In addition to students who have a civil engineering degree, program faculty, through discussions with dozens of industry contacts, have identified the opportunity this program provides for students who have four-year degrees outside of civil engineering. These include chemical engineers, mechanical engineers, chemists, and students with a business degree who work in the pavement technology fields. The PAVEMS program will give them foundational knowledge to better their companies and their careers.

These students can be found in both the public and private sector. In the public sector, these students could be in the federal government, state Departments of Transportation, county offices, municipalities, cities, and towns. For example, during a workshop held by the University of Arkansas in May 2026 in Tyler, TX, a City of Tyler employee expressed interest in the PAVEMS program. At a similar workshop in June 2026 in Otsego, MN, a Minnesota Department of Transportation employee expressed interest. In the private sector, these students could be found in material suppliers (aggregate, portland cement, asphalt binder, chemical suppliers, etc.), producers, contractors, design firms, and consultants. After speaking with both public and private sector future employers, we anticipate that this degree will make the graduates more marketable.

d. Describe any established employer partnerships and explain how the employer will support the proposed program such as tuition assistance, capital investments, or other enrollment incentives.

According to the Employer Needs Survey, all six companies who responded provide some level of tuition assistance to their employees. Some are full tuition, some partial, and some are based on the students passing the course. In addition, all six companies indicate that internship partnerships are a possibility.

e. If applicable, provide evidence regarding student interest and demand.

Please find four letters of support from prospective students attached, along with the data from the Employer Needs Survey.

f. Submit letters of support. Letters should address the following when relevant:
- Local, economic impact
- Number of current/anticipated job vacancies
- Whether the degree is desired or required for advancement
- The increase in projected wages based on additional education, etc.

See the attached Letters of Support from Ergon Asphalt and Emulsion (a nation-wide material supplier), APAC (a local contractor, whose parent company is CRH – a world-wide materials supplier), and the Arkansas Department of Transportation (agency). There is also an Email of Support provided by the Federal Highway Administration (agency). They are not able to provide a formal letter, but voiced support for the program in their email.

9. PROGRAM ADVISORY COMMITTEE

Provide information on the program advisory committee. Include the following:
- Number of members
- Professional background of members
- Topics to be considered by the members
- Meeting schedule (annual, bi-annual, quarterly)
- Institutional representative

Anticipated seven members of the advisory committee:
- Executive director of Arkansas Asphalt Pavement Association
- Executive director of American Concrete Pavement Association Oklahoma/Arkansas Chapter
- Two representatives from material suppliers (i.e. aggregate, cement, asphalt binder, asphalt emulsion, etc.) – minimum 10 years' experience in pavements, have trained employees in their subject area
- Two representatives from road building contractors – minimum 10 years' experience in pavements, have trained employees in their subject area
- Head of University of Arkansas Civil Engineering department (currently Dr. Micah Hale)

Topics to be considered: effectiveness of the program in preparing graduates with necessary skill sets to support the pavement industry; adequacy and applicability of program curriculum; financial health of the program; program marketing and management.

Anticipated meeting schedule: Semi-annual virtual meeting

Institutional representative: Dr. Andrew Braham, Professor, Department of Civil Engineering

10. ENROLLMENT AND GRADUATION PROJECTIONS

In the table below, provide program enrollment and graduation projections for the next five academic years. Should this proposal contain more than one credential, complete a table for each award type. Projections need to be realistic and attainable based on workforce need/demand.

Academic Year	Projected Enrollment	Projected Graduates
2027-2028	20	0
2028-2029	45	0
2029-2030	50	20
2030-2031	65	25
2031-2032	85	30

11. CURRICULUM

a. Provide a curriculum outline **and** an 8-semester degree plan. The outline should include:

- Course numbers and course titles.
- New courses should be italicized, and course descriptions provided.
- Identify whether each course is a required general education course, a core course, a major course, an elective course, etc.
- Identify which courses are currently or will be offered by distance technology
- If applicable, indicate the number of contact hours for internship/clinical courses.
- If applicable, include information received from potential employers about course content.
- Total number of semester credit hours required for the program, including prerequisite courses.

The MSCE program from Auburn University and the Master of Pavement Technology from Australia's Centre for Professional Engineering Education were reviewed. Based on an analysis of the curriculum that these two programs offer, seven courses were identified and are shown with their descriptions in Table 2 below. As previously indicated, all courses will be delivered 100% online.

Table 2 – Required CVEG courses (*new courses are in italics*)

Course Number	Course Name	Instructor
CVEG 54203	Structural Design of Pavement Systems	Andrew Braham
CVEG 54333	*Asphalt Materials*	Andrew Braham
CVEG 54343	*Concrete Materials for Pavements*	Cameron Murray
CVEG 54353	*Asphalt Emulsions*	Andrew Braham
CVEG 54503	Production and Construction of Pavement	Kevin Hall
CVEG 54803	*Quarry Operations and Design*	Kevin Hall
CVEG 54903	Pavement Maintenance and Rehabilitation	Andrew Braham

In addition to the required CVEG courses listed in Table 2, which will provide 21 of the 30 required credits, four different elective clusters have been defined. These courses come from the online Operation Management program (OMGT), the Civil Engineering Construction Management program, and the thesis option. These clusters are:

- Elective Cluster 1 (Project Management)
  - OMGT 57803 Project Management for Operations Managers
  - OMGT 59803 Advanced Project Management
  - OMGT 52503 Leadership Principles and Practices
- Elective Cluster 2 (Operations Management)
  - OMGT 50003 Introduction to Operations Management

    - OMGT 54703 Lean Six Sigma
    - OMGT 57803 Project Management for Operations Managers
- Elective Cluster 3 (Construction Management)
    - CVEG 55203 Construction Productivity
    - CVEG 55803 Heavy Construction Equipment Management
    - CVEG 58603 Fundamentals of Sustainability in Civil Engineering
- Elective Cluster 4 (Thesis Option)
    - INEG 53303 Design of Industrial Experiments
    - CVEG 60003 Master's Thesis (background, literature review, experimental design)
    - CVEG 60003 Master's Thesis (results and discussion of experimental design)

The master's thesis credits will be under the direct supervision of the program director, Dr. Andrew Braham. With the seven required courses (21 credits), and the three electives (9 credits), the students will be able to complete all 30 credits within a two-year time period. Students who choose the thesis option must have access to a research laboratory.

In the civil engineering department, the new courses that will be offered are as follows:

- *CVEG 54333: Asphalt Materials*
    - Study of the engineering properties and behavior of materials commonly used in transportation facilities as they relate to the design and performance of flexible pavement systems. This includes aggregate, asphalt binder, and asphalt mixtures.
- *CVEG 54343: Concrete Materials for Pavements*
    - Provides a practical understanding of the fundamentals of concrete materials applied to pavements. After taking the course, a student will be able to describe cement hydration, mix design, durability, and application to pavements.
- *CVEG 54353: Asphalt Emulsions*
    - This course will provide a brief overview of the history and importance of asphalt emulsion, tools to understand the classification of asphalt emulsion, and how the type of asphalt emulsion influences breaking and curing. Additionally, a broad perspective of the manufacture of asphalt emulsion will be provided, followed by an overview of existing AASHTO specifications for the testing, sampling, and handling properties of asphalt emulsion, including guidance on best practices in developing and assembling a quality control/quality assurance plan. Finally, uses of asphalt emulsion in roadways will be covered, including spray applications and mixture applications, encompassing an introduction to all flexible pavement maintenance and rehabilitation treatments.
- *CVEG 54803: Quarry Operations and Design*
    - Identification and analysis of primary components and operations involved in aggregate production. Study of key aggregate properties within multiple contexts, including roadway base, rail ballast, concrete, and asphalt mixtures. Introduction to concepts related to quarry-related rock blasting, including types and properties of explosives and blast design. Development of design frameworks for aggregate production operations to produce specific aggregate products.

An example sample plan of study, one course per eight-week session during spring and fall, and one course during the summer session (either five or ten weeks, depending on the course):

- Semester 1: Spring
  - CVEG 54353: Asphalt Emulsions (Braham) – first eight-week session
  - CVEG 54343: Concrete Materials for Pavements (Murray) – second eight-week session
- Semester 2: Summer
  - Elective 1
- Semester 3: Fall
  - CVEG 54333: Asphalt Materials (Braham) – first eight-week session
  - CVEG 54803: Quarry Operations and Design (Hall) – second eight-week session
- Semester 4: Spring
  - CVEG 54203: Structural Design of Pavement Systems (Braham) – first eight-week session
  - Elective 2 – second eight-week session
- Semester 5: Summer
  - Elective 3
- Semester 6: Fall
  - CVEG 54503: Production and Construction of Pavement (Hall) – first eight-week session
  - CVEG 54903: Pavement Maintenance and Rehabilitation (Braham) – second eight-week session

b. Describe specified program-level learning outcomes.

- Identify key aggregate properties within flexible and rigid pavement
- Classify materials properties of asphalt binder, asphalt mixtures, asphalt emulsion, cementitious materials, and portland cement concrete
- Differentiate multiple structural design strategies of flexible and rigid pavement
- Identify the steps in production and construction of flexible pavement, rigid pavement, and asphalt emulsion-based treatments
- Compare how flexible and rigid pavements are preserved, maintained, and rehabilitated
- Locate and evaluate pertinent published literature relevant to a given topic, and apply the information gained to a design, analysis or research effort

c. State the program admission and graduation requirements. Indicate if any licensure/certification is a requirement for either program admission or graduation.

Program Admission Requirements: Applicants to the program must possess a Bachelor of Science, Bachelor of Arts, or Bachelor of Architecture from an accredited university. Applicants must have earned an undergraduate grade point average (GPA) of 3.0 or better (A=4.0) on all coursework taken for the bachelor's degree, or a GPA of 3.0 or better on the last 60 credit hours taken prior to the receipt of the bachelor's degree. No entrance exams are required to be accepted into the program.

Requirements for the Master of Science, Pavement Technology degree: Minimum 30 hours of graduate-level credit, including 21 hours of required coursework and 9 hours of elective credit. Students must earn a minimum cumulative GPA of 2.85 on all coursework completed. At the completion of all coursework, students must pass a comprehensive exam. Students must also comply with all applicable requirements of the University of Arkansas Graduate School.

d. Describe or provide a link to the institution's assessment process. If the proposed program will be assessed in a manner other than described, indicate the adapted assessment measures.

Courses will be evaluated in accordance with the University of Arkansas Academic Policy 1405.15: https://provost.uark.edu/policies/140515.php. Also included will be information in the annual program assessment (Policy 1630.10: https://policies.uark.edu/academic/163010.php) and program review (Policy 1620.10: https://policies.uark.edu/academic/162010.php).

12. FACULTY

a. Provide the names and credentials of all faculty teaching courses for the proposed program. Include the following:

- Degree level, degree field, and college/university awarding the degree.
- Courses program faculty are currently teaching and/or will teach.
- Indicate lead faculty member or program coordinator for the proposed program.
- For associate degrees and above, a minimum of one full-time faculty member with appropriate academic credentials is required.

Dr. Kevin Hall

- Ph.D., Civil Engineering, University of Illinois
- Will teach "Production and Construction of Pavement" and "Quarry Operations and Design"

Dr. Cameron Murray

- Ph.D., Civil Engineering, University of Oklahoma
- Will teach "Concrete Materials for Pavements"

Dr. Andrew Braham

- Ph.D., Civil Engineering, University of Illinois
- Will teach "Structural Design of Pavement Systems," "Asphalt Materials," "Asphalt Emulsions," and "Pavement Maintenance and Rehabilitation"

Lead faculty member and program coordinator: Dr. Andrew Braham

b. Total number of faculty required for program implementation, including:

- the number of existing faculty
- the number of **new** faculty needed. For new faculty, provide the expected credentials/experience and expected hire date.
- If applicable, provide the projected number of graduate assistants and/or research assistants.

The program will require **three** existing faculty members for implementation of the new courses. Existing faculty in the existing online programs will serve students in this program as electives. All of the courses will be eight-week courses, so students will be taking one course at a time and a total of two per semester.

13. RESOURCES

a. Briefly describe the current library resources relevant to students enrolled in the proposed program.

Students will access University of Arkansas library resources. The two primary sources will be textbooks and AASHTO resources (American Association of State Highway and Transportation

Officials). The two online textbooks that will be most commonly accessed are:

- "Pavement Design and Materials" by A. Papagiannakis and E. Masad, Wiley, 2008. (paper or on Wiley via UARK library)
- "Pavement Engineering: Principles and Practice" by R. Mallick and T. El-Korchi, 3rd Edition, 2018 (paper or on EBSCOhost via UARK library)

In addition, students will access AASHTO standards, construction guides, and other salient documents through Knovel (https://app.knovel.com/kn), which houses dozens of AASHTO resources.

b. Describe current instructional facilities (classrooms/laboratories), equipment, and technology to be used by students enrolled in the proposed program.

No new instructional resources are required for this program, but as discussed above, library technology will be used by the students. The University Libraries is working to identify and organize the existing resources for the PAVEMS program. No additional library resources are required for the launch of this program.

In addition, Global Campus at the University of Arkansas provides instructional design support for the core courses. The existing LMS will be utilized to support the development of the program.

14. PROGRAM EXPENDITURES

a. Provide a summary of personnel expenses for the first 3 years. Include the following:
- New administrative costs, including the number and title of new administrators.
- Number of new faculty (full-time and part-time) and costs.
- Number of new graduate or research assistants and costs.
- Faculty development and cost.

The startup of the program will require no new or additional administrative costs, no new or additional faculty costs, no new graduate or research assistants, nor any faculty development. Global Campus has provided $32,500 (plus fringe) to develop the core courses for the program.

After Year 3, when enrollment is expected to exceed 50, it is anticipated that a new half-time staff member will be hired in order to handle the logistics of the program and to be the primary communicator with the students. The new staff member is anticipated to cost $31,000/year (salary plus fringe benefits).

b. Provide a summary of resource and equipment expenses for the first 3 years. Include the following:
- New library resources and costs.
- New instructional equipment/resources and costs and acquisition plan.
- New research equipment/resources and costs and acquisition plan.
- Distance delivery costs, if applicable.

No new library or instruction equipment/resources are necessary. No new instructional equipment/resources, research equipment/resources, nor delivery costs are anticipated. As mentioned above, University Libraries is working to identify and organize the existing resources for the PAVEMS program.

c. Provide a summary of facility expenses for the first 3 years including new or renovated facilities and costs.

None.

d. Other new expenses (i.e., program accreditation, affiliations, etc.).

None.

e. If no new expenses are required for program implementation, provide an explanation.

The program will use existing faculty and, being delivered online, does not require use of facilities.

15. PROGRAM FUNDING

a. Based on the previously stated projected annual student enrollment, provide the amount of student tuition per credit hour and the total amount of tuition and fee revenue generated by the proposed program for the first 3 years of operation.

The tuition and associated fees for one credit hour are summarized as follows, from Global Campus (https://online.uark.edu/estimated-costs.php) and the University of Arkansas Treasurer's Office (https://treasurer.uark.edu/Estimator.aspx):

- Tuition and fee breakdown per credit hour
  - Off campus fee = $30.00
  - Library = $5.38
  - Network & data systems = $18.00
  - Online facilities = $2.00
  - Tuition = $473.47
  - College of Engineering differential tuition = $127.84
- Total for one credit = $656.69

Based on enrollment estimates, the program estimates it will generate approximately $860,000 in revenue.

b. Provide information regarding grants received by the institution to support the proposed program. List the name, source, amount, and timeframe for each grant.

N/A

c. If a reallocation of funds will occur, indicate from which department, program, etc.

N/A

d. Other funding sources (donations, employers, special tuition rates, mandatory technology fees, program specific fees, etc.)

N/A

16. PROGRAM DUPLICATION

Based on the list of similar programs included in the Workforce Analysis provided by ADHE, provide rational or justification for program duplication.

a. If proposed program is offered at other institutions in Arkansas or region, indicate:
   - Need for an additional program
   - How the proposed program differs from existing, similar programs such as modality, target population, cost, curriculum focus, etc.

N/A

b. If a similar program was used as a model for the proposed program, indicate the institution and program name.

The MSCE program from Auburn University and the Master of Pavement Technology from Australia's Centre for Professional Engineering Education were reviewed.

c. Provide a copy of the e-mail notification sent to all Arkansas public institutions notifying them of the proposed program. Please inform institutions not to send the response to **"Reply All"**.

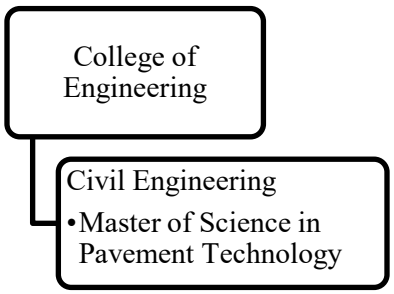
   ADHE Academic Affairs staff (academic.affairs@adhe.edu) should be copied on all correspondence between institutions regarding any objections or concerns of the proposed program. If the objection/concern(s) cannot be resolved, ADHE may intervene.

   Note: A written institutional objection/concern(s) to the proposed program/unit may delay Arkansas Higher Education Coordinating Board (AHECB) consideration of the proposal until the next quarterly AHECB meeting.

See attached.

17. ORGANIZATIONAL CHART

Provide an organizational chart indicating the college or department where the proposed program will be housed.



18. SPECIALIZED ACCREDITATIONS

If specialized accreditation is required for the proposed program, provide the following:
- the name of accrediting agency
- accreditation timeline

N/A

19. INSTITUTIONAL AGREEMENTS/MEMORANDUM OF UNDERSTANDING (MOU)

If courses or academic support services will be provided by other institutions or organizations, include a copy of the signed MOU that outlines the responsibilities of each party and the effective dates of the agreement.

N/A

20. INSTRUCTION BY DISTANCE TECHNOLOGY

a. If the proposed program will be offered by distance technology, summarize or provide documentation showing the institution has developed adequate and appropriate technology policies and procedures, infrastructure, security measures, services, and support for distance education. Links to existing policies are acceptable.

Institutional policies on the establishment, organization, funding and management of distance courses/degrees.
An academic department intending to propose new distance programs are required to identify the program's anticipated costs, funding sources, demand, and need for library resources, and to present plans to address the increased workload. The proposal needs to be approved by Vice Provost for Distance Education, Academic College, Undergraduate Council, Graduate Council (if at the graduate level), Faculty Senate, Provost, Board of Trustees, and Arkansas Division of Higher Education. Change requests for existing distance courses and programs follow similar approval processes. Global Campus assists programs during the conceptualization, market research, and planning stage.

Once programs are approved, Global Campus provides course development funds as well as in-kind support by Global Campus's instructional designers, academic technologists, and marketing and recruitment teams. Global Campus also supports compliance with interstate regulatory requirements. All distance courses are certified to be complete only when they meet appropriate quality standards.

Internal organizational structure that coordinates distances courses/degrees
Global Campus is a supporting unit that provides assistance in course development and maintenance, technical support for both faculty and students, quality assurance, and compliance with interstate regulatory requirements to all online programs across the campus.

Policies and procedures to keep the technology infrastructure current
IT Services maintains the technology infrastructure to ensure the security and compatibility of enterprise systems as guided by the Computer and Network Security Policy, Data Management Use and Protection Policy, and Acquisition of Enterprise Systems Policy. The Computer Activities Council (CAC), the information technology governance structure at the University, facilitates participation of students, faculty, staff, and administrators in long-range planning and setting of priorities for IT Services.

Procedures to assure the security of personal information
Procedures are in accordance with the Computer and Network Security Policy, Code of Computing Practices, and Privacy Policy. The IT Security group monitors university systems, performs security audits of resources, and provides security services such as security information, anti-virus software, and security alerts. University systems (student information system, learning management system, etc.) require authentication. Privileged supervisory accounts are limited and managed by system

administrators. Links to the privacy policies of third-party tools used in online instruction are provided in the information section of online courses and support sites.

b. Provide a list of services that will be outsourced to other organizations (course materials, course management and delivery, technical services, online payment, student privacy, etc.).

The only service outsourced is online proctoring service. The University of Arkansas partners with Honorlock for online test proctoring services for some online exams.

21. CONTACT INFORMATION

a. Provost/Chief Academic Officer: Dr. Indrajeet Chaubey
Title: Provost and Executive Vice Chancellor for Academic Affairs
E-mail Address: chaubey@uark.edu
Phone Number: (479) 575-2151

b. Contact Person: Dr. Jim Gigantino
Title: Senior Vice Provost for Academic Affairs
E-mail Address: jgiganti@uark.edu
Phone Number: (479) 575-2151

b. Program Contact Person: Andrew Braham, PhD, PE
Title: Professor, Civil Engineering
E-mail Address: afbraham@uark.edu
Phone Number: (479) 575-6028

Additional information may be requested by ADHE Academic Affairs staff.

UNIVERSITY OF ARKANSAS SYSTEM

Office of the President

September 10, 2026

TO MEMBERS OF THE ACADEMIC AND
STUDENT AFFAIRS COMMITTEE:
Dr. Ed Fryar, Chair
Mr. Steve Cox
Mr. Judd Deere
Mr. Jeremy Wilson
Mr. Randy Lawson, Ex-Officio

Dear Committee Members:

Chancellor Charles Robinson, University of Arkansas, Fayetteville, requests approval of a proposal to add a new administrative unit called the Center for AI and Business Decision Making in the Sam M. Walton College of Business (Spring 2027).

Housed within the Sam M. Walton College of Business, the proposed center will advance research on artificial intelligence (AI) and other significant technological, environmental, and societal changes that are transforming business decision-making. As these forces continue to reshape industries, organizations, and markets, the center will provide a collaborative structure through which faculty, researchers, and external partners can address emerging challenges and opportunities.

The center's primary mission will be research, though its activities will also generate service and instructional benefits, including faculty and staff development, doctoral training opportunities, and educational programming that supports research excellence.

The proposal has received the necessary campus approvals. I concur with Dr. Robinson's recommendation. A proposed resolution follows for your consideration.

> BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board hereby approves the establishment of the Center for AI and Business Decision Making in the Sam M. Walton College of Business of the University of Arkansas, Fayetteville.
>
> BE IT FURTHER RESOLVED THAT the President is hereby authorized to submit this proposal to the Arkansas Division of Higher Education for appropriate action.

Sincerely,

Jay B. Silveria, President
Charles E. Scharlau Presidential Leadership Chair

Attachment

Center for AI and Business Decision Making
Walton College of Business
University of Arkansas

1. **Name of the College, School, Department, or Unit in which the Center will be housed.**

   Walton College of Business

2. **Name and title of the person(s) proposing creation of the Center.**

   John Aloysius, Professor and Oren Harris Chair in Logistics, Department of Supply Chain Management

3. **The Center type (research, service, or instructional) that is requested.**

   The focus of the center will be research. There will be also be some resultant service and instructional outcomes such as faculty and staff training, and doctoral seminars that are tied to center activities.

4. **The unique value of the center to the University, and the distinction to any similar programs in Arkansas.**

   The establishment of this center will facilitate collaboration on research specific to AI and other major societal shifts that impact business decision making. This collaboration can be between academic departments within the Walton College, and collaboration between other colleges with the Walton College, and between other Universities with the University of Arkansas.

   Unlike the other centers in the college of business, the focus will be on the current major innovation that can reasonably be expected to shape industry and society. The focus will be broader than a that of a single academic discipline only, and will focus on the type of rigorous and relevant academic research which has the potential to:

   - Enhance visibility for the college with our constituents including prospective donors, prospective students, parents, industry partners, state and federal government, and peer educational institutions.
   - Result in publications in the top academic journals, practitioner publications with broader reach, the popular press, and social media.
   - Generate federal funding and commercially viable intellectual property.

   Some indicators of the potential of this work are the recent publications, national awards, and other outcomes that work in the Walton College on AI in business has received. Some representative examples are:

- A mutually beneficial collaboration between a Fortune 50 firm and the university that featured a new AI-based demand planning system launched by the firm. The collaboration resulted in academic papers including one that received the best paper award in a consensus premiere academic journal. The journal appears on the UT Dallas and Financial Times journals lists that are usually used to evaluate the quality of outlets in business. Remarkably, this publication grew out of a first-year student research project in collaboration with a faculty mentor.

  Brau, R., Aloysius, J. A., Siemsen, E. (2023). "Demand Planning for the Digital Supply Chain: How to Integrate Human Judgment and Predictive Analytics." *Journal of Operations Management* 69(6), 873-1038. **Jack Meredith award for the best paper published in the *Journal of Operations Management*.**
  Award winning research on AI

- Finnegan McKinley, a doctoral student received a national award in 2025 for the best dissertation proposal in AI in Supply Chain that came with a cash prize of $10,000 sponsored by Deloitte. The other three winners for other business disciplines, namely Finance, Management, and Information Systems were from Yale, Harvard, and the University of Florida respectively.
  Student national award for research on AI

- A recently published paper that uses the most rigorous behavioral science points the way as to how academic research can help industry navigate the challenge of implementing AI. It provides guidance on how users may react to the implementation of AI. Recent data from Gartner shows that despite an estimated $2.5 trillion dollar spend on AI worldwide in 2026, there is disillusionment about the ROI from these investments (Spending on AI and Disillusionment). Gartner also points in the direction of the reasons why, by pointing out that the mere adoption of the technology is unlikely to be successful without a people-centric AI strategy.

  McKinley, F., *Brau, R., Aloysius, J. A., Rossiter-Hofer, A. (2026). "Is AI an Algorithm by Any Other Name? Behavioral Reactions to AI- and Model-Based Demand Planning Algorithms." *Journal of Operations Management*.
  Publication on human use of AI

- Based on work done in the Walton College the University of Arkansas filed for a patent titled Collaborative Human-Machine Learning System which is a novel method of integrating human user inputs into an AI system so as to take advantage of the capabilities of machines vs the capabilities of humans.

  The patent is currently pending and is also one of two projects picked by the university for a $6 million NSF commercialization grant application. The patent has the potential to be the basis for commercial applications in several

areas including healthcare, supply chain, human resources, marketing, and others. Patent pending

5. **Information on the Director position and the organizational structure.**

John Aloysius will serve as the initial center director. His center duties will be in addition to his duties as a faculty member in the Supply Chain department of the Walton College. Also initially, affiliate faculty will be involved and run specific projects. As the center activities grow, staff will be added as necessary and as justifiable.

6. **Identification of faculty (or qualifications of type of faculty), other personnel, and academic units that will be involved with the Center.**

The Walton College has many faculty who are actively engaged with AI as shown in the attached video. While they speak about student outcomes many are also in parallel, engaged in research on AI, particularly on the re-engineering of business processes and human resource issues: Walton Faculty speak on AI

Faculty with interests in issues related to business decision making associated with AI and societal change broadly defined, will be involved with the center. A preliminary list of affiliate faculty within the college include the following listed below. The affiliate faculty have specific skillsets and outcomes pertaining to AI that are relevant. They include some of the most prolific scholars at the University of Arkansas such as Distinguished Professor Varun Grover, some of the faculty with the most current expertise in AI such as Zach Steelman, some of those with the most experience with centers and consortia that have industry ties such as Jon Johnson, and others whose qualifications speak for themselves in the links to their faculty profiles.

This is only a preliminary list and others in the college will be invited to be affiliated as necessary depending on their participation interest, including those from other colleges in the U of A, and from other universities – specifically from our alumni network.

Many of the faculty are already engaged or are in the process of building research streams involving AI and other business decision making initiatives.

There are many other units in the university that could potentially be involved or find synergies with the Center for AI and Decision Making. Within the college of business these include the McMillon Innovation Studio, the Supply Chain Management Research Center, the Center for Business and Economic Research, and others. Outside of the Walton College, there are potential synergies with the other colleges such as Engineering, and research focused units such as The Institute for Integrative and Innovative Research.

7. **Student involvement.**

Doctoral student research and research support will be an integral component of the center research activities. The center will also provide advice to individual departments on their doctoral seminars as they develop their courses, so as to curate a college level portfolio that will provide the expertise necessary to conduct research on emerging technologies such as AI, in addition to emerging societal changes. The center will also promote training events that will be available to doctoral students. While the initial focus will be on doctoral students, as feasible and necessary, undergraduate and masters students will also be involved in research activities.

8. **Annual budget for the Unit or the estimated expenditures per year.**

The initial expenses will be approximately $25,000/year comprising of a stipend for the center director, and research expenses.

9. **Estimated fiscal resources and potential sources of funding**

Initially approximately $25,000/year from the Walton College of Business.

The Center will seek revenues from external sources (governmental and private) with the goal of self- sufficiency. These revenues will include research funding from federal and state sources (e.g., National Science Foundation, Department of War, National Institutes of Health,…), foundations and corporations (e.g., Gates Foundation, Microsoft,…), commercialization of patents, as well as other sources.

There is also the opportunity to identify a donor that may be willing to endow the center.

10. **Space and equipment needs of the Center and a description of how they will be met.**

The Center will use the existing office space currently used by the director and use cost-free meeting rooms in the Walton College of Business for meetings. No dedicated space is required.

11. **Description of administrative control and lines of authority for the Center.**

The center will be housed in the Walton College of Business, and the Center Director will report to the Dean of the Walton College of Business.

12. **Description of the advisory board including its size, the method of its selection, and length of terms.**

The advisory board will consist of 10-15 professionals who are engaged with and are knowledgeable about AI, including Fortune 500 companies, technology startups, service providers, and other individuals with expertise who could be

valuable to the Center. The membership of the board will be selected by the director of the center in consultation with and with the approval of the Dean of the Walton College. The length of the term will be three years, renewable. There will be no renumeration to the members of the advisory board, nor will there be a fee to be a board member. Board members will however provide value through access to data and expertise, assistance with obtaining research funding, and assistance with commercialization.

13. **The metrics to be used to evaluate the Center's feasibility at its five-year review**

Number and dollar amount of grants and funded research
Number and nature of data obtained for research purposes through the center
Number of journal submissions and acceptances related to the center
Number and the identity of advisory board members
Number of faculty involved in the center events and activities
Successful commercialization of research that was conducted by the center

UNIVERSITY OF ARKANSAS SYSTEM

Office of the President

September 10, 2026

TO MEMBERS OF THE ACADEMIC AND
STUDENT AFFAIRS COMMITTEE:
Dr. Ed Fryar, Chair
Mr. Steve Cox
Mr. Judd Deere
Mr. Jeremy Wilson
Mr. Randy Lawson, Ex-Officio

Dear Committee Members:

Chancellor Terisa Riley, University of Arkansas at Fort Smith, requests approval to add a new program, the Associate of Applied Science in Respiratory Therapy, to be effective for an August 2027 start date. This degree would prepare students to take the National Board for Respiratory Care's Therapist Multiple-Choice (TMC) licensing examination to become registered respiratory therapists. The total program hours proposed are 64 credit hours, and it is designed to be completed in a two-year, five-semester sequence, which includes one summer semester.

The proposed program will support the mission of UAFS by contributing to economic growth and workforce development in the region by producing more registered respiratory therapists in the River Valley region. Many members in the community have voiced support for the program as a means to address the acute need for respiratory therapists in the area.

I concur with Dr. Riley's recommendation. A proposed resolution follows for your consideration.

> BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board hereby approves adding the Associate of Applied Science in Respiratory Therapy at the University of Arkansas at Fort Smith, effective August 2027.
>
> BE IT FURTHER RESOLVED THAT if enrollment and budget goals have not been met upon evaluation of the program after five years the program will be discontinued.
>
> BE IT FURTHER RESOLVED THAT the President is hereby authorized to submit this proposal to the Arkansas Division of Higher Education for appropriate action.

Sincerely,

Jay B. Silveria
President
Charles E. Scharlau Presidential Leadership Chair

Attachments

University of Arkansas – Fort Smith

Associate of Applied Science in Respiratory Therapy

DEGREE COST AND SALARY EARNINGS

1. Expected cost to students to earn the credential:
    a. Total cost for an in-state student (before housing, books, transportation): $21,408
    b. Total cost for an out-of-state student (before housing, books, transportation): $32,416
2. Expected starting salary
    a. For students entering practice right after graduation, the starting salaries can range between $ __50,000____ and $ __60,000_____.
3. Expected salary after five years
    a. After five years, the salaries will range between $ _70,000__ and $ _80,000___.

1. **INSTITUTION NAME:** **University of Arkansas Fort Smith**

2. **PROPOSED PROGRAM TITLE:** **Respiratory Therapy**

3. **REQUESTED CIP CODE:** 51.0908

Link for CIP Codes: https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=56

4. **PROPOSED START DATE:** August 2027

5. **PROPOSED ACADEMIC PROGRAM REVIEW DATE:**
Program review date must be within 10 years of program start date.

Per CoARC Summer 2027

6. **PRIOR APPROVALS**
   a. Provide the date that the Board of Trustees approved (or will consider) the proposed program.
   September 2026 meeting of the Board

   b. Provide a copy of the Board of Trustees meeting agenda that lists the proposed program, and written documentation of program/unit approval by the Board of Trustees prior to the Coordinating Board meeting that the proposal will be considered.
   October 2026 anticipated

   c. Provide documentation of external program review or approval by any required, external agency/board/program accreditors such as education, nursing-initial approval required, health professions, counseling, etc.

   The Letter of Intent application was submitted to the Commission on Accreditation for Respiratory Care (CoARC) on May 19, 2026. We were then assigned a referee on June 3, 2026. The application was reviewed by the referee and sent to the CoARC Board to be placed on the agenda for the CoARC July 12-13 meeting. On July 14, 2026, Cheryl Earls was informed that the CoARC Board had approved our Letter of Intent application, with official written notification to follow.
   d. Provide the date that the institutional curriculum committee approved the proposed program.
   March 18, 2026

7. **PROGRAM SUMMARY**
Consider writing your program summary after you have completed this document. This summary will be used to present your program to the Higher Education Coordinating Board. It should include foundational information and aspects you would like to highlight.

Elements that make a thorough summary include:
- A description of the academic program.
- Explain how new program supports the institutional mission and promotes strategic initiatives.
- Describe the capability of college/department to deliver the new program with high quality.
- Sustainability of program on a long-term basis.
- Are the characteristics of the new program distinctive from similar programs offered by the competition?

- General statement on student outcomes.
- General statement on market outlook.
- General recruitment/enrollment goals.
- General statement on both operating and capital resource requirements.
- General statement on economic benefit to community & region.
- Identify where the program will be administratively housed.

The University of Arkansas – Fort Smith (UAFS) proposes to establish an Associate of Applied Science (AAS) in Respiratory Therapy to prepare graduates for entry-level practice as Registered Respiratory Therapists (RRTs). Respiratory therapists are vital members of the healthcare team who evaluate, treat, and manage patients with cardiopulmonary disorders across the lifespan. The program will combine classroom instruction, laboratory simulation, and supervised clinical experiences to ensure students achieve competency in cognitive, psychomotor, and affective domains. Graduates will be eligible to take the National Board for Respiratory Care (NBRC) Therapist Multiple-Choice Examination leading to the RRT credential.

This program supports the mission of UAFS by providing high-quality, career-focused education that meets regional workforce needs and expands access to in-demand healthcare professions. It aligns with institutional strategic initiatives by strengthening health sciences programming, supporting workforce development, and increasing educational opportunities for first-generation and place-bound students in the River Valley.

UAFS has the capability to deliver this program at a high level of quality. The institution already maintains established healthcare programs, including the BSN and ADN, experienced leadership in respiratory therapy, and appropriate classroom, laboratory, and simulation resources. The program will be supported by qualified faculty, a Director of Clinical Education, and an engaged advisory committee composed of regional healthcare leaders, ensuring alignment with industry standards and accreditation requirements.

The program is designed to be sustainable long-term, supported by consistent workforce demand, strong employer partnerships, and stable enrollment projections of 12 students annually. Clinical affiliations with area hospitals will provide sufficient training opportunities while simultaneously strengthening the pipeline of the local workforce.

This program is distinctive because it will serve as the only accessible respiratory therapy program in the River Valley region. Currently, students must travel 1.5 to 3 hours to attend similar programs, creating barriers to entry. The UAFS program will provide an affordable, local option with strong student support services, making it particularly attractive to local and non-traditional students.

Student outcomes are expected to be strong, with graduates demonstrating competence in respiratory care procedures, critical thinking, clinical decision-making, communication, professionalism, and interprofessional collaboration. Graduates will be well-prepared to successfully obtain the RRT credential and enter the workforce as skilled healthcare professionals.

The market outlook is highly favorable, with strong and sustained demand for respiratory therapists locally and statewide. Workforce data indicate high job availability, ongoing shortages, and positive long-term employment projections, driven by an aging population and increasing prevalence of respiratory conditions.

The program anticipates initial and sustained enrollment of approximately 12 students per year, aligned with clinical capacity and workforce demand. Recruitment efforts will focus on local high schools, healthcare partners, and current UAFS students interested in healthcare careers.

The program will require moderate operating and capital resources, including faculty salaries, accreditation costs, and specialized laboratory and simulation equipment, much of which is already in place or planned. These investments are appropriate given the program's long-term sustainability and workforce impact.

The economic benefit to the Fort Smith region and surrounding communities will be significant. The program will help reduce reliance on traveling respiratory therapists, support local healthcare systems, and retain trained professionals within the region, ultimately improving access to care and contributing to regional economic stability.

Administratively, the program will be housed within College of Health, Education, and Human Sciences under the leadership of the Executive Director of Respiratory Therapy.

a. Provide a general description of the proposed program.

The Associate of Applied Science in Respiratory Therapy prepares graduates to become skilled health care professionals who evaluate, treat, manage, and rehabilitate patients with cardiopulmonary disorders. Respiratory therapists serve as integral members of the interprofessional health care team, providing care to patients across the lifespan in a variety of clinical settings. The program combines classroom instruction, laboratory practice, and supervised clinical experience to develop competence in the cognitive, psychomotor, and affective domains of respiratory care. Upon successful completion, graduates are eligible to apply for the National Board for Respiratory Care (NBRC) Therapist Multiple-Choice (TMC) Examination and, upon achieving the high-cut score, the Clinical Simulation Examination (CSE) leading to the Registered Respiratory Therapist (RRT) credential.

b. List degree programs or emphasis areas currently offered at the institution that support the proposed program.

BSN, ADN

8. PROGRAM NEED

Institutions should include as many of the following elements as possible to demonstrate the need for a proposed program. Since need may be defined differently based on several factors, it is the responsibility of the institution to prove/justify need. Focus should be primarily on local and state needs and less on regional and national needs, unless applicable to the program.

a. Based on the Workforce Analysis provided by ADHE, summarize program need in terms of corporate demand, current job availability, and employment/wage projections.

1. Corporate Demand (Employer Need)

- There is strong employer demand for Respiratory Therapists, which is clearly the highest-demand occupation listed.
- The data shows 73 active job postings for Respiratory Therapists, more than double the next highest category (Health Specialties Teachers at 36).
- Additional related healthcare support roles (health technologists, patient representatives) also show consistent demand, reinforcing a broader healthcare workforce shortage.
- The sustained posting activity over time (speaking in the fall and stabilizing through spring) indicates ongoing and persistent hiring needs, not just short-term spikes.

Conclusion: Employers in the region demonstrate a clear and sustained need for trained respiratory therapy professionals, signaling strong corporate demand for graduates.

2. Current Job Availability (Regional Openings)

- The Fort Smith region alone accounts for 91 active job ads, making it the primary employment hub.
- Additional postings are spread across nearby communities (Van Buren, Booneville, Ozark, Dardanelle), showing regional workforce demand beyond a single city.

Conclusion: There is a significant concentration of current job openings locally, ensuring that graduates have immediate employment opportunities within the service area.

3. Employment and Wage Outlook (Projections)

- While wage data is not explicitly shown in the image, the high volume of postings and sustained demand suggest:
  - Positive employment growth projections for Respiratory Therapists.
  - A competitive wage environment, driven by workforce shortages and high demand.
- The consistency of posting throughout the year indicates stable long-term employment prospects, rather than cyclical or declining demand.

Conclusion: Employment projections are strong, with continued growth and competitive wages expected due to ongoing shortages in respiratory care professionals.

Overall Program Need Summary

The workforce analysis demonstrates a clear and compelling need for a Respiratory Therapy program. High employer demand, many current job openings concentrated in the local region, and strong long-term employment prospects all support the expansion or continuation of training programs to meet workforce shortages.

b. Submit a summary of the employer needs survey conducted by the institution. Institutions may use their own survey format. Templates are available here if needed. The summary should include:
   - Corporate demand
   - Current job openings
   - Employment and wage projections
   - Names and types of organizations or businesses surveyed
   - Method of data collection (phone interviews, letters of interest, student inquiries, etc.)

Through discussions with local employers, UAFS is responding to employer needs by creating the AAS Respiratory Therapy Program. Mercy Fort Smith, the largest employer of respiratory therapists in our region, faces an ongoing and sustained need for additional respiratory therapist. Recruiting qualified respiratory therapists to the region is a continued challenge. Local employers of respiratory therapist: Baptist Fort Smith, Johnson Regional Medical Center, St. Mary's Regional Medical Center, North Arkansas Regional Medical Center, Arkansas Extended Care, Mercy Ozark, Paris, Booneville and Waldron are all supportive of the creation of this program and offer their sites as clinical learning spaces. Current job openings and projections note respiratory therapy as the fastest growing health profession at 13% through 2030. Job prospects for graduates are strong within the River Valley and the state of Arkansas at large. Wage projections for an AAS RRT in the River Valley are $64,000 per year entry level to $82,000 per year at 5 years of employment. The survey is included in **Appendix A**.

c. Describe what workforce need the proposed program will address and how the institution became aware of this need.

Labor market indicators strongly support the creation of a Respiratory Therapy program in Fort Smith, Arkansas. The U.S. Bureau of Labor Statistics projects a 12% increase in employment for respiratory therapists from 2024 to 2034, a rate classified as much faster than average for all occupations (U.S. Bureau of Labor Statistics, 2024). This growth reflects rising demand associated with chronic respiratory disease, an aging population, and the expanding clinical responsibilities of respiratory therapists in acute care, diagnostics, and long-term disease management.

Respiratory Therapy (RT) is identified by the Arkansas Department of Workforce Services as a high-demand healthcare occupation, characterized by sustained job growth and persistent vacancies statewide. Arkansas currently employs approximately 1,520 respiratory therapists, with projected annual openings driven by both new job creation and retirements (Arkansas Division of Workforce Services, 2024). The state's RT workforce is aging, and anticipated retirements are expected to intensify shortages over the next decade.

Ten-year projections from the Arkansas Division of Higher Education indicate an increase of 219 respiratory therapy positions across all employment sectors. In the western region alone, there are currently 73 posted RT job openings. With a median annual salary of $73,000 for associate-degree–prepared respiratory therapists, the profession represents a meaningful economic and workforce contribution to the western Arkansas community.

The Fort Smith region faces additional challenges due to the absence of a local Respiratory Therapy education program. Hospitals in the River Valley—particularly Mercy Fort Smith and Baptist Health–Fort Smith—report ongoing recruitment difficulties and continued reliance on travel or agency RTs to maintain adequate staffing levels. Because the nearest accredited RT programs are located 1.5 to 3 hours away, the region lacks a sustainable pipeline of new graduates. Research consistently demonstrates that healthcare professionals are most likely to practice in the communities where they receive their training; therefore, the absence of a local program directly contributes to regional workforce shortages.

Taken together—strong national growth, statewide shortages, and significant local employer need—the labor market data clearly supports the establishment of a Respiratory Therapy program in Fort Smith. Key indicators reinforcing this need include:

- The COVID-19 pandemic highlighted the essential role of respiratory therapists in managing respiratory infections and complications, exposing vulnerabilities in the healthcare system's surge capacity. Research suggests that similar public health crises may become more frequent in the coming decades (National Center for Biotechnology Information, 2021).
- The Bureau of Labor Statistics projects a 13 percent increase in national RT employment by 2032, far outpacing the average for all occupations. This growth is expected to generate approximately 8,600 job openings annually, largely due to retirements and workforce replacement needs (Bureau of Labor Statistics, 2022).
- A recent Arkansas Hospital Association study forecasts a statewide shortfall of up to 580 respiratory therapists by 2035 (Arkansas Hospital Association, 2023), underscoring the urgency of expanding RT education capacity now.

Reference List

Arkansas Division of Higher Education. (n.d.). Education report: Respiratory Care Therapy/Therapist, Western AR – River Valley. Arkansas Division of Higher Education.

Arkansas Hospital Association. (2023). Arkansas health workforce projections: 2021–2035. Arkansas Hospital Association.

National Center for Biotechnology Information. (2021). The role of respiratory therapists in responding to pandemics: A comprehensive review. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9175207/

U.S. Bureau of Labor Statistics. (2022). Occupational outlook handbook: Respiratory therapists. U.S. Department of Labor.

d. Describe any established employer partnerships and explain how the employer will support the proposed program such as tuition assistance, capital investments, or other enrollment incentives.

Mercy Fort Smith, Ozark, Booneville, and Waldron, Johnson Regional Medical Center, St. Mary's Regional Medical Center, North Arkansas Medical Center all offer clinical space, and equipment for learning and qualified preceptors to UAFS respiratory therapy students. Representatives from each hospital serve on the advisory committee and provide their expertise and support for the program. Plans are in place to add Arkansas Extended Care as a clinical affiliation as well. Each hospital mentioned above is looking forward to hiring UAFS respiratory therapy graduates.

e. If applicable, provide evidence regarding student interest and demand.

There is strong interest among local students in pursuing respiratory therapy as a career. This interest is demonstrated through employer-sponsored education programs, student engagement at high school career fairs, participation in MASH programs, and interactions with UAFS faculty and staff members.

f. Submit letters of support. Letters should address the following when relevant:
   - Local, economic impact
   - Number of current/anticipated job vacancies
   - Whether the degree is desired or required for advancement
   - The increase in projected wages based on additional education, etc.

   The letters of support are included in **Appendix B**.

9. PROGRAM ADVISORY COMMITTEE

Provide information on the program advisory committee. Include the following:

- Number of members
- Professional background of members
- Topics to be considered by the members

- Meeting schedule (annual, bi-annual, quarterly)
- Institutional representative

10. ENROLLMENT AND GRADUATION PROJECTIONS

In the table below, provide program enrollment and graduation projections for the next five academic years. Should this proposal contain more than one credential, complete a table for each award type. Projections need to be realistic and attainable based on workforce need/demand.

Academic Year	Projected Enrollment	Projected Graduates
2027	12	0
2028	24	12
2029	24	12
2030	24	12
2031	24	12

11. CURRICULUM

a. Provide a curriculum outline **and** an 8-semester degree plan. The outline should include:
   - Course numbers and course titles.
   - New courses should be italicized and course descriptions provided.
   - Identify whether each course is a required general education course, a core course, a major course, an elective course, etc.
   - Identify which courses are currently or will be offered by distance technology.
   - If applicable, indicate the number of contact hours for internship/clinical courses.
   - If applicable, include information received from potential employers about course content.
   - Total number of semester credit hours required for the program, including prerequisite courses.

Respiratory Therapy Associate of Applied Science Degree	
State General Education Core Requirements	**15 Hours**
ENGLISH COMPOSITION	6 Hours
Select a two-course sequence from English composition approved for the general education core.	
MATHMATICS OR SCIENCE	3 Hours
MATH 11003 -College Algebra or higher math	
UNITED STATES HISTORY	3 Hours
HIST 21103 United States History I or HIST 21203 United States History II	
AMERICAN GOVERNMENT	3 Hours
PLSC 20003 American National Government	
Major Requirements	**45 Hours**
Required Lab Science, 12 hours BIOL 24003 -Human Anatomy BIOL 24001 -Human Anatomy Laboratory BIOL 24103 -Human Physiology BIOL 24101 -Human Physiology Laboratory CHEM 10003 -Chemical Principles CHEM 10001 -Chemical Principles Laboratory *Respiratory Therapy Requirements, 33 hours* *RESP 10103 -Applied Cardiopulmonary Anatomy & Physiology* *RESP 11103 -Fundamentals of Respiratory Care Practice* *RESP 12102 -Respiratory Care Pharmacology*	

RESP 13101 -Respiratory Care Skills & Equipment *RESP 13112 -Respiratory Care Skills & Equipment Laboratory* *RESP 14106 -Non-Critical Care Clinical* *RESP 20103 -Mechanical Ventilation* *RESP 21203 -Neonatal and Pediatric Respiratory Care* *RESP 22301 -Respiratory Care Credentialing Preparation* *RESP 23303 -Cardiopulmonary Diagnostic Testing* *RESP 24306 -Critical Care Clinical*
Additional Degree Requirements – 4 Hours
HEAL 14703 -Medical Terminology FINN 15201 -Personal Finance Applications
Total Hours: 64

Respiratory Therapy
Associate of Applied Science Degree
Degree Plan

Freshman Year – Fall Semester 14 Hours				**Freshman Year – Spring Semester 14 Hours**		
Hours	**Courses**	**Notes**		**Hours**	**Courses**	**Notes**
3	English composition requirement	1		3	English composition requirement	1
3	MATH 11003 College Algebra or higher math	1		3/1	BIOL 24103/24101 Human Physiology/Lab	2, 5
3/1	BIOL 24003/24001 Human Anatomy/Lab	2, 5		3	HIST 21103 United States History I or HIST 21203 United States History II	1
3/1	CHEM 10003/10001 Chemical Principles/Lab	2, 5		3	PLSC 20003 American National Government	1
				1	FINN 15201 Personal Finance Applications	6
					Summer-1st Eight Weeks	**6 hrs.**
				3	RESP 10103 Applied Cardiopulmonary Anatomy & Physiology	2, 3, 4, 5
				3	HEAL 14703 Medical Terminology	
Sophomore Year – Fall Semester 14 Hours				**Sophomore Year – Spring Semester 16 Hours**		
Hours	**Courses**	**Notes**		**Hours**	**Courses**	**Notes**
3	RESP 11103 Fundamentals of Respiratory Care Practice	2, 4		3	RESP 20103 Mechanical Ventilation	2, 4
2	RESP 12102 Respiratory Care Pharmacology	2, 4		3	RESP 21203 Neonatal and Pediatric Respiratory Care	2, 4
1/2	RESP 13101/13112 Respiratory Care Skills & Equipment/ Laboratory	2, 4		3	RESP 23303 Cardiopulmonary Diagnostic Testing	2, 4
6	RESP 14106 Non-Critical Care Clinical	2, 4		1	RESP 22301 Respiratory Care Credentialing Preparation	2, 4
				6	RESP 24306 Critical Care Clinical	2, 4
Total Hours: 64						

NOTES –

1.General Education Requisite Core Requirements.

2.These courses are used to determine major GPA – see graduation requirements. Must earn a C or better in all courses that apply to the degree

3.Must have completed the ATI TEAS pre-entrance exam with a minimum score of 58% to be considered for admission.

4. Requires admission to the associate degree of respiratory therapy program. Please contact the Admissions Coordinator, CHEHS at (479) 788-7861 for admission requirements and application.
5. Science courses taken more than five years prior to program application may not be eligible. See advisor for more information and to request a science course evaluation.
6. Prior to graduation students must demonstrate competency in financial literacy by satisfactory completion of FINN 15201 Personal Finance Applications (or an approved substitution) with a grade of C or better, or by a score of 70% or more on a challenge exam for FINN 15201.

RESP 10103 Applied Cardiopulmonary Anatomy & Physiology

This course provides an in-depth study on coronary and pulmonary Anatomy & Physiology. With emphasis on the heart-lung relationship within the context of ventilation, gas exchange, physiology, acid base regulation, exercise, and cardiopulmonary compensatory mechanisms. In addition, the content explores the cardiovascular and renal systems as they relate to cardiopulmonary function.

RESP 11103 Fundamentals of Respiratory Care

This course provides students with the foundational scientific principles essential to the practice of respiratory care. Topics include the structure and function of the respiratory and cardiovascular systems, mechanics of ventilation, gas exchange, circulation, and regulation of acid-base balance. Emphasis is placed on applying physiological concepts to clinical assessment, interpretation of cardiopulmonary data, and understanding pathophysiologic changes associated with respiratory diseases.

RESP 12102 Respiratory Care Pharmacology

This course examines general principles, theories and facts about drugs, their actions, classifications and mechanism of action, drug interactions and the adverse effect of drugs used in the preventions and treatment of respiratory diseases and illnesses.

RESP 13101 Respiratory Skills & Equipment

This course educates students on the skills to utilize equipment and learn the basic physics used in the delivery, management, and evaluation of respiratory care in a variety of settings. It includes focus areas of medical gas care, infection control, airway management, bronchial hygiene, and safe transport and introduces safe initiation and management of mechanical ventilation along with alternative ventilators and sleep devices.

RESP 13112 Respiratory Skills & Equipment Laboratory

This course provides students with hands-on experience in the set-up, operation, and maintenance of respiratory care equipment in a variety of settings. It includes focus areas of medical gas care, infection control, airway management, bronchial hygiene, and safe transport and introduces safe initiation and management of mechanical ventilation along with alternative ventilators and sleep devices

RESP 14106 Non-Critical Care Clinical

This course provides supervised clinical experience in the initiation, monitoring and evaluation of common respiratory care procedures in non-critical care settings. Students will apply classroom and laboratory knowledge to patient assessment, oxygen and aerosol therapy, arterial blood gas sampling and interpretation, pharmacologic administration, lung expansion therapies, and airway clearance techniques.

RESP 20103 Mechanical Ventilation

This course introduces the principles and clinical application of mechanical ventilation used in the management of patients with acute and chronic respiratory failure. Students will learn ventilator modes, settings, and monitoring techniques, as well as strategies for patient assessment, ventilator adjustments, and weaning. Emphasis is placed on evidence-based practice, patient safety, troubleshooting, and interprofessional collaboration in critical care environments.

RESP 21203 Neonatal/Pediatric Respiratory Care

This course introduces the foundational principles of respiratory assessment and management for neonates, infants, and children with cardiopulmonary disorders. Emphasis is placed on clinical application of evidence-based respiratory care, ventilatory support, and interprofessional collaboration in neonatal and pediatric settings. Students develop competence in

recognizing, evaluating, and responding to respiratory conditions across the pediatric continuum of care.

RESP 22301 Respiratory Care Credentialing Preparation
This course reinforces comprehensive knowledge and clinical decision-making skills required for entry-level respiratory therapists. Students engage in extensive review and application through more than 800 multiple-choice and open-ended questions and 20 computer-based clinical simulations designed to mirror the NBRC Therapist Multiple-Choice (TMC) and Clinical Simulation Examinations. Emphasis is placed on integrating cognitive, psychomotor, and affective domains of learning consistent with CoARC Entry-Into-Practice standards.

RESP 23303 Cardiopulmonary Diagnostic Testing
This course provides instruction in the assessment and evaluation of patients with cardiopulmonary diseases and chronic respiratory conditions. Students will learn the principles, indications, and performance of diagnostic procedures such as pulmonary function testing, arterial blood gas analysis, and electrocardiography. Emphasis is placed on interpreting test results, correlating clinical data, and applying findings to patient care planning and management.

RESP 24306 Critical Care Clinical
Students will learn the initiation and maintenance of common respiratory care procedures. Including assessment, oxygen and aerosol administration, arterial blood gas procedures and interpretation, pharmacological administration, lung expansion, and airway clearance techniques in critical care areas.

Total Lecture Hours: 19
Total Lab hours: 2
Total Clinical Clock Hours: 504
Credits: 64

b. Describe specified program-level learning outcomes.

c. State the program admission and graduation requirements. Indicate if any licensure/certification is a requirement for either program admission or graduation.
d. Describe or provide a link to the institution's assessment process. If the proposed program will be assessed in a manner other than described, indicate the adapted assessment measures.
See information regarding the Committee for Assessment of Learning Outcomes (CALO) at the following link: Committee for Assessment of Learning Outcomes (CALO) (uafs.edu)

12. INSTRUCTION BY DISTANCE EDUCATION

a. If the proposed program will be offered by distance education, provide rationale for this mode of delivery and why distance education is appropriate for the proposed program's field of study.
Respiratory Therapy will not be offered via distance learning.

b. If the proposed program will be offered by distance education, summarize or provide documentation showing the institution has developed adequate and appropriate technology policies and procedures, infrastructure, security measures, services, and support for distance education. Links to existing policies are acceptable.
N/A

c. Provide a list of services that will be outsourced to other organizations (course materials, course management and delivery, technical services, online payment, student privacy, etc.).
N/A

13. FACULTY

a. Provide the names and credentials of all faculty teaching courses for the proposed program. Include the following:

- Degree level, degree field, and college/university awarding the degree.
- Courses program faculty are currently teaching and/or will teach.
- Indicate lead faculty member or program coordinator for the proposed program.
- For associate degrees and above, a minimum of one full-time faculty member with appropriate academic credentials is required.

b. Total number of faculty required for program implementation, including:
   - Number of existing faculty
   - Number of **new** faculty needed. For new faculty, provide the expected credentials/experience and expected hire date.
   - If applicable, provide the projected number of graduate assistants and/or research assistants.

1. Existing: Executive Director of the RT Program (PD) / Instructor will serve as faculty for required hours.
   Cheryl Earls Executive Director- Respiratory Therapy
   Master of Science in Management /University of Illinois
   Registered Respiratory Therapist/ Registry Number 103520
   Licensed Respiratory Care Practitioner/Arkansas License Number RCP-1920
   Courses taught will be assigned when additional staff are added

2. Specific Needs-Director of Clinical Education (CDE) / Instructor will serve as faculty for required hours.
   Director of Clinical Education-plan to hire Summer 2027
   Required Credentials:
   Bachelor of Science or above in relevant field
   Registered Respiratory Therapist
   Arkansas LRCP (Licensed Respiratory Care Practitioner)
   Course taught will be assigned upon hire

3. Adjunct/Preceptor-needed to begin Fall 2027
   Required Credentials:
   Bachelor of Science or above in relevant field
   Registered Respiratory Therapist
   Arkansas LRCP (Licensed Respiratory Care Practitioner)
   Course taught will be assigned upon hire

14. RESOURCES

a. Provide links or briefly describe the current library resources relevant to students enrolled in the proposed program.

Respiratory Therapy; Boreham Library provides resources, facilities, and services in support of the Respiratory Therapy Associates Degree Program at University of Arkansas - Fort Smith

Boreham Library https://library.uafs.edu

The library offers all relevant databases and specialty journals related to respiratory care in addition to respiratory therapy textbooks in both print and e-book format.

Additional information is included in **Appendix C**.

b. Provide links to or briefly describe current instructional facilities (classrooms/laboratories), equipment, and technology to be used by students enrolled in the proposed program.

UAFS received the Windgate grant for the initial capital to begin the respiratory therapy program. The respiratory program will be housed in the Pendegraft Health Sciences Center with an office suite, clinical lab space and ample classroom space. The college also has the Boreham Library that has resources for respiratory therapy students

and tutoring services available. Since UAFS is part of the University of Arkansas system the college has access to Blackboard, Class.com and Workday Student. All classrooms are equipped with all necessary audio/visual equipment to ensure student success. Find below equipment that will be included in the respiratory therapy skills lab:

- Pulmonary sims mannequin-including computer system
- Neo-natal sims mannequin-including computer system
- Neonatal warmer
- Tracheostomy mannequin
- Intubation heads
- Pediatric mannequin
- Hamilton C6
- Hamilton C1
- Cardiac stress testing system
- ECG machine
- Spirometry system
- Blood gas arms
- Clinical evaluation system- proposed platinum planner

15. PROGRAM EXPENDITURES

a. Provide a summary of personnel expenses for the first 3 years. Include the following:

- New administrative costs, including the number and title of new administrators.
- Number of new faculty (full-time and part-time) and costs.
- Number of new graduate or research assistants and costs.
- Faculty development and cost.

Expense	Annually	First Three Years
1 Full-time Executive Director	$80,000	$240,000
1 Full-time Clinical Director	$67,000	$201,000
2 Part-time Clinical Instructors/Preceptors	$12,000 ea/$24,000 total	$72,000
1 Administrative Assistant	$31,315	$93,945
Faculty Professional Development	$2,000	$6,000

b. Provide a summary of resource and equipment expenses for the first 3 years. Include the following:

- New library resources and costs.
- New instructional equipment/resources and costs and acquisition plan.
- New research equipment/resources and costs and acquisition plan.
- Distance delivery costs, if applicable.

Library resources: $1,600

RT instructional equipment/resources provided per Windgate gift – initial cost: $2,538,071

c. Provide a summary of facility expenses for the first 3 years including new or renovated facilities and costs.

RT sim lab renovation provided per Windgate gift – initial cost: $500,000

d. Other new expenses (i.e., program accreditation, affiliations, etc.).

CoARC Application	$3,650
CoARC Self Study	$2,950
CoARC Self Study continued	$2,275
CoARC Annual	$3,075
CoARC Site Visit	$800 plus travel expense
CoARC Key personal academy	$350

e. If no new expenses are required for program implementation, provide an explanation.
N/A

16. PROGRAM FUNDING

a. Based on the previously stated projected annual student enrollment, provide the amount of student tuition per credit hour and the total amount of tuition and fee revenue generated by the proposed program for the first 3 years of operation.

Tuition and mandatory credit fees per hour: $334.50 x 64 hours = $21,408 program cost per student.
Annual cost per student =$10,704
12 students per year= $128,448
3-year total: AY2028: $128,448; AY2029: $256,896; AY2030: $$256,896; Total: $642,240

b. Provide information regarding grants received by the institution to support the proposed program. List the name, source, amount, and timeframe for each grant.
Windgate gift $3,776,640.13 with a gift end date of 08/31/2027

c. If a reallocation of funds will occur, indicate from which department, program, etc.
N/A

d. Other funding sources (donations, employers, special tuition rates, mandatory technology fees, program specific fees, etc.)
The program will include an additional technology fee, facility fee, and RT skills bag fee.

17. PROGRAM DUPLICATION

Based on the list of similar programs included with the Workforce Analysis provided by ADHE, provide rational or justification for program duplication.

a. If the proposed program is offered at other institutions in Arkansas or region, indicate:
- Need for an additional program
- How the proposed program differs from existing, similar programs such as modality, target population, cost, curriculum focus, etc.

Arkansas needs another respiratory program because:
- Demand is growing fast
- Current workforce is too small
- Training programs can't produce enough graduates
- Shortages are already affecting hospitals
- Future projections show the gap widening
- Keeping the River Valley hospitals staffed and functioning

UAFS Respiratory therapy program will target students in the local area, has affordable tuition and support for first generation students.

b. If a similar program was used as a model for the proposed program, indicate the institution and program name.
UAFS will follow National Board for Respiratory Care, CoARC and American Association of Respiratory Care guidelines to provide a consistent educational experience to all respiratory therapy students nationwide. As such, our model was based on accreditation standards, rather than on specific programs.

c. Provide a copy of the e-mail sent to all Arkansas public institutions notifying them of the proposed program. ADHE Academic Affairs staff should be copied on all correspondence between institutions regarding any objection(s) or concern(s) of the proposed program. If the objection(s) or concern(s) cannot be resolved, ADHE may intervene.

Note: A written institutional objection/concern(s) to the proposed program/unit may delay Arkansas Higher Education Coordinating Board (AHECB) consideration of the proposal until the next quarterly AHECB meeting.

18. ORGANIZATIONAL CHART

Provide an organizational chart indicating the college or department where the proposed program will be housed.

The organizational charts for the University of Arkansas – Fort Smith and the College of Health, Education, and Human Sciences are included in **Appendix D**.

19. SPECIALIZED ACCREDITATIONS

If specialized accreditation is required for the proposed program, provide the following:

- Name of accrediting agency
- Accreditation timeline

Commission on Accreditation for Respiratory Care (CoARC); prior to August 2027

The Letter of Intent application was submitted to the Commission on Accreditation for Respiratory Care (CoARC) on May 19, 2026. We were assigned a referee on June 3, 2026. The application is being reviewed by the referee and then it will be sent to the CoARC Board on July 15, 2026. We will be notified of their decision shortly thereafter. After the Letter of Intent is approved the program will begin a 6-month self-study and receive a site visit from CoARC. The program will then be approved for provisional accreditation and can begin accepting students.

20. INSTITUTIONAL AGREEMENTS/MEMORANDUM OF UNDERSTANDING (MOU)

If courses or academic support services will be provided by other institutions or organizations, include a copy of the signed MOU that outlines the responsibilities of each party and the effective dates of the agreement.

N/A

21. CONTACT INFORMATION

a. Provost/Chief Academic Officer: Dr. Raymond Green
E-mail Address: Ray.Green@uafs.edu
Phone Number: 479-788-7010

b. Program Contact Person: Cheryl Earls
Title: Executive Director-Respiratory Therapy
E-mail Address: Cheryl.Earls@uafs.edu
Phone Number: 479-788-7393

Additional information may be requested by ADHE Academic Affairs staff.

September 10, 2026

TO MEMBERS OF THE ACADEMIC AND
STUDENT AFFAIRS COMMITTEE:
Dr. Ed Fryar, Chair
Mr. Steve Cox
Mr. Judd Deere
Mr. Jeremy Wilson
Mr. Randy Lawson, Ex-Officio

Dear Committee Members:

Chancellor Peggy Doss, University of Arkansas at Monticello, requests approval to offer the Master of Science in Strength and Conditioning and the Graduate Certificate in Strength and Conditioning within the UAM School of Education.

The MS in Strength and Conditioning (30 hours) and GC (12 hours) course objectives, assignments, and assessments are aligned with National Strength and Conditioning (NSCA) standards and guidelines. Graduates of these programs will demonstrate an understanding of the physiological, biomechanical, and psychological principles underlying strength and conditioning practices. The Graduate Certificate courses will apply directly to the Master of Science in Strength and Conditioning providing a stackable pathway that can offer a seamless transition into a full master's program. The programs required the development of five new courses, but otherwise, do not require additional resources to implement. Both programs may be completed online.

This proposal has received the necessary campus approvals. I concur with Dr. Doss' recommendation. A proposed resolution follows for your consideration.

> BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board hereby approves adding the Master of Science in Strength and Conditioning and the Graduate Certificate in Strength and Conditioning within the School of Education at the University of Arkansas at Monticello, effective January 2027.
>
> BE IT FURTHER RESOLVED THAT if enrollment and budget goals have not been met upon evaluation of the program after five years the program will be discontinued.
>
> BE IT FURTHER RESOLVED THAT the President is hereby authorized to submit this proposal to the Arkansas Division of Higher Education for appropriate action.

Sincerely,

Jay B. Silveria. President
Charles E. Scharlau Presidential Leadership Chair

Attachments

UNIVERSITY OF ARKANSAS AT MONTICELLO

Master of Science in Strength and Conditioning

DEGREE COST AND SALARY EARNINGS

1. Expected cost to students to earn the credential
   - Total cost for an in-state student (before housing, books, transportation): $14,595.00_
   - Total cost for an out-of-state student (before housing, books, transportation): $22,177.50_

2. Expected starting salary
   - For students entering practice right after graduation, the starting salaries (average) can range between $50,633.00_ and $67,111.00 .

3. Expected salary after 5 years
   - After five years, the salaries will range between $61,488.00_ and $74,265.00_.

1. **INSTITUTION NAME:** **University of Arkansas at Monticello (UAM)**

2. **PROPOSED PROGRAM TITLE:** **Master of Science in Strength and Conditioning**
Graduate Certificate in Strength and Conditioning

3. **REQUESTED CIP CODE:** **31.0501**
Link for CIP Codes: https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=56

4. **PROPOSED START DATE:** **January 2027**

5. **PROPOSED ACADEMIC PROGRAM REVIEW DATE:**
Program review date must be within 10 years of program start date.
January 2036

6. **PRIOR APPROVALS**

a. Provide the date that the Board of Trustees approved (or will consider) the proposed program.
The program will be submitted for approval at the September 2026 UA Board of Trustees meeting.

b. Provide a copy of the Board of Trustees meeting agenda that lists the proposed program, and written documentation of program/unit approval by the Board of Trustees prior to the Coordinating Board meeting that the proposal will be considered.

c. Provide documentation of external program review or approval by any required, external agency/board/program accreditors such as education, nursing-initial approval required, health professions, counseling, etc.

d. Provide the date that the institutional curriculum committee approved the proposed program.

The University of Arkansas Graduate Council approved the program on April 28, 2026.

7. **PROGRAM SUMMARY**
Consider writing your program summary after you have completed this document. This summary will be used to present your program to the Higher Education Coordinating Board. It should include foundational information and aspects you would like to highlight.

Elements that make a thorough summary include:

- A description of the academic program.
- Explain how new program supports the institutional mission and promotes strategic initiatives.
- Describe the capability of college/department to deliver the new program with high quality.
- Sustainability of program on a long-term basis.
- Are the characteristics of the new program distinctive from similar programs offered by the competition?
- General statement on student outcomes.
- General statement on market outlook.
- General recruitment/enrollment goals.
- General statement on both operating and capital resource requirements.
- General statement on economic benefit to community & region.

- Identify where the program will be administratively housed.

a. Provide a general description of the proposed program.

The Master of Science in Strength and Conditioning includes 30 semester hours in four components: program design, exercise science, administration, and testing & performance assessment. The program will consist of 24 hours of online coursework with the remaining 6 hours committed to practicum hours that may be completed in-person or virtually. The Graduate Certificate in Strength and Conditioning will consist of 12 hours fully online with a focus on the same four components. The primary goal of the program(s) is to advance knowledge and instructional expertise in sport performance.

The programs do not include or require a recommendation for state teacher licensure; however, students in the master's program will be required to complete 6 hours of practicum under a Certified Strength and Conditioning Specialist (CSCS) Coach or approved mentor assigned by the School of Education. Students interested in pursuing the online Master of Science in Strength and Conditioning degree or graduate certificate must hold a baccalaureate degree from an accredited university with a 2.5 GPA. The graduate program and certificate are designed to prepare a student for leadership in fitness, exercise, strength and conditioning, athletic coaching and/or athletic-related careers.

The online Master of Science in Strength and Conditioning and graduate certificate reflects the university's commitment to empowering students, engaging with the community, and promoting economic growth both locally and beyond. To ensure that the programs align and enhance the mission and vision of the university, the programs will be implemented with fidelity, utilizing the existing resources in our body composition lab, exercise physiology lab, and athletic performance center and weight room. The programs will be taught by high-quality faculty in the School of Education, who have numerous years of experience in higher education. The sustainability of the program is ensured as the necessary equipment and faculty are in place.

The Master of Science in Strength and Conditioning and graduate certificate course objectives, assignments, and assessments are aligned with National Strength and Conditioning (NSCA) standards and guidelines (linked below) and will be utilized to measure learning outcomes for each course. Graduates of the programs will demonstrate an understanding of the physiological, biomechanical, and psychological principles underlying strength and conditioning practices. They will obtain the skills necessary to design and implement effective training programs for all populations, including athletes and general fitness clients.

The Graduate Certificate in Strength and Conditioning provides students with a focused, industry-relevant credential that enhances professional knowledge and skills in performance training, athlete development, and strength and conditioning practices. Designed for student-athletes, coaches, and sport performance professionals, the certificate offers a flexible pathway to advance career opportunities and meet workforce demands in athletic and performance settings. In addition, all certificate coursework applies directly to the Master of Science in Strength and Conditioning, allowing students to seamlessly transition into the master's program and continue their education without loss of credit. This stackable credential enables students to gain immediate professional qualifications while creating a clear pathway toward earning an advanced degree.

The market demand for graduates holding a Master of Science in Strength and Conditioning or graduate certificate is promising. This demand is due to the increasing awareness of health, fitness, and athletic performance. As the fitness industry continues to expand, the demand for qualified professionals who obtain advanced knowledge and real-world skills in strength and conditioning is expected to increase significantly.

b. List degree programs or emphasis areas currently offered at the institution that support the proposed program.

Associate of Science in Exercise Science; Bachelor of Science Degree in Exercise Science, Bachelor of Science Degree in Health and Physical Education Non-Licensure: Coaching Track, Bachelor of Science Degree in Health and Physical Education Non-Licensure: Sports Administration Track, Bachelor of Science Degree in Health and Physical Education Non-Licensure: Esports, and Master of Science Degree in Health and Physical Education (MPEC).

8. PROGRAM NEED

Institutions should include as many of the following elements as possible to demonstrate the need for a proposed program. Since need may be defined differently based on several factors, it is the responsibility of the institution to prove/justify need. Focus should be primarily on local and state needs and less on regional and national needs, unless applicable to the program.

a. Based on the Workforce Analysis provided by ADHE, summarize program need in terms of corporate demand, current job availability, and employment/wage projections.

Workforce data indicate a strong and growing demand for professionals prepared in strength and conditioning, exercise science, athletic training, coaching, and related fields. In Arkansas, employment across occupations directly aligned with the proposed program is projected to increase from 3,892 jobs in 2026 to 4,120 jobs by 2031, representing a growth rate of 5.9 percent and the addition of 228 new positions. Nationally, these occupations are expected to grow by 6.7 percent during the same period, adding more than 43,000 jobs. The workforce analysis also identified 145,449 unique job postings in the first half of 2026, demonstrating continued employer demand for qualified professionals in athletic performance, fitness, rehabilitation, coaching, and sports science.

Corporate demand is evident across a wide variety of employment sectors, including recreation and fitness industries, educational institutions, collegiate athletics, local government education and hospital systems, and spectator sports organizations. Employers actively seeking graduates with strength and conditioning expertise include YMCA, Life Time Fitness, NCAA-affiliated organizations, sports academies, and athletic programs. The most frequently advertised positions include athletic trainers, personal trainers, group fitness instructors, exercise physiologists, and coaching positions. In addition, workforce data show that "Strength Training and Conditioning" is among the most in-demand and fastest-growing specialized skills requested by employers, with more than 10,000 job postings requiring this competency and projected growth outpacing the broader labor market.

Compensation data further support the program's value, with a median annual wage of approximately $48,765 across the identified occupations. Employers are increasingly seeking graduates who possess competencies in strength and conditioning, exercise science, kinesiology, injury prevention, CPR/AED certification, and athletic training. As schools, athletic organizations, fitness centers, healthcare providers, and community recreation programs continue to expand their emphasis on performance enhancement, wellness, and injury prevention, the proposed Strength and Conditioning program will help meet workforce needs by preparing graduates for careers in a growing employment sector both within Arkansas and beyond.

Arkansas 2024 Wages

Occupation	Total Employment	Mean Wage	Entry Level Wage	Experienced Wage
Coaches and Scouts	2,300	$50,633	$28,922	$61,488
Athletic Trainer	240	$56,007	$43,451	$62,286
Exercise Trainers	1,100	$39,206	$24,914	$46,351
Recreational & Fitness Teacher, Postsecondary	190	$67,111	$52,802	$74,265

b. Submit a summary of the employer needs survey conducted by the institution. Institutions may use their own survey format. Templates are available here if needed. The summary should include:

- Corporate demand
- Current job openings
- Employment and wage projections
- Names and types of organizations or businesses surveyed
- Method of data collection (phone interviews, letters of interest, student inquiries, etc.)

c. Describe what workforce need the proposed program will address and how the institution became

aware of this need.

d. Describe any established employer partnerships and explain how the employer will support the proposed program such as tuition assistance, capital investments, or other enrollment incentives.

UAM has established partnerships with rehabilitation and sports performance centers, youth development organizations, collegiate athletic programs with advanced strength and conditioning facilities, and K-12 school districts with athletic programs. These partnerships provide practicum placements, experiential learning opportunities, professional mentorship, and access to state-of-the-art training environments that support the development of applied competencies in strength and conditioning.

e. If applicable, provide evidence regarding student interest and demand.

Survey results demonstrate strong student interest in advanced education and career preparation in strength and conditioning. Among 36 respondents, 95% indicated that earning a master's degree or graduate certificate in strength and conditioning would increase their earning potential. More than half (52.8%) believed the credential could increase earnings substantially, while an additional 25% anticipated a significant increase in income. These results reflect a strong perception that graduate-level preparation in strength and conditioning provides meaningful career and economic benefits. The survey also revealed considerable interest in professional opportunities within the field. Nearly two-thirds of respondents (63.9%) identified varsity athletics as their preferred employment setting, while 44.4% expressed interest in careers within collegiate athletics. Additionally, 41.7% indicated a desire to work in training and performance environments, and 27.8% were interested in specialized athlete development. Collectively, these findings demonstrate strong demand for advanced preparation in strength and conditioning and indicate that students are seeking credentials that will prepare them for careers across athletic, performance, and sport-specific training settings.

f. Submit letters of support. Letters should address the following when relevant:

- Local, economic impact
- Number of current/anticipated job vacancies
- Whether the degree is desired or required for advancement
- The increase in projected wages based on additional education, etc.

9. PROGRAM ADVISORY COMMITTEE

Provide information on the program advisory committee. Include the following:

- Number of members
- Professional background of members
- Topics to be considered by the members
- Meeting schedule (annual, bi-annual, quarterly)
- Institutional representative

10. ENROLLMENT AND GRADUATION PROJECTIONS

In the table below, provide program enrollment and graduation projections for the next five academic years. Should this proposal contain more than one credential, complete a table for each award type. Projections need to be realistic and attainable based on workforce need/demand.

Graduate Certificate in Strength and Conditioning

Academic Year	Projected Enrollment	Projected Graduates
2027-2028	6	6
2028-2029	10	10
2029-2030	15	15
2030-2031	20	20
2031-2032	25	25

Master of Science in Strength and Conditioning

Academic Year	Projected Enrollment	Projected Graduates
2027-2028	6	6
2028-2029	10	10
2029-2030	15	15
2030-2031	20	20
2031-2032	25	25

11. CURRICULUM

a. Provide a curriculum outline **and** an 8-semester degree plan. The outline should include:

- Course numbers and course titles.
- New courses should be italicized and course descriptions provided.
- Identify whether each course is a required general education course, a core course, a major course, an elective course, etc.
- Identify which courses are currently or will be offered by distance technology.
- If applicable, indicate the number of contact hours for internship/clinical courses.
- If applicable, include information received from potential employers about course content.
- Total number of semester credit hours required for the program, including prerequisite courses.

All courses within the tables below are major/required courses.

Graduate Certificate in Strength and Conditioning

Semester	Course Prefix/Name	Credit Hours	Mode of Instruction
Spring	*EXSC 52433 Anatomical Kinesiology*	3	Online
Spring	*EXSC 5XXX3 Program Design in Strength and Conditioning*	3	Online
Fall	*EXSC 5XXX3 Test and Measurements in Strength and Conditioning*	3	Online
Fall	*EXSC 5XXX3 Adaptations to Aerobic and Anaerobic Exercise*	3	Online

Master of Science in Strength and Conditioning

Semester	Course Prefix/Name	Credit Hours	Mode of Instruction
Spring	**EXSC 5XXX3 Strength and Conditioning Internship I*	3	Hybrid
Spring	*EXSC 52433 Anatomical Kinesiology*	3	Online
Spring	*EXSC 5XXX3 Program Design in Strength and Conditioning*	3	Online
Summer I	*PHED 51233 Risk Management and Legal Issues in Sports*	3	Online
Summer I	*PHED 52533 Psychology of Sports in Physical Education*	3	Online
Summer II	*EXSC 53133 Applied Nutrition in Wellness and Sports*	3	Online
Summer II	PHED 51133 Exercise & Sport Pharmacology	3	Online
Fall	**EXSC 5XXX3 Strength and Conditioning Internship II*	3	Hybrid
Fall	*EXSC 5XXX3 Test and Measurements in Strength and Conditioning*	3	Online

Fall	*EXSC 5XXX3 Adaptations to Aerobic and Anaerobic Exercise*	3	Online

*May be taken in the fall or spring depending on the student's first semester of enrollment.

EXSC 52433 Anatomical Kinesiology, 3 credit hours: This course focuses on human movement and related anatomical and mechanical principles. Biomechanical analysis of joint movement, stability, and range of movement, neuromuscular physiology, and electromyography.

EXSC 5XXX3 Program Design in Strength and Conditioning, 3 credit hours: This course examines the scientific principles and practical methods for designing effective strength and conditioning programs. Students study periodization, load management, movement assessment, and exercise selection, and apply current research to develop evidence-based training plans for all athletic and physically active populations. Emphasis is placed on long-term athlete development, performance monitoring, and the integration of strength and conditioning strategies within interdisciplinary support teams.

EXSC 5XXX3 Test and Measurements in Strength and Conditioning, 3 credit hours: This course provides an applied study of performance assessment methods used in advanced training environments. It emphasizes standardized procedures for evaluating strength, power, speed, agility, endurance, mobility, and body composition in athletic and physically active populations. Students examine test validity, reliability, and appropriate test selection, along with best practices for organizing and administering testing sessions. Instruction includes analyzing exercise techniques to ensure safe and accurate performance, interpreting performance data, and applying assessment results to evidence-based program design and athlete monitoring.

EXSC 5XXX3 Adaptations to Aerobic and Anaerobic Exercise, 3 credit hours: This course explores the physiological adaptations to anaerobic and aerobic exercise, emphasizing the neuromuscular, metabolic, cardiovascular, and respiratory changes that drive performance and training outcomes and how these systems interact to influence athletic performance, fatigue, and recovery.

PHED 51233 Risk Management and Legal Issues in Sports, 3 credit hours: This course focuses on legal concepts and ethical issues impacting sport administration and coaching policy information.

PHED 52533 Psychology of Sports in Physical Education, 3 credit hours: This course is designed to acquaint the student with concepts concerning the role of sport psychology in athletics and physical education. Emphasis will be placed on the analysis of human behavior patterns as they relate to sports performance.

EXCS 53133 Applied Nutrition in Wellness and Sports, 3 credit hours: This course focuses on the practical application of modern principles to develop nutritional plans for students, sports participants, and later life fitness. Modern computerized nutritional programs utilized and hands-on experience with modern instrumentation and case studies provided for basal metabolism, lean weight, fat weight, caloric expenditure, and the use of proper exercise with various nutritional plans.

PHED 51133 Exercise & Sport Pharmacology, 3 credit hours: Pharmacology is the study of drug action, including the chemistry, effects, and uses of drugs. Exercise and sport pharmacology is a specialized branch of pharmacology that studies the interaction between the physiological changes caused by physical activity. It is concerned with how drugs might affect people engaged in sports or exercise programs, including athletes and those who are overweight, unfit, disabled, or elderly. Exercise and sport pharmacology are an emerging field. Its scope ranges from studying the effects of drugs on athletes in competition to examining drugs' effects on patients in cardiac rehabilitation.

EXSC 5XXX3 Strength and Conditioning Internship I, 3 credit hours: This course provides an advanced, supervised internship experience (90 hours) in the field of strength and conditioning. Students apply graduate-level principles of exercise physiology, biomechanics, athlete monitoring, and program design within a professional sport, tactical, clinical, or collegiate training environment. Professional development is embedded

throughout the internship, including communication with coaches and athletes, ethical practice, risk management, facility operations, and documentation of training processes. Students complete reflective analyses and keep detailed training logs. Supervisors must hold a certification from American College of Sport Medicine or the National Strength and Conditioning Association.

EXSC 5XXX3 Strength and Conditioning Internship II, 3 credit hours: Internship II (90 hours) provides advanced, supervised professional experience in strength and conditioning with an emphasis on independent coaching, program refinement, and applied sport science integration. Students build on foundational competencies developed in Internship I and assume greater responsibility in designing, implementing, and evaluating training interventions for athletic, tactical, or general populations. Supervisors must hold a certification from American College of Sport Medicine or the National Strength and Conditioning Association.

b. Describe specified program-level learning outcomes.
c. State the program admission and graduation requirements. Indicate if any licensure/certification is a requirement for either program admission or graduation.
d. Describe or provide a link to the institution's assessment process. If the proposed program will be assessed in a manner other than described, indicate the adapted assessment measures.

https://www.uamont.edu/academics/pdfs/university-assessment/AssessmentPlan2025Final.pdf#search=2025%20university%20assessment%20process

12. INSTRUCTION BY DISTANCE EDUCATION

a. If the proposed program will be offered by distance education, provide rationale for this mode of delivery and why distance education is appropriate for the proposed program's field of study.

Upon approval, all courses in the Master of Science in Strength and Conditioning degree program will be offered as 30 hours: 24 online and 6 hours practicum (in person or virtual). Many candidates pursuing this degree may be employed full-time and balancing work, family, and personal aspirations. The goal is to provide busy professionals with the opportunity to pursue a master's degree without initiating a career sabbatical or temporarily stepping away from the workforce.

With an online program, candidates can study whenever and wherever. The convenience of an online program will make it easier for those who enroll in the program to achieve their professional goals. The courses are designed to be practical and relevant, blending academic knowledge with real-world applications. Candidates will not just be learning theories; they will gain skills that can immediately apply to their current job. Candidates will be able to enhance expertise while making an impact in their workplace.

By offering this online master's program, the School of Education is not just providing an educational opportunity but will also support the candidate's personal and professional journey.

The practicum may be completed in a virtual format when necessary. Virtual experiences will incorporate National Strength and Conditioning Association (NSCA) educational resources, including performance analysis and sport-specific training modules, along with remote coaching and applied learning opportunities delivered through approved strength and conditioning partners and vendors**.**

b. If the proposed program will be offered by distance education, summarize or provide documentation showing the institution has developed adequate and appropriate technology policies and procedures, infrastructure, security measures, services, and support for distance education. Links to existing policies are acceptable.

https://www.uamont.edu/academics/distance-education.html

c. Provide a list of services that will be outsourced to other organizations (course materials, course

management and delivery, technical services, online payment, student privacy, etc.).

The university will employ part-time faculty when necessary. Faculty will manage and deliver the course as developed and approved, meeting the same standards of academic rigor and quality as other UAM graduate courses. Additionally, the university utilizes Blackboard as the learning management system. Blackboard is used to deliver course content, provide online assessments, and facilitate communication between instructors and students. All instructors and students will have access to Class Teams as a communication tool throughout delivery of the course content. UAM policies and procedures will be followed for technical services and student privacy.

13. FACULTY

a. Provide the names and credentials of all faculty teaching courses for the proposed program. Include the following:
   - Degree level, degree field, and college/university awarding the degree.
   - Courses program faculty are currently teaching and/or will teach.
   - Indicate lead faculty member or program coordinator for the proposed program.
   - For associate degrees and above, a minimum of one full-time faculty member with appropriate academic credentials is required.

The program will employ three full-time faculty members, Memory Frazer, Peyton Higgins, and Jordan Cosma. Additionally, one part-time adjunct will be employed as needed. Dr. Kimberly Wilkerson, Associate Dean of Graduate Education, will serve as the program coordinator.

Faculty	Degree	University	Rank	Tenure Track
Memory Frazer	M.S. Human Performance	Southern Mississippi Hattiesburg, MS	Instructor	No
Peyton Higgins	M.S. Exercise Science	University of Montevallo Montevallo, AL	Instructor	No
Jordon Cosma	M.S. Strategic Leadership	Oklahoma Wesleyan University Bartlesville, OK	Instructor	No

b. Total number of faculty required for program implementation, including:
   - Number of existing faculty
   - Number of **new** faculty needed. For new faculty, provide the expected credentials/experience and expected hire date.
   - If applicable, provide the projected number of graduate assistants and/or research assistants.

The program will employ three full-time faculty members, Jordan Cosma, Memory Frazer, and Peyton Higgins. Additionally, part-time faculty will be employed as needed. The part-time faculty will hold a master's degree or higher in a related field. At this time, the need for a graduate or research assistant is not anticipated.

14. RESOURCES

a. Provide links or briefly describe the current library resources relevant to students enrolled in the proposed program.

https://www.uamont.edu/academics/library/index.html
https://uamont.libguides.com/Services/Policies

b. Provide links to or briefly describe current instructional facilities (classrooms/laboratories), equipment, and technology to be used by students enrolled in the proposed program.

Students enrolled in the MS in Strength and Conditioning degree program will have access to the Exercise Lab located within the School of Education. The lab includes a Seca Machine, DEXA Machine, VO2 Max, ECG Machine, EMG Machine, and fitness equipment.

The School of Education will also leverage the Kenneth H. Hunt Athletic Performance Center which provides students access to a state-of-the-art weight room and a 3,000-square-foot athletic training area.

Additionally, the School of Education has classrooms equipped to offer high-quality live/virtual instruction if the need arises within the new program. Each room in the School of Education is equipped with a computer connected to the internet, a projector, and an audio system.

15. PROGRAM EXPENDITURES

a. Provide a summary of personnel expenses for the first 3 years. Include the following:

- New administrative costs, including the number and title of new administrators.
- Number of new faculty (full-time and part-time) and costs.
- Number of new graduate or research assistants and costs.
- Faculty development and cost.

No new administrative costs associated with the new degree program.
No new faculty associated with the new degree program.
No new graduate or research assistants associated with the new degree program.
No new faculty development cost associated with the new degree program.

b. Provide a summary of resource and equipment expenses for the first 3 years. Include the following:

- New library resources and costs.
- New instructional equipment/resources and costs and acquisition plan.
- New research equipment/resources and costs and acquisition plan.
- Distance delivery costs, if applicable.

No additional library resources and costs associated with the new degree program.
No additional instructional equipment/resources and costs associated with the new degree program.
No additional research equipment/resources and costs associated with the new degree program.
Distance delivery costs- not applicable

c. Provide a summary of facility expenses for the first 3 years including new or renovated facilities and costs.

The School of Education has recently renovated Willard 206 to include laboratory testing capabilities. Additionally, this space along with the body composition lab and exercise physiology lab is equipped with various resources, including exercise and fitness equipment as mentioned above, as well as specialized testing tools, enhancing the university's focus on exercise science. The resources, equipment, and testing tools were funded by a $11,986.40 Centennial Grant written by Peyton Higgins.

d. Other new expenses (i.e., program accreditation, affiliations, etc.).

Currently, Mr. Higgins is the only faculty member with membership of the National Strength and Conditioning Association (NSCA). Upon approval of the program, the School of Education will seek membership to NSCA for all of the program faculty.

e. If no new expenses are required for program implementation, provide an explanation.

No new expenses are required for program implementation. The School of Education will utilize existing faculty and facilities to implement the program.

16. PROGRAM FUNDING

a. Based on the previously stated projected annual student enrollment, provide the amount of student tuition per credit hour and the total amount of tuition and fee revenue generated by the proposed program for the first 3 years of operation.

Program Costs: Arkansas Resident

Fee Category	Per Hour/Course	Program
Tuition	$303.25 per hour	$9097.50
Fees	$183.25 per hour	$5497.50
Books	$100 per course	$1,000.00
Total Program Cost		$15,595.00

Program Costs: Out-of-State

Fee Category	Per Hour/Course	Program
Tuition	$556.00 per hour	$16,680.00
Fees	$183.25 per hour	$5497.50
Books	$100 per course	$1,000.00
Total Program Cost		$23,177.50

Projected Three Year Program Revenue

Year	Enrollment	Total
Year 1	6	$93,570.00
Year 2	10	$155,950.00
Year 3	15	$233,925.00
Total Projected Revenue		$483,445.00

b. Provide information regarding grants received by the institution to support the proposed program. List the name, source, amount, and timeframe for each grant.
Not Applicable

c. If a reallocation of funds will occur, indicate from which department, program, etc.
Not Applicable

d. Other funding sources (donations, employers, special tuition rates, mandatory technology fees, program specific fees, etc.)
Not Applicable

17. PROGRAM DUPLICATION

Based on the list of similar programs included with the Workforce Analysis provided by ADHE, provide rational or justification for program duplication.

a. If the proposed program is offered at other institutions in Arkansas or region, indicate:
- Need for an additional program
- How the proposed program differs from existing, similar programs such as modality, target population, cost, curriculum focus, etc.

This program is not offered in the University of Arkansas System and currently not offered by an Arkansas University completely online.

b. If a similar program was used as a model for the proposed program, indicate the institution and program name.
Not Applicable

c. Provide a copy of the e-mail sent to all Arkansas public institutions notifying them of the proposed program. ADHE Academic Affairs staff should be copied on all correspondence between institutions regarding any objection(s) or concern(s) of the proposed program. If the objection(s) or concern(s) cannot be resolved, ADHE may intervene.

Note: A written institutional objection/concern(s) to the proposed program/unit may delay Arkansas Higher Education Coordinating Board (AHECB) consideration of the proposal until the next quarterly AHECB meeting.

18. ORGANIZATIONAL CHART

Provide an organizational chart indicating the college or department where the proposed program will be housed.
Appendix

19. SPECIALIZED ACCREDITATIONS

If specialized accreditation is required for the proposed program, provide the following:

- Name of accrediting agency
- Accreditation timeline

Although this is a graduate-level degree program, it does not require a specialized accreditation.

20. INSTITUTIONAL AGREEMENTS/MEMORANDUM OF UNDERSTANDING (MOU)

If courses or academic support services will be provided by other institutions or organizations, include a copy of the signed MOU that outlines the responsibilities of each party and the effective dates of the agreement.
To complete the program, candidates must complete two internships in strength and conditioning.
Refer to Appendix for the MOU.

21. CONTACT INFORMATION

a. Provost/Chief Academic Officer: Crystal Halley
E-mail Address: halleyc@uamont.edu
Phone Number: 870.460.1833

b. Program Contact Person: Dr. Kim Level
Title: Dean
E-mail Address: level@uamont.edu
Phone Number: 870.460.1062

Additional information may be requested by ADHE Academic Affairs staff.

September 10, 2026

TO MEMBERS OF THE ACADEMIC AND
STUDENT AFFAIRS COMMITTEE:
Dr. Ed Fryar, Chair
Mr. Steve Cox
Mr. Judd Deere
Mr. Jeremy Wilson
Chair Randy Lawson, Ex-Officio

Dear Committee Members:

The following new Articulation Agreements are for all UA System campuses and are presented each year at the September meeting. Vice President for Academic Affairs Michael Moore will be available for any questions you have concerning these agreements.

University of Arkansas, Fayetteville
Memorandum of Understanding 2+2 Agreement:

- UA, Fayetteville, and UA Fort Smith - BS in Mechanical Engineering and the BS in Electrical Engineering on the UAFS campus

University of Arkansas at Little Rock

- UA Little Rock and Arkansas Northeastern College – Associate of Science in Mid-Level Education to Bachelor of Science in Education in Middle Level Education
- UA Little Rock and AREC- Associate of Applied Science in Nursing to Bachelor of Science in Nursing
- UA Little Rock and ASU Beebe- Associate of Science in Liberal Arts and Studies to Bachelor of Arts in English with Creative Writing Emphasis
- UA Little Rock and ASU Beebe- Associate of Science in Education to Bachelor of Science in Education in Middle Level Education
- UA Little Rock and ASU Beebe- Associate of Fine Arts in Theatre to Bachelor of Arts in Theatre
- UA Little Rock and UA Cossatot – Associate of Science in K-6 Education to Bachelor of Science in Elementary K-6
- UA Little Rock and SAU-Tech- Associate of Arts in Teaching to Bachelor of Science in Education in Middle Level Education
- UA Little Rock and SAU-Tech – Associate of Applied Science-Nursing to Bachelor of Science in Nursing
- UA Little Rock and SAU-Tech – Associate of Arts in Teaching to Bachelor of Science in Education in Elementary Education K-6
- UA Little Rock and UA North Ark – Associate of Applied Science in Registered Nursing to Bachelor of Science in Nursing

- UA Little Rock and UA Batesville – Associate of Applied Science in Registered Nursing to Bachelor of Science in Nursing
- UA Little Rock and UA Batesville – Associate of Arts in Teaching to Bachelor of Science in Education in Middle Childhood Education
- UA Little Rock- UA Morrilton – Associate of Science in Education to Bachelor of Science in Education in Elementary K-6
- UA Little Rock and UAPTC- Associate of Science in Liberal Arts and Sciences to Bachelor of Science in Biology -Clinical Biology Concentration, Ecology and Organismal Biology, and Molecular Biotechnology
- UA Little Rock and UAPTC- Associate of Science in Liberal Arts and Sciences to Bachelor of Science in General Biology
- UA Little Rock and UA Rich Mountain- Associate of Arts to Bachelor of Science in Middle Childhood Education
- UA Little Rock and UA Rich Mountain- Associate of Arts in Teaching to Bachelor of Science in Education in Middle Childhood Education
- UA Little Rock and UA Rich Mountain- Associate of Applied Science in General Technology to Bachelor of Applied Science

University of Arkansas at Monticello
Memorandum of Understanding 2+2 Agreements:

- UA-Monticello and UAEACC: Associate of Science in Business to the Bachelor of Business Administration, Emphasis in General Business.
- UA-Monticello and UAHT: Associate of Science in Education to the Bachelor of Arts in K-6 Elementary Education.
- UA-Monticello and UAHT: Associate of Science in Business to the Bachelor of Business Administration, Emphasis in General Business.
- UA-Monticello and UACCB: Associate of Arts in Teaching to the Bachelor of Arts in K-6 Elementary Education.
- UA-Monticello and UACCB: Associate of Arts in Liberal Arts to the Bachelor of Interdisciplinary Studies.
- UA-Monticello and UACCB: Associate of Science in Business to Bachelor of Business Administration in General Business.
- UA-Monticello and CCCUA: Associate of Science in Business to the Bachelor of Business Administration, Emphasis in General Business.
- UA-Monticello and NACUA: Associate of Science in Education the Bachelor of Arts in K-6 Elementary Education.
- UA-Monticello and NACUA: Associate of Science in Business to the Bachelor of Business Administration, Emphasis in General Business.
- UA-Monticello and PCCUA: Associate of Science in Nursing to the Bachelor of Science in Nursing.
- UA-Monticello and PCCUA: Associate of Arts in Business Administration to the Bachelor of Business Administration, Emphasis in General Business.

- UA-Monticello and PCCUA: Associate of Science in Business to the Bachelor of Business Administration, Emphasis in General Business.
- UA-Monticello and PCCUA: Associate of Arts in Teaching to the Bachelor of Arts in K-6 Elementary Education.

University of Arkansas at Fort Smith
Memorandum of Understanding 2+2 Agreements:

- UAFS and UA-PTC: Associate of Science in Business Administration to Bachelor of Business Administration.
- UAFS and UA-PTC: Associate of Applied Science in Early Childhood Education to Bachelor of Science in Early Childhood Education (Non-Licensure)
- UAFS and UA-PTC: Associate of Science in Education to Bachelor of Science in Elementary Education, K-6.
- UAFS and UA-PTC: Associate of Science in Liberal Arts and Sciences to Bachelor of Science in Criminal Justice.
- UAFS and UA-PTC: Associate of Science in Liberal Arts and Sciences to Bachelor of Arts in Psychology.
- UAFS and UA-PTC: Associate of Science in Liberal Arts and Sciences to Bachelor Social Work.
- UAFS and UACCB: Associate of Applied Science in Early Childhood to Bachelor of Science in Early Childhood Education.
- UAFS and UACCM: Associate of Science in Business Administration to Bachelor of Business Administration.
- UAFS and UACCM: Associate of Applied Science in Early Childhood Education to Bachelor of Science in Early Childhood Education (Non-Licensure)
- UAFS and UACCM: Associate of Science in Education to Bachelor of Science in Elementary Education, K-6.
- UAFS and UACCM: Associate of Science in Education to Bachelor of Science in Middle Level Education; 4-8.
- UAFS and UA-PTC: Associate of Arts to Bachelor of Science in Criminal Justice.

Cossatot Community College of the University of Arkansas

- University of Arkansas Ft Smith:
    - Associate of Science Criminal Justice to Bachelor of Science Criminal Justice
    - Associate of Science Psychology to Bachelor of Science Psychology
    - Associate of Science Health Sciences to BS Dental Hygiene
    - Associate of Arts to Bachelor of Social Work

University of Arkansas Community College at Rich Mountain

- SAU:
    - AAS Advanced Manufacturing to BS Engineering Technology
    - AAS Advanced Manufacturing to BS Industrial Technology

    - AAS Advanced Manufacturing to BS Mechanical Engineering
- UALR:
    - AA to BS Middle Childhood Education
    - AAT to BS Middle Childhood Education
    - Direct Admission Transfer Partnership
- UAF:
    - AAT to Elementary Education BSE
    - AA to BS in Recreation and Sport Management
    - AS Exercise Science to BS Exercise Science

University of Arkansas East Arkansas Community College
Memorandum of Understanding 2+2 Agreements

- UAM: Associate of Science in Business to Bachelor of Business Administration
- ATU: Registered Nurse (RN) to Bachelor of Science in Nursing
- UAFS: Associate of Arts or Associate of Science to Bachelor of Science in Organizational Leadership
- ASU:
    - Associate of Arts to Bachelor of Arts in History, Political Science, English, Psychology, or Communication Studies
    - Associate of Arts to Bachelor of Science in Strategic Communication or Psychology
    - Associate of Science in Criminal Justice to Bachelor of Arts in Criminology or Sociology

University of Arkansas – Pulaski Technical College

- 2+2 Articulation Agreement with Western Governors University
  This new articulation agreement is designed to facilitate the seamless transfer of students from UA-PTC to WGU in the following pathways:
    - AGS, AAS Business or ASB to BS Accounting
    - AGS, AAS Business, or ASB to BS Business Management
    - AGS, AAS Business, or ASB to BS Communications
    - AGS, AAS Business, or ASB to BS Finance
    - AGS, AAS Business, or ASB to BS Healthcare Administration
    - AGS, AAS Business, or ASB to BS Human Resource Management
    - AGS, AAS Business, or ASB to BS Information Technology Management
    - AGS, AAS Business, or ASB to BS Marketing
    - AGS, AAS Business, or ASB to BS Project Management
    - AGS, AAS Business, or ASB to BS Supply Chain Operations Management
    - AGS, AAS Business, or ASB to BS User Experience Design
    - ASE to BA Elementary Education
    - ASE to BA Special Education/Elementary Education Dual Licensure
    - ASE to BA Special Education

- ASE to BS Mathematics Education
- ASE to BS Science Education
- AAS Emergency Medical Sciences or AAS Surgical Technology to BS Health and Human Services
- AAS Health Information Management Technology to BS Health Information Management
- AAS Allied Health to BS Health Science
- AAS CIS to BS AI Engineering
- AAS CIS to BS Cloud and Network Engineering
- AAS CIS to BS Computer Science
- AAS CIS to BS Cybersecurity and Information Assurance
- AAS CIS to BS Data Analytics
- AAS CIS to BS Information Technology
- AAS CIS to BS Software Engineering

<u>University of Arkansas Community College at Morrilton</u>
Memorandum of Understanding 2+2 Agreements

- UACCM and University of Arkansas Grantham
  - AS in Business to Bachelor of Business Administration
  - AA in General Education to Bachelor of Business Administration
  - AS in Liberal Arts to Bachelor of Arts in Criminal Justice
  - AS in Liberal Arts to Bachelor of Arts in Strategic Communications
  - AAS in Health Science to Bachelor of Science in Health Information Management
- UACCM and University of Arkansas Little Rock
  - AS in Education to Bachelor of Science in Elementary Education K-6

Memorandum of Understanding Other Agreements

- UACCM and UAMS: Agreement to cooperate for the purpose of assisting licensed graduates and current students from the UACCM Associate Degree Registered Nurse (RN) program to complete Bachelor of Science in Nursing (BSN) and/or the Master of Nursing Science (MNSc) degree.
- UACCM and UAM: Agreement to facilitate the admission and transfer of eligible UACCM students into approved baccalaureate degree programs offered by UAM and delivered on the UACCM campus.
- UACCM and UALR: Agreement to establish a Direct Admission Transfer Partnership to provide opportunities for students to support their pursuit of undergraduate degrees and certificates.

<u>University of Arkansas Community College at Hope-Texarkana</u>

- UACCHT and UALR CyberLearn Consortium: CP Cybersecurity, TC Technical Certificate, CP Applied AI, TC Applied AI, CP Cyber-Informed Engineering to Bachelor of Science in Cybersecurity

- UACCHT and UA Monticello: AA Teaching to Bachelor Science Education and AS Business to Bachelor Business Administration.

This is an information items only and does not require Board approval.

Sincerely,

Jay B. Silveria
President
Charles E. Scharlau Presidential Leadership Chair

September 10, 2026

TO: MEMBERS OF THE ACADEMIC AND
STUDENT AFFAIRS COMMITTEE:
Dr. Ed Fryar, Chair
Mr. Steve Cox
Mr. Judd Deere
Mr. Jeremy Wilson
Mr. Randy Lawson, Ex-Officio

Dear Committee Members:

Items placed on the Academic Unanimous Consent Agenda are matters which traditionally receive the unanimous support of the Board; however, any item may be singled out for discussion. I am requesting that you consider the following items on the Unanimous Consent Agenda for the September 17-18, 2026, Academic and Student Affairs Committee meeting.

1. University of Arkansas, Fayetteville
   A. Delete a Degree, Concentration or Minor
      - The STEM Education CP in the Department of Curriculum and Instruction in the College of Education and Health Professions, effective fall 2027
      - Education Examiner concentration in the Curriculum and Instruction Education Specialist program in the Dept of Curriculum and Instruction in the College of Education and Health Professions, effective Fall 2027

2. University of Arkansas for Medical Sciences
   A. Modification of an Existing Program: offer existing program at an existing off-campus location
      - 3-Year Primary Care Track in Medicine at Main Campus in Little Rock

3. University of Arkansas at Monticello
   A. Modification of Program/Option/Emphasis/Concentration/Minor
      - Master of Arts in English
      - Graduate Certificate in Creative Writing
      - Associate of Science in Engineering Mathematics
      - Certificate of Proficiency in Hospitality Skills
      - Certificate of Proficiency in Manufacturing Principles
   B. Delete Concentration, Certificate or Minor
      - Graduate Certificate in Children's and Adolescent Literature
      - Graduate Certificate in Composition and Rhetoric

4. University of Arkansas at Little Rock
   A. Deletion of Minor Programs

Donaghey College of Science, Technology, Engineering, and Mathematics:

- Actuarial Science
- Astronomy
- Bioinformatics
- Computer Information Systems
- Computer Integrated Manufacturing
- Engineering Technology
- Environmental Geology
- Environmental Health Sciences
- Physics

College of Business, Health, and Human Services:

- ADVT Integrated MKTG Communication
- Accounting
- Business Information Systems
- Communication Sciences and Disorders
- Digital Marketing
- Economics
- Entrepreneurship/Small Business
- Exercise Science
- Finance
- Gerontology
- Innovation and Entrepreneurship
- Nursing
- Personal Finance
- Professional Selling
- Real Estate
- Social Work
- Speech Pathology

College of Humanities, Arts, Social Sciences, and Education:

- Digital Graphics
- Gender Studies
- Journalism
- Linguistics
- Media Production/Design
- Nonprofit Leadership Studies
- Race and Ethnicity
- Secondary Education-STEM
- Secondary Education
- Speech Communication
- Strategic Communication
- Strategic Public Relations
- Technical Theatre/Design

B. Inactivate Certificate or Degree Program, Concentration, or Minor Programs
- Certificate of Proficiency Nonprofit Leadership Studies

5. University of Arkansas at Fort Smith
A. Modification of an Existing Program, Curriculum Revision
- Modify the General Education Core for all Associate of Arts, Associate of Science and Bachelors degrees in agreement with recent ADHE vote

B. Inactivate Certificate or Degree Program, Concentration or Minor
- Modify the AAS, TC and CP in Workforce Leadership

6. University of Arkansas – Pulaski Technical College
A. New Off-Campus Concurrent Education Location
- Exalt Academy High School, 10710 West I-30, Little Rock, AR 72209
- Little Rock Christian Academy, 19010 Cantrell Road, Little Rock, AR 72223

7. University of Arkansas Community College at Rich Mountain
A. Modification of an Existing Program, Curriculum Revision as outlined in ACT 566 of 2025 and updated at the April 2025 AHECB meeting
- Modify the Associate of Arts
- Modify the Associate of General Studies
- Modify the Associate of Applied Science General Technology
- Modify the Certificate of General Studies

8. University of Arkansas Community College at Morrilton
A. Deletion of Certificate or Degree Program, Concentration or Minor
- Certificate of Proficiency in Dietary

9. University of Arkansas Community College at Hope-Texarkana
A, Establish a New Program from Existing Courses
- Associate of Applied Science in Cybersecurity (no new courses, faculty, facilities or resources)

B. Modification of Program/Option/Emphasis/Concentration/Certificate
- CP - Information Technology Coding
- CP - Cybersecurity
- TC- Cybersecurity (Essentials)
- TC - Information Technology
- AAS - Information Technology
- CP - Artificial Intelligence

C. Delete Concentration, Certificate or Minor
- CP - Teaching Assistant
- TC - Teaching Assistant
- CP - Cybersecurity II
- CP - Solar Energy Technology

- TC - Solar Power Technology
- CP - Surgical Scrub Technician
- AS - Education

10. University of Arkansas Grantham

A. Delete a Degree, Concentration or Minor

- Associate of Science: Engineering Management Technology
- Bachelor of Arts: Multidisciplinary Studies
- Bachelor of Arts: Strategic Communications
- Bachelor Business Administration: Financial Planning
- Bachelor Business Administration: Operations Management
- Bachelor of Arts: Criminal Justice Computer Forensic Investigation Concentration
- Bachelor of Arts: Criminal Justice Homeland Security Concentration
- Bachelor of Science: Computer Engineering Technology
- Bachelor of Science: Engineering Management Technology
- Bachelor of Science: Information Systems
- Master of Business Administration: Information Management

A resolution for your consideration follows. I recommend approval.

> BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board hereby approves the Academic and Student Affairs consent items as presented to the Board at its September 17-18, 2026, meeting.
>
> BE IT FURTHER RESOLVED THAT a letter of notification will be submitted to ADHE following the Board meeting setting forth these items.

Sincerely,

Jay B. Silveria
President
Charles E. Scharlau Presidential Leadership Chair

AGENDA FOR THE MEETING OF THE
BUILDINGS AND GROUNDS COMMITTEE OF THE
UNIVERSITY OF ARKANSAS BOARD OF TRUSTEES
UNIVERSITY OF ARKANSAS, FAYETTEVILLE
DON TYSON CENTER FOR AGRICULTURAL SCIENCES, WALDRIP HALL
FAYETTEVILLE, ARKANSAS
9:00 A.M., SEPTEMBER 18, 2026

1. Consideration of Project Approval/Selection of Architect/Contractor for the Central Building Renovation for Patient Rooms Project, UAMS (Action)

2. Consideration of Project Approval/Selection of Architects for the Shuffield Building Renovation for Labor Delivery and Recovery Project, UAMS (Action)

3. Consideration of Project Approval/Selection of Architects for Barton Building Innovation and Administration Project, UAMS (Action)

4. Consideration of Request for Selection of a General Contractor for the Speech Building Renovation and University Plaza Demolition Project, UALR (Action)

5. Consideration of Request for Approval to Purchase Property Located at 413 North 53rd Street, Fort Smith, UAFS (Action)

6. Consideration of Request for Approval of Selection of On-Call Architects, UACCH-T (Action)

7. Consideration of Request for Approval of Acceptance of Donation of Property at 2420 S. Main Street Hope, UACCH-T (Action)

8. Report of Easement Approved by the President (Information)

September 10, 2026

TO MEMBERS OF THE BUILDINGS
AND GROUNDS COMMITTEE:
Col. Nate Todd, Chair
Mr. Kevin Crass
Mr. Judd Deere
Mr. Ted Dickey
Mr. Randy Lawson, Ex-Officio

Dear Committee Members:

Chancellor C. Lowry Barnes, for the University of Arkansas for Medical Sciences, requests your approval of the Central Building Renovation for Patient Rooms project, and the selection of design professionals and a construction manager. Approval to start the selection process was granted on April 29, 2026. A copy of the Capital Project Proposal Form is attached for your information.

On June 10 and June 16, 2026, a committee composed in accordance with Board Policy interviewed three (3) architectural firms for this project. The firms that were interviewed are listed below, with the consensus choice in **bold**.

Healthcare Facilities Group (HFG) with ENFRA Engineers
WER-HDR with Insight and ENFRA Engineers
HFA Architects

On June 23 and July 8, 2026, a committee composed in accordance with Board Policy interviewed three (3) construction managers for this project. The firms that were interviewed are listed below, with the consensus choice in **bold**.

Clark Contractors
Murray Contractors
CDI Contractors

I concur with Dr. Barnes' recommendations. Below is a proposed resolution for your consideration, with blanks for the selected firms.

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the University of Arkansas for Medical Sciences Central Building Renovations for Patient Rooms Project is hereby approved.

BE IT FURTHER RESOLVED THAT the University of Arkansas for Medical Sciences is authorized to select _____ as the design professionals for the Central Building Renovations for Patient Rooms Project.

BE IT FURTHER RESOLVED THAT the University of Arkansas for Medical Sciences is authorized to select _____ as the Construction Manager for the Central Building Renovations for Patient Rooms Project.

BE IT FURTHER RESOLVED THAT the President, Chief Financial Officer, the UAMS Chancellor and UAMS Chief Financial Officer, or their designees, shall be, and hereby are, authorized to take such further action and execute such documents and instruments as may be necessary to implement this resolution.

Sincerely,

Jay B. Silveria
President
Charles E. Scharlau Presidential Leadership Chair

Attachments

CAPITAL PROJECT PROPOSAL FORM

Campus: University of Arkansas for Medical Sciences

Name of Proposed Facility: Central Building Renovation for Patient Rooms

1. Proposed function of project. If the proposed project is new construction, describe this project's role in the campus master building plan.

2019 Master Plan called for needed expansion of patient rooms. We are turning patients away because of room availability, this would be the quickest path to additional revenue generating rooms.

2. Proposed facility location & description (attach map).

Central Building (original hospital)

3. Total estimated project cost, including construction and design, land acquisition and fixtures.

Concept Estimate for each floor: $12,500,000

4. Total estimated cost of furnishings.

Concept estimate for each floor:

$150,000. Furniture $2,818,812 for Equipment (IT, Medical, Security)

5. Estimated time to substantial completion.

Two Years

6. Parking plan to support new or expanded facility.

No additional parking will be added current parking decks will service the renovated spaces.

7. If this project will be phased, or is part of a phased, or multi-step, project, describe each proposed phase, the estimated timeline for subsequent phases, and the estimated cost of each phase.

Yes, we will hire a single design firm to design both spaces and a single contractor. Early design packages will be for demolition and abatement. After initial design and investigation will proceed with the floor that can get completed first. Then we will proceed with the additional space as grants are awarded.

8. Source of project funds. Where borrowing is proposed, include an estimated cost of financing.

Seeking grant funds.

UAMS

10.2013

Design Services Selection

As ranked by committee

PROJECT	Central Building Renovations Patient Rooms	INTERVIEW DATE S	6/10-6/16/2026

RANKING OF APPLICANTS

Selection Committee Member	A	B	C	D	E			TOTAL
HFA	2	3	3	3	3			**14**
HFG - ENFRA Engineering	3	1	1	1	1			**7**
WER - HDR - Insight - ENFRA	1	2	2	2	2			**9**
								0
								0
								0
								0

Design Teams are ranked from 1 to 5, with 1 being the highest.

FINAL RANKING

Preferred / Recommended to Board of Trustees in the order shown

1	HFG - ENFRA
2	WER - HDR - Insight - ENFRA
3	HFA

Eligible / Considered to be qualified, but less suited for the requirement of this job

	Polk Stanley Wilcox Architects - Insight Engineering
	Cromwell Architects Engineers
	WDD - Smith Group - ENFRA Engineers
	BUF Architecture Studio - ECI Engineers - IMEG

SELECTION COMMITTEE

By title

VC Facilities Development	
AVC Finance	
Chief Quality Officer	
Director Clinical Eng. & Capital Planning	
VC Institutional Support Services	

Construction Services Selection

As ranked by committee

PROJECT	Central Building Renovations Patient Rooms	INTERVIEW DATE	6/23/2026 & 7/8/2026

RANKING OF APPLICANTS

Selection Committee Member	A	B	C	D				Total
CDI	3	3	2	3				11
Clark	1	1	1	1				4
Murray	2	2	3	2				9

Construction Teams are ranked from 1 to 5, with 1 being the highest.

FINAL RANKING

Preferred / Recommended to Board of Trustees in the order shown

1	Clark
2	Murray
3	CDI

Eligible / Considered to be qualified, but less suited for the requirement of this job

	Kinco
	Nabholz
	Wieland
	VCC

SELECTION COMMITTEE

By title

VC Facilities Development	
VC Institutional Support Services	
Chief Quality Officer	
Director Clinical Engineering & Capital Planning	

UNIVERSITY OF ARKANSAS SYSTEM

Office of the President

September 10, 2026

TO MEMBERS OF THE BUILDINGS
AND GROUNDS COMMITTEE:
Col. Nate Todd, Chair
Mr. Kevin Crass
Mr. Judd Deere
Mr. Ted Dickey
Mr. Randy Lawson, Ex-Officio

Dear Committee Members:

Chancellor C. Lowry Barnes, University of Arkansas for Medical Sciences, requests your approval of the Shuffield Building Renovation for Labor Delivery and Recovery project, and the selection of a firm to provide professional design services. Approval to start the selection process was granted on May 13, 2026. A copy of the Capital Project Proposal Form is attached for your information.

Between June 15 to June 21, 2026, a committee composed in accordance with Board Policy interviewed three (3) architects for this project. The firms that were interviewed are listed below, with the consensus choice in **bold**.

WER Architects with Insight Engineers
HFG with ENFRA Engineers
Cromwell Architects

I concur with Dr. Barnes' recommendations and have included below a proposed resolution, with a blank for the selected firm, for your consideration.

> BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the University of Arkansas for Medical Sciences Shuffield Building Renovation for Labor Delivery and Recover project is hereby approved.
>
> BE IT FURTHER RESOLVED THAT the University of Arkansas for Medical Sciences is authorized to select _____ as the architectural firm for Shuffield Building Renovation for Labor Delivery and Recovery project.
>
> BE IT FURTHER RESOLVED THAT the President, Chief Financial Officer, the UAMS Chancellor and UAMS Chief Financial Officer, or their designees,

shall be, and hereby are, authorized to take such further action and execute such documents and instruments as may be necessary to implement this resolution.

Sincerely,

Jay B. Silveria
President
Charles E. Scharlau Presidential Leadership Chair

Attachments

CAPITAL PROJECT PROPOSAL FORM

Campus: University of Arkansas for Medical Sciences

Name of Proposed Facility: Women's Labor Delivery & Recovery Center

1. Proposed function of project. If the proposed project is new construction, describe this project's role in the campus master building plan.

Complete demo and renovation to Shuffield Building to expand and upgrade Women's Health Services, specifically Labor and Delivery capacity, at the University of Arkansas for Medical Sciences (UAMS). The new facilities will also be utilized for training with the new midwifery program.

2. Proposed facility location & description (attach map).

Demo and renovate the old Radiation Oncology Building: The plan for infilling the space will include the following areas on the first floor a visitor area (waiting room and reception), nurse stations, seven (7) LDR rooms with showers, unit support rooms (clean, soiled, storage and staff area), L&D C-section area, NICU suite, nursery transport, OR suite, workroom, supply, scrub/sink, utility and storage areas).

3. Total estimated project cost, including construction and design, land acquisition and fixtures.

$25,000,000

4. Total estimated cost of furnishings.

$4,000,000 ($1,000,000 for furniture and $3,000,000 for equipment)

5. Estimated time to substantial completion.

3 years

6. Parking plan to support new or expanded facility.

No additional parking to be added. Some spaces are there and employees will use existing parking.

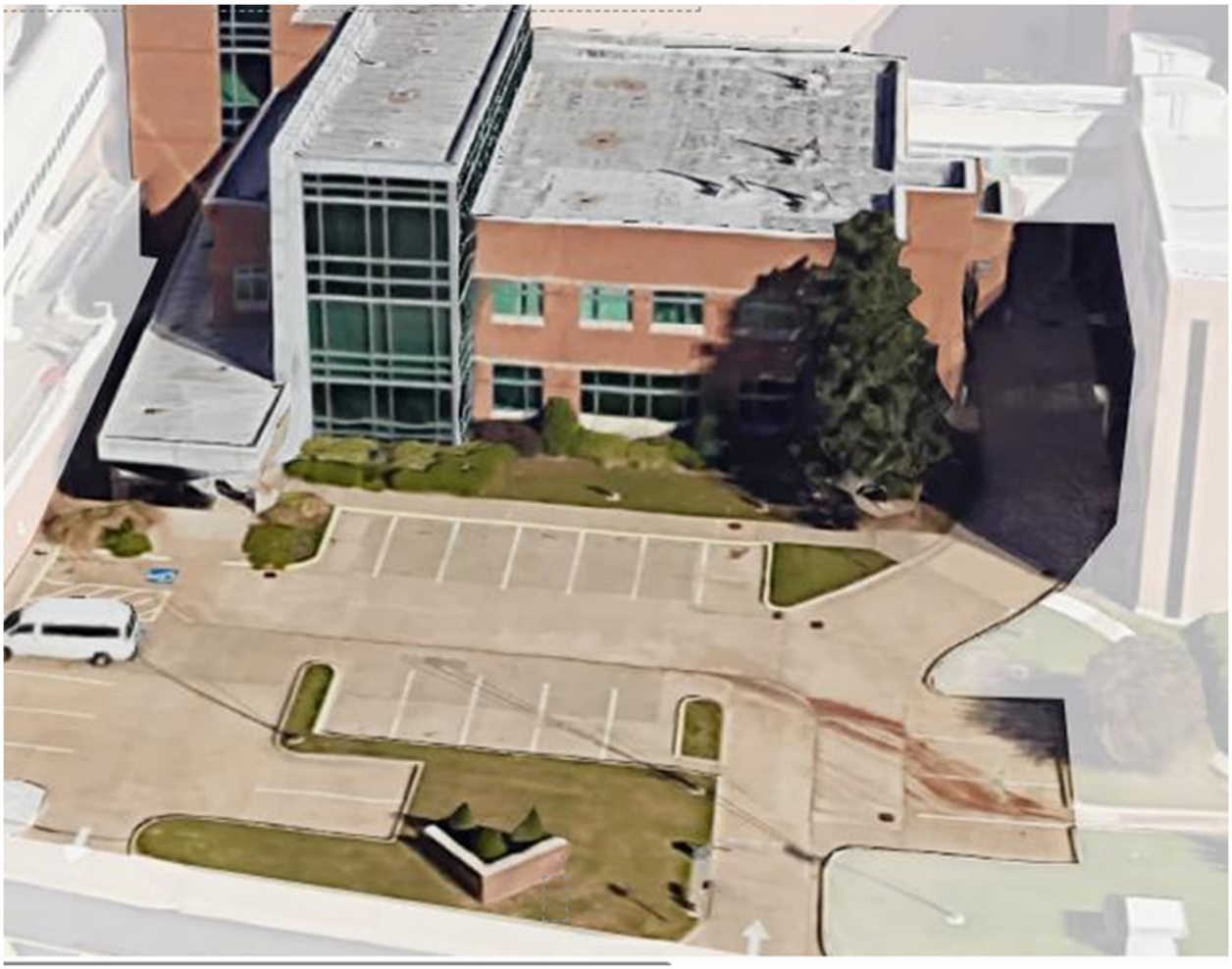
7. If this project will be phased, or is part of a phased, or multi-step, project, describe each proposed phase, the estimated timeline for subsequent phases, and the estimated cost of each phase.

No phasing

8. Source of project funds. Where borrowing is proposed, include an estimated cost of financing.

$15,000,000 from initial congressional directed spending grant. Second grant being sought for the balance.

https://www.uasys.edu/wp-content/uploads/sites/16/2020/12/UASP-730.1-Capital-Projects.pdf



https://www.uasys.edu/wp-content/uploads/sites/16/2020/12/UASP-730.1-Capital-Projects.pdf

UAMS

10.2013

Design Services Selection

As ranked by committee

PROJECT	Shuffield Bldg. Labor Delivery and Recovery Center	INTERVIEW DATE	7/15-7/21/2026

RANKING OF APPLICANTS

Selection Committee Member	A	B	C					TOTAL
Cromwell	3	1	3					7
HFG	2	3	2					7
WER	1	2	1					4

Design Teams are ranked from 1 to 5, with 1 being the highest.

FINAL RANKING

Preferred / Recommended to Board of Trustees in the order shown

1	WER
2	HFG
3	Cromwell

Eligible / Considered to be qualified, but less suited for the requirement of this job

	BUF Studio
	Taggart Architects
	WDD Architects

SELECTION COMMITTEE

By title

AVC Finance	
VC Facility Development	
Department Chair	

September 10, 2026

TO MEMBERS OF THE BUILDINGS
AND GROUNDS COMMITTEE:
Col. Nate Todd, Chair
Mr. Kevin Crass
Mr. Judd Deere
Mr. Ted Dickey
Mr. Randy Lawson, Ex-Officio

Dear Committee Members:

Chancellor C. Lowry Barnes, University of Arkansas for Medical Sciences, requests your approval of the selection a of firm to perform architectural design services for the Barton Innovation and Administration Shell Finish Out Project. This project is not expected to exceed the five million threshold requiring project approval. A copy of the Capital Project Proposal Form is attached for informational purposes.

Between July 20 - July 30, 2026, a committee composed in accordance with Board Policy interviewed four (4) architectural firms for this project. The firms that were interviewed are listed below, with the consensus choice in **bold**.

WER
Cromwell
BUF Studio
HFG

I concur with Dr. Barnes' recommendation and have included below a proposed resolution with a blank for the selected firm, for your consideration.

> BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the University of Arkansas for Medical Sciences Barton Innovation and Administration Finish Shell project is hereby approved.
>
> BE IT FURTHER RESOLVED THAT the University of Arkansas for Medical Sciences is authorized to select _____ as the architect for Barton Innovation and Administration Finish Shell project.
>
> BE IT FURTHER RESOLVED THAT the President, Chief Financial Officer, the UAMS Chancellor and UAMS Chief Financial Officer, or their designees,

shall be, and hereby are, authorized to take such further action and execute such documents and instruments as may be necessary to implement this resolution.

Sincerely,

Jay B. Silveria
President
Charles E. Scharlau Presidential Leadership Chair

Attachments

CAPITAL PROJECT PROPOSAL FORM

Campus: University of Arkansas for Medical Sciences

Name of Proposed Facility: Barton Innovation and Administration Shell Finish Out

1. Proposed function of project. If the proposed project is new construction, describe this project's role in the campus master building plan.

Renovation of Barton building that has been shelled.

2. Proposed facility location & description (attach map).

Barton building previously used for research and gutted back to shell in the energy project.

3. Total estimated project cost, including construction and design, land acquisition and fixtures.

$4,500,000

4. Total estimated cost of furnishings.

$1,854,500.00 furniture, computers, and technology

5. Estimated time to substantial completion.

18-24 months

6. Parking plan to support new or expanded facility.

No additional parking is planned for this facility's renovation.

7. If this project will be phased, or is part of a phased, or multi-step, project, describe each proposed phase, the estimated timeline for subsequent phases, and the estimated cost of each phase.

No phasing.

8. Source of project funds. Where borrowing is proposed, include an estimated cost of financing.

Congressionally direct spending grant through HRSA.

https://www.uasys.edu/wp-content/uploads/sites/16/2020/12/UASP-730.1-Capital-Projects.pdf

UAMS

10.2013

Design Services Selection

As ranked by committee

PROJECT	Barton Innovation & Administration Finish	INTERVIEW DATE	7/20-7/30/2026

RANKING OF APPLICANTS

Selection Committee Member	A	B	C	D	E		Total
BUF Studio	3	3	3	3			12
Cromwell	2	2	2	2			8
HFG	4	4	4	4			16
WER	1	1	1	1			4

Design Teams are ranked from 1 to 5, with 1 being the highest.

FINAL RANKING

Preferred / Recommended to Board of Trustees in the order shown

1	WER Architects
2	Cromwell Architects
3	BUF Studio

Eligible / Considered to be qualified, but less suited for the requirement of this job

	HFG
	Fennell Purifoy
	HFA
	HTW
	Taggart
	WDD

SELECTION COMMITTEE

By title

SVC Academic Affairs & Provost	
AVC Finance	
VC Research	
Senior Direct Support Services	

UNIVERSITY OF ARKANSAS SYSTEM

Office of the President

September 10, 2026

TO MEMBERS OF THE BUILDINGS
AND GROUNDS COMMITTEE:
Col. Nate Todd, Chair
Mr. Kevin Crass
Mr. Judd Deere
Mr. Ted Dickey
Mr. Randy Lawson, Ex-Officio

Dear Committee Members:

Chancellor Christina S. Drale, University of Arkansas at Little Rock, requests approval for the selection of a general contractor for the Speech Building Renovation and University Plaza Demolition Project. Project approval and selection of Polk Stanley Wilcox as design professionals was approved at the May 2025 Trustee meeting. As you may recall, the project is an approximately $8.25 million project funded by university reserves.

Authorization was granted to begin the search for contractors on April 19, 2024. The selection process was conducted in accordance with Board Policy. The committee received nine proposals from qualified firms, and the three firms were interviewed. Chancellor Drale and the committee recommend the following three firms listed in order of preference:

1. Clark Contractors
2. Nabholz Construction
3. Baldwin & Shell Construction

A proposed resolution, with a blank for the selected firm, follows. I recommend approval.

> BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the University of Arkansas at Little Rock is authorized to select _____ as the General Contractor for the Speech Building Renovation and University Plaza Demolition Project.

Sincerely,

Jay B. Silveria
President
Charles E. Scharlau Presidential Leadership Chair

Attachment

Construction Services Selection

As ranked by committee

PROJECT	UALR University Plaza Demo & University Services Renovation	INTERVIEW DATE	08/04/2026

RANKING OF APPLICANTS

Selection Committee Member	A	B	C	D	E	F	G				Total
Nabholz Construction	2	2	2	2	2	2	2				14
Clark Contractors	1	1	1	1	1	1	1				7
Baldwin & Shell Construction	3	3	3	3	3	3	3				21

Construction Teams are ranked from 1 to 5, with 1 being the best.

FINAL RANKING

Preferred / Recommended to Board of Trustees in the order shown

1	Clark Contractors
2	Nabholz Construction
3	Baldwin & Shell Construction

Eligible / Considered to be qualified, but less suited to the requirements of this job

4	Kinco Constructors
5	Murray Contractors
6	Alessi Keyes
7	Bailey Construction
8	Bradford Morris
9	CR Crawford

SELECTION COMMITTEE

By title

Vice Chancellor for Finance and Administration	
Associate Vice Chancellor for Facilities Management	
Director Planning Design and Construction	
Associate Vice Chancellor for Public Safety/Chief of Police	
Captain, Department of Public Safety	
Associate Vice Chancellor for Academic Affairs, Student S	
Associate Vice Chancellor and Chief Information Officer	

UNIVERSITY OF ARKANSAS SYSTEM

Office of the President

September 10, 2026

TO MEMBERS OF THE BUILDINGS
AND GROUNDS COMMITTEE:
Col. Nate Todd, Chair
Mr. Kevin Crass
Mr. Judd Deere
Mr. Ted Dickey
Mr. Randy Lawson, Ex-Officio

Dear Committee Members:

Chancellor Terisa Riley at the University of Arkansas at Fort Smith requests approval to purchase property located at 413 N. 53rd Street, Fort Smith, Arkansas.

The property is within the footprint of the campus master plan in an area designated for future campus expansion. It is a single-family residence of about 1,323 square feet on a lot that is about one-third of an acre. The property is bordered on all sides by existing University property. An appraisal of the property places its value at $130,000. An offer in the amount of $115,000 was made to and accepted by the owner, Vicki G. Oswald, subject to Board approval. Copies of the real estate contract and property appraisal were sent to the Office of the General Counsel for review. A map illustrating the location of the property is included.

I concur with Dr. Riley's recommendation. A resolution is attached for your consideration.

Sincerely,

Jay B. Silveria
President
Charles E. Scharlau Presidential Leadership Chair

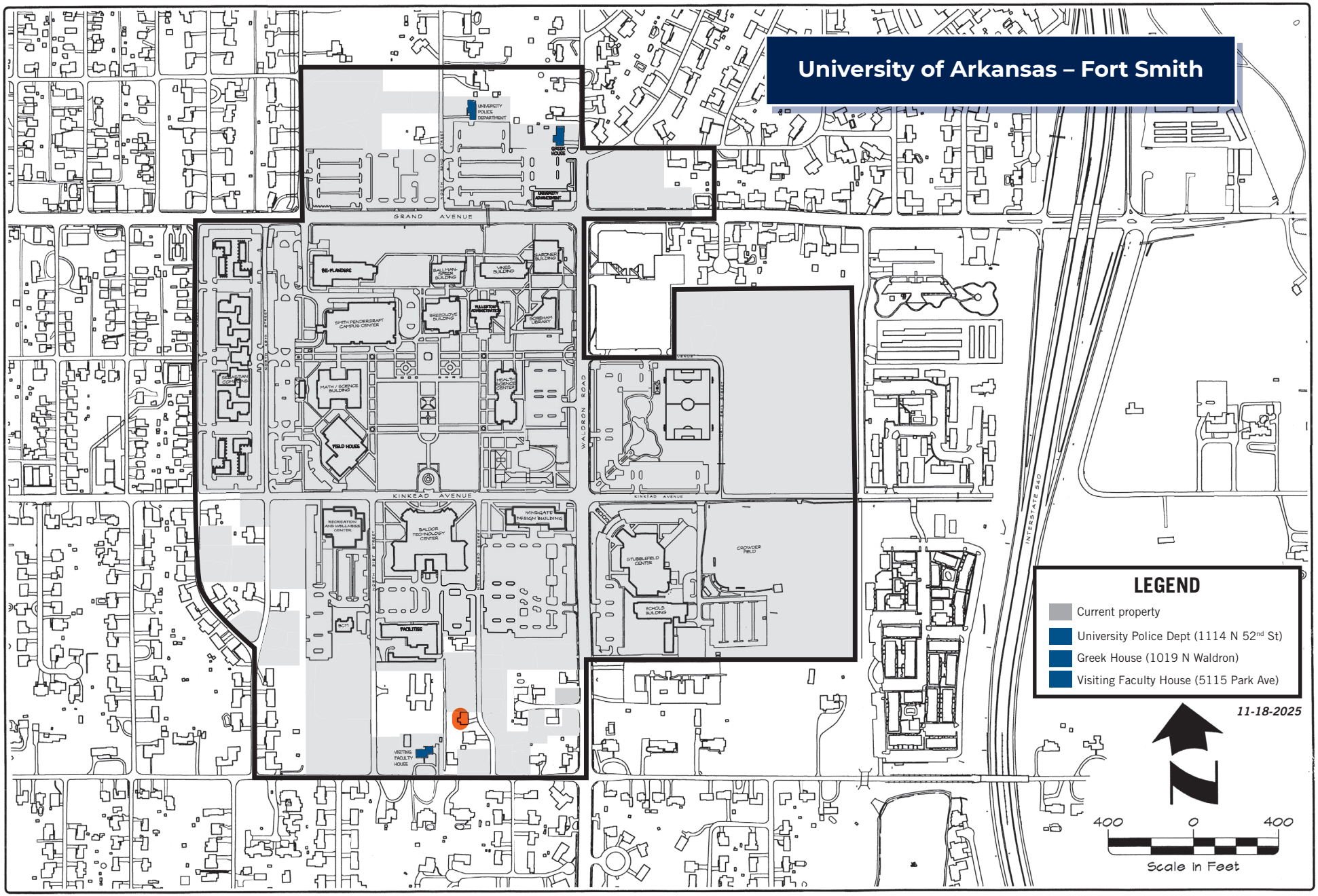
Attachments

RESOLUTION

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board hereby authorizes the University of Arkansas at Fort Smith (UAFS), subject to the terms and conditions in the contingent offer and acceptance, to purchase certain real property situated at 413 N 53rd Street, Fort Smith, Sebastian County, Arkansas, more particularly described as follows: Lot 21 of the Looper Place Subdivision in the City of Fort Smith, Sebastian County, Arkansas, also known as Parcel Number 14696-0012-00000-00, hereto (the "Property").

BE IT FURTHER RESOLVED THAT the President and the Chief Financial Officer of the University of Arkansas System, and the Chancellor and Vice Chancellor of Finance and Administration of UAFS, or their designees, are hereby authorized and directed to negotiate, execute, and deliver all deeds, contracts, agreements, closing statements, and other documents necessary or convenient to effectuate the purchase of the Property, subject to the prior review and approval General Counsel or his designee.

BE IT FURTHER RESOLVED THAT all actions taken by the administration of the University of Arkansas System and UAFS in the furtherance of this acquisition are hereby ratified and approved.


University of Arkansas – Fort Smith
GRAND AVENUE
KINKEAD AVENUE
WALDRON ROAD
INTERSTATE 540
UNIVERSITY POLICE DEPARTMENT
GREEK HOUSE
UNIVERSITY ADVANCEMENT
BELL-FLANDERS
BALLYMAN-GREEN BUILDING
VINES BUILDING
GARDNER BUILDING
SMITH-PENDERGRAFT CAMPUS CENTER
BASSELOUPE BUILDING
FULLERTON ADMINISTRATION
ROBERHAM LIBRARY
MATH / SCIENCE BUILDING
HEALTH SCIENCE CENTER
FIELD HOUSE
RECREATION AND WELLNESS CENTER
BALOOR TECHNOLOGY CENTER
WINDGATE DESIGN BUILDING
FACILITIES
VISITING FACULTY HOUSE
STUBBLEFIELD CENTER
CROWDER FIELD
ECHOLS BUILDING
LEGEND
Current property
University Police Dept (1114 N 52nd St)
Greek House (1019 N Waldron)
Visiting Faculty House (5115 Park Ave)
11-18-2025
400
0
400
Scale in Feet

UNIVERSITY OF ARKANSAS SYSTEM

Office of the President

September 10, 2026

TO THE MEMBERS OF THE BOARD OF TRUSTEES

Dear Trustees:

The University of Arkansas Community College at Hope-Texarkana Chancellor Dr. Ricky Tompkins has requested your approval of the selection of one (1) firm to provide professional engineering services in accordance with Board Policy 740.2. The advertising and selection process have been followed.

Four firms responded to the published Request for Qualifications (RFQ), and interviews with three (3) firms were conducted. The evaluation results produced one (1) firm to be highly qualified to fulfill UAHT's needs based on their understanding of deferred maintenance and minor renovation projects for the college, experience with similar projects, and ability to meet budget and timing constraints. A copy of the evaluation results are attached. The Chancellor and the selection committee recommend the following firm for Board consideration:

WDD Architects

I concur with Dr. Tompkin's recommendation. A proposed resolution for your consideration is as follows:

> BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the University of Arkansas Community College at Hope-Texarkana is authorized to select WDD Architects to provide on-call professional services to fill a contract position of the University of Arkansas Community College at Hope-Texarkana.

Sincerely,

Jay B. Silveria
President
Charles E. Scharlau Presidential Leadership Chair

Attachment

UofA
HOPE • TEXARKANA

Professional On-Call Architectural Services Selection

As ranked by committee

PROJECT	Professional Services/ On-Call Architects	INTERVIEW DATE	07/20/2026

RANKING OF APPLICANTS

Selection Committee Member	A	B	C	D	E						
WDD Architects	1	1	1	1	1						1
mahg architecture	2	3	2	2	2						2
WER Architects	3	2	3	3	3						3
Architecture Plus, Inc	4	4	4	4	4						4

Architect Teams are ranked on a scale from 1 to 5, with 1 being the highest.

FINAL RANKING

Preferred / Recommended to Board of Trustees in the order shown

1	WDD Architects

Eligible / Considered to be qualified, but less suited to the requirements of this job; No interview granted

2	mahg architecture
3	WER Architects
4	Architecture Plus, Inc

SELECTION COMMITTEE

By title

Vice Chancellor for Finance & Administration	
Director of Physical Plant	
Director of Hempstead Hall	
Faculty Emeritus	
Business Owner	

UNIVERSITY OF ARKANSAS SYSTEM

Office of the President

September 10, 2026

TO MEMBERS OF THE BUILDINGS
AND GROUNDS COMMITTEE:
Col. Nate Todd, Chair
Mr. Kevin Crass
Mr. Judd Deere
Mr. Ted Dickey
Mr. Randy Lawson, Ex-Officio

Dear Committee Members:

Dr. Ricky Tompkins, Chancellor of the University of Arkansas Community College at Hope-Texarkana ("UAHT") has requested your approval and acceptance of a donation of real property from the University of Arkansas Community College at Hope-Texarkana Foundation, Inc. (the "UAHT Foundation") for the benefit of UAHT.

The property is located at 2420 South Main Street in Hope, Arkansas, and is located at the right of the front entrance to the campus, as shown on the attached map. The property is owned by the UAHT Foundation and consists of a single-family brick home and a brick storage building. The home currently has a tenant, a current Circuit Judge, whom the campus would like to remain in the home. When the current tenant vacates, the home and storage building will be repurposed for use by the campus.

I concur with Dr. Tompkins' recommendation. A resolution is attached for your consideration.

Sincerely,

Jay B. Silveria
President
Charles E. Scharlau Presidential Leadership Chair

Attachments

RESOLUTION

WHEREAS, the University of Arkansas Community College at Hope-Texarkana Foundation, Inc. (the "Foundation") owns certain real property commonly known as the "Rowe House," together with improvements thereon, located at 2420 South Main Street, Hope, Arkansas 71801 (the "Property"); and

WHEREAS, the Foundation desires to donate the Property to the Board of Trustees of the University of Arkansas (the "Board") for the benefit of the University of Arkansas Community College at Hope-Texarkana ("UAHT"); and

WHEREAS, the Chancellor of UAHT has recommended that the Board accept the donation of the Property for the benefit of UAHT; and

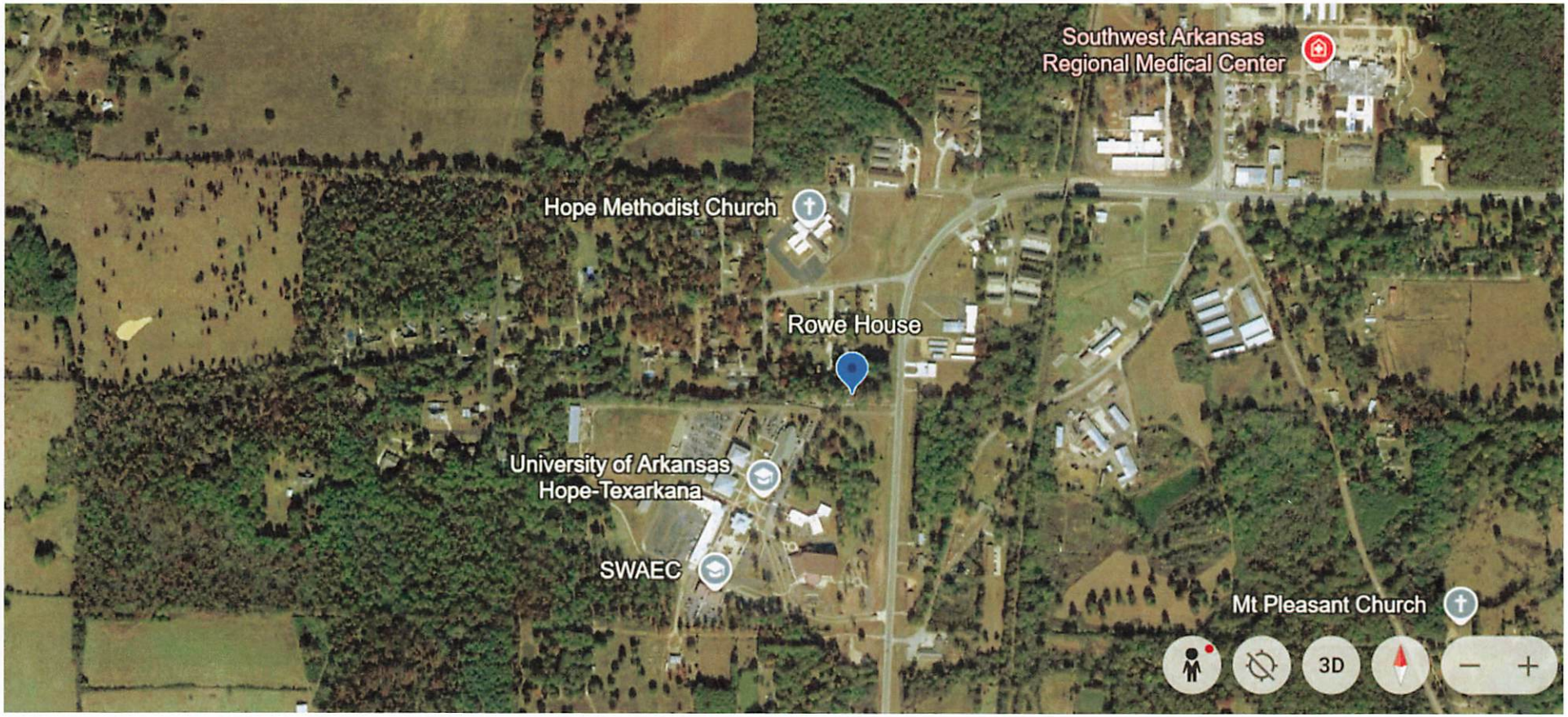
WHEREAS, the Board has been advised that the Foundation's Board of Directors has approved the conveyance of the Property to UAHT and that the donation is intended to further the educational mission and interests of UAHT; and

WHEREAS, the Board finds that acceptance of the Property will benefit UAHT and is in the best interests of the University of Arkansas System;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board hereby approves and accepts, on behalf of UAHT, the donation from the Foundation of the real property located at 2420 South Main Street, Hope, Arkansas 71801, together with all improvements, easements, appurtenances, and rights associated therewith, subject to such title matters, leases, easements, and other conditions as may be approved by the Office of General Counsel.

BE IT FURTHER RESOLVED THAT the President of the University of Arkansas System, the General Counsel of the University of Arkansas System, the Chancellor of UAHT, the Vice Chancellor for Finance and Administration of UAHT, and any other appropriate officers, employees, or agents of the University of Arkansas System or UAHT are hereby authorized and directed to negotiate, execute, acknowledge, deliver, record, and file any and all deeds, assignments, acknowledgments, certifications, affidavits, amendments, consents, closing documents, and other instruments, and to take any and all actions they deem necessary, appropriate, or advisable to consummate and effectuate the acceptance of the donation and transfer of the Property.

BE IT FURTHER RESOLVED THAT all actions previously taken by University officials in connection with the evaluation, review, and processing of the proposed donation are hereby ratified, confirmed, and approved.


Southwest Arkansas
Regional Medical Center
Hope Methodist Church
Rowe House
University of Arkansas
Hope-Texarkana
SWAEC
Mt Pleasant Church
3D

UNIVERSITY OF ARKANSAS SYSTEM

Office of the President

September 10, 2026

TO MEMBERS OF THE BUILDINGS
AND GROUNDS COMMITTEE:
Col. Nate Todd, Chair
Mr. Kevin Crass
Mr. Judd Deere
Mr. Ted Dickey
Mr. Randy Lawson, Ex-Officio

Dear Committee Members:

As you might recall, we have implemented new efficiencies throughout the UA System as these matters have been brought to our attention. The approval process for the granting of standard non-exclusive right-of-way easements is now processed more efficiently. Following review by the General Counsel's office, these easements are signed by the President and reported to you during the Buildings and Grounds committee meeting.

The following easement has been approved since the last report to the Trustees. Please let us know if you have any questions concerning this matter.

Malvern Water Works to Arkansas Research and Education Optical Network (ARE-ON)

This is an information item.

Sincerely,

Jay B. Silveria
President
Charles E. Scharlau Presidential Leadership Chair

UNIVERSITY OF ARKANSAS SYSTEM

Office of the President

September 10, 2026

TO THE MEMBERS OF THE BOARD OF TRUSTEES

Dear Trustees:

On October 1, 2026, the Board of Trustees shall become the sole corporate member of Jefferson Hospital Association, Inc. (JHA), a private 501(c)(3) nonprofit corporation that operates Jefferson Regional Medical Center (JRMC) in Pine Bluff, Arkansas, pursuant to a duly executed Member Substitution Agreement. As the sole corporate member, the Board will hold governance oversight of JHA through a defined set of Reserved Powers and the authority to appoint all directors of the JHA Board.

The Reserved Powers in Exhibit B to the Agreement provide that the Member may exercise its reserved powers through the Chancellor of UAMS acting for the Member, except where Arkansas law or the Board's governance policies require action by the Board itself. The attached resolution formalizes that delegation by authorizing Chancellor Barnes to exercise day-to-day Member governance authority over JHA on behalf of the Board.

The Board retains direct authority over fundamental structural decisions, including the sale or dissolution of JHA assets, voluntary withdrawal from membership, amendments to the Articles of Incorporation or the Agreement, capital expenditures or indebtedness of ten million dollars or more, and the filing of a voluntary bankruptcy petition. The Chancellor will consult with the Board on matters of material significance and will report on JHA's governance and operational status at each regular Board meeting.

Dr. Barnes and members of the UAMS leadership team will be present at the meeting to discuss this with you and answer any questions.

A resolution is attached for your consideration. I recommend approval.

Sincerely,

Jay B. Silveria
President
Charles E. Scharlau Presidential Leadership Chair

Attachment

RESOLUTION

WHEREAS, the Board of Trustees of the University of Arkansas (the "Board"), acting for and on behalf of the University of Arkansas for Medical Sciences ("UAMS"), has become the sole corporate member (the "Member") of Jefferson Hospital Association, Inc. ("JHA"), a private Arkansas 501(c)(3) nonprofit corporation operating Jefferson Regional Medical Center in Pine Bluff, Arkansas, pursuant to that certain Member Substitution Agreement dated August 18, 2026 (the "Agreement"), together with its exhibits, including the Reserved Powers set forth in Exhibit B thereto (the "Reserved Powers"); and

WHEREAS, the Reserved Powers provide that the Member may exercise each reserved power directly through the Board or, except where Arkansas law or the Member's governance policies require action by the Board itself, through the Chancellor of UAMS acting for the Member; and

WHEREAS, the effective exercise of day-to-day governance oversight of JHA requires timely decision-making by an individual with operational knowledge of JHA's activities and familiarity with the clinical, academic, and administrative relationship between UAMS and JHA; and

WHEREAS, Board of Trustees Policy 100.4 provides that the Chancellor of each campus shall exercise complete executive authority on that campus, subject to the policies established by the Board and the President, and the governance of JHA as a UAMS-affiliated entity falls within the scope of that executive authority; and

WHEREAS, the Board desires to delegate the exercise of its Member governance authority under the Agreement to the Chancellor of UAMS, subject to specified reservations and a continuing duty to consult with and report to the Board;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the Board hereby delegates to the Chancellor of UAMS (or, during any vacancy in the office of the Chancellor, to the individual serving as acting or interim Chancellor) the authority to exercise on behalf of the Board all powers, rights, and privileges of the Member under the Agreement, the Reserved Powers, the Amended and Restated Bylaws of JHA, and the Post-Closing Agreement, except as provided in the following paragraph.

BE IT FURTHER RESOLVED THAT the following actions shall require prior approval of the Board and may not be taken by the Chancellor under the authority delegated herein:

(a) Any sale, conveyance, or other disposition of all or substantially all of JHA's assets, or any dissolution, merger, or reorganization of JHA;

(b) Voluntary withdrawal of the Member, or the admission or substitution of any new member of JHA;

(c) Any amendment to the Articles of Incorporation of JHA or to the Agreement or the Post-Closing Agreement;

(d) Any action that would constitute an assumption or guarantee by the Board of any indebtedness or obligation of JHA, or any pledge of the credit of the State of Arkansas or the University of Arkansas;

(e) Any capital expenditure or issuance of indebtedness equal to or greater than Ten Million Dollars ($10,000,000), to the extent requiring the Member's approval under the Agreement; and

(f) The filing of a voluntary petition in bankruptcy on behalf of JHA.

BE IT FURTHER RESOLVED THAT in exercising the authority delegated herein, the Chancellor shall consult with the Board or its designated committee on matters of material significance to JHA's operations or financial condition and shall provide the Board with periodic reports on the governance and operational status of JHA, no less frequently than at each regular meeting of the Board.

BE IT FURTHER RESOLVED THAT the Chancellor may further delegate specific operational functions to appropriate UAMS personnel, provided that the Chancellor shall remain responsible to the Board for the exercise of all authority delegated under this resolution.

BE IT FURTHER RESOLVED THAT this delegation is revocable at any time by action of the Board, and nothing herein shall be construed to limit the Board's authority to exercise any Member power directly at its discretion.

BE IT FURTHER RESOLVED THAT the officers of the University of Arkansas are authorized to take such further actions and execute such further documents as may be necessary or appropriate to carry out the intent of this resolution.

UNIVERSITY OF ARKANSAS SYSTEM

Office of the President

September 10, 2026

TO THE MEMBERS OF THE BOARD OF TRUSTEES

Dear Trustees:

I am writing to request the Board's consideration and adoption of a resolution directing the use of the Ruth Hill Medical Research Fund (the "Fund"), a testamentary bequest held by the University for medical research purposes.

In 1982, Ms. Hill left a testamentary bequest to "the University of Arkansas" directing that the funds be used for "medical research" as determined by the Board of Trustees. The Fund has been administered by the University of Arkansas, Fayetteville, and invested through the University of Arkansas Foundation. To date, the Fund has rarely been deployed in furtherance of its stated charitable purpose due to uncertainty surrounding the campus that Ms. Hill intended to be the beneficiary. The current balance of the account is approximately $4.5 million.

To address the Fund's extended dormancy and to activate its use in a manner fully consistent with donor intent and applicable law—including the Arkansas Uniform Prudent Management of Institutional Funds Act (UPMIFA)—General Counsel David Curran requests that the Board adopt the attached resolution. The resolution directs that the Fund be primarily used for medical research through a coordinated joint initiative of the University of Arkansas, Fayetteville, and the University of Arkansas for Medical Sciences.

I recommend approval of this request. A proposed resolution follows for your consideration.

> WHEREAS, Ruth Hill bequeathed funds in 1982 to the "University of Arkansas" to be used for medical research as directed by the Board of Trustees; and
>
> WHEREAS, the Ruth Hill Medical Research Fund (the "Fund") has remained largely unused due to uncertainty regarding the proper campus allocation; and
>
> WHEREAS, the Board finds that medical research jointly determined between the University of Arkansas, Fayetteville (UAF) and the University of Arkansas for Medical Sciences (UAMS) would best fulfill the donor's intent;
>
> NOW, THEREFORE, BE IT RESOLVED THAT the Board directs that the Fund be used for the primary purpose of medical research conducted through initiatives jointly determined by UAF and UAMS.

BE IT FURTHER RESOLVED THAT authority to determine the initiatives supported by the Fund shall be vested jointly in the vice chancellors for research at UAF and UAMS.

BE IT FURTHER RESOLVED THAT the administration of the Fund shall remain with UAF and investment through the University of Arkansas Foundation.

BE IT FURTHER RESOLVED THAT UAF shall administer distributions and reporting in accordance with its customary policies and practices, making such exceptions or modifications as may be necessary to incorporate UAMS where appropriate.

BE IT FURTHER RESOLVED THAT UAF and UAMS shall implement this resolution under mutually agreeable terms that are memorialized in a Memorandum of Understanding prepared by the General Counsel.

Sincerely,

Jay B. Silveria
President
Charles E. Scharlau Presidential Leadership Chair

September 10, 2026

TO MEMBERS OF THE BOARD OF TRUSTEES:

Dear Trustees:

The Delta Regional Authority (hereinafter "DRA") was created by Congress by the Delta Regional Authority Act of 2000, as amended, as a federal/state partnership now comprised of 252 counties and parishes within the eight states of Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri and Tennessee in order to remedy severe and chronic economic distress by stimulating economic development and fostering partnerships that will have a positive impact on the Delta Region's economy.

Phillips Community College of the University of Arkansas (PCCUA) proposes to apply for an award with the DRA for the Fiscal Year 2026 federal award program cycle in the amount of $479,976.00 in order to launch a new Commercial/Residential Electrician Program and modernize PCCUA's Welding Program. As an essential component of the application process, the DRA requires that an institution's governing body pass a resolution designating, appointing, and giving a person the authority to perform certain duties and administration of said award for and on behalf of the applicant. To satisfy this requirement and pursuant to Board Policy 300.1, a Board resolution has been drafted that designates, appoints, and gives Chancellor Keith Pinchback the necessary authority to administer the award. The resolution further states that, in the event of an administration change, a new Chancellor will continue to have such authority.

As a further requirement of the award, PCCUA agrees to make an in-kind contribution of $60,000.00 (staff salaries and benefits).

The proposal has received the necessary campus approvals, and I concur with this recommendation A resolution is attached for your consideration. A proposed resolution follows for your consideration.

RESOLUTION

WHEREAS, the Delta Regional Authority (hereinafter "DRA") was created by Congress by the Delta Regional Authority Act of 2000, as amended, as a federal/state partnership now comprised of 252 counties and parishes within the eight states of Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri and Tennessee in order to remedy severe and chronic economic distress by stimulating economic development and fostering partnerships that will have a positive impact on the Delta Region's economy; and

WHEREAS, Phillips Community College of the University of Arkansas (PCCUA), acting by and through the Board of Trustees of the University of Arkansas, proposes to apply for an award of $479, 976.00 with the DRA for the Fiscal Year 2026 federal award program cycle; and

WHEREAS, the DRA requires that a person be designated, appointed, and given the authority to perform certain duties and administration of said award for and on behalf of the Awardee;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT, pursuant to Board Policy 300.1, Dr. Keith Pinchback be and is hereby designated and appointed to perform on behalf of PCCUA and has the authority to make those acts and assume any and all duties in dealing with the award with the DRA for the Fiscal Year 2026 federal award program cycle.

BE IT FURTHER RESOLVED THAT Dr. Keith Pinchback is hereby authorized to execute and submit any and all documents including, but not limited to, applications, award closing documents, request for funds, status reports to the DRA for the Fiscal Year 2026 federal award program cycle.

BE IT FURTHER RESOLVED THAT PCCUA, the Awardee, agrees to make an in-kind contribution of $60,000.00 (staff salary and benefits).

BE IT FURTHER RESOLVED THAT in the event of an administration change, the new Chancellor shall continue to have such authority under this Resolution.

Sincerely,

Jay B. Silveria
President
Charles E. Scharlau Presidential Leadership Chair

UNIVERSITY OF ARKANSAS SYSTEM

Office of the President

September 10, 2026

TO MEMBERS OF THE BOARD OF TRUSTEES

Dear Trustees:

Attached is an explanatory memorandum concerning the following Board Policy revisions.

- Revised BP 100.4, *Rules and Regulation of the Board of Trustees of the University of Arkansas*
- Revised BP 300.1, *Contracting Authority*
- Revised BP 420.1, *Annual Leave*
- Revised BP 420.6, *Leave Without Pay*
- Revised BP 520.4, *Registration Fees and Tuition*

"Red-lined" versions of the policies are attached and are available on our website.

I recommend approval of these changes. A proposed resolution for your consideration follows.

> BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS THAT the proposed revisions to Board Policies 100.4, *Rules and Regulation of the Board of Trustees of the University of Arkansas;* 300.1, *Contracting Authority;* 420.1, *Annual Leave;* 420.6, *Leave Without Pay;* and 520.4, *Registration Fees and Tuition,* are hereby adopted and approved as presented to the Board at its September 17-18, 2026, meeting.

Sincerely,

Jay B. Silveria
President
Charles E. Scharlau Presidential Leadership Chair

Attachments

UNIVERSITY OF ARKANSAS SYSTEM

Memorandum

TO: Members of the Board of Trustees of the University of Arkansas
UA System Chancellors and CEOs

FROM: UA System Administration

RE: Proposed Board Policy amendments for the September 18, 2026, Board Meeting

DATE: August 12, 2026

Enclosed are drafts of five revised Board Policies that will be presented for consideration at the September 18, 2026, regular Board of Trustees meeting. These drafts are being presented to you in accordance with UA System Policy 220.1, which requires proposed Board Policy amendments to be shared with the Board and the Chancellors and chief executives of the campus, divisions, and units at least 30 days before the Board meeting at which the policies will be considered. Questions regarding these proposed policy amendments can be directed to the appropriate system staff via the President's Office or Ben Beaumont (bbeaumont@uasys.edu).

The proposed policy amendments include:

Revised Board Policy 100.4 *Rules and Regulations of the Board of Trustees of the University of Arkansas* – Amendments are proposed to Chapter II., Section 4 of the policy regarding the descriptions of several Board committees. The amendments include revisions to the Academic and Student Affairs Committee and University Hospital Committee to align the descriptions with the current practice. The revisions also include renaming the Distance Education and Technology Committee to the Technology Committee and changing the committee's scope to focus on oversight of enterprise technology, major IT investments, digital capabilities and cybersecurity.

Revised Board Policy 300.1 *Contracting Authority* – Amendments are proposed for structure and clarity to Section VII regarding agreements for the use and/or possession of real property. New language to the section also would allow the President the ability to delegate granting of utility easements to the Chancellor or chief executive officer of each campus with a requirement that the granting of such easements be reported to the Board at its next regular meeting.

Revised Board Policy 420.1 *Annual Leave* – New language is proposed clarifying that an employee's final date of employment shall not be extended solely for the purpose of exhausting accrued annual or sick leave to receive continued compensation or benefits. New language also prevents lump-sum terminal payments unless an employee terminates employment with the University.

Revised Board Policy *420.6 Leave Without Pay* – Amended language clarifies that a campus, division, or unit may suspend or place an employee in leave-without-pay status for disciplinary reasons. The changes align the policy with current practice.

Revised Board Policy 520.4 *Registration Fees and Tuition* – Proposed new language exempts "pass-through" fees from requiring Board approval.

meeting called for such purpose, individuals elected as officers shall serve one--year terms ending on the last day of February.

3.1 Chairman

The Chairman shall report and be responsible to the Board. The duties and responsibilities of the Chairman shall include the following:

(1) Preside over the meetings of the Board;

(2) Call special meetings of the Board, as herein provided; and

(3) Appoint members to the standing and special committees of the Board.

In case of death, resignation, or disqualification of the Chairman, the Board shall elect a successor as soon as practicable.

3.2 Vice Chairman

Upon the death, absence, resignation, disability, or disqualification of the Chairman, the Vice Chairman shall perform the duties of the Chairman until the Chairman shall resume office or a successor shall have been elected as herein provided. Upon the death, disability, or resignation of the Vice Chairman, the Board shall elect a successor as soon as practicable.

3.3 Secretary and Assistant Secretary

The Secretary and Assistant Secretary shall perform those duties that may be assigned from time to time by the Board of Trustees.

4. Committees

The Board shall establish committees from its membership. They shall include standing committees and select committees. The Chairman of the Board shall be an ex-officio voting member of each committee.

Standing committees of the Board shall be:

4.1 Academic and Student Affairs

This committee shall approve new academic programs, institutes and centers requiring significant allocation of resources; existing programs will be evaluated for viability after an initial five-year period following approval. Accreditation requires that the Board be involved in monitoring such issues as retention and student progress as well as academic rigor and integrity. This committee shall review progress ~~in improving retention and graduation rates and monitor campus climate, including everything from~~

~~sexual misconduct, to oversight of social organizations, to race and ethnicity issues affecting the institutions~~on promoting student access, well-being, and success including monitoring metrics such as retention and graduation rates and annually reviewing tuition and fee rates and making recommendations to the Board~~.~~

4.2 Buildings and Grounds

This committee shall consider proposals concerning real property transactions; repair, renovation, maintenance, and naming of campus facilities; and proposals for new buildings and insurance coverage, and shall transmit its recommendation concerning these matters to the Board of Trustees. It shall consider the President's recommendations for capital expenditures and building priorities and make recommendations to the Board. It shall review architectural plans and make its recommendations to the Board.

4.3 Audit and Fiscal Responsibility

The Board of Trustees has been entrusted with the responsibility for overseeing that the University remains financially sound for all future generations of Arkansans. This Committee is charged with maintaining the University's commitment that it will judiciously manage and spend funds without placing unnecessary hardships on the citizens of Arkansas. The Committee will accomplish this charge by recommending fiscally responsible policies to the Board for approval and annually reviewing strategic financial reports related to the financial operations of the University. The Committee shall also consider and recommend to the Board matters of policy relating to internal and external audits and such other matters as may be referred to it by the President or the Board.

4.3.1 Audit and Fiscal Responsibility Committee Charter

The Charter for the Audit and Fiscal Responsibility Committee is set forth as follows:

One of the Committee's primary functions is to assist the Board in fulfilling its oversight responsibilities by reviewing financial information which will be provided to the Legislature and others, the systems of internal controls which management and the Board of Trustees have established, and the audit process.

In meeting its responsibilities, the Committee is expected to:

1. Provide an open avenue of communication between the internal auditors, any independent accountant, management, and the Board of Trustees.

2. Review and update the Committee's charter and the Internal Audit Department's charter annually with approval by the Board of Trustees.

3. Recommend to the Board of Trustees the independent accountants to be nominated, approve the compensation of the independent accountants, and review and approve the discharge of the independent accountants. Independent accountants are ultimately accountable to the Board of Trustees and to the Committee.

4. Review and concur in the appointment, replacement, reassignment, or dismissal of the chief audit executive.

5. Confirm and take or recommend any appropriate actions to assure the independence of the chief audit executive and the independent accountants. Obtain disclosures regarding the accountants' independence as required by generally accepted government auditing standards and discuss with the accountants all significant relationships to determine the accountants' independence.

6. Inquire of management, the chief audit executive, and the independent accountants about significant risks or exposures and assess the steps management has taken to minimize such risk to each constituent institution and the University system.

7. Consider, in consultation with the independent accountants and the chief audit executive, the audit scope and plan of the Internal Audit Department and the independent accountants.

8. Review with the chief audit executive and the independent accountants the coordination of audit effort to assure completeness of coverage, reduction of redundant efforts, and the effective use of audit resources.

9. Consider and review with the independent accountants and the chief audit executive the adequacy of internal controls including computerized information system controls and security.

10. Review with management and the independent accountants and/or the Internal Audit Department at the completion of an examination:

    (a) The financial statements and related footnotes and consider whether they are consistent with information known to committee members.

    (b) The independent accountants' audit of the financial statements and their report thereon.

    (c) Significant accounting and reporting issues, recent pronouncements, and complex or unusual transactions during the audit period under review.

(d) Significant findings and management responses thereto.

(e) Any significant changes required in the Internal Audit Department's or independent accountants' audit plans.

(f) Any serious difficulties or disputes with management encountered during the course of the audit.

(g) Other matters related to the conduct of the audit, which are to be communicated to the Committee under generally accepted auditing standards.

11. Consider and review with management and the chief audit executive:

(a) Significant findings during the year and management's responses thereto.

(b) Any difficulties encountered in the course of their audits, including any restrictions on the scope of their work or access to required information.

(c) Any changes required in the planned scope of their audit plan.

(d) The Internal Audit Department budget, staffing and organizational structure of the department.

(e) The Internal Audit Department's compliance with the Institute of Internal Auditors' *Global Internal Audit Standards*.

12. Review legal and regulatory matters that may have a material impact on the financial statements and related compliance policies.

13. The Chair of the Committee shall meet with the chief audit executive, the independent accountants, and management separately to discuss any matters that the Chair or these groups believe should be discussed privately.

14. Report Committee actions to the Board of Trustees with such recommendations, as the Committee may deem appropriate.

15. The Committee shall have the power to authorize, oversee and/or conduct investigations into any matters within the Committee's scope of responsibilities.

16. The Committee shall meet at least four times per year or more frequently as circumstances require. The Committee may ask members of management or others to attend the meeting and provide pertinent information as necessary.

17. Escalation of Audit Issues to the President and Audit and Fiscal Responsibility Committee Chair

    The chief audit executive is directed to report certain issues to the President and Audit and Fiscal Responsibility Committee Chair when expansion of an audit scope is warranted or access to records is denied, limited or delayed and could impact the timely completion of an audit. A summary of those issues, includes but is not limited, to the following:

    - Unauthorized override of the University's established internal control system
    - Non-responsiveness to audit inquiries and/or non-cooperation with audit requests
    - Inadequate disclosures and/or inaccurate representations
    - Missing and/or inaccurate accounting and other supporting documentation

18. Resolution of Differences of Opinions on Audit Issues

    Any unresolved differences of opinions with regard to audit findings, conclusions, recommendations, and/or the adequacy of management's response to the audit and issues raised during the audit should be brought to the Committee for resolution. In the event the Committee is unable to arrive at a determination, for whatever reason, the matter should be resolved by the Board of Trustees at their discretion.

4.4 University Hospital ~~– Board of Trustees Joint~~ Committee

This committee shall meet quarterly (and for special meetings) to monitor the financial condition, business activities, health initiatives, and ~~review activities related to~~items related to the accreditation of the University of Arkansas for Medical Sciences Hospital and to report and make recommendations to the Board.

Select committees of the Board shall be:

4.5 Athletics

This committee shall review and recommend to the Board matters of policy concerning the intercollegiate athletic programs for men and women on each of the constituent campuses having such programs.

4.6 Agriculture

This Committee shall review and make recommendations to the Board on matters of policy pertaining to the role and scope of the University of Arkansas in the field of agriculture, and the accomplishment of the University's educational, research, and public service mission in the field of agriculture through its several campuses, the Cooperative Extension Service, the Experiment Stations, and other activities relating to agriculture. It shall seek advice from other private or governmental organizations within the State of Arkansas involved in the promotion and development of agriculture in the State of Arkansas. It shall make recommendations to the Board as to policies which will implement the mission of the University of Arkansas in the field of agriculture.

4.7 Two-Year Colleges and Technical Schools

This committee shall make recommendations to the Board on matters pertaining to the development of a coordinated system of comprehensive two-year colleges and technical schools in the University of Arkansas. This committee shall recommend to the Board criteria for evaluating additional two-year campuses and technical schools for the University of Arkansas and shall participate in the review of admission of additional campuses. It shall advise and assist the President and the Board in maintaining a relationship with the Board of Visitors, the local community, and the two-year college and technical school faculty and staff. This committee shall be concerned with the definition of mission, role and scope, and the relationship of two-year campuses and technical schools with all other campuses and units in the University.

4.8 ~~Distance Education and~~ Technology

This committee shall ~~be concerned with the development of policy and strategy for distance learning. It shall review all off campus distance learning proposals and make recommendations to the Board. The committee will also review and make recommendations to the Board on development and implementation of a System Wide Information Technology Strategic Plan, inclusive of each institution's Information Technology Plan, in order to maximize resources, minimize costs and enhance security of technology related information.~~provide oversight of enterprise technology strategy, major information technology investments, digital capabilities, and the University's overall cybersecurity posture to ensure alignment with strategic priorities and effective risk management.

5. Meetings

(1) Meetings of the Board shall be scheduled at least five times a year.

(2) Special meetings may be called by the Chairman.

(3) An agenda will be prepared by the President, after consultation with the Board Chairman, and ~~mailed~~ distributed to the members one week in advance of regular meetings. All Board members may submit agenda items to the Chairman prior to a scheduled meeting.

(4) A quorum for all meetings shall consist of six members.

(5) Meetings of the Board and its committees are subject to the Arkansas Freedom of Information Act, requiring open meetings except for executive sessions "for the purpose of discussing or considering employment, appointment, promotion, demotion, disciplining, or resignation of any public officer or employee."

(6) Meetings of committees of the Board shall normally be held in advance of scheduled meetings of the full Board.

(7) Agenda for meetings of committees of the Board normally shall be circulated to all members of the Board one week in advance of committee meetings. In order to provide members with sufficient time to review agenda items for all regular or special meetings, all documents and background information to be considered, including supplemental information, shall be provided to the Trustees at least 48 hours in advance of the actual meeting.

CHAPTER III
ADMINISTRATION

1. General Provisions

The administration of the University of Arkansas, under the authority of the Board of Trustees, is unified in the office of the President.

2. The President

The President shall be the Chief Executive Officer of the University of Arkansas and shall be appointed by and responsible to the Board of Trustees. The President shall have a discussion annually with the Board of Trustees concerning an evaluation of his or her performance. Subject to the direction and control of the Board of Trustees and the laws applicable to the University of Arkansas, the President shall be responsible for the management of the affairs and execution of the policies of the University of Arkansas and all of its campuses, divisions, and units of administration. The President shall have broad discretionary authority to effect these functions and meet these responsibilities of the office. The President shall attend and shall participate in, without the privilege of voting, all of the meetings of the Board of Trustees and of its committees, except as excused by the Board.

The President and the Chief Fiscal Officer, as provided in Board Policy 300.1, shall have the authority to contract on behalf of the Board of Trustees and the University of Arkansas.

As chief executive, the President shall be the official administrative spokesperson for the University of Arkansas and the officer responsible for liaison with the General Assembly, the Governor, state offices and governmental bodies, and the federal government. The President shall be responsible to the Board of Trustees for the prompt and effective enforcement of all laws relating to the University and of all resolutions, policies and procedures, budgets, and

BOARD POLICY 300.1

CONTRACTING AUTHORITY

I. Purpose

This policy provides for delegation of the authority to execute contracts on behalf of the Board of Trustees, including contracts for the benefit of a campus, division, or unit ("campus") of the University of Arkansas.

II. General Authority

The President and the Chief Financial Officer are authorized to execute all contracts on behalf of the Board of Trustees, in its name or on behalf of any campus of the University of Arkansas.

The Board of Trustees shall be the contracting party for each contract. Each contract shall also indicate the particular campus for which the contract is applicable. Contracts made only in the name of a campus, school or college, academic department, etc., are not authorized and are unenforceable. Written agreements between campuses shall be made in the name of the campuses.

III. President's Authority to Delegate

The President is authorized to delegate to the Chancellor or chief executive officer of each campus, and to such other campus officials as the President deems appropriate, the authority to contract in the name of the Board of Trustees in the normal course of campus operations when the President determines that the efficiency, effectiveness, and best interests of the Board will be well served by such delegation, subject to the limitations described in this policy.

IV. Limits on Delegation

The President shall not delegate authority for the following: (a) a commitment to build or renovate a building, campus facility, or other structure with an estimated building or renovation cost exceeding $10,000,000; (b) any other contract for an amount exceeding $10,000,000 or exceeding 10 years in duration except for multi-year human subject research or sponsored clinical trial agreements; (c) a commitment to initiate or expand an academic program; (d) a commitment to continue expenditures of University funds after the termination or expiration of a contract; (e) an athletic related employment contract over $1,000,000 annually or for a term greater than five years; (f) a contract or other instrument affecting the title to real ~~estate~~property except as provided in Board Policy 300.2 and Section VII of this policy; (g) a contract for sponsored research, clinical trial agreement, or corporate sponsorship that exceeds $10,000,000; (h) an employment contract with a Chancellor or campus chief executive officer; (i) a non-athletic employment contract over $1,000,000 annually providing for payment of compensation or a financial penalty upon

termination for convenience; or (j) a contract that requires the signature of the President or Chief Financial Officer under applicable state or federal law or other Board policies.

The President shall establish procedures for the review of contracts prior to their execution.

V. Employment Contracts and Appointments

With the exception of employment contracts described in Section IV, the Chancellor or chief executive officer of each campus may originate and sign any employment contract of campus personnel.

Chancellors and campus chief executive officers are responsible for appointment of the vice chancellors and deans, the senior associate vice president for the Cooperative Extension Service and the senior associate vice president for the Agricultural Experiment Station, but may not appoint any person to those positions without the prior approval of the President, who shall be consulted regularly in the selection process and who shall have the discretion to participate in the interviews of finalists.[1]

VI. Applications for Research and Sponsored Programs and Corporate Sponsorships

The President is authorized to delegate to the Chancellor, chief executive officer, and vice chancellor of research (or comparable position) of a campus or a designee, the authority to review, approve, and sign all applications or proposals for research and sponsored programs, and associated agreements, and corporate sponsorship agreements. Delegation of authority to execute contracts for sponsored research and corporate sponsorships is subject to the limitations described in Section IV.

The President is further authorized to delegate to the Chancellor, chief executive officer and vice chancellor of research (or comparable position) of a campus, or a designee, the authority to transfer funds, data, or personal property between campuses as required to comply with external agreements for research and sponsored programs, or corporate sponsorships. The campuses may enter into an agreement for purposes of documenting such transfer, and such agreements may be made in the name of the campuses.

The President may establish a procedure to submit to the Chief Financial Officer reports for those applications or proposals that involve a capital outlay by the University or other matters in connection with research and sponsored programs and corporate sponsorships.

VII. ~~Lease and Rental~~ Agreements for Use and/or Possession of Real Property

Contracts for the sale of real estate are governed by Board Policy 300.2. Contracts that transfer the right to use and/or possess real property but do not transfer ownership are governed by this Section VII.

[1] An appointment to a position does not create an employment contract, and is subject to all other Board and campus policies and UA Systemwide Policies and Procedures addressing appointment, termination, employment and employee benefits

Temporary Rights as Transferor. The President is authorized to delegate to the Chancellor or chief executive officer of each campus the authority to ~~lease~~let, ~~rent or~~ license, or otherwise permit the lawful use of real property owned by the Board for a ~~lease~~ term no greater than two years and only for the following purposes: residential use, University-related programs or activities, and any other purposes approved by the President. Prior to execution of such an ~~lease, license, facility use or rental~~ agreement, the Vice Chancellor for Finance or other appropriate campus administrator shall confirm that the ~~lease or other document~~agreement does not violate private activity use restrictions for tax exempt bond-financed facilities.

Temporary Rights as Transferee. The President is authorized to delegate to the Chancellor or chief executive officer of each campus the authority to obtain the right to use and/or possess ~~lease~~ real property in the name of the Board for ~~use by~~ a campus in the normal course of campus operations when it is deemed that the efficiency, effectiveness and best interests of the University will be well served by such delegation. The President shall not delegate such authority ~~to lease real property~~ where the term of the ~~lease~~ agreement exceeds two years or where payments over the term of the ~~lease~~ agreement will exceed $500,000.

Utility Easements. Notwithstanding the aforesaid, the President is authorized to delegate to the Chancellor or chief executive officer of each campus the authority to grant utility easements of indefinite duration provided that the Chancellor or chief executive officer is required to maintain a record of each such easement and to promptly report them to the President to be included in a report to the Board at its next regularly scheduled meeting.

VIII. Withdrawal of Delegation

The President may at his or her discretion withdraw at any time a specific delegation of authority granted by the President.

IX. Exceptions

The delegations of authority contained in this policy are limited by any state or federal law that prohibits or limits the power of the Board or the President to delegate signature authority for contracts.

X. General Counsel Review requirement

Subject to such exceptions as may be prescribed by the President, before execution all contracts shall be either reviewed by the Office of General Counsel or by an attorney designated by the General Counsel's Office. The General Counsel's Office may approve form agreements for recurring types of transactions.

January 28, 2026 (Revised)
September 17, 2021 (Revised)
March 30, 2017 (Revised)
September 11, 2015 (Revised)
November 22, 2013 (Revised)
September 19, 2002 (Revised)
April 18, 1998 (Revised)

September 26, 1997 (Revised)
November 8, 1996 (Revised)
November 20, 1992 (Revised)
January 15, 1988 (Revised)
November 6, 1987 (Revised)
September 17, 1982 (Revised)
November 21, 1975

ANNUAL LEAVE

I. Purpose

The purpose of this policy is to establish procedures for the accrual and use of annual leave, also called vacation leave, for all eligible employees[1] of any campus, division, or unit of the University of Arkansas System.

II. Annual Leave Accrual

A. General Rule. Except as provided in Section II(C) of this policy, eligible employees will receive monthly annual leave accruals as follows:

1. Eligible, exempt employees hired or moved into their position before January 1, 2025, shall accrue annual leave at the current rate of 15 hours per month.

2. Eligible, non-exempt employees on January 1, 2025, shall be credited with their eligible time of service and thereafter accrue annual leave as provided in the Accrual Schedule found in Section II(B) of this policy.

3. Eligible employees hired or moved into an eligible position on or after January 1, 2025, will accrue annual leave as provided in the Accrual Schedule found in Section II(B) of this policy.

For all eligible employees, annual leave is accrued at the end of each month and is cumulative.

B. Accrual Schedule for Each Year of Eligible Employment

Years of Eligible Employment	Monthly Accrual
Through the first year	10 hours per month
Through the second and third years	12 hours per month
Through the fourth and fifth years	14 hours per month
Upon completion of the fifth year	15 hours per month

C. Exceptions to General Rule.

1. Employees holding positions for which annual leave accrual is addressed in special appropriation language will accrue leave on the basis and at the rate provided in the special appropriation language.

[1] Medical residents employed at UAMS are subject to the UAMS annual leave policy set out in the Resident Handbook established through the Graduate Medical Education Resident/Fellows program.

2. Employees who are employed pursuant to employment contracts or appointment letters that exclude annual leave as a benefit are not eligible for annual leave. However, any such contract or appointment letter excluding annual leave must be either approved by the President or executed pursuant to a Chancellor-approved campus policy that specifically identifies the position categories that do not accrue leave.

3. Campuses, units and divisions may adopt, after review by the Office of General Counsel and approval by the President, campus annual leave accrual policies that differ from this policy for specialized categories of exempt employees or to recognize specialized skills and work experience of employees. Any such policy must specifically identify any position categories affected, the formula used to determine the alternative accrual policies, and how employees are affected. In no instance shall the accrual rate, eligibility, annual carryover, or payout of annual leave exceed the maximums provided in this Policy.

III. Eligibility

A. Except as provided in Section II(C) of this policy, annual leave is granted to all eligible non-student employees on 12-month appointments of one-half time or more, with part-time employees earning leave in proportion to the time worked.

B. An employee whose period of employment is scheduled to be changed from a 12-month basis to a nine-month basis may, within the guidelines of Section IV., take all accrued, unused vacation before the end of the 12-month period, or, within the carryover limits, may reserve accrued annual leave hours for payout upon termination of employment. Payment for any reserved accrued hours shall be based upon the lesser of the salary on the date of the last hour accrued immediately prior to the change from a 12-month basis to a nine-month basis or the salary at the time of termination of employment. A 12-month appointment~~n employment period~~ shall not be extended for the purpose of paying an employee for unused vacation~~, and neither shall lump-sum terminal payment be made unless an employee terminates employment with the University~~.

IV. Use of Annual Leave

A. Use of accrued annual leave may be requested by an employee at any time. The appropriate supervisor will grant the request when it least interferes with the efficient operation of the department. Annual leave shall not be taken before it is accrued.

B. An employee's final date of employment shall not be extended solely for the purpose of exhausting accrued annual or sick leave in order to receive continued compensation, fringe benefits, or retirement contributions without actively

working. Employees may use a reasonable amount of accrued leave as pre-approved by the department; however, extended leave usage may not be used to prolong employment beyond the intended separation date, including for the purpose of maximizing benefit eligibility.

V. Annual Leave Carryover Limit

Annual leave is cumulative; however, no employee may have more than 30 days on December 31 of each year. During the calendar year, accrued leave may exceed 30 days, but those days more than 30 (inclusive of holidays) will be lost if they are not used before December 31 of each year. An exception may be made when an end-of-year vacation is postponed for the convenience of the University. Any such exception must be approved by the President.

VI. Other Limitations

Annual leave may not be accumulated while an employee is on leave without pay or on catastrophic leave.

VII. Annual Leave for Graduate Study

Annual leave for graduate study may be granted to otherwise eligible employees under the following terms:

A. Accrued leave with pay may, if used for graduate study, be accumulated for two calendar years preceding the date of the leave if it is used by January 1 of the third year.

B. Permission to carry over such credit must be requested in writing by the employee and approved by the President in advance of the commencement of vacation accrual.

The President may approve a modified application of the regulation where circumstances warrant, not to exceed the earned annual leave for two years.

VIII. Payment of Accrued Leave Compensation at Separation of Employment

A. General Rule. Upon termination of employment in which a person ceases to be an active employee of the University, the amount due to the employee or the employee's estate from accrued annual leave and holiday leave, shall be included in the final pay to the employee or distributed to the employee's estate upon verification as follows:

1. Newly benefits eligible employees on and after January 1, 2025, shall receive terminal annual and holiday leave pay according to the payment structure set out in Section VIII(B).

2. Existing benefits eligible employees as of December 31, 2024, shall continue in the current terminal annual and holiday leave payment structure through December 31, 2029, after which they will be paid according to the payment structure set out in Section VIII(B).

B. Payment Structure. Payment of eligible accrued annual and holiday leave combined shall not exceed 30 working days and is subject to the maximum payment amounts set out below.

Years of Employment Maximum	Maximum Payment Amount
Through the first year of employment	To 30 days not to exceed $7,500
Through the second year of employment	To 30 days not to exceed $12,500
Through the third year of employment	To 30 days not to exceed $17,500
Through the fourth year of employment	To 30 days not to exceed $25,500
Through the fifth year of employment	To 30 days not to exceed $32,500
Upon completion of the fifth year	To 30 days not to exceed $35,500

The maximum payment amounts may be adjusted each January 1st as approved by the President. The maximum payment amounts shall be published on the University of Arkansas System's benefit page and made available through the campus Human Resources offices.

C. Other. A lump-sum terminal payment shall not be made unless an employee terminates employment with the University.

~~C.~~D. Return to University. No employee receiving such accrued leave compensation shall return to University employment until the number of days for which the employee received such compensation has expired.

May 18, 2026 (Revised)
November 20, 2025 (Revised)
May 23, 2024 (Revised)
May 25, 2023 (Revised) Effective July 1, 2023
May 27, 2021 (Revised)
May 21, 2020 (Revised)
January 31, 2019 (Sick Leave Section Replaced by BP 420.3)
June 9, 1995 (Revised)
July 24, 1991 (Corrected)
June 14, 1991 (Revised)

April 15, 1983 (Revised)
February 13, 1981 (Revised)
November 9, 1979 (Revised)

LEAVE WITHOUT PAY

I. Purpose

The purpose of this policy is to establish procedures for granting a leave of absence without pay for an employee of any campus, division, or unit of the University of Arkansas System.

II. Approval of the President (or Designee) and Durations

The approval, upon the recommendation of the chancellor or chief executive officer for each campus, division, or unit, of the President or designee is required for any employee's request for a leave of absence without pay, unless such leave is requested in accordance with the provision for military leave, the Family and Medical Leave Act, or the Americans with Disabilities Act, in which case the request may be approved by the chancellor, chief executive officer, or a designee.

Leave of absence without pay shall not exceed six months, provided that the President or designee may under special circumstances approve leave without pay for a period not to exceed a year.

III. Limitations

Leave without pay is not to be granted, except in the case of a maternity-related health condition or to bond with a child following birth, adoption, or placement for foster care (consistent with Section IV of Board Policy 420.3), until all of the employee's accumulated annual leave has been exhausted, and any employee on a leave of absence without pay does not accumulate annual leave, participate in the group insurance programs to which the University makes a contribution, or receive pay for any legal holidays. An employee may continue participating with the insurance programs provided arrangements are made in advance with the campus human resource office to assume full payment of the premium costs.

IV. Disciplinary Actions

A~~The chief executive office of a~~ campus, division, or unit may suspend or place an employee in a leave-without-pay status for disciplinary reasons consistent with other Board and UA System Policies and Procedures and~~ in accordance with the written employment~~ policies of the unit involved. In this instance, the individual is not required to exhaust annual leave and sick leave before being placed in leave-without-pay status.

January 28, 2026 (Revised)
May 25, 2023 (Revised) Effective July 1, 2023
May 21, 2020
(originally part of 420.1 and 420.2)

REGISTRATION FEES AND TUITION

All tuition and fees will be approved by the Board of Trustees and fully documented in the minutes of the meetings at which such approval is granted, with the following exceptions:~~.~~

1. For program-specific fees for credit offerings at off-campus locations, the President is authorized to approve, and subsequently report to the Board, the rate that shall be charged to participants.
~~1.~~2. "Pass-through" fees, where the University charges students for fees imposed by third parties, do not require Board approval.

~~1. After a fee has been approved by the Board, a~~A campus may reduce (but not increase) the amount of ~~the~~ tuition and fees approved by the Board.

January 27, 2022 (Revised)
March 30, 2016 (Revised)
April 25, 1997 (Revised)
March 1, 1996 (Revised)
April 28, 1995 (Revised)
April 22, 1994 (Revised)
February 7, 1994 (Corrected)
June 11, 1993 (Corrected)
April 30, 1993 (Revised)
April 8, 1992 (Revised)
May 3, 1991 (Revised)
May 5, 1989 (Revised)
March 18, 1988 (Revised)
(For Revisions Prior to 1988 Refer
to Previous Board Policies File)