



APPROVED BY SENATE
12/08/2025

**Proposal to the Senate Educational Policy Committee
for the Formation of New Units (including Permanent Centers and Institutes)**

1. **SPONSOR NAME AND EMAIL:** Deborah Virant-Young; DLVYoung@illinois.edu
2. **COLLEGE CONTACT NAME AND EMAIL** (for units housed within a College):
Mark Cohen; meddean@illinois.edu
3. **TITLE OF PROPOSAL**
Establish the Carle Illinois Department of Family Medicine
4. **BRIEF DESCRIPTION AND JUSTIFICATION** (include in a description of the governance processes and documentation of acknowledgement by faculty and staff as outlined in Article VIII, Section 3 of the [Statutes](#). If this is for a change in status from Temporary to Permanent, include an explanation as to why the funding, staffing, mission, etc. are stabilized such that the move to permanent make sense at this time):

As defined by its bylaws, the Carle Illinois College of Medicine (the College) seeks to establish twelve (12) new departments of the college, each formed in accordance with the University Statutes and to more effectively meet the LCME Accreditation Standard 4: Faculty Preparation, Productivity, Participation, and Policies. This will be done over the next five (5) to seven (7) years. The first four (4) of the specialty sections under the Clinical Sciences Department (Family Medicine, Neurology and Neurosurgery, Cardiovascular Medicine and Surgery, and Surgery and Digestive Health) were approved through the university and IBHE in 2025. We are continuing to develop proposals for four additional departments. There will be a proposal submitted for each new department. This proposal is specific to the *Department of Family Medicine*.

The four (4) new departments being proposed are:

- The **Department of Family Medicine** is composed of family medicine faculty who are currently under the umbrella of the Carle Illinois College of Medicine Clinical Sciences Department. The department shall be responsible for academic, research and clinical aspects pertaining to family medicine and primary care; and,
- The **Department of Internal Medicine**, composed of internal medicine and sub-specialty faculty that are currently under the umbrella of Carle Illinois College of Medicine Clinical Sciences Department. The department shall be responsible for academic, research and clinical aspects pertaining to internal medicine and the sub-specialties; and,
- The **Department of Obstetrics and Gynecology** is composed of obstetrics and gynecology faculty who are currently under the umbrella of the Carle Illinois College of Medicine Clinical Sciences Department. The department shall be responsible for

academic, research and clinical aspects pertaining to obstetrics, gynecology, and women's health; and,

- The **Department of Psychiatry** is composed of psychiatry medicine faculty who are currently under the umbrella of the Carle Illinois College of Medicine Clinical Sciences Department. The department shall be responsible for academic, research and clinical aspects pertaining to psychiatry medicine.

Each department shall be governed in its internal administration and procedures according to its bylaws, which the department's faculty shall establish, provided that the department bylaws do not conflict with the College and University Statutes or Bylaws.

Each department shall be organized with a head, appointed with a 5-year term, which can be renewed following appropriate review as outlined by the university and approved by the University Board of Trustees on the recommendation of the Chancellor/Vice President and the President after consultation with the Dean of the College and the members of the Department Faculty (once established).

As required in Article VIII, Section 3 of the University Statutes, the formation of these departments is done with the advice of college faculty; a vote by secret, written ballot was opened to the Carle Illinois College of Medicine faculty on October 9, 2025, and finalized on October 15, 2025, and recorded in accordance with college bylaws (please see Appendices A.1 and A.2).

5. **JUSTIFICATION:** (Please provide a brief but complete rationale for your request.)

The University of Illinois at Urbana-Champaign is at the forefront of integrating engineering and medicine to address the evolving needs of healthcare and medical education. With the national shift towards interdisciplinary physician training, as emphasized by the Association of American Medical Colleges, our university is committed to equipping future physicians with the skills to leverage emerging technologies and adapt to the dynamic medical field. Our institution aligns with these priorities, preparing healthcare professionals to drive significant improvements in patient care.

There are currently six departments in the college: the Biomedical and Translational Sciences (BMTS) Department, the Clinical Sciences Department, the Department of Oncology, the Department of Cardiovascular Medicine and Surgery, the Department of Neurology and Neurosurgery, and the Department of Surgery and Digestive Health. BMTS has approximately 187 faculty, with 14 faculty with 51-100% FTE to the college, 25 with 25-50% FTE, 2 with 5-49% FTE, and 146 with 0% FTE affiliated appointments. Those with some FTE carve out contribute to the majority of the preclinical curriculum delivery. The Clinical Sciences Department manages approximately 411 faculty members from diverse specialties within a single department. Most of the faculty have 0% FTE affiliated appointments yet play a vital role in delivering the clinical education portion of our curriculum, which has posed significant administrative challenges and challenges to recruitment of new faculty which stem directly from a lack of having more specialty-specific departmental identity that clinical departments nationally maintain, and are compared against for academic metrics, rankings, and performance. With the carve out of the previous four clinical departments, it has significantly increased engagement and participation of those faculty, as the smaller number of faculty has been

easier for the department head to have meaningful engagement and mentorship with those faculty. The Department of Oncology has 19 faculty members, the Department of Cardiovascular Medicine and Surgery has 30 faculty members, the Department of Neurology and Neurosurgery has 38 faculty members, and the Department of Surgery and Digestive Health has 102 faculty members, with a section head model in place to facilitate the engagement of the subspecialties.

We proposed reorganizing the Clinical Sciences Department in 2024 into more distinct and more specialty-specific clinical academic departments to address the administrative burden of over 600 faculty in one department. This restructuring will allow us to focus better on specific areas for advancing medical education and research. Initially, we did this for Cardiovascular Medicine and Surgery, Oncology, Neurology and Neurologic Surgery, and Surgery and Digestive Health, while maintaining and even enhancing interdisciplinary collaboration. We continue with the next proposal, focusing on Family Medicine, Internal Medicine, Obstetrics and Gynecology, and Psychiatry.

Separation into individual departments will actually increase collaboration by creating focused, specialized units that can more effectively engage in cross-disciplinary initiatives. With clear departmental identities, faculty members will have a stronger sense of ownership in their field and connection to the college, making them more effective collaborators when working across specialties. Structured interdepartmental initiatives and shared goals will ensure that collaboration is not just maintained but actively encouraged. By having well-defined departments, we can create targeted collaborative programs that draw on the strengths of each specialty, fostering a richer environment for innovation and interdisciplinary work.

These specialized departments will engage more effectively with other faculties, leading to innovative, interdisciplinary solutions. This collaboration will foster joint research projects and specialized clinical educational experiences for our students, integrating diverse expertise to tackle complex challenges.

Our leadership is committed to supporting an interdisciplinary culture by recognizing collaborative efforts and providing spaces for idea-sharing. This transformation is not just about reorganization; it's about redefining our approach to clinical science, combining specialized expertise with interdisciplinary innovation to propel our institution forward.

This restructuring decision mirrors the organizational models of leading medical schools and healthcare systems, emphasizing specialization and interdisciplinary collaboration. Faculty (both existing and those undergoing recruitment) have expressed concerns about the loss of professional identity being all included in one clinical academic department and the difficulty of showcasing cross-disciplinary work within a large, unified department. This restructuring addresses these concerns by fostering collaboration while preserving specialization, meeting contemporary standards of medical education, and preparing us for future healthcare challenges.

Understanding the divergent methodologies, compensation frameworks, and cultural nuances between an independent clinical institution (Carle Health) and a public university (Illinois), this strategic decision aligns with the clinical services structure at Carle. Establishing separate clinical academic departments will embrace each entity's distinctive qualities and capitalize on their inherent strengths.

CI MED initiated this restructuring by piloting specialty sections under the Department of Clinical Sciences, effective August 15, 2023. This pilot approach allowed for a strategic alignment of academic and clinical leadership roles, as Section Heads were identified in collaboration with Carle Health. Clinical Medical Directors from Carle Foundation Hospital were selected to serve as

academic section heads, ensuring continuity and alignment between clinical practice and academic responsibilities.

Under the direction of the Clinical Sciences Department Head, the academic section heads effectively combined their clinical roles with academic leadership, showcasing the potential of this model. This pilot approach has facilitated better coordination between clinical practice and academic functions, enhancing communication and collaboration across specialties.

Given the success of this initial pilot, we are now proposing the establishment of the second four new departments splitting out of the current Clinical Sciences Department. This phased approach allows us to strategically expand and enhance our academic structure in alignment with clinical operations. As we continue to monitor and assess the effectiveness of these new departments, we will propose additional departments in the future when they align with our strategic goals and institutional needs.

With our current provisional accreditation in place, these changes align with our existing Bylaws, addressing the unique characteristics of private clinical institutions and public land-grant universities. This strategic transformation enhances our joint faculty recruitment efforts, attracting individuals with exemplary academic and research credentials who align with our institution's values and vision.

Creating specialized departments provides a tailored academic environment that appeals to prospective faculty members seeking opportunities in specific medical areas. This alignment fosters targeted recruitment and cultivates a collaborative and innovative culture within these departments.

The Dean's dual role as the Chief Academic Officer for Carle Health ensures seamless coordination between the clinical and academic facets of the program, promoting efficient collaboration and integration.

The remaining Clinical Sciences Department (after removing the four new departmental faculty into these four departments) will continue to operate as a unified entity, incorporating specialty sections that remain integral components of specialty-specific groups, despite not being designated as fully independent departments yet. The Department of Biomedical and Translational Sciences will also continue to integrate faculty from various disciplines, promoting interdisciplinary research and education.

Each new department will establish a department-specific Appointment, Promotion, and Tenure (APT) Committee, reporting to the overarching College APT Committee. This structure ensures fairness and transparency across all clinical departments while allowing for specialty-specific influence within the APT Committees.

By adopting this approach, the university underscores its commitment to efficient governance while actively pursuing transformative medical education and research. This structural adjustment promotes fairness, transparency, and consistency while accommodating the unique characteristics of each clinical specialty.

Ultimately, this restructuring aims to better align with the evolving landscape of academic and professional requirements, promoting personalized growth opportunities and contributing to the advancement of education and excellence within each specialized field. The proposal seeks to establish a more tailored and responsive academic environment, optimizing teaching and learning practices to enhance the overall learner experience.

The functions and activities of the departments will seamlessly integrate with the offices of the Dean, Academic Affairs, Faculty Affairs, and Student Affairs, ensuring that faculty fulfill their essential roles while contributing to the broader mission of enhancing the health and well-being of the state's population—core elements of the University of Illinois at Urbana-Champaign's mission.

6. **BYLAWS**

- Appendix B: Department of Family Medicine Bylaws
- Appendix C: Department of Internal Medicine Bylaws
- Appendix D: Department of Obstetrics and Gynecology Bylaws
- Appendix E: Department of Psychiatry Bylaws

7. **LETTERS OF SUPPORT**

- Appendix F: Dean, Carle Illinois College of Medicine
- Appendix G: Assistant Dean, Student Affairs, Carle Illinois College of Medicine
- Appendix H: Letter from the Council of Deans (DocuSign)
- Appendix I: President and CEO, Carle Foundation Hospital
- Appendix J: Dean, Illinois Grainger College of Engineering
- Appendix K: Dean, Illinois Graduate College

Other Appendices

- Appendix L: CI MED Strategic Plan
- Appendix M: CI MED Faculty List
- Appendix N: CI MED Organizational Chart

8. **DESIRED EFFECTIVE DATE:** August 15, 2026

9. **STATEMENT FOR THE ACADEMIC CATALOG** (if there is text in the Academic Catalog, <http://catalog.illinois.edu/>, that will need to be added or updated as a result of this request, please list the URL(s) of the page(s) and the text to update):

The catalog was reviewed, and no changes are needed.

CAMPUS CLEARANCES

Deborah Virant-Young

Sponsor Name and Signature

10/17/2025

Date

Paul A. Cohen

College Contact Name and Signature (if applicable)

10/20/2025

Date

Graduate College Representative (if applicable)

Date

Katherine A. Anderson

Provost Representative

10/22/2025

Date

1. Unit Objectives and Contributions

Describe specific objectives and measurable contributions the unit will make to the university's mission, paying particular attention to the unit's consistency with the university's focus statement and priorities. Is the unit to be involved in instruction and, if so, to what extent?

The Carle Illinois College of Medicine (CI MED) seeks to create four administrative departments, separating faculty from the Clinical Sciences Department into new departments:

- Department of Family Medicine
- Department of Internal Medicine
- Department of Obstetrics & Gynecology
- Department of Psychiatry

The focus of this application is the **Department of Family Medicine**. The others will be addressed in separate applications.

The **Department of Family Medicine** will be composed primarily of **family medicine** faculty who will deliver the clinical, academic, and research components of the CI MED educational experience specific to their area of expertise. This structure is established in accordance with CI MED's approved bylaws and under the guidance of the Illinois Board of Higher Education (IBHE), which approved the creation of CI MED on March 1, 2016, and its MD degree on March 14, 2017.

The **Department of Family Medicine** will be integral to advancing the clinical, academic, and research components of CI MED, specifically in the field of family medicine. This new department will be composed primarily of faculty specializing in family medicine, who will deliver specialized education, clinical care, and research initiatives in alignment with the University of Illinois at Urbana-Champaign's mission.

Key Objectives:

- **Enhance Educational Quality:** The department aims to provide a focused and high-quality educational experience for students, tailored to the complexities of **family medicine**. This involves specialized instruction that meets the unique needs of learners in this field.
- **Streamline Administrative Processes:** By transitioning **family medicine** from a section within the broader Clinical Sciences Department to a dedicated department, we seek to reduce administrative challenges and create a more efficient, supportive environment for faculty development and student education.
- **Foster Collaboration:** The restructuring will promote interdisciplinary collaboration within CI MED, ensuring that the various specialties work together to enhance healthcare delivery and advance medical research.
- **Support Faculty Excellence:** The department will oversee the recruitment, development, and retention of highly qualified faculty, ensuring consistency in tenure-track and non-tenure-track promotions across CI MED, while allowing flexibility to address the specific needs of **family medicine** faculty.

Measurable Contributions:

- **Educational Impact:** The department will directly contribute to CI MED's educational mission by delivering specialized **family medicine** education and ensuring students receive a rigorous, relevant, and cutting-edge curriculum.
- **Faculty Development:** By reducing the number of faculty in the Clinical Sciences Department and having a more manageable number of faculty in the Department of Family Medicine, faculty members will be offered more targeted professional support and enhance faculty satisfaction and retention, ultimately benefiting student learning outcomes.
- **Research Advancements:** The department will drive forward research initiatives in family medicine, contributing to the university's reputation as a leader in medical research.

Instructional Role:

The Department of Family Medicine will play a central role in instruction, with faculty delivering both didactic and clinical education to medical students, residents, and fellows. The department's involvement in teaching is critical, as it ensures that family medicine-specific knowledge and skills are effectively imparted to the next generation of healthcare providers.

Alignment with University Mission:

The creation of the Department of Family Medicine directly supports the university's mission by enhancing educational quality, fostering faculty development, and advancing primary care research—all while improving healthcare outcomes for the state's diverse population. The department's objectives align with the university's commitment to excellence in education, research, and public service, particularly in addressing critical societal needs such as chronic disease management, preventive care, and expanding access to comprehensive, community-based healthcare across urban and rural settings.

In summary, the establishment of the **Department of Family Medicine** is a strategic initiative that will significantly contribute to the university's mission by enhancing specialized education, supporting faculty development, and advancing research in family medicine.

2. Need

Explain how the unit will meet regional and state needs and priorities. What is the demand for the unit's services? What clients or population will the unit serve? Identify similar units of administration, research, or public service in the state, at both public and private colleges and universities. Compare the proposed unit with these units and discuss potential impact upon them.

The proposed **Department of Family Medicine** at the Carle Illinois College of Medicine (CI MED) represents a strategic initiative to address critical regional and state healthcare needs while aligning closely with the already thriving Family Medicine Department at Carle Health. This alignment is designed to enhance the recruitment of clinician faculty and to strengthen the connection between academic research and clinical practice, ultimately improving healthcare outcomes in Illinois.

Meeting Regional and State Needs

Illinois faces significant challenges in healthcare, particularly in family medicine, where there is a growing demand for specialized services and a shortage of medical professionals in Central Illinois. The clinical family medicine department at Carle Foundation Hospital is already a leader in providing high-quality care, and creating a corresponding academic department at CI MED is intended to build on this success. By aligning the medical school's academic efforts with Carle's clinical strengths, the **Department of Family Medicine** will help bridge the gap between cutting-edge research and practical, patient-centered care. This alignment directly supports the Illinois Board of Higher Education (IBHE)

Public Agenda goals, particularly in enhancing educational attainment and healthcare access throughout the state.

The University of Illinois at Urbana-Champaign, as the state's flagship public research institution and the only Illinois university affiliated with the American Association of Universities (AAU), is uniquely positioned to drive this initiative. The new **Department of Family Medicine** will facilitate the recruitment of top clinician faculty, leveraging the university's research capabilities to support and expand the clinical services offered at Carle. This synergy between research and clinical practice is expected to attract significant federal funding and other resources, further solidifying Illinois' position as a leader in medical innovation and patient care.

Demand for the Unit's Services

The demand for comprehensive primary care is rapidly increasing, particularly in regions like Central Illinois, where an aging population and a sharp rise in chronic conditions are placing new pressures on the healthcare system. The enhanced collaboration between CI MED and Carle Health presents a strategic opportunity to address this need through the development of a robust Department of Family Medicine. This department will play a critical role in training the next generation of physician-leaders, equipping them not only with clinical excellence but also with the skills to lead in care coordination, patient engagement, and preventive medicine—cornerstones of the Patient-Centered Medical Home (PCMH) model.

This integration of academic and clinical expertise will foster the creation of scalable, patient-focused care models that improve outcomes and enhance accessibility, particularly in underserved and rural communities. By prioritizing the recruitment of clinician faculty, the department will ensure its innovations remain grounded in the realities of everyday practice, delivering meaningful, sustainable improvements to population health throughout Central Illinois and beyond.

Comparison with Similar Units

While other institutions in Illinois offer family medicine programs, the proposed Department of Family Medicine at CI MED is uniquely positioned due to its close alignment with Carle Health's extensive primary care network and its integration within a regional health system that serves a large, diverse, and predominantly rural population. This department will be built around a multidisciplinary model that brings together primary care clinicians, behavioral health specialists, care coordinators, and public health experts to deliver truly comprehensive care. This collaborative approach will not only enhance patient outcomes but also provide distinctive educational and innovation opportunities for medical students and trainees.

Medical schools such as Northwestern University's Feinberg School of Medicine and the University of Chicago's Pritzker School of Medicine offer strong academic programs in primary care, but they do not benefit from the same level of system-wide integration with a regional health provider like Carle. This positions the proposed Department of Family Medicine at CI MED to be a statewide leader in translating academic advancements directly into high-impact, community-based care—addressing critical access gaps and improving health outcomes across Central Illinois and beyond.

Potential Impact on Similar Units

The establishment of the Department of Family Medicine at CI MED, in close collaboration with Carle Health, is expected to complement rather than compete with existing family medicine programs in the state. By filling a unique niche that integrates academic training with real-world, community-based clinical practice, the department will strengthen the overall landscape of primary care education and delivery in Illinois. Its innovative, patient-centered approach—grounded in care coordination, prevention, and population health—will serve as a model for other institutions, encouraging similar academic-clinical

partnerships aimed at improving healthcare outcomes statewide.

Economic and Social Impact

Beyond its educational and healthcare contributions, the **Department of Family Medicine** is expected to have a significant economic impact on the state. The collaboration between CI MED and Carle Health will not only create new opportunities for faculty and staff but also stimulate broader economic growth through increased healthcare services, research funding, and community development. Projections indicate that CI MED's initiatives could contribute over \$1 billion annually to the Illinois economy by 2035, supporting more than 7,600 jobs statewide.

This economic impact extends beyond direct employment to include the development of new businesses and communities centered around the healthcare sector. The alignment between CI MED and Carle Health will ensure that the benefits of this growth are felt throughout Central Illinois, improving the quality of life for all residents.

In conclusion, the proposed **Department of Family Medicine** at the Carle Illinois College of Medicine is a critical initiative that builds on the strengths of an already thriving clinical department at Carle Foundation Hospital. By aligning academic and clinical efforts, the department will meet regional and state healthcare needs, continue to serve a diverse and underserved population, and set a new standard for family medical education and research in Illinois. Through innovation, collaboration, and a commitment to excellence, the department will contribute to the state's economic development, improve healthcare outcomes, and enhance the quality of life for all Illinois residents.

3. Organization

Describe the proposed unit's organizational structure. Explain how the unit is organized to meet its stated objectives. Attach the unit's bylaws (or equivalent governing document) and briefly outline the process used to establish them.

The Carle Illinois College of Medicine (CI MED) is embarking on a significant initiative to establish twelve new clinical departments as well as up to three new non-clinical departments over the next five to seven years. This process is aligned with University Statutes and driven by a commitment to excellence in medical education, research, and patient care. The initial phase of this ambitious endeavor focused on creating specialty sections within the existing Clinical Sciences Department, which was completed in August 2023. The establishment of four new departments, with the **Department of Family Medicine** being one of them, is a critical milestone.

In crafting the organizational structure for the **Department of Family Medicine**, CI MED has carefully considered the unique dynamics between its independent clinical partner, Carle Health, and the public, mission-driven University of Illinois at Urbana-Champaign. Recognizing the distinct research methods, compensation structures, and cultural nuances of these two entities, the decision was made to mirror the successful organizational framework previously employed in the initial creation of the Clinical Sciences and Biomedical and Translational Sciences Departments. This approach is about maintaining consistency and celebrating the strengths of each current department while fostering an environment that encourages collaboration and respects the needs of different specialties.

At the core of this organizational strategy is the role of the Dean of the College, who serves as the Chief Academic Officer for Carle Health. The Dean's oversight is crucial, acting as the bridge between Carle and the university, ensuring that the curriculum and administrative structures are aligned with the goals of both institutions. This dual role underscores the importance of integrated leadership in achieving a cohesive and collaborative academic environment.

The **Department of Family Medicine** will be fully integrated within CI MED, adopting the standard academic structure of other departments at the university. The Department Head, who will report directly to the Dean, will oversee the department's operations, ensuring alignment with the college's and the university's strategic goals. The Dean, in turn, reports to the Provost of the University of Illinois at Urbana-Champaign and, in their role as Chief Academic Officer, to the Executive Vice President and System Chief Medical Officer of the Carle Health.

To promote a collaborative culture and facilitate faculty development, CI MED is committed to dismantling barriers that traditionally hinder university-based and clinical faculty cooperation. The strategic creation of twelve additional clinical departments is a deliberate effort to foster more targeted initiatives that address the specific needs of each specialty. This initiative is particularly significant given the diverse and growing faculty, which now exceeds 600 members. By breaking down traditional silos, CI MED aims to create an academic environment where interdisciplinary collaboration is not only possible but encouraged.

The governance of the **Department of Family Medicine** will be anchored in its bylaws and policies, which the department's faculty will establish once it is created. The department will be led by a Head, appointed through a consultative process involving the Dean and department faculty, with final approval by the University Board of Trustees. This leadership role is critical, as the Department Head will be responsible for the administration of departmental activities, ensuring that policies and programs related to education, research, service, and public outreach are effectively implemented.

An executive Committee composed of faculty representatives will support the department head and play a vital role in departmental governance. This committee will serve as a conduit between the faculty and the Department Head, advising on policies, budget preparation, and other key areas of departmental management. An Associate Head may also be appointed to assist the Department Head and ensure continuity of leadership in their absence.

As the **Department of Family Medicine** takes shape, one of its initial tasks will be developing departmental bylaws. These bylaws will outline the structure of the Executive Committee, the creation of standing committees, and the procedures for faculty meetings and performance evaluations. Additionally, the department will establish guidelines for appointments, promotions, and tenure, ensuring that the highest standards of academic excellence are maintained.

Through this carefully considered organizational structure, CI MED is not only building a new department but also laying the foundation for a more integrated and collaborative approach to healthcare education and delivery. By aligning the strengths of its academic and clinical partners, the **Department of Family Medicine** is poised to make significant contributions to the advancement of medicine and the training of the next generation of healthcare professionals.

Please see **Appendix C** for the draft Bylaws for the **Department of Family Medicine**

4. Unit Outcomes
Identify what targets have been set to assess the proposed unit's success in achieving its objectives. Among others, specific performance measures might include: expected research and/or public service products; ratio of external to internal funding for unit; impact of this unit on national, state, regional, and local area organizations, businesses, or communities; and collaborative research product that promotes the Illinois economy.

The **Department of Family Medicine** is poised to provide the essential operational infrastructure necessary

to support and advance the missions of both the College and the MD degree program. Through innovative approaches in family medicine care and research, the department will also play a pivotal role in addressing the unique healthcare challenges faced by rural communities, improving access to cutting-edge treatments, and fostering partnerships that enhance rural health outcomes. By working in close collaboration with the Dean's Office, senior leadership, the Office of Student Affairs, and the Office of Academic Affairs, the department and its faculty will play a pivotal role in contributing to the College's overall performance on key academic and strategic matters. These contributions will be assessed through various targeted metrics, including the number of students admitted, graduation rates, scholarly and research outputs, and the diversity of students, staff, and faculty.

A significant focus will be placed on research activity, which will be measured through research awards, publications, presentations, expenditures, and interdisciplinary initiatives, particularly those that involve multi-unit collaborations. To further drive innovation and discovery, the department will set specific targets for the expected research outputs, such as the number of publications, patents, and other public service products. This approach ensures that the department not only meets but exceeds expectations in fostering scholarship and innovation.

In alignment with these efforts, the department will also establish specific goals for securing funding, with a clear emphasis on increasing the ratio of external to internal funding. This focus on external funding sources is essential for sustaining the department's long-term growth and impact, ensuring that it remains competitive on a national and international scale.

Moreover, the department is committed to making a substantial impact on national, state, regional, and local organizations, businesses, and communities. This will be achieved through strategic partnerships and initiatives demonstrating the department's influence beyond the academic sphere. For example, collaborative research efforts will be closely aligned with the goals of promoting the Illinois economy. Specific projects will be designed to address state-wide challenges, contributing to economic development and benefiting the broader community.

The department's success in these areas will be systematically captured, monitored, and made accessible through the Campus Profile managed by the Division of Management Information for the university. This data will be regularly reviewed against initial targets established by the Dean, in consultation with the provost's office, to ensure alignment with or surpassing of national norms. The use of Strategic Planning Dashboards will enable the department to track performance, identify trends, and make informed decisions that support continuous improvement.

Additionally, the department's contributions will be evaluated within the broader framework of CI MED's strategic plan, which aligns with the University of Illinois at Urbana-Champaign's strategic goals. These include fostering scholarship, discovery, and innovation; providing transformative learning experiences; making a significant societal impact; and stewarding resources for strategic investment.

The department will focus on specific measures outlined in CI MED's strategic plan as part of this comprehensive assessment. These include creating and implementing a faculty engagement support infrastructure, growing support for student-led healthcare research, developing innovative curricular tracks, and enhancing diversity, equity, and inclusion efforts through targeted recruitment and retention strategies.

In conclusion, the **Department of Family Medicine's** success will be measured through a combination of research outputs, funding ratios, community impact, and collaborative initiatives that align with the strategic goals of both CI MED and the University of Illinois. By setting clear targets and systematically tracking progress, the department will ensure its contributions are significant and far-reaching, both within the academic community and beyond.

A copy of the CI MED Strategic Plan is available in Appendix L.

5. Quality Assurance Processes

Briefly describe the processes that will yield evidence to demonstrate the quality of the unit. Address the following elements: evidence that the unit supports the university's mission and statewide goals; evidence that the unit's product or outcomes achieve stated objectives; determination of organizational effectiveness; faculty and staff qualifications and reward structures; determination of adequate support staff, equipment, and other resources; and use of results from evaluations to improve the unit's effectiveness.

The University of Illinois at Urbana-Champaign employs various tools and processes to ensure the quality and performance of its colleges. Regular reviews of numerous metrics, measuring different parameters of excellence, are conducted through a strategic planning and evaluation process. This includes gathering student assessments of individual faculty, as well as student and stakeholder assessments of the programs and program elements delivered by faculty.

The University is strongly committed to faculty development through annual evaluations and active discussions between faculty members and departmental leadership. The campus's annual faculty review is detailed in Provost Communication Number 21: Annual Faculty Review. This evaluation process considers teaching, scholarly activity, and service, and may include a broader review for faculty engaged in interdisciplinary activity, team teaching, or cross-campus service. At CI MED, a three-tiered approach determines the frequency of evaluations: faculty with direct involvement in the curriculum and student interactions receive annual reviews, those with limited involvement are reviewed every three years, and those with minimal or no engagement may be exempt from review. The department chair or head is responsible for providing a written evaluation to the faculty member, which serves as the basis for discussing accomplishments and progress toward promotion.

The LCME accreditation process mandates that medical school faculty members receive regularly scheduled and timely formal feedback from departmental and/or other programmatic or institutional leaders on their academic performance and progress toward promotion and, when applicable, tenure.

Formal feedback to the faculty is a part of the annual faculty evaluation process, led by the Department Head. Faculty members receive feedback based on their academic performance, track performance, and teaching activities. This formal evaluation and feedback process takes place between April and July and sets goals for the following performance year. The evaluation form includes:

- Assessment of performance towards goals and metrics set in the appointment letter
- Success in teaching, clinical, and research activities, as applicable
- Quality and impact of service to the university
- Quality and impact of service to the community
- Other criteria as set by institutional or departmental policy

Faculty members are required to provide their department head with:

- A written statement of accomplishments and professional activities during the past year
- Plans for the future
- A brief explanation of the connection between their activities and the mission and expectations of the unit and university

The LCME accreditation process involves a thorough examination of extensive documentation to validate the College's readiness and capabilities against clearly defined standards. This includes on-site visits by medical education experts and leaders. Preliminary accreditation was secured before recruiting the

inaugural class at CI MED. Currently, the College has accreditation status. The LCME will conduct a comprehensive review of the College in 2027 for reaccreditation.

Additionally, the College's and Department's effectiveness is monitored by other external accrediting agencies and internal University of Illinois at Urbana-Champaign processes, reflecting the norms of the university's shared governance. Among the external points of reference are the **Blue Ridge Institute for Medical Research (BRIMR) rankings**, which annually compiles data on medical schools and their departments based on NIH funding. The 2024 dataset includes both total NIH awards by school and departmental rankings across basic science and clinical specialties. The College also utilizes the **Association of American Medical Colleges (AAMC) Benchmarking Tools**, which provide comparative data against national averages and peer institutions on key faculty-level metrics. These tools include the Faculty Roster (tracking retention, promotion, and demographics by department), Faculty Salary Reports (organized by specialty, rank, region, and public/private status), and the StandPoint™ Surveys (measuring engagement and talent-management effectiveness). Internal oversight mechanisms include the University of Illinois at Urbana-Champaign Academic Senate, the provost's regular program review, and the university's human resources system.

Evidence the Unit Supports the University's Mission and Statewide Goals

The University of Illinois at Urbana-Champaign and CI MED are deeply committed to advancing the university's mission and statewide educational goals. The unit aligns its strategic initiatives with the university's overarching objectives, focusing on key areas such as fostering scholarship, discovery, innovation, and societal impact. These efforts are measured through a comprehensive performance management system, which includes indicators like research expenditures, student outcomes, and community engagement initiatives. By tracking these metrics, the unit provides clear evidence of its contributions to the university's mission and statewide priorities.

Evidence the Unit's Product or Outcomes Achieve Stated Objectives

The primary outcomes of the **Department of Family Medicine** focus on the recruitment and retention of high-caliber faculty and the successful performance of CI MED graduates. To measure the achievement of these objectives, the university and Carle Health have implemented robust data collection processes, including tracking faculty recruitment and retention rates and assessing graduate success in securing residencies and employment. These outcomes are analyzed regularly to ensure alignment with the unit's stated objectives and to maintain high standards of educational and professional excellence.

To achieve these objectives, the university and Carle Health have implemented mechanisms to capture faculty recruitment and retention data. Additionally, the university employs well-established practices to gather student placement data, including the number of employment offers received, the residencies secured, and the positions obtained by graduates. This comprehensive approach ensures that both faculty and student success are meticulously tracked and assessed, aligning with the Department's commitment to excellence.

Determination of Organizational Effectiveness

The organizational effectiveness of the department is assessed through multiple layers of review, including the provost's annual review of the college's performance and strategic plans. The department's leadership structure, comprising the Department Head, Associate Head, and Executive Committee, is modeled on successful frameworks within the university. The effectiveness of this structure is further evaluated by a Joint Liaison Committee (JLC), which includes representatives from both Carle and the University of Illinois at Urbana-Champaign. This collaborative review process ensures that the department's organization remains effective and aligned with institutional goals.

Faculty and Staff Qualifications and Reward Structures

CI MED benefits from a highly qualified faculty with extensive experience in medical education, supported by the expertise of faculty from other colleges and research units within the university. Faculty qualifications are continuously enhanced through ongoing professional development, annual evaluations, and a clear promotion pathway. Reward structures are designed to be competitive with those of peer institutions, with specific recognition for clinical faculty who contribute significantly to the college's mission. The university's promotion and tenure policies ensure that faculty are recognized and rewarded for their contributions to teaching, research, and service.

Determination of Adequate Support Staff, Equipment, and Other Resources

The LCME accreditation process requires that the unit maintains sufficient support staff, equipment, and resources to fulfill its mission. CI MED's staffing plan ensures that the necessary resources are in place to deliver a high-quality medical education. As the college expands, staffing needs are continually reassessed to ensure compliance with LCME standards and to support the growing student body. The adequacy of resources is further validated through internal reviews and external accreditation processes, ensuring that the unit is well-equipped to achieve its objectives.

The number of students, faculty FTE, and student to faculty ratio are summarized in the table below.

	2024	2025	2026	2027	2028
Students in Year 1	64	64	64	64	64
Total Students in College	244*	266	272	256	256
Faculty FTE	37	37.5	37.5	37.5	37.5
Student: Faculty FTE Ratio	6.6:1	7.1:1	7.25:1	6.8:1	6.8:1

Use of Results from Evaluations to Improve the Unit's Effectiveness

The unit employs a data-driven approach to evaluate its effectiveness, with regular assessments conducted through internal reviews, student feedback, and external accreditation processes such as the LCME. The results of these evaluations are used to inform strategic decisions, adjust educational programs, and implement necessary improvements. By systematically using evaluation outcomes to enhance its operations, the unit ensures continuous improvement and sustained alignment with the university's mission and statewide goals.

6. Facilities (space, equipment, instructional materials)

Describe the available facilities and equipment to develop and maintain high quality in this unit of administration, research, or public service including buildings, classrooms, office space, laboratories and equipment, and other instructional technologies. Summarize information about library resources including a list of key academic journals and other publications that will support this unit and be used by faculty, students, and staff.

With respect to resources, the LCME requires library resources and services to support medical education be provided. The Provost Office and the Carle Illinois College of Medicine partnered with the University Library for two librarian positions with dedicated time to support CI MED, a Bioengineering and Engineering Medical Innovation Librarian at .5 FTE and a Medical & Biomedicine Librarian at 1 FTE. In addition to financial support for dedicated staff there has been recurring funding provided for library acquisitions specifically for CI MED. The availability of these resources ensures that necessary library materials and support services are available for CI MED students. The creation of the **Department of**

Family Medicine will not change the library resources needs for the college as the department is not degree-granting and will not enroll any additional students.

As to facilities, the College has three main points of operation for its students:

- **Medical Sciences Building (MSB).** MSB underwent a renovation which was completed in June 2021. The MSB is the college's primary instructional, administrative, and student facility. The first floor includes problem-based learning rooms, a learning resource center, the Student Affairs suite, and the Dean's suite. The second floor houses an auditorium, student designated spaces for studying and interaction, standardized patient rooms, and the faculty office suite. The third floor houses the anatomy labs and larger classroom spaces. The basement houses student innovation labs.
- **Everitt Laboratory.** The Jump Simulation Center was launched by a generous \$10 million gift from Jump Trading with the mission of training a new type of doctor, uniquely equipped to transform health care. The center provides all the simulation training needs for the Carle Illinois College of Medicine and is located in the lower level of the newly renovated Everitt Laboratory. The space includes a simulated intensive care unit, operating room, virtual reality stations, skills lab, patient clinical rooms, and debriefing and control rooms.
- **Carle Health.** Carle Health's clinical network (7 hospitals and regional clinics) serve as the key portal to the clinical world and is where most clinical rotations occur. Additional partnerships with local and regional healthcare systems have been formed and more are anticipated that will enhance the depth and breadth of the College and the clinical expertise for the betterment of students. CI MED has dedicated space on the Carle Foundation Hospital campus. This space includes two student lounges and office space for Academic Affairs and Student Affairs.

7. Resources

Indicate the number of students, businesses, industries, and/or other clients to be served by this unit. Include a description of faculty participation and student involvement in the unit if applicable. Provide a narrative budget statement explaining the data in the associated Budget Table. Include detail describing revenues from governmental grants and contracts private gifts and grants, endowment/investment income, sales and services, and other sources; and expenditures including salaries of faculty, administrative staff, benefits, and other personnel related expenses for the proposed unit; library resources, services, equipment, and facilities.

Number of students, businesses, industries, and/or other clients to be served by this unit

The proposed **Department of Family Medicine**, an administrative unit within the Carle Illinois College of Medicine (CI MED), will follow the structural model of other academic departments at the University of Illinois at Urbana-Champaign. The Department Head will report to the Dean of the College, who in turn reports to the Provost of the University. Additionally, the Dean, serving as the Chief Academic Officer, reports to the Executive Vice President and System Chief Medical Officer of Carle Health. This dual reporting structure is designed to enhance collaboration between the university and the health system, particularly in faculty-related activities and the functioning of academic departments.

The department will collaborate closely with CI MED leadership, including the Dean and various Associate Deans, to focus on recruiting, hiring, retaining, training, and evaluating faculty members

responsible for developing and delivering the curriculum. Currently, CI MED has over 770 faculty members, 80 percent of whom are physician faculty, with the remaining 20 percent being university-based faculty. In addition to the existing faculty, approximately 120 new faculty members are in the approval process for our continued growth and partnership with our community partner. These faculty members, along with their home departments and clinical sections, will be served by the proposed department. The student intake has doubled from 32 students in the inaugural class to 64 students per class, leading to a total student cohort of 256 students at full capacity.

See Appendix N for the faculty list. The faculty roster also includes information on each faculty member's home department or clinical section, all of which will be served by the proposed department.

Description of faculty participation and student involvement in the unit

Under the direction of the Department Head, the proposed department, as an administrative unit, will provide general structure and administrative oversight to departmental activities. Faculty involvement is crucial for the department's effectiveness in its teaching, research, and scholarly activities. Faculty members are expected to participate in various departmental activities, including:

- **Providing Suggestions:** Faculty are encouraged to recommend policies and procedures to improve the Department and the College, particularly when a need has been identified.
- **Policy Development:** Faculty may be tasked with developing policies, procedures, and other written materials or performing other tasks as assigned by departmental leadership.
- **Community Service:** Faculty members serve the academic community by participating in committees or task forces at the Department, College, University of Illinois at Urbana-Champaign, or Health System levels.
- **Meeting Attendance:** Regular attendance at departmental meetings is expected to ensure active participation and collaboration.

Although their role may not be as direct as that of faculty, CI MED students will play an equally impactful role within the departments. Student involvement includes:

- **Feedback Integration:** Student feedback is essential for the ongoing assessment of the school's overall function, specific curricular elements, and individual faculty performance. This feedback will be communicated to the department for appropriate action.
- **Committee Participation:** Students will have seats on college-level committees, which can influence departmental functions and decision-making processes.

Budget Narrative Statement

The college is sustained through the integral support of Carle Health and campus resources and supplemented by philanthropic contributions. In addition to these sources, research and tuition revenues will play a vital role in sustaining CI MED's operations, with the proposed departments providing essential infrastructure. Notably, the college is steadfast in aligning with the expectations of the Liaison Committee on Medical Education (LCME), ensuring that student tuition constitutes less than 30% of all revenues. The financial resources required for the **Department of Family Medicine** do not substantially change the financial resources needs for the college as the department is not degree-granting and will not enroll any additional students.

Moreover, the college budget demonstrates a proactive approach to accessibility by providing scholarships. These initiatives aim to make the degree program financially attainable for deserving yet financially

challenged students and their families. Importantly, the budget anticipates that a significant portion—30 percent—of potential tuition is given to students through scholarships, further underscoring the institution's commitment to fostering an inclusive and accessible educational environment.

Establishment of the **Department of Family Medicine** will not require any additional resources. The funding currently allocated to the Clinical Sciences department in CI MED including the funding required for staffing, space, equipment and operating activities are included as part of the College's overall operating budget. A portion of this funding will be dispersed to the four new departments that are being created in a prorated method. Since this is a restructuring of existing faculty and activities and not the addition of new faculty and activities then it is expected that the existing resources will be adequate for operations.

The budget consists of a department head at .3 FTE and \$2,000 for supplies, services, and equipment. There are additional 2.0 FTE with compensation expenses totaling \$556,953 for The **Department of Family Medicine** faculty members that are not represented in the budget as those expenses are attributed to the Office of Academic Affairs. In addition, the college has recurring funding allocated for library resources that are not shown in the budget table as those expenditures are attributed to the Office of Academic Affairs and the **Department of Family Medicine** will not be enrolling any additional students.

The revenues necessary to support the departments are revenues identified as part of the overall college budget and consist of three primary sources: annual operating support from Carle Health, revenue from student tuition, annual operating support from the University of Illinois at Urbana-Champaign campus, and support from philanthropic sources. No new state resources will be needed to establish the Department.

Additional information regarding College resources, personnel and physical infrastructure are provided below:

- Administrative staff, college-level faculty leadership (Dean's, Associate Deans, etc.), and the faculty needed to develop and deliver the curriculum are in place and will not expand due to the creation of the new departments. No additional resources are needed for this.
- Fundraising efforts for the College continue to increase for a variety of areas in the college including operations, scholarship, named faculty appointments, and research.
- The CI MED collaborates with faculty and colleges from across the entire University of Illinois at Urbana-Champaign campus for shared faculty for the development and delivery of the curriculum, research, administrative, and leadership roles in the College. CI MED also collaborates with colleges and institutes on campus for research space.

Estimated Costs and Sources of Funds for Proposed Unit						
Illinois Higher Education						
			Year of Operation			
			1st Year	2nd Year	3rd Year	4th Year
Expenditure						
	Personnel					
	Faculty Count	by # of FTE	2.32	2.32	2.32	2.32
		Personal Services in \$	\$ 138,500	\$ 138,500	\$ 138,500	\$ 109,969
	Other Personnel Costs in \$		\$ -	\$ -	\$ -	\$ -
	Supplies, Services, Equipment ¹ in \$		\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
	Facilities in \$					
		Total	\$140,500	\$140,500	\$140,500	\$140,500
Resources						
	Current Unit					
	Other Internal Sources ²		\$ 140,500	\$ 140,500	\$ 140,500	\$ 140,500
	Federal Funds		0	0	0	0
	Fees, Sales, Other Income		0	0	0	0
	New State Appropriation ³		0	0	0	0
		Total	\$140,500	\$140,500	\$140,500	\$140,500

¹ Includes expenditures for library resources.

² Reallocation within institution from other budgetary unit.

³ Complete table 2 if greater than zero.

Note: Do not estimate inflationary factor. Narrative must accompany this table

Administrative, Research or Public Service Unit Application

The following chart does not apply. Carle Illinois College of Medicine does not receive state appropriations

Estimated Expenditures of New State Appropriations for Proposed Unit						
Illinois Higher Education						
			Year of Operation			
			1st Year	2nd Year	3rd Year	4th Year
Expenditures tied to New State Appropriation						
	Personnel					
	Faculty Count	by # of FTE				
		Personal Services in \$				
	Other Personnel Expenditures in \$					
	Supplies, Services, Equipment ¹ in \$					
	Facilities in \$					
		Total	0	0	0	0

¹ Includes expenditures for library resources. Note: Narrative must accompany this table

8. A Thriving Illinois: Higher Education Paths to Equity, Sustainability, and Growth
IBHE is charged to develop a strategic plan to address the present and future aims and needs and requirements of higher education in Illinois (110 ILCS 205/6) (from Ch. 144, par. 186) Sec. 6). Illinois Administrative Code: 1050.30(a)(6): <i>A) The unit of instruction, research or public service is educationally and economically justified based on the educational priorities and needs of the citizens of Illinois</i> Respond to the following questions about how the proposed unit will support the three goals of <i>A Thriving Illinois: Higher Education Paths to Equity, Sustainability, and Growth Strategic Plan.</i> - Equity: Close the equity gaps for students who have historically been left behind - Sustainability: Build a stronger financial future for individuals and institutions - Growth: Increase talent and innovation to drive economic growth <u>Responses to each question in this section should be separate and reference the question number to which the response pertains.</u> <u>Equity</u> 1. Describe plans to implement systemic solutions that will increase access and opportunities for service to underserved communities and the implications for the proposed unit of administration.

Explain how progress will be monitored. [See Equity Strategy #1 and #2]

2. Explain institutional strategies being implemented to increase and retain faculty, staff, and administrators of color and the implications for the proposed unit. Explain how progress will be monitored. [See Equity Strategy #3]

Sustainability

3. For this new unit of administration, describe how the institution plans to maximize effectiveness and efficiencies in its administrative structure and operations while avoiding unnecessary or existing duplication.
4. Explain further how the new unit will capitalize and build collaborative synergies on campus and within and outside of the state; support future-ready learning, research, or public service approaches; and ensure that the unit is a good steward of its financial resources.

Growth

5. As one of the Core Principles, demonstrate how the proposed unit will reinforce and promote public good in the state (e.g., civic engagement, exposure to arts and humanities, and solutions to society's challenges).
6. Describe how the unit plans to contribute to research, innovation, and economic development by leveraging the Illinois Innovation Network. [See Growth Strategy #1]
7. Explain how the new unit engaged with business and industry in its development and how it will spur the state's economy by leveraging partnerships with local, regional, and state industry, business leaders and employers. [See Growth Strategy #3]
8. Describe how the proposed unit will expand access and opportunities for students regarding high-impact practices including research opportunities, internships, apprenticeships, career pathways, and other field experiences. [See Growth Strategy #6]
9. Explain how the proposed unit of administration will expand its models of teaching and learning, research, and/or public service and outreach that provide opportunity for students to succeed in the work of the future. [See Growth Strategy #6]

(For more information about each of the three goals of the A Thriving Illinois: Higher Education Paths to Equity, Sustainability, and Growth Strategic Plan, go to the IBHE website: <https://ibhestrategicplan.ibhe.org/>).

Equity

1. Describe plans to implement systemic solutions that will increase access and opportunities for service to underserved communities and the implications for the proposed unit of administration. Explain how progress will be monitored. [See Equity Strategy #1 and #2]

Institution-level high-impact and wraparound support services

Access 2030 demonstrates the University of Illinois' commitment to supporting "the ongoing learning renewal of students and systemic implementation of evidence-informed student support practices." This equity-focused plan includes emphasis on the three universities' summer bridge programs, proactive advising, and high-impact practices to support retention and to ensure equitable access and success.

In addition to Access 2030, the System supports students through the [President's Research in Diversity Travel Assistance award](#). This competitive program, primarily for graduate students, has been established for the purpose of promoting diversity and the understanding of diversity within the University. Recipients are provided a certificate and funding up to \$600 to travel to a professional conference related to diversity or identity (such as those conferences involving race, gender, ethnicity, sexual orientation, disability, and national origin) to present papers, posters, or creative work in service to the University's interest in a diverse learning community.

At the institution level, the University of Illinois Urbana-Champaign prides itself on the array of high-impact practices and services offered to students. These student support practices support the ongoing learning renewal of students and systemic implementation of evidence-informed student practices, which align with [Equity Strategy 1 of A Thriving Illinois](#). The [Counseling Center](#), [Office of the Dean of Students](#), [McKinley Health Center](#), and [Student Assistance Center](#) are accessible to all students via in-person or remote options to facilitate student wellness and retention. All students are encouraged to participate in workshops hosted by the university's [Writer's Workshop](#) and are eligible to receive assistance on writing projects through their writing assistants. For students with disabilities, [Disability Resources & Educational Services \(DRES\)](#) has helped thousands of students earn college degrees and Urbana-Champaign has been recognized as a national leader in the area of post-secondary education for persons with disabilities. Indeed, as the oldest post-secondary disability support program in the world, DRES has been associated with many programmatic innovations including:

- The seminal research which led to the development of the first architectural accessibility standards that would become the American National Standards Institute Standards;
- The first wheelchair-accessible fixed route bus system;
- The first accessible university residence halls;
- The first university service fraternity and advocacy group comprised of students with disabilities, Delta Sigma Omicron; and
- The first university to receive the Barrier-Free America Award from the Paralyzed Veterans of America (2012).

Additionally, poised at the crossroads of academic and student affairs, the [Office of Minority Student Affairs \(OMSA\)](#) is one of the oldest and most comprehensive student support programs in the nation. The OMSA has embodied the University of Illinois Urbana-Champaign's land-grant mission by championing access for all students and providing a comprehensive array of college preparatory and support services to bolster students' success since its inception. Programs such as AMPS (**Academic Mentoring, Programs, and Services**) through OMSA also align with [A Thriving Illinois Equity Strategy 8](#) with the use of near-peer mentoring and staff as mentors/coaches. Graduate students serve as program assistants/mentors

in the office. OMSA currently houses six departments. A more comprehensive list of OMSA programs is provided in Appendix O.

The Office of Student Affairs, particularly **Student Success, Inclusion and Belonging (SSIB)**, supports numerous programs aimed at supporting diverse groups of students including working adults, students of color, and transfer and low-income students (just a sampling of which are provided in this document. SSIB houses UIUC's cultural and resource centers (see Appendix P) and a variety of high-impact programs; to name just three examples: **100 STRONG Program**, **I-Connect Diversity & Inclusion Workshops**, and **Housing Division Social Justice and Leadership Education**. A more comprehensive list of programs is detailed in Appendix C and more specifically programming, support, and services geared toward African American students, Latino/a students. Veteran support is provided through the **Chez Veterans Center** out of our College of Applied Health Sciences, which includes individualized academic and career coaching to support progress and address barriers, peer and professional mentoring to foster community and networking, and health and wellness services to promote psychosocial adjustments and well-being.

Other support services for graduate students include the Sloan University Center of Exemplary Mentoring and the Summer Predoctoral Institute. The [Sloan University Center of Exemplary Mentoring](#) at Illinois, funded by the Alfred P. Sloan Foundation, is designed to broaden participation of Black, Latinx and Indigenous doctoral students in STEM while catalyzing institutional change for student success. In addition to studying in highly-ranked, world class programs, the program emphasizes mentoring, professional development, and social activities to help build a community of successful scholars who are well-prepared to become leaders in the workforce and in academia.

The [Summer Predoctoral Institute](#) is a nine-week program for incoming graduate students who have accepted their offer of admission to an Illinois graduate program. The Institute provides an advanced opportunity for graduate students to become quickly prepared for the rigors, culture and expectations of graduate school during the summer prior to the start of their graduate studies. The Institute offers an orientation, a series of seminars, and time to work with a research adviser in the student's academic unit.

Finally, the university has a robust [Career Center](#), which offers coaching and support students and connects them to opportunities, as they make career decisions and learn lifelong career management skills. They serve as leaders of the UIUC career services community.

College, department, and program-level high-impact and wraparound support services

Reflect on the institution-level efforts described above. Note those with which the proposed program intersects. Describe that intersection.

CI MED is dedicated to advancing equity and access to educational opportunities, with a particular focus on supporting students from underrepresented backgrounds. In alignment with the University, the college has devised a comprehensive plan to implement systemic solutions that will enhance access and create meaningful opportunities for service to underserved communities. These initiatives are designed to

provide ongoing support for students throughout their academic journey, ensuring they are well-prepared, well-supported, and empowered to succeed.

One of the key strategies being explored is the implementation of Summer Bridge Programs. These programs are designed to ease the transition into medical school for underrepresented students by offering foundational courses, study skills workshops, and orientations to the demands of medical school life. For example, the proposal for a School of Medicine's Summer Pre-Matriculation Program would provide a six-week intensive preparation course covering anatomy, biochemistry, and effective study strategies. The success of these programs will be closely monitored through pre- and post-program assessments, student feedback surveys, and the academic performance of participants in their first semester.

To further support student success, the college will offer Extended Learning Opportunities, including supplemental instruction sessions, peer tutoring, and review workshops. These initiatives are aimed at mitigating learning loss and ensuring that students remain on track to graduate on time. An example of this approach is the peer mentor/tutor program, which pairs upper-class students with first-year students for weekly review sessions in challenging courses such as physiology and pharmacology. The impact of these programs will be assessed using academic performance data and attendance records, allowing for a clear understanding of their effectiveness on student grades and retention rates.

Recognizing the importance of personalized support, the college is also implementing Proactive, Comprehensive, and Tailored Advising Programs. Advisors will be assigned to underrepresented students to provide personalized academic and career guidance, addressing specific challenges they may face. The Personalized Advising for Success in Medicine program is an example of this approach, offering individualized advising sessions that focus on academic planning, career development, and personal well-being. Regular check-ins, progress reports, and student satisfaction surveys will be used to measure the effectiveness of these advising programs.

In addition to academic support, the unit is committed to fostering a sense of social responsibility and community engagement through Service-Learning initiatives. These programs will integrate community service projects with academic coursework, allowing students to develop a deeper connection to the communities they serve. For instance, the Community Health Initiative enables students to work with local clinics in underserved areas, providing health education and basic medical services. The impact of these service-learning experiences will be measured through community feedback, student reflections, and faculty evaluations.

To cultivate a supportive environment, the unit will establish Learning Communities—cohort-based groups that provide academic support and foster a sense of belonging among underrepresented students. The Health Equity Scholars Learning Community is an example of this approach, offering a seminar series, mentorship, and collaborative projects focused on addressing health disparities. Attendance, participation, and academic outcomes will be tracked to ensure these learning communities are effective, with regular feedback from participants guiding ongoing improvements.

Encouraging underrepresented students to engage in research is another priority. The unit will promote Research Opportunities with Faculty, providing students with hands-on experience and fostering academic curiosity. The Research Scholars Program, for example, offers stipends for summer research projects and pairs students with faculty mentors in fields such as public health and clinical research. Success in these programs will be tracked through research presentations, publications, and the career trajectories of participating students.

Internships and Field Experiences will also play a critical role in providing practical experience and professional networking opportunities. The Clinical Internship Program, which partners with hospitals and clinics in diverse communities, offers students hands-on experience in various medical specialties. Performance in these internships will be assessed through supervisor evaluations, student reflections, and career placement data, ensuring that students gain valuable experience and connections in their chosen fields.

Understanding that students cannot succeed academically without their basic needs being met, the unit will provide Support for Meeting Students' Basic Needs. Resources such as housing assistance, food security programs, and mental health services will be made available to ensure that students can focus on their studies. For example, the Student Wellness and Support Center offers emergency grants, counseling services, and a food pantry for students in need. The effectiveness of these support services will be evaluated using utilization rates, student satisfaction surveys, and retention data.

To ensure that faculty and staff are equipped to support students from underrepresented and under-resourced communities, the unit will implement Professional Development Programs. These programs, such as the Inclusive Teaching and Advising Workshop Series, will cover topics like cultural competency, implicit bias, and supporting students with disabilities. The effectiveness of these workshops will be assessed through participant feedback, changes in advising and teaching practices, and improvements in student outcomes.

To guarantee the success of these initiatives, the unit will establish a robust Monitoring and Evaluation framework. This will involve collecting comprehensive data on academic performance, retention rates, student satisfaction, and program participation. Regular reviews will be conducted to assess the impact of each program and identify areas for improvement. Additionally, feedback from students, faculty, and staff will be gathered through surveys and focus groups, ensuring that the programs remain responsive to the needs of the community.

Through these systemic solutions, the proposed unit of administration will not only increase access and opportunities for underserved communities but will also ensure that progress toward equity and inclusion is tangible, measurable, and continuously advancing.

2. Explain institutional strategies being implemented to increase and retain faculty, staff, and administrators of color and the implications for the proposed unit. Explain how progress will be monitored. [See Equity Strategy #3]

Institution-level efforts to recruit and retain faculty, staff, and administrators of color

Aligned with Equity Strategy 3 (Implement equitable talent management to increase and retain faculty, staff, administrators, and trustees of color), the UI System and the UIUC Campus support efforts in this area, particularly in supporting underrepresented minority faculty. The **Distinguished Faculty Recruitment Program** has a stated goal of increasing underrepresented minority faculty. Since 2017, the System has committed \$31.4 million to this program, the recruitment of tenured, star, or rising faculty from a range of disciplines who can transform our universities by their exceptional scholarship and teaching. One criterion is that the faculty member “will enhance diversity in the unit and in the college.” The **Public Voices Fellowship** is a year-long program open to tenured faculty to join a cohort of leaders, the majority of whom will be underrepresented (including women) and provide them with extraordinary support, leadership skills, and knowledge to ensure their ideas shape not only their fields, but also the greater public conversations of our age. The **Leadership Initiative for Women Faculty** brings together women faculty from across the UI System who are leaders and/or potential leaders to identify barriers to and facilitators for advancement of women. Finally, the System will also be providing funding in support of each university’s faculty recruitment plans which will also emphasize the recruitment of underrepresented minority faculty. The [President’s Executive Leadership Program](#) is a professional development opportunity and experience for senior-level faculty and administrators from across the UI System. Consisting of seminars held during the academic year, the objective of the leadership program is to broaden participants’ understanding of higher education issues and strengthen their skill sets in leading and managing a public institution at the university or system level. The Board of Trustees supports the program as a mechanism for identifying and developing a diverse group of potential future university and system leaders.

As a campus, UIUC is committed to investing in strategic hiring of faculty to maintain our academic strengths, respond to student demand, and capture opportunities. Investments from the [Office of the Provost](#) in faculty hiring, retention, and development are critical to maintaining and enhancing the academic excellence of our campus, especially at a time when the competition for top talent is intense. The Next 150 strategic plan identified a major hiring initiative to expand faculty hiring in key areas over the next five years, with the goal of expanding the overall size of the faculty. While the COVID-19 pandemic slowed that initiative, the University remains committed to hiring with the goals of enhancing faculty diversity and meeting student demand.

Though all faculty hiring is a department and college-level decision, the campus has devoted significant resources to incentivize hiring activities that support diversity, recruitment, and retention goals. Prominent among those programs are the **Targets of Opportunity Program (TOP)** and the **Dual Career Program (DCP)**. The TOP program provides recurring funds for salary support for hires that enhance campus diversity, including faculty from underrepresented groups and women in STEM fields. Nearly all

of these hires are identified through a traditional search process. The Provost invests ~\$1 million per year in this recurring salary support for TOP. The Office of the Provost, in conjunction with the [Office of the Vice Chancellor for Diversity, Equity, and Inclusion](#) also announced a second year extension of the temporary modification to the TOP program to recruit more faculty of color. This initiative made an additional ~\$1 million available to units to support hiring in this area. For the DCP, the Provost provides recurring matching funds (i.e., 1/3 of the initial salary) if the partner is hired into a tenure track position through the DCP. Several years ago, the Provost modified the DCP to provide only non-recurring funding (1-3 years) for non-tenure track partner hires which has helped to reduce the overall cost of the program.

The campus also continues to fund postdoctoral fellowships targeted to underrepresented scholars in ethnic studies programs (e.g., Latina/Latino Studies, American Indian Studies, etc.) and through the **DRIVE program**. These programs are intended to help provide postdocs with an opportunity to build a foundation of scholarship that will prepare them for tenure track positions. While the ethnic studies postdocs are selected through a specific advertisement, the DRIVE program identifies candidates through a search process for open faculty positions.

Finally, through a partnership with the University System Office and departments, the Provost's Office also supports the [Underrepresented Faculty Recruitment Program](#) in making available non-recurring funds for research to enhance offers of employment. Awards up to \$20,000 per year for each of the first three years of employment are available for those hired in the 2022-2023 academic year. The Provost's Office funds the additional search expenses incurred by bringing an additional candidate to campus if that person is from an underrepresented group.

Additional retention efforts include programming and development activities for executive officers and faculty members across ranks. Programming and resources for unit executive officers (EOs) equip them with the knowledge and skills necessary for leadership including ways to enhance their ability to support and mentor faculty within their units, particularly faculty members of color. The [Office of the Provost](#) also coordinates several leadership development programs to increase the pool of potential academic leaders on campus with intentional focus on supporting faculty members from underrepresented groups to explore campus leadership and administrative roles. UIUC continues to be a strong partner in the Big Ten Academic Alliance's Academic Leadership Development Programs, with numerous faculty and staff from the university participating as fellows.

The [Office of the Provost](#) also invests in faculty development. From recruitment to onboarding, through promotion, and retirement, faculty members have access to programming and resources designed to meet them and address their careers needs. The office also supports several institutional memberships that provide external resources to our faculty, such as the [National Center for Faculty Development and Diversity](#) to ensure faculty members' continued access to NCFDD's resources.

To monitor progress of campus efforts to recruit and retain faculty members of color, the Provost's office collects, manages, and reports annual data through the Division of Management Information and Office for Access and Equity. Additionally, a yearly report on hiring and retention of faculty on campus is produced that includes women and faculty of color through the [Faculty at Illinois report](#).

College, department, and program-level efforts to recruit and retain faculty, staff, and administrators of color

Reflect on the institution-level efforts described above. Note those with which the proposed program intersects. Describe that intersection.

Describe college-specific and any department- or program-level efforts to increase and retain faculty, staff, and administrators of color. Include training on faculty hiring practices to avoid issues of microaggression, faculty diversity recruitment liaison usage in search communities, cluster hiring programs, and pipeline programs. Note how progress will be monitored wherever applicable.

The Carle Illinois College of Medicine (CI MED) has implemented a range of initiatives to increase and retain faculty, staff, and administrators of color, ensuring that diversity, equity, and inclusion (DEI) are integral to the institution's culture and practices. These efforts span community-building activities, targeted recruitment programs, comprehensive assessments, and rigorous hiring processes designed to foster an inclusive environment.

Building Community and Sense of Belonging

The Office of DEI at CI MED has actively fostered a sense of community among faculty, staff, and students of color by organizing several social events. These events aim to create a welcoming and inclusive atmosphere where individuals from diverse backgrounds can connect, share experiences, and build supportive networks. Such gatherings are crucial for enhancing the sense of belonging within the college, which is essential for the retention of underrepresented groups.

Targeted Recruitment and Retention Programs

In collaboration with Carle Health, CI MED has established the Ambassadors Program, which introduces CI MED medical students to the Carle Health system. This program is specifically designed to encourage these students to consider returning to Carle Health as employees and faculty members at CI MED after completing their residency. The program has already shown success, with several recent graduates expressing their intent to join Carle Health and CI MED faculty, demonstrating its effectiveness in fostering a pipeline of diverse talent.

Institutional Assessment and Strategic Planning

In Spring 2024, CI MED completed the AAMC Diversity, Inclusion, Culture, and Equity (DICE) Inventory. This comprehensive assessment has provided valuable insights into the college's DEI efforts, identifying areas that require improvement. Following this assessment, a task force has been established to develop strategies and recommendations to address these areas of growth. This ongoing process will ensure that CI MED continues to evolve and enhance its DEI initiatives, with progress being closely monitored and adjustments made as necessary.

Anti-Racism Initiatives

An anti-racism task force convened in Fall 2024 and is actively meeting, with a focus on developing strategies and recommendations in four key areas, including the retention of faculty, staff, and students and the overall environment and culture at CI MED. The task force will also address recruitment strategies, ensuring that CI MED attracts a diverse pool of candidates. The recommendations from this group will be critical in shaping the college's approach to creating a more inclusive and equitable environment.

Comprehensive and Inclusive Hiring Practices

CI MED's hiring practices are aligned with rigorous campus-wide standards, ensuring fairness and equity throughout the selection process. All academic hiring requires participants in the search process to complete unconscious bias training, which is supplemented by training materials that cover Equal Employment Opportunity (EEO) principles. These resources provide guidance on ensuring fairness and equity during the selection process.

To further embed DEI principles into hiring, each academic search committee includes a Diversity Advocate. This individual is responsible for monitoring and advocating for diversity as a core component of the selection process, ensuring that all stages—from the development of job descriptions to the final selection—are conducted with a focus on inclusivity.

Monitoring and Evaluation

CI MED's commitment to DEI is reflected in its systematic approach to monitoring and evaluating progress. This includes reviewing position descriptions and advertisements to eliminate exclusionary language, assessing recruitment and outreach plans for their effectiveness in reaching underrepresented groups, and closely monitoring the development of candidate pools based on objective criteria.

These comprehensive efforts underscore CI MED's dedication to fostering an inclusive and supportive environment for all faculty, staff, and administrators, particularly those from underrepresented groups. By combining community-building, targeted recruitment, rigorous assessment, and equitable hiring practices, CI MED is actively working to create a diverse and thriving academic community.

Sustainability

3. For this new unit of administration, describe how the institution plans to maximize effectiveness and efficiencies in its administrative structure and operations while avoiding unnecessary or existing duplication.

The institution plans to maximize the effectiveness and efficiencies of the new administrative unit by implementing a strategic and streamlined approach that focuses on clear delineation of roles while fostering collaboration across departments. This approach ensures that university administrative functions will remain with the college while clinical administrative functions will stay with Carle, thereby avoiding unnecessary duplication and enhancing overall operational effectiveness.

Clear Delineation of Roles and Responsibilities

Transitioning sections into distinct clinical academic departments allows for focused management of each specialty. Each department will have clearly defined roles and responsibilities, reducing overlap and ensuring that faculty and administrative staff are dedicated to specific tasks and goals.

- **University vs. Clinical Functions:** University administrative functions, such as curriculum development, faculty affairs, and student services, will remain under the college's purview. Clinical administrative functions, including patient care management, clinical staffing, and healthcare operations, will be managed by Carle Health. This clear division ensures that each entity focuses on its core competencies.
- **Administrative Backbone:** Each department will serve as the administrative backbone for its faculty, overseeing recruitment, development, and adherence to consistent policies. This structure ensures that administrative functions are centralized within each department, preventing duplication of efforts across different specialties.
- **Consistent Policies and Procedures:** Adopting similar bylaws and policies across departments promotes consistency. Tailoring procedures to the specific needs of each department ensures that operations are efficient and effective without redundant processes.
- **Communication Channels:** Establishing clear and open communication channels within and between departments ensures that information flows seamlessly. Regular updates, feedback mechanisms, and collaborative platforms will keep all stakeholders informed and engaged.
- **Shared Resources:** Pooling resources, such as administrative staff, office space, and equipment, across departments will maximize efficiency. Shared services reduce the need for duplicate resources and ensure optimal use of available assets.

Continuous Improvement and Evaluation

- **Regular Internal Reviews and Assessments:** Conducting regular internal reviews and assessments of administrative processes will help identify inefficiencies and areas for improvement. Continuous evaluation ensures that the administrative structure remains effective and adapts to changing needs.
- **Feedback Mechanisms:** Implementing feedback mechanisms that solicit input from faculty, staff, and students will provide valuable insights into the effectiveness of administrative operations. Feedback will guide adjustments and enhancements to processes and structures.
- **Professional Development:** CI MED, through the Office of Faculty Affairs and Development, college HR and offerings from central university professional development, will provide professional development for administrative staff to ensure that they are equipped with the latest skills and knowledge. Continuous training and development promote a high level of competence and adaptability within the administrative unit.

In conclusion, the institution's plan to maximize effectiveness and efficiencies in the new administrative unit focuses on clear role delineation, advanced technology integration, fostering collaboration, and continuous improvement. By ensuring that university administrative functions remain with the college

and clinical administrative functions stay with Carle Health, the institution can create a streamlined and efficient administrative structure that supports its mission and avoids unnecessary duplication.

4. Explain further how the new unit will capitalize and build collaborative synergies on campus and within and outside of the state; support future-ready learning, research, or public service approaches; and ensure that the unit is a good steward of its financial resources.

The new unit will strategically capitalize on collaborative synergies both on campus and beyond, fostering a culture of innovation, inclusivity, and community impact. On campus, the unit will actively partner with other departments and colleges within the University of Illinois System, creating interdisciplinary projects that enhance student learning experiences, drive research excellence, and extend the university's public service mission. By bridging disciplines and fostering a collaborative academic environment, the unit will empower students and faculty to engage in cross-disciplinary initiatives that address complex challenges and advance knowledge.

Extending its reach beyond the university, the new unit will build and strengthen partnerships with statewide networks like the Illinois Innovation Network, as well as with community organizations, government agencies, and industry leaders. These collaborations will enable the unit to drive impactful initiatives that address critical societal needs, ensuring that research and educational efforts have tangible, real-world applications. By engaging with external stakeholders, the unit will not only enhance its influence but also attract new resources and opportunities that reinforce its position as a leader in education, research, and public service.

The new unit is committed to supporting future-ready learning, research, and public service approaches. This commitment is reflected in its focus on integrating cutting-edge technology and innovative pedagogical practices into the curriculum, preparing students for the evolving demands of the workforce. By emphasizing experiential learning opportunities, such as internships and research projects, the unit will provide students with the practical skills and experiences they need to succeed in a rapidly changing world.

In research, the unit will prioritize projects that address pressing societal challenges, with a particular focus on issues affecting underserved communities. Through interdisciplinary research collaborations, the unit will generate innovative solutions that contribute to the public good, advancing knowledge in areas such as healthcare, sustainability, and social equity. This research focus not only aligns with the university's mission but also ensures that the unit's work has a lasting impact on society.

Public service is at the core of the new unit's mission. By engaging in initiatives that align with the university's commitment to societal well-being, the unit will provide valuable services to communities while offering students and faculty opportunities for real-world engagement. These public service efforts will not only benefit those served but also enrich the academic and professional development of those involved.

The clinical care provided by the new unit will be managed by Carle Health, ensuring that the academic administration remains streamlined and financially sustainable for the college. Since the majority of the faculty are Carle Health employees and not UIUC faculty, the unit's operations will not impose a financial burden on the college. For those faculty members who do have a carved-out Full-Time Equivalent (FTE) percentage, it is specifically allocated for a defined service role, ensuring that their contributions are targeted and efficiently managed. This arrangement allows the college to focus on its core academic responsibilities while benefiting from the expertise and resources provided by Carle.

Financial stewardship is a critical priority for the new unit, which will ensure the efficient and effective use of resources. Strategic resource allocation will be guided by a focus on maximizing impact, with investments prioritized in programs and initiatives that enhance learning outcomes, research productivity, and public service impact. The unit will participate in the University of Illinois System's institution-level affordability strategies, such as the Graduate College Fellowship program, which supports students from historically underrepresented groups. By contributing to these affordability initiatives, the unit will promote diversity and inclusion, ensuring that financial barriers do not hinder access to education and opportunity.

To further ensure financial stewardship, the unit will implement cost-efficiency measures that optimize operations and reduce unnecessary expenditures. This may include pooling resources across departments, utilizing shared services, and adopting innovative administrative practices that streamline processes and reduce costs.

The new unit's commitment to financial stewardship is also reflected in its alignment with the goals of A Thriving Illinois. For example, the University of Illinois Urbana-Champaign's proactive approach to adjusting the threshold for past-due balances that prevent course registration is a model for how the unit will support students facing financial constraints. By ensuring that students have the opportunity to complete their education without unnecessary financial barriers, the unit will contribute to the long-term sustainability and success of the institution.

In summary, the new unit will build collaborative synergies, support future-ready learning and research, and ensure that it is a good steward of its financial resources. Through strategic partnerships, innovative approaches to education and research, and a commitment to financial stewardship, the unit will play a vital role in advancing the mission of the University of Illinois while contributing to the broader public good.

Implement a long-term fundraising plan to realize our vision of affordable transformative undergraduate medical education, research and innovation.

- Refine fundraising priorities and goals.
- Work with University of Illinois Foundation research staff to develop comprehensive prospect list and build pipeline.

- Update fundraising strategy plan.
- Ongoing fundraising and major gift solicitation.

Develop and leverage relationships with individuals and organizations, whose ongoing support will provide access to mission-critical resources.

- Generate a list of relationship prospects and evaluate viability; to be updated annually, coordinating with the advancement team as appropriate.
- Develop and implement engagement strategy.
- Established an advisory board comprised of external stakeholders, including community leaders, corporate executives and philanthropists.
- Develop programs leveraging University of Illinois resources that optimize the monetization of innovations.
- Refine intellectual property policies and agreements as they relate to Carle, the university and the college.

Establish operational policies and procedures that promote and support the adoption of institutional best practices in fiscal responsibility, accounting practices and efficiency identification that support our mission.

- Develop fiscal operational policies and procedures for the college.
- Develop and generate monthly financial reports, including trend analysis, to effectively track and monitor revenues and expenses.
- Learn best practices among peer medical schools and review data available from AAMC and other sources to perform benchmarking.

Growth

1. As one of the Core Principles, demonstrate how the proposed unit will reinforce and promote public good in the state (e.g., civic engagement, exposure to arts and humanities, and solutions to society's challenges).

The proposed unit is deeply committed to reinforcing and promoting the public good throughout the state by focusing on several core areas that address pressing societal needs, particularly in the realm of healthcare and community well-being.

One of the keyways the unit will advance the public good is through **Civic Engagement**. By establishing strong partnerships with local organizations, government agencies, and non-profits, the unit will actively participate in community service projects that have a tangible impact on the lives of residents. These initiatives will include health awareness campaigns designed to educate and empower communities, improving public health outcomes across diverse populations. Additionally, the unit will integrate service-learning into its curriculum, providing students with opportunities to

apply their academic knowledge to real-world challenges. Through projects that focus on enhancing urban access to healthcare, promoting public health, and fostering environmental sustainability, students will not only gain practical experience but also contribute meaningfully to the communities they serve.

Addressing societal challenges requires innovative and interdisciplinary approaches, and this unit is dedicated to fostering **Solutions to Society's Challenges** through collaborative efforts. The unit will encourage interdisciplinary research initiatives that bring together faculty, students, and external partners to tackle critical issues such as healthcare disparities, environmental sustainability, and economic inequality. By leveraging the expertise and resources across various disciplines, the unit aims to develop innovative solutions that can be implemented at the local, state, and even national levels.

Moreover, the unit will support **entrepreneurship and innovation** as key drivers of societal change. Through targeted programs that encourage the development of startups and social enterprises, students and faculty will be empowered to create businesses and initiatives that address societal challenges head-on. These efforts will be supported by incubators, pitch competitions, and partnerships with industry leaders, ensuring that the most promising ideas have the resources and support needed to succeed.

In fulfilling its mission to address societal needs, the unit will prioritize the **Training of Future Healthcare Leaders**. The program will prepare students to become informed and engaged citizens, equipped with the critical thinking, ethical reasoning, and leadership skills necessary to navigate and address the complexities of modern society. These future leaders will be instrumental in advancing public health, reducing healthcare disparities, and promoting social justice within their communities.

Furthermore, the unit will **Enhance Community Well-being** by directly contributing to the health and prosperity of local populations. Through outreach, service, and collaborative projects, the unit will tackle local issues such as poverty, health disparities, and educational inequities. These efforts will not only improve the quality of life for community members but also foster a sense of solidarity and shared purpose between the unit and the communities it serves.

Lastly, by **Driving Economic and Social Innovation**, the unit will play a critical role in shaping a more equitable and sustainable future. By fostering a culture of creativity, entrepreneurship, and interdisciplinary collaboration, the unit will promote innovative solutions to societal challenges that are both economically viable and socially impactful. This commitment to innovation will ensure that the unit's contributions to the public good are lasting and far-reaching.

In summary, the proposed unit's dedication to civic engagement, interdisciplinary research, and social innovation will not only serve the educational needs of its students but will also make a significant and positive impact on the broader community. Through these efforts, the unit will reinforce the

public good in tangible and meaningful ways, helping to build a healthier, more just, and more sustainable society for all.

2. Describe how the unit plans to contribute to research, innovation, and economic development by leveraging the Illinois Innovation Network. [See Growth Strategy #1]

The proposed unit is strategically positioned to contribute significantly to research, innovation, and economic development by leveraging the Illinois Innovation Network. With established healthcare institutes and ongoing research collaborations with the university, the unit is already deeply embedded in the state's research ecosystem, providing a solid foundation for expanding its impact through the Illinois Innovation Network.

Existing Healthcare Institutes and Research Collaborations:

The unit is home to a well-established primary care institute that is dedicated to improving patient access, strengthening community health, and advancing best practices in preventive and coordinated care. These institutes have a proven track record of successful collaborations with various departments and faculties across the university, leading to significant advancements in healthcare innovation and public health. By building on these existing strengths, the unit is well-positioned to scale its research efforts and contribute more broadly to the state's innovation landscape.

The ongoing research collaborations with the university have already resulted in numerous interdisciplinary projects that address critical healthcare challenges. These projects have not only advanced scientific knowledge but have also led to the development of innovative solutions that are being implemented in healthcare settings across the state. By integrating these efforts into the broader Illinois Innovation Network, the unit will be able to amplify its impact, driving further advancements in healthcare and beyond.

Research Collaboration and Innovation through Illinois Innovation Network:

The unit will leverage its existing healthcare institutes and research collaborations to engage deeply with the Illinois Innovation Network. By participating in the network, the unit will foster new and expanded interdisciplinary research projects that address some of the most pressing societal challenges, particularly in healthcare. The unit will collaborate with other Illinois Innovation Network members, tapping into the network's collective expertise and resources to drive innovation and develop solutions that can be scaled across Illinois and beyond.

In particular, the unit will focus on advancing healthcare innovation, environmental sustainability, and technological advancements. The Illinois Innovation Network provides access to state-of-the-art facilities, funding opportunities, and a vast network of academic and industry partners, enabling the unit to conduct high-impact research that can lead to real-world applications benefiting the public.

Economic Development through Healthcare Innovation:

The unit's focus on healthcare innovation will play a crucial role in driving economic development within the state. By leveraging the Illinois Innovation Network, the unit will facilitate the commercialization of research findings, support the establishment of start-up companies, and develop partnerships with industry leaders. These efforts will lead to the creation of new technologies, products, and services that stimulate economic growth and enhance the state's reputation as a leader in healthcare innovation.

Furthermore, the unit will contribute to workforce development by providing students with hands-on experiences in healthcare research and innovation. Through internships, collaborative projects, and entrepreneurship programs, students will gain the skills necessary to contribute to the state's economic development. This will ensure that they are well-prepared to lead in industries critical to the future of Illinois' economy.

Strategic Growth through the Illinois Innovation Network:

The unit plans to strategically leverage the Illinois Innovation Network to expand its research reach and economic impact. By participating in Illinois Innovation Network -sponsored events, workshops, and conferences, the unit will showcase its healthcare innovations and establish connections with potential collaborators and investors. These efforts will be supported by the unit's ongoing research collaborations, allowing for the pooling of resources and expertise to tackle large-scale projects with significant economic and social implications.

Additionally, the unit will align its research agenda with the state's economic development priorities, ensuring that its efforts contribute directly to areas where the unit's expertise in healthcare can have the most significant impact. By focusing on healthcare innovation, the unit will help position Illinois as a leader in both innovation and economic growth.

In conclusion, the proposed unit's existing healthcare institutes and research collaborations, coupled with its active participation in the Illinois Innovation Network, will be key drivers of research, innovation, and economic development in the state. By leveraging the resources and opportunities provided by the IIN, the unit will enhance its contributions to the public good, solidifying its role as a leader in healthcare innovation and economic growth.

3. Explain how the new unit engaged with business and industry in its development and how it will spur the state's economy by leveraging partnerships with local, regional, and state industry, business leaders and employers. [See Growth Strategy #3]

NOTE: Please only include the information below if there are aspects that apply specifically to the proposed program.

Institutional engagement

The University of Illinois Urbana-Champaign has strong partnerships with business and industry through the statewide initiatives like the Discovery Partners Institute (DPI) and the Illinois Innovation

Network (IIN), which closely align with A Thriving Illinois' Growth Strategies. As a key gubernatorial initiative, DPI's Tech Talent Lab and immersion programs engage with Chicago's technology workforce, allowing students to interact with Chicagoland technology and innovation culture. Students make meaningful connections to regional employers and industries, university research teams, civic and nonprofit organizations, and startups that will lead to employment and talent retention in the region. IIN works to enrich the student experience through short-term boot camps around topics such as artificial intelligence, data science, entrepreneurship, and more. These intensive programs will encourage students' interest in topics that are key to the 21st century economy and give them a foundation for continued study.

Partnerships with the Research Park, the work of the Campus Community Compact, and PK-12 programming overseen by the Executive Associate Chancellor for Public Engagement for PK-12 Initiatives align with A Thriving Illinois' Growth Strategies.

As a crucial hub that provides meaningful and industry-focused research and internship opportunities, the Research Park employs 800 interns year-round in part-time employment, allowing University of Illinois Urbana-Champaign undergraduate and graduate students to work on campus and be enrolled as full-time students. There are more students working at the UIUC Research Park than at any other peer American university research/tech park. Students are paid highly competitive wages (\$22.05 average for undergraduates and \$27.47 per hour for graduate students) for their specialized skillsets in areas like computer science, data analytics, UX/UI design, engineering, business development, and market research. Research Park internships increase students' employment prospects by expanding their professional networks, building their professional portfolios, and developing their leadership skills. The top students working in the Research Park are typically hired as conversions to full-time roles within the companies that employ them, many of which then remain in tech roles in Illinois (i.e. John Deere, State Farm, Caterpillar, Motorola Solutions, AbbVie, Abbott, etc.). Many of the corporate sites focus on DEI outreach and participate as sponsors to various student groups and campus units. Examples include Synchrony's sponsorship of FOCUS Scholars, Motorola Solutions' partnership with the Society of Hispanic Professional Engineers, and Brunswick's volunteer work with Booker T. Washington STEM Academy. Building on the well-established relationships of the affinity and community groups both on campus, the Research Park campus office has ongoing partnerships with units such as Cultural Centers, The Career Center, and Registered Student Organizations (RSOs) to educate Illinois' diverse population of students on the opportunities available within the Park. In the 2022-2023 academic year, the Research Park host 33 exclusive recruiting events for its employers and attended 11 careers fairs on campus to promote the Research Park internships to students. The Illinois Reboot tech training program provides a free course in data science literacy to Central Illinois professionals who are underrepresented in technology and looking to upskill their careers. Since its inception in 2020, Reboot has completed 6 cohorts and trained 175 community members, 63 percent from underrepresented populations. Reboot also provides career coaching and access to Research Park data science professionals.

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Another local program, We CU, supports long-term partnerships between local organizations, instructors, and students at the University of Illinois Urbana-Champaign. These mutually beneficial partnerships create impactful learning experiences for students and promote positive change in the Champaign-Urbana community. In the first three years of the program (2020-2023), 2,652 UIUC students from 12 colleges worked to complete 48,300 hours of training and service on 652 service projects.

The Campus-Community Compact (Compact) is one of the major initiatives of the Community Action and Public Engagement (CAPE) Committee of Illinois' Chancellor's Call to Action to Address Racism and Social Injustice. Comprised of a co-equal partnership between Illinois and the broader Champaign County community, the Compact is an ambitious and visionary initiative to accelerate social justice by addressing structural racism, bias, and social injustice over the next 5-10 years in six interrelated grand challenge areas: inclusive education; accessible technology; economic development; health, wellness, and resilience; workforce development; and community relations. The Compact also includes several crosscut areas; namely, accessible campus/transportation, accessible information, community safety, and language (e.g., multilingualism, communications, and messaging).

Three priorities have been identified for the Inclusive Education focus area: restoring opportunity; providing a community-based information delivery service; and professional development. Restoring Opportunity addresses the need for greatly improved access to quality health care, access to a rich array of courses taught by culturally responsive and affirming educators, and access to well designed and well-resourced schools. The development, implementation, and sustainability of a community-based information delivery service requires a community that partners with the university to invest in professional development strategies and training opportunities to continuously strengthen the capabilities of our teacher workforce in order to address the needs of an increasingly diverse student population. Illinois, through its College of Education, will work with the local schools' districts to create targeted initiatives to recruit and hire teachers of color at a level proportionate to the population of students of color taught or that increase the total population of teachers of color by 100% of their current numbers. Professional development involves continuous professional development for teachers and administrators. An example of a professional development activity is the 2023 TEACH Academy, a three-day interactive experience designed to strengthen instructional practices using a lens that focuses on educational justice, equity, and inclusion. The TEACH Academy consists of three keynote presentations that are open to all Champaign County educators and TEACH Scholars. In the afternoon, over 100 TEACH Scholars will have the opportunity to further engage with keynotes and other participants in a series of workshops and informational sessions.

College, department, and program engagement

Reflect on the institution-level efforts described above. Note those with which your college, department, and/or program intersect. Describe that intersection.

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Describe any college-specific and department- or program-level new and existing regional partnerships with business and industry and the P-20 system to meet economic and societal needs and how the college contributes to the state economy.

Our college has made significant strides in establishing and enhancing regional partnerships with business and industry, as well as aligning with the P-20 educational system, to address pressing economic and societal needs. These efforts are rooted in a deep commitment to fostering workforce development, driving innovation, and expanding educational opportunities, all of which contribute to the economic vitality of our state.

Central to our approach has been the integration of student support into program development, particularly in the realm of research and innovation. Recognizing the critical role that mentorship and resources play in student success, we have forged strong partnerships with organizations such as Carle Health and the Illinois Innovation Network. These collaborations have given rise to initiatives like the Carle Clinical Research Mentor Program and the Research, Entrepreneurship, Design, and Innovation (REDI) mentor program. Through these programs, students receive guidance and mentorship from experienced professionals, enabling them to engage in cutting-edge research and development. These partnerships not only enrich the educational experience for our students but also contribute to the local economy by fostering innovation and generating new ideas that have real-world applications.

Looking ahead, the launch of the Discovery Learning program represents a pivotal step in our efforts to provide students with early and structured research experiences. This program is designed to connect students with clinical and research opportunities that are directly aligned with the needs of our region. By working closely with businesses and healthcare institutions, Discovery Learning ensures that our students are not only well-prepared for their future careers but also equipped to make meaningful contributions to the workforce immediately upon graduation. The program's emphasis on global exchange and regional partnerships further strengthens our ties with industry, enriching the educational experience and enhancing our ability to address economic and societal challenges on a broader scale.

Our strategic recruitment and mentorship initiatives are another key element of our approach. We have implemented a strategic plan to recruit additional physician-scientists, each with dedicated time for scholarly activity. These new hires bring with them a wealth of expertise and are actively involved in mentoring students on research projects that address critical healthcare challenges, such as social determinants of health and virtual reality preoperative modeling. By aligning our academic and research efforts with the needs of industry, we are able to drive innovation and contribute to the state's economic growth through the development of new technologies and approaches to healthcare.

In addition to our work with industry partners, our college is deeply engaged with the P-20 educational pipeline, ensuring that students are well-prepared for the transition from education to the workforce. We work closely with local schools and community colleges to create a seamless educational experience,

offering programs such as the introduction to research elective and the MORE3 initiative. These programs provide students with early exposure to research and innovation, helping to prepare them for careers in STEM fields. By aligning our efforts with the P-20 system, we are not only addressing current educational needs but also contributing to the state's long-term economic prosperity by producing a skilled and innovative workforce.

Finally, our commitment to economic impact is evident in the integration of programs like the Carle Illinois Maker Coin funding and the Research and Travel funding initiatives. These programs encourage both students and faculty to engage in entrepreneurial activities, leading to the development of new products, services, and technologies that have the potential to be commercialized. The economic impact of these initiatives is substantial, as they not only create job opportunities but also position our state as a leader in healthcare innovation.

In summary, our college is actively engaged in building and sustaining regional partnerships that address economic and societal needs through a combination of innovative programs and strategic initiatives. By fostering collaboration with business and industry, as well as aligning our efforts with the P-20 system, we are making significant contributions to the state's economy and helping to meet the evolving demands of a dynamic workforce.

4. Describe how the proposed unit will expand access and opportunities for students regarding high-impact practices including research opportunities, internships, apprenticeships, career pathways, and other field experiences. [See Growth Strategy #6]

NOTE: Please only include the information below if there are aspects that apply specifically to the proposed program.

Institution-level high-impact practices

As noted in the previous response, the Research Park expands access and opportunities for students by employing 800 interns year-round in part-time research opportunities and career-relevant internships, allowing University of Illinois Urbana-Champaign undergraduate and graduate students to work on campus and be enrolled as full-time students.

The campus Career Services Council, which includes the campus-wide Career Center in partnership with the college and departmental career offices and professionals, offers Handshake@Illinois, a platform for students to connect with employers, internship opportunities and job postings. Handshake@Illinois was used by more than 23,000 students and 8,500 employers last year.

In an effort to establish or enhance sustainable outreach and partnerships with PreK-12 schools, the Chancellor at the University of Illinois Urbana-Champaign established the position of Executive Associate Chancellor for Public Engagement. This new position creates partnerships with superintendents statewide as well as identifies and partners with key education stakeholders to attract and retain underserved and underrepresented students. It allows us to rethink and enhance the high school to

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college pipeline in Illinois by partnering with organizations such as the Discovery Partners Institute (DPI), Illinois Innovation Network (IIN), and the Jackie Joyner-Kersey Foundation.

This initiative reconceptualizes the important role higher education must play in ensuring Illinois learners gain the confidence and comprehension for college. The ultimate goal of this initiative is to ensure that the University of Illinois Urbana-Champaign has developed structural outreach and partnerships to systemically close persisting opportunity gaps in our state's school systems.

Graduate students serve an important role within the Office of Undergraduate Research (OUR) as mentors for many undergraduate researchers. The OUR is guided by the philosophy that all Illinois undergraduate students should learn about current disciplinary research, take part in research discussions, and be exposed to research experiences in their regular coursework. Furthermore, where practical, an advanced research experience should be among the capstone options in all major programs of study. To achieve its mission, OUR seeks to: 1) inspire students and faculty to collaborate on research projects driven by mutual interests by fostering a research mentoring environment that encourages and rewards collaboration; 2) disseminate best practices and models for undergraduate research to campus stakeholders; 3) assist in the development and evaluation of curricular and co-curricular structures that support undergraduate research; 4) encourage the creation of new opportunities for undergraduate research on campus and 5) coordinate and nurture undergraduate research efforts across academic units on campus.

College, department, and program level high-impact practices

(If applicable): Reflect on the institution-level efforts described above. Note those with which your college, department, and/or program intersect. Describe that intersection.

Describe how the college, department, and/or program expands opportunities for students through high-impact practices. Include college-level use of effective online, hybrid, adaptive, and self-paced learning models instructional supports, high-quality experiential and work-based learning opportunities, internships, and apprenticeships, stackability of the program into other credentials, support for faculty, staff and administrators that targets effective and culturally competent teaching and advising strategies.

Our college is dedicated to expanding opportunities for students through a comprehensive approach that integrates high-impact practices, continuous curriculum improvement, and student engagement. These efforts are designed to ensure that our students receive a top-quality education that prepares them for successful careers and meaningful contributions to society.

Commitment to Continuous Curriculum Improvement

A key component of our approach is the systematic review and enhancement of the curriculum. In response to the need for ongoing quality assurance, the college established the Element 8.3 Tiger Team, tasked with coordinating action items related to curriculum review and improvement. This team, comprised of leaders from the Office of Academic Affairs, has been instrumental in advocating for necessary resources and implementing changes to ensure that the curriculum meets the highest standards. One of the Tiger Team's notable achievements was the creation of the Director of Curriculum Operations position, which plays a crucial role in overseeing the quality of curriculum implementation. Additionally,

the team has developed and revised standard operating procedures to streamline curricular operations, ensuring that both students and faculty are well-supported throughout the academic process.

The Curriculum Evaluation Subcommittee (CES) was also reconvened to provide a systematic process for reviewing courses, curricular components, and the curriculum as a whole. This subcommittee has been essential in maintaining a curriculum that is not only current but also aligned with educational objectives. Their work includes mapping out a detailed schedule for curriculum review and making recommendations to the Curriculum Oversight Committee (COC) to ensure that the curriculum continues to evolve in response to emerging needs and best practices.

Innovative Learning Models and Experiential Opportunities

Our college employs a variety of innovative learning models, including online, hybrid, adaptive, and self-paced formats, to meet the diverse needs of our student body. These models offer flexibility, allowing students to learn in ways that best suit their individual preferences and schedules. Adaptive learning technologies, in particular, personalize instruction, enabling students to focus on areas where they need the most support. This personalized approach to learning is a hallmark of high-impact educational practices, ensuring that each student can achieve their full potential.

In addition to these learning models, we emphasize high-quality experiential and work-based learning opportunities. Our programs include internships, apprenticeships, and hands-on experiences that allow students to apply their classroom knowledge in real-world settings. Partnerships with industry leaders and local organizations ensure that these experiences are relevant and valuable, helping students build the skills they need to succeed in their future careers. The Medical Observations, Research Engagements, Experiences, and Education (MORE3) program, for example, offers structured research and clinical experiences early in students' education, further enhancing their practical skills and professional readiness.

Moreover, we are working on a joint effort with other colleges across campus on the Health Innovation Design and Entrepreneurship (HIDE) certificate program exemplifies our strategic approach to expanding educational opportunities. The HIDE program, funded by an Investment for Growth (IFG) grant from the Provost's office, consists of three graduate courses focusing on Healthcare Ecosystem and Need Identification, Healthcare Innovation and Exploration, and Business Strategy and Implementation/New Venture Design. These courses are supplemented by required online courses offered through the Coursera platform, which provide an additional revenue stream and cater to learners interested in health-related topics. The flexibility of offering stand-alone courses and/or a full certificate program through both university and Coursera platforms enhances the program's accessibility and impact, allowing a diverse group of learners to engage with the material. The first Coursera course was released in late 2024, with four currently active courses. This initiative not only supports our students but also aligns with our mission of excellence in medical education and sustainable program development.

Student Engagement and Feedback Mechanisms

Administrative, Research or Public Service Unit Application

We place a strong emphasis on student engagement and the continuous incorporation of student feedback into our curriculum. The college has developed multiple mechanisms for students to provide feedback, including end-of-course and end-of-clerkship evaluations, anonymous Qualtrics links for real-time feedback, and regular debrief sessions. These feedback channels ensure that students have multiple opportunities to voice their concerns and suggestions, which are then used to make meaningful improvements to the curriculum. For instance, student feedback led to the reorganization of the family medicine clerkship, which was moved from a longitudinal format to an immersion format to better align with students' needs and schedules.

Communication of changes based on student feedback is also a priority. The college employs various methods to keep students informed, such as monthly town halls, bimonthly "LCME Response Effort" emails, class-specific meetings, and the "You Said... We Did!" webpages. These efforts ensure transparency and demonstrate to students that their input is valued and acted upon.

Supporting Faculty, Staff, and Administrators

Equally important is our commitment to supporting faculty, staff, and administrators in their roles as educators and advisors. We provide extensive professional development opportunities focused on effective and culturally competent teaching and advising strategies. These initiatives help our educators stay current with best practices in pedagogy and student engagement, ensuring that they are well-equipped to support our diverse student body. The emphasis on diversity, equity, and inclusion in our professional development programs further ensures that all students feel supported and valued in their educational journey.

Stackable Credentials and Continued Learning

Our programs are designed with stackability in mind, allowing students to build upon their education through additional credentials and certifications. This approach not only enhances their qualifications but also provides them with the flexibility to pursue specialized areas of interest that can further distinguish them in the job market. The MORE3 program and the HIDE certificate program are examples of how students can stack credits toward advanced degrees or other professional certifications, providing clear pathways for continued education and career advancement.

Conclusion

In summary, our college is deeply committed to expanding opportunities for students through a multifaceted approach that integrates high-impact practices, continuous curriculum improvement, innovative learning models, and robust support for faculty, staff, and administrators. By fostering a dynamic and responsive educational environment, we ensure that our students are well-prepared for their future careers and are equipped to make meaningful contributions to society. These efforts not only enhance the educational experience but also contribute to the long-term success and well-being of our students.

5. Explain how the proposed unit of administration will expand its models of teaching and learning, research, and/or public service and outreach that provide opportunity for students to succeed in the work of the future. [See Growth Strategy #6]

NOTE: Please only include the information below if there are aspects that apply specifically to the proposed program.

Institution level expansion of models

(If an online program): The University of Illinois is a leader in the state in its cutting-edge teaching/learning, research, public service and outreach.

Based in the College of Agricultural, Consumer and Environmental Sciences, **U of I Extension** works with all colleges and units of the University of Illinois Urbana-Champaign. Extension's [core program areas](#) are Agriculture and Natural Resources, Family and Consumer Sciences, Youth Development, Community and Economic Development, and Outreach and Innovation Initiatives. More than 1.5 million Illinois residents take part in University of Illinois Extension programs each year, including nearly 200,000 who participate in 4-H youth programs. Communities are directly served by Extension staff in 27 units located throughout Illinois. Extension educators in local offices and specialists located at the university develop and deliver in-depth programming locally, at regional venues, and through distance-learning technologies.

College, department, and program expansion of models

(If applicable): Reflect on the institution-level efforts described above. Note those with which your college, department, and/or program intersect. Describe that intersection.

Describe how the college, department, and/or program will expand models of teaching and learning, research, and/or public service. Include use of effective online, hybrid, adaptive, and self-paced learning models, instructional supports, high-quality experiential and work-based learning opportunities, internships, and apprenticeships, stackability of the program into other credentials, support for faculty, staff and administrators that targets effective and culturally competent teaching and advising strategies.

Our college is dedicated to evolving its educational, research, and public service models to better serve the diverse needs of our students and the broader community. This commitment is demonstrated through strategic initiatives that expand and enhance teaching practices, foster cutting-edge research, and strengthen our public service engagements.

Advancement of Teaching and Learning Models

We are at the forefront of adopting diverse teaching and learning models that cater to a wide range of student needs. By expanding our use of online, hybrid, adaptive, and self-paced learning formats, we offer greater accessibility and flexibility for our students. These models are designed to accommodate various learning styles, ensuring every student can engage meaningfully with the curriculum. The integration of

adaptive learning technologies allows for a more personalized educational experience, helping students master key concepts at their own pace. Additionally, through platforms such as Coursera, we are extending our educational offerings, including specialized certificate programs like the Health Innovation Design and Entrepreneurship (HIDE) certificate, to a global audience.

Strengthening Instructional Supports

To complement these evolving learning models, we are significantly enhancing instructional support for our faculty, staff, and administrators. This includes comprehensive professional development opportunities focused on the latest pedagogical strategies and culturally responsive teaching and advising techniques. These efforts ensure that our educators are well-equipped to deliver inclusive and high-quality education, addressing the unique needs of our diverse student population.

Expanding Experiential and Work-Based Learning Opportunities

Experiential learning remains a cornerstone of our educational approach. We are expanding partnerships with industry leaders and community organizations to offer an increased number of internships, apprenticeships, and hands-on learning experiences. Our flagship initiative, the Medical Observations, Research Engagements, Experiences, and Education (Discovery Learning) program, continues to grow, providing students with early and meaningful exposure to clinical and research settings. Furthermore, we have significantly enhanced our service-learning framework, nearly tripling the available service-learning hours to 731 by 2023, thanks to the efforts of our dedicated Service-Learning Coordinator. This expansion enables students to participate in a broader range of service-learning activities that align with their career aspirations and personal interests.

Development of Stackable Credentials and Lifelong Learning Pathways

In response to the evolving needs of the workforce, we are expanding our stackable credential offerings. These programs allow students to acquire additional qualifications that can be applied toward advanced degrees or specialized career paths. The HIDE certificate program, supported by an Investment for Growth (IFG) grant, exemplifies this approach, offering flexible learning options through both traditional university channels and online platforms like Coursera. The stackability of these credentials provides students with continuous opportunities to advance their knowledge and careers in a flexible, adaptable manner.

Commitment to Culturally Competent Teaching and Advising

Central to our mission is the commitment to culturally competent teaching and advising. We provide ongoing professional development for our faculty, staff, and administrators to ensure they are equipped to support our diverse student body. This includes targeted training in diversity, equity, and inclusion (DEI) practices, essential for fostering an inclusive learning environment where all students feel valued and supported.

Expansion of Public Service and Research Initiatives

Administrative, Research or Public Service Unit Application

Our college is also intensifying its focus on public service and research. The expansion of service-learning opportunities not only enhances students' educational experiences but also strengthens our connections with the community. The establishment of a dedicated Service-Learning Coordinator within the Office of Student Affairs has been instrumental in integrating these opportunities into the curriculum, thereby reinforcing our commitment to public service.

In the realm of research, we are expanding interdisciplinary collaborations and offering more opportunities for students to engage in research that addresses pressing societal challenges. These initiatives are designed to ensure that our research contributes meaningfully to the public good and that our students graduate equipped to make significant impacts in their respective fields.

In summary, our college is proactively expanding its models of teaching and learning, research, and public service through innovative and inclusive approaches. By advancing our educational practices, increasing experiential learning opportunities, and deepening our commitment to public service, we are preparing our students not only to succeed in their careers but also to contribute positively to society. These initiatives reflect our unwavering dedication to providing a transformative educational experience that meets the evolving needs of our students and the communities we serve.

Faculty Bylaws of the Carle Illinois College of Medicine

Ratified April 18, 2017

Amended May 23, 2023

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PREAMBLE

The Carle Illinois College of Medicine ("*College*") shall be governed in its internal administration by its Faculty and will serve Carle Illinois College of Medicine Students ("*student*").

These *Bylaws* are intended to supplement the *University Statutes*. Where there are conflicts with the *University Statutes*, the *University Statutes*, as interpreted by the Provost, shall prevail.

ARTICLE I. NAME AND PURPOSE

A. Name

The name of this assembly shall be the *Faculty of the Carle Illinois College of Medicine*.

B. Purpose

The purpose of this assembly shall be to assume and discharge the responsibilities ascribed to it by the *University Statutes* and to engage in such other activities as it may take unto itself that are not in conflict with the *University Statutes* or with other established policies and procedures of the University of Illinois at Urbana-Champaign.

ARTICLE II. COLLEGE HISTORY, MISSION, VISION AND VALUES

A. History

The Carle Illinois College of Medicine was established as a result of the *Affiliation Agreement by and between The Carle Foundation and the Board of Trustees of the University of Illinois for the Carle Illinois College of Medicine* dated August 1, 2015 ("*Affiliation Agreement*"), which sets forth the terms of the parties' partnership in teaching, research, clinical education and technological innovation.

B. Mission

We educate exceptional physician-innovators to deliver high-value, compassionate health care through transformative solutions developed at the intersection of engineering, science and medicine.

C. Vision

We will be global leaders in transformative medical education, research and clinical care innovation, designed to improve the health and well-being of patients and communities around the world.

D. Values

- Compassion
- Competence
- Curiosity
- Creativity
- Collaboration
- Diversity

ARTICLE III. DEPARTMENTAL ORGANIZATION

A. Departments

The department is the primary organizational unit of education and administration in the College. Departments shall be formed in accordance with the *University Statutes*.

B. Governance

Each department shall be governed in its internal administration and procedure by its bylaws, which shall be established by the Faculty of the department, provided that the department bylaws do not conflict with the *University Statutes* or these *Bylaws*.

C. Heads

Each department shall be organized with a head appointed without specified term by the University Board of Trustees on recommendation of the Chancellor/Vice President and the President after consultation with the Dean of the College and the members of the department Faculty.

ARTICLE IV. FACULTY

A. Powers and Duties

The Faculty shall have such powers and duties as may be lawfully delegated to it and which the Faculty has been accustomed to exercise. Among the powers and duties of the Faculty are to:

1. Establish rules for the conduct of its business;
2. Establish policies for the governance of the College in its internal administration;
3. Elect the Secretary of the Faculty;
4. Determine the composition of committees, except as otherwise specified in these *Bylaws*, for the conduct of Faculty business and assign functions and responsibilities to them;
5. Exercise the fullest measure of autonomy consistent with the maintenance of general college policy and correct academic administrative relations with other units of the University;
6. Establish the academic policy of the College, exercising jurisdiction in all educational matters falling within the scope of its education program, including the determination of the curriculum, and making recommendations on matters of educational policy relevant to the College but which fall under the jurisdiction of other bodies; and
7. Undertake teaching, research, service and engagement, or a combination of each, commensurate with the nature of each Faculty member's appointment.

B. Membership

1. The Faculty of the College shall consist of the Dean of the College, and all those individuals with academic rank or title in the College who are either tenured or receiving probationary credit toward tenure, as well as all academic staff of the units of the College who hold the rank or title of professor, associate professor, assistant professor, lecturer or instructor, modified by the terms clinical, research, teaching, and adjunct, who are neither tenured nor receiving probationary credit toward tenure.
2. Appointments to the Faculty of the College are made through regular faculty appointment channels.

C. Voting Rights

1. All members of the Faculty described in Section B above shall be entitled to participate in meetings of the Faculty by voice. Only Faculty who are considered Full Time or Part Time are eligible to vote on college business, including amendments to the bylaws.
2. Emeritus Faculty and Visiting Faculty shall be accorded voice but not vote at Faculty meetings.
3. All voting members shall have one full vote.
4. There shall be no proxy votes.

ARTICLE V. OFFICERS

A. The Dean

The Dean is the Chief Executive Officer of the College of Medicine, responsible to the Provost for administration of the College and agent of the Faculty for the execution of College policy. The Dean also serves as Chief Academic Officer of The Carle Foundation, as set forth in the *Affiliation Agreement*. Specifically, the Dean shall have the final responsibility for the conduct and quality of the medical education program, including the authority and responsibility to:

1. Oversee the design, implement and ensure quality of the College's education program;
2. Develop the College budget and business operations;
3. Develop a research portfolio that will foster development of productive research collaborations;
4. Formulate and present policies to the Faculty for consideration;
5. Report to the Faculty on the work of the College at least one time per semester;
6. Represent the College at conferences or designate representatives;
7. Serve as the medium of communication for official business of the College with other campus authorities, students and the public;

8. On advice of the Executive Committee and in consultation with department executive officers and other appropriate bodies and parties, recommend the appointment, reappointment, non-reappointment, and promotion of Faculty and other academic staff in a manner consistent with University policies, including those of the College and its departments;
9. Hold Faculty accountable to both academic and clinical performance standards; and
10. Perform such other duties prescribed in the *University Statutes*.

B. The Secretary

1. The Secretary of the Faculty shall be nominated annually by the Executive Committee from among the Faculty and may serve successive terms. In the call for a regular meeting in each academic year, the name of the candidate shall be announced and additional nominations may be received from the floor. The Secretary shall serve until a successor is elected by the Faculty.
2. The duties of the Secretary shall be to:
 - (a) Distribute to members of the Faculty and others as the Executive Committee may direct all notices, calls, agenda and minutes of Faculty meetings;
 - (b) Record and preserve minutes of all meetings of the Faculty, including the votes and all other official actions taken and special reports delivered; and
 - (c) Conduct balloting and report the results to the Faculty of all nominating procedures and elections.
3. In executing the assigned duties, the Secretary shall use staff support of the Office of the Dean.

C. Special Officers

The Dean may appoint special officers on an *ad hoc* basis when the Dean deems the assistance of special officers either necessary or helpful.

ARTICLE VI. MEETINGS

A. Regular Meetings

1. Presiding Officer
The Presiding Officer at meetings of the Faculty shall be the Dean. In the Dean's absence, the Vice-Chair of the Executive Committee or the Dean's designate shall preside at Faculty meetings.
2. Frequency of Meetings
At least two regular meetings of the College Faculty shall be held during the academic year when classes are in session. The date, time and place shall be set by the Dean and announced at the beginning of the academic year.
3. Notice and Agenda

- (a) At least 15 calendar days in advance of any meeting, the Secretary shall notify all members of the Faculty entitled to vote at the meeting. Notices shall be accompanied by the agenda and by all items, actions and resolutions to be presented to the Faculty.
- (b) Items for action at any Faculty meeting shall be limited to those that are identified for action on the published agenda. No items listed for discussion or introduced as new business at a meeting shall become an action item or be subject to a vote at the meeting.
- (c) Items may be placed on the agenda in any of the following ways:
 - (i) By the Dean;
 - (ii) By the Executive Committee;
 - (iii) By a member of the Faculty who wishes to petition that an item be included on the agenda. The Faculty member must submit such item to the Dean at least 30 calendar days before the scheduled meeting date. The Dean, in consultation with the Secretary, shall consider and may include such item on the agenda or may refer such item to the appropriate committee. This provision shall not abridge the right of any member of the Faculty to present any matter to the Faculty at any regular meeting under the appropriate heading of "old" or "new" business.
- (d) The order of business for a regular meeting shall be determined by the Dean in consultation with the Secretary.
- (e) At both regular and special meetings, matters evolve which a faculty member deems to warrant a closed session, the faculty member may move for a closed session. The faculty member must cite the specific exemption of the Open Meetings Act [5 ILCS 120/2(c)] that permits the closure of the meeting. Unless the Faculty rule otherwise, the approval of such a motion will postpone further debate on the matter to the conclusion of the regular agenda, at which time the meeting will be closed. No such motion shall be deemed approved without a two-thirds vote of the Faculty present and voting. Only voting members shall be present in closed session.

4. Quorum

At regular meetings of the Faculty, the quorum shall consist of those members present and entitled to vote.

5. Voting

- (a) Passage of any measure, with the exception of amendments to these *Bylaws*, or as specified in Robert's Rules of Order, shall require a simple majority of the voting members present.
- (b) Voting may be by voice, by roll call, or electronic response when either ordered by the Presiding Officer or requested by a member who is present and entitled to vote.
- (c) Elections in which a contest exists shall be conducted by paper or electronic ballot.

- (d) On a specific question, the Presiding Officer may conduct a faculty vote via mail or electronic ballot.

6. Minutes

The Secretary shall record the minutes of all Faculty meetings. In the absence of the Secretary, the Presiding Officer at the meeting shall appoint a member of the Executive Committee to serve as Secretary for the meeting.

7. Parliamentary Authority

Meetings of the Faculty shall be conducted in accordance with the most recent edition of *Robert's Rules of Order*, unless otherwise suspended or in conflict with these *Bylaws* or *University Statutes*.

B. Special Meetings

1. Call and Notice

- (a) Special meetings may be called by the Dean on the Dean's prerogative and shall be called by the Dean when requested by the Executive Committee or upon receipt of a petition of the Faculty.
- (b) Upon receipt of a petition signed by no fewer than 10 percent of the Faculty members entitled to vote, the Dean shall call a special meeting of the Faculty within 20 calendar days. The petition shall include the proposed agenda or resolutions to be proposed, together with supporting documentation, if any. One Faculty member among the signatories shall be designated as the lead party for consultations with the Dean concerning scheduling and other arrangements.
- (c) Should a situation require immediate action, the Dean, with the consent of a majority of the Executive Committee, may designate a special meeting as an emergency meeting. Notice of an emergency meeting must be delivered to department offices within 48 hours before the hours set for such meeting and must be plainly marked "Emergency Meeting."

2. Agenda

The agenda items for special meetings shall be confined to the items listed on the call for the meeting and the discussions and actions at such meetings limited to the scope of the meeting.

3. Quorum and Voting

Provisions for voting shall be the same as for regular meetings.

ARTICLE VII. EXECUTIVE COMMITTEE

A. Composition

The Executive Committee shall consist of at least seven members of the Faculty, including: the Dean, who shall serve as the chair, and an equal number of members from the Biomedical and Translational Sciences and Clinical areas within the College. A Vice-Chair, to preside in the Dean's absence, shall be elected annually by the Executive Committee from among its members. There may be one Carle Illinois College of Medicine student observer, who shall have the privilege of the floor but who may not vote. During discussions of Faculty appointments and promotions and during consideration of the appointment or reappointment of the Dean, the student observer shall be excluded from the meeting. The annually elected Vice-Chair shall preside over the Executive Committee while in session to prepare its advice on the appointment of the Dean or to review the Dean's performance.

B. Terms of Office

Terms shall be for three years. A Faculty member may serve no more than two consecutive, full terms. After a period of at least one year of absence from the Executive Committee, a Faculty member may be elected again to the Executive Committee. A Faculty member may serve for up to one year beyond the expiration of his or her term if necessary to meet the requirements of the *Bylaws*.

C. Functions and Responsibilities

The Executive Committee shall:

1. Advise the Dean in the conduct of College business;
2. Advise the Dean and the standing committees on the formulation and execution of College policies and on the preparation of the budget of the College;
3. Transact such business as may be delegated to it by the Faculty;
4. Act on academic issues that transcend the responsibility of education program with special reference to student admissions, appraisal, and promotion; Faculty appointment and promotion; and research policy;
5. Receive reports from and act as necessary or appropriate on recommendations from standing committees;
6. Assure that effective policies and practices, including ongoing activities and reviews, are in place to achieve appropriate diversity outcomes among students, Faculty and staff; and
7. Create the slate of candidates of Faculty members who have self-nominated or nominated by other Faculty within the College and hold elections for the standing committees.

ARTICLE VIII. STANDING COMMITTEES

A. Composition

1. Unless otherwise prescribed in these Bylaws, the membership of each standing committee shall include Faculty representatives from both the Biomedical and Translational Sciences Department and the Clinical Sciences Department, initially, and from other departments in the College that later may be created. A committee typically should include a minimum of three members from each department and one or more students within the College. Student members shall have the right to vote.
2. The majority of members of all standing committees shall be elected from and by the Faculty. Candidates for elections to standing committees may be nominated by other Faculty within the College or can self-nominate.
3. A minority of members of some standing committees may be appointed by the Dean for the purposes of balance of representation or diversity, as described for each standing committee.
4. Unless otherwise specified with these *Bylaws*, a Chair/Vice Chair of each standing committee shall be elected annually by its members. This is for a two-year term. The first year serving as Vice Chair and second year as Chair.
5. Vacancies on standing committees may be filled by the Dean on advice of the committee Chair. A member whose committee term has expired shall serve, if possible, until a replacement is named.
6. The Carle Illinois College of Medicine student committee members must be in good standing and making normal progress as determined by the Student Progress and Promotions Committee. Potential student committee members shall be recommended by the medical students and appointed by the Dean. Student members serve terms of one year and may serve no more than four consecutive terms.
7. Faculty member terms shall be three years. Members of committees may serve no more than two consecutive full terms and must be absent from a committee for a period of one year prior to serving again, unless otherwise provided by these *Bylaws*. Initial terms may be shorter; such terms are used to establish staggered term expiration. A faculty member may serve up to one year past the end of their term, as described in these *Bylaws*.
8. A standing committee may, after consultation with the member concerned, recommend to the Dean the replacement of that member if the record demonstrates a consistent lack of attendance at meetings of the committee or engagement with committee business. Replacement will occur through the same procedure as used when a vacancy occurs.
9. The Chair or Vice Chair of a standing committee shall be a current voting member of the committee they are serving.

B. Subcommittees

Standing committees may create subcommittees with membership from the general voting Faculty or non-voting membership of non-Faculty for the purpose of providing expertise or other support.

C. Meetings

1. Meetings of each standing committee are not subject to the Illinois Open Meetings Act (OMA).
2. Each standing committee may establish its own rules of procedure for the conduct of meetings consistent with these *Bylaws* and the *University Statutes*. In the absence of such rules, a standing committee shall conduct its meetings in accordance with the most recent edition of *Robert's Rules of Order* to the extent not in conflict with these *Bylaws* or the *University Statutes*.
3. Standing committees will meet regularly and report their actions and recommendations to the Executive Committee and to the Faculty at their regular meetings.
4. A quorum at any regularly scheduled meeting of a standing committee for which written notice has been provided at least two weeks in advance shall consist of three voting members at the scheduled time of the meeting, unless otherwise specified.
5. A quorum for meetings of standing committees other than the regularly scheduled meetings shall consist of a simple majority of the present, voting committee members, unless otherwise specified.
6. The Secretary shall maintain the records of committee reports and recommendations.

D. Voting

1. Voting may be by voice, by roll call, or electronic response when either ordered by the Presiding Officer or requested by a member who is present and entitled to vote.
2. Elections in which a contest exists shall be conducted by paper or electronic ballot.
3. On a specific question, the Presiding Officer may conduct a faculty vote via mail or electronic ballot.

E. Standing Committees

The following standing committees are established:

1. Admissions Committee
2. Curriculum Oversight Committee
3. Student Progress and Promotions Committee
4. Appointments, Promotions, and Tenure Committee
5. Faculty Grievance and Appeals Committee

6. Diversity, Equity, and Inclusion Committee

ARTICLE IX. ADMISSIONS COMMITTEE

A. Composition

The Admissions Committee will consist of twenty-four voting members, twenty of whom will be Faculty members. Sixteen elected Faculty members shall be equally represented among the departments of the College. Four elected Faculty members will be at-large and may be appointed by the Dean of the College if they deem it necessary to provide diversity or otherwise to balance representation. Should the Dean determine that balancing is not necessary, these seats will be filled by those Faculty members who received the most votes but were not yet granted a seat.

In addition to the Faculty members, four students will serve on the Admissions Committee. These student members will be phased in as students become available.

The Director of Admissions shall be an *ex-officio*, non-voting member of the Admissions Committee.

A quorum shall be one-third of voting members, with the exception of final approval to admit students, which shall be 50 percent of voting members plus one voting member.

B. Functions and Responsibilities

The Admissions Committee shall:

1. Formulate and approve the policies for student admissions to the College.
2. Retain final approval authority to admit all students to the College through processes based upon approved policies, such policies to relate to the establishment of:
 - (a) Criteria and standards for the evaluation of candidates;
 - (b) Procedures for application;
 - (c) Procedures for the review of applications;
 - (d) Procedures for the acceptance of candidates; and
 - (e) Procedures for wait listing candidates and admitting candidates from the waiting list.
3. Formulate and approve policy regarding recruitment of students.
4. Maintain records that permit continuing evaluation of policy and process regarding admissions.
5. Develop the means of facilitating and understanding of College policies and procedures among premedical advisors.

C. Recusal Requirement

No member of the Admissions Committee who has a potential conflict related to an applicant to the College, as determined by one or more members of the committee, shall participate in the evaluation, deliberations, or decision about the admission of that applicant.

ARTICLE X. CURRICULUM OVERSIGHT COMMITTEE

A. Composition

The Curriculum Oversight Committee will consist of twelve elected Faculty members with a minimum of two from each of the disciplines within basic science, engineering, and clinical science. Four Carle Illinois College of Medicine students will be appointed members, one from each class.

The committee will elect a Chair, who will serve a term of three years with the opportunity for a second term if re-elected. In the event the Chair's term as a committee member does not align with their elected Chair term, the Dean may extend their current term as a committee member an additional one to three years. A Vice Chair will also be selected by the committee annually; the Vice Chair will serve when the Chair is not present.

The Dean of the College, or his/her designee, will serve as an *ex-officio*, non-voting member. The Dean or his/her designee may also appoint other individuals to serve in an *ex-officio*, non-voting capacity, including non-faculty members.

B. Functions and Responsibilities

The Curriculum Oversight Committee, in association with its subcommittees, has full and centralized responsibility and authority in the design, management and oversight of the M.D. program curriculum. Specifically, the Curriculum Oversight Committee shall:

1. Oversee the quality, design, development, integration, management, delivery, evaluation and enhancement of the medical education program of the College;
2. Determine expectations for all graduates of the M.D. program and requirements for advancing through each phase of the curriculum;
3. Define, review, and approve the College's student assessment systems for each component of the curriculum;
4. Oversee and monitor the learning environment of the College, including the resources available to students, and the physical, social, and psychological factors that may impact the students;
5. Monitor comparability of medical educational experiences across instructional sites;
6. Annually review and approve the Carle Illinois College of Medicine academic calendar;
8. Develop and implement innovations in clinical and academic education;
9. Approve new and amended course educational objectives, assessment methods and syllabi;

10. Approve policies relating to the educational mission.
11. Review Carle Illinois admissions competencies for the M.D. program with the Admissions Committee.
12. Appoint additional ad hoc working groups/task forces to address specific curricular issues.

ARTICLE XI. STUDENT PROGRESS AND PROMOTIONS COMMITTEE

A. Composition

The Student Progress and Promotions Committee shall consist of nine faculty members. A majority of committee members are elected by the voting members of the Faculty and serve for a three-year term. Members can serve for a maximum of two consecutive terms (six years). Committee members serve for staggered terms to allow for continuity and consistency.

The four student representatives will be chosen from across the curricular years – one MS1, one MS2, one from MS3, and one from MS4. Student members are nominated by the student body and appointed by the Dean. MS1 and MS2 representatives have one combined vote and MS3 and MS4 representatives have one combined vote.

The Student Progress and Promotions Committee Chair shall be elected by the committee to serve a three- to five-year term, set at the time of election. This is to allow for continuity for students during the four-year medical program. A Vice Chair shall be elected to serve with the Chair during this time. The Vice Chair will become the Chair at the end of the Chair's term. In the event the Chair or Vice Chair's term as a committee member does not align with their elected Chair term, the Dean may extend their term an additional one to three years.

The Dean may appoint a minority of members if he/she deems it necessary to provide diversity or otherwise to balance representation. Should the Dean determine that balancing is not necessary, these seats will be filled by those Faculty members who received the most votes but were not yet granted a seat.

The Dean of the College, or his/her designee, will serve as an *ex-officio*, non-voting member. The Dean or his/her designee may also appoint other individuals to serve in an *ex-officio*, non-voting capacity, including non-faculty members.

B. Functions and Responsibilities

The Student Progress and Promotions Committee shall:

1. Have authority to approve policies regarding student progress, promotion, dismissal, related appeals, and graduation, in coordination with the Curriculum Oversight Committee's established minimum competencies expected for all graduates of the M.D. program and requirements for advancing through the curriculum;
2. Conducts a yearly review of student progress at the end of each academic year, and; verifies students in each M.D. class have met promotion requirements for Phase 1, 2 & 3, and graduation requirements based on established policies and, review of evaluation data;

3. Have the authority to issue disciplinary sanctions based on approved policies, Student Code, and evidence presented including academic and professionalism data;
4. Report to the Executive Committee all dismissals and reinstatements of students; and
5. Identify and make known to the Executive Committee those students who have achieved outstanding records and make specific recommendations regarding student awards.

C. Recusal Requirement

Members of the Student Progress and Promotions (SPPC) should remove themselves from discussion and voting on a student(s) if:

1. They have provided health or psychiatric/psychological services to a medical student
2. They believe they cannot make an unbiased vote
3. They have a direct mentorship relationship with the student
4. They supervise the student in paid employment
5. They are privy to information that has not been presented to the rest of the SPPC due to their involvement in other campus committees
6. SPPC member who is aware of any prejudice, pro or con, that would impair their judgment of the petition
7. They have been involved in either the academic assessment, or decisions about the promotion, of that student (including failing grades)
8. A student member is in the same cohort

Students appearing before the SPPC have the right to request a recusal of any member from the deliberations and discussion if they perceive a conflict of interest. There will be no adverse consequences to any student reporting a conflict of interest.

ARTICLE XII. APPOINTMENTS, PROMOTIONS, AND TENURE COMMITTEE

A. Composition

The Appointments, Promotions, and Tenure Committee shall consist of twelve faculty members; six shall be from the area of Biomedical and Translational Sciences and six shall be from the area of Clinical Science. In both cases, representation of the diversity of the department should be sought. The majority of committee members are elected by the voting members of the Faculty and serve for a term of three years. Members can serve for a maximum of two consecutive terms (six years). Committee members serve for staggered terms to allow for continuity and consistency. A minimum of three Faculty members on the committee should be tenured to allow for sufficient discussion of tenure-track Faculty. The Dean may appoint no more than three members if they deem it necessary to provide diversity or otherwise to balance representation (e.g. to provide sufficiently ranked members to deliberate on proposed appointments, promotions or granting of tenure). Should the Dean determine that balancing is not necessary, the three tenured Faculty positions will be filled by those tenured Faculty members who received the most votes but were not yet granted a seat.

B. Functions and Responsibilities

Subject to prevailing university and campus policies and guidelines, including Provost's Communications, the committee shall:

1. Formulate and approve policy or the College regarding appointments, promotions and tenure, including the criteria for appointment to or promotion within the academic ranks;
2. Review and approve the form by which recommendations for appointment or promotion will be received by the committee and forwarded to the Dean;
3. Review and act, on the basis of the prescribed process, criteria, standards and format, on recommendations for appointment and promotion of Faculty and for the awarding of tenure. Such actions shall be reported to the Dean and the Executive Committee.

C. Recusal Requirement

1. No member of the committee shall deliberate or vote on an appointment or promotion to a rank above that which the committee member holds.
2. No member of the committee without tenure shall participate in deliberations on the promotion of a Faculty member who is tenured or on the tenure track. All members may vote on initial appointment at the Assistant Professor level, independent of tenure.
3. No member of the committee shall participate in deliberations on his or her reappointment or promotion.
4. No member of the committee shall deliberate or vote on an appointment or promotion and tenure case if the committee member has a potential conflict, as determined by one or more members of the committee.

ARTICLE XIII. FACULTY GRIEVANCE AND APPEALS COMMITTEE

A. Composition

The Faculty Grievance and Appeals Committee shall consist of six members of the Faculty, three of whom are tenured or are receiving probationary credit toward tenure and three of whom are neither tenured nor receiving probationary credit toward tenure.

1. No individual who has an appointment, either full- or part-time, as Dean, associate dean, or assistant dean may serve on the committee. The committee may not include more than one member who is either a chair or head of a University department outside the College. The chair or head of a College department may not participate in hearing the grievance of a member of his or her department.
2. No member of the committee who has a potential conflict related to a grievant, as determined by one or more members of the committee, shall participate in the evaluation, deliberations, or decision about the grievance of that Faculty member.

B. Functions and Responsibilities

The function of the Faculty Grievance and Appeals Committee is to address complaints from members of the College concerning actions of the department, its officers, committees or faculty.

The committee shall:

1. Consider appeals of personnel decisions related to reappointments, promotions, and tenure;
2. Consider grievances of any member of the College academic staff; and
3. Advise the Dean of its findings.

C. Procedure

Before filing a formal grievance with the committee, the faculty member should first try to resolve the problem informally with the individual(s) against whom the grievance is being made. The faculty member will call upon the appropriate Department Head to mediate the dispute. The respective Department Head will ensure that appropriate efforts and attempts have been made to resolve the matter.

If efforts to resolve the matter at the departmental level are unsuccessful, the Department Head will submit all documentation to the Dean and Chief Academic Officer for review and referral to the Faculty Grievance and Appeals Committee.

The Faculty Grievance and Appeals Committee should investigate a grievance only after other appropriate avenues of appeal have failed, such as the faculty member's department grievance committee and the Office of Equal Opportunity and Access.

The Faculty Grievance and Appeals Committee Chair will convene the committee as soon as possible so that a hearing can be held within 30 days of receiving documentation. The hearing shall be closed to the public except when both parties and the Faculty Grievance and Appeals Committee agree that it should be open. Witnesses and physical evidence may be presented at the time of the hearing. The hearing should be conducted so that all parties to the dispute have an opportunity to present their views and rebut those of others.

All committee members present at the time of the hearing will vote by written ballot, and a written decision regarding the validity of the alleged grievance, as well as a recommendation of a remedy for the harm done, will be issued to the Dean within 30 days of receiving the documentation from the appellant. The Dean's decision regarding the Grievance Committee recommendation is to be communicated in writing to the appellant and to the respondent(s) within thirty business days of receiving the committee's recommendation. That decision may be appealed to the University of Illinois at Urbana-Champaign Faculty Advisory Committee.

ARTICLE XIV. DIVERSITY, EQUITY, AND INCLUSION COMMITTEE

A. Composition

The Diversity Equity and Inclusion (DEI) Committee shall consist of sixteen voting members including the Chief Diversity, Equity and Inclusion Officer (CDEIO) who shall serve as the chair. The Associate Dean of Diversity and Democratization of Health innovation shall serve as Vice-Chair and will preside when the Chair is not present.

There shall be eight elected Faculty members, equally represented between the departments of the college. There shall be two elected at large Faculty members. These Faculty members may be appointed by the Dean if he/she deems it necessary to provide diversity or otherwise to balance representation. Should the Dean determine that balancing is not necessary, these seats will be filled by those Faculty members who received the most votes but were not yet granted a seat.

In addition to the faculty members, four students will serve on the DEI committee. These student representatives will be elected from across the curricular years. Student members are nominated by the student body and appointed by the Dean of the College.

The Dean of the College may appoint a minority of members if he/she deems it necessary to provide diversity or otherwise balance representation.

The Dean of the College, or his/her designee may also appoint other individuals to serve in an *ex-officio*, non-voting capacity, including non-faculty members.

B. Terms of Office

Faculty member terms shall be three years. Members of the committee may serve no more than two consecutive full terms, and must be absent from a committee for a period of one year prior to serving again.

Student members serve terms of one year and may serve no more than four consecutive terms.

C. Functions and Responsibilities

The Diversity, Equity and Inclusion committee shall:

1. Advise the Dean, Executive leadership team and appropriate faculty and staff on issues concerning the learning and working environment, DEI and anti-racism issues at Carle Illinois College of Medicine.
2. Review, refine and/or reaffirm priorities and strategies related to recruitment, retention and sense of belonging of students, faculty, and staff of diverse backgrounds.
3. Develop, review, refine and approve policies that support DEI and other anti-racism initiatives at Carle Illinois related to faculty, students, and staff.
4. Encourage faculty and staff participation in the development and maintenance of initiatives of diversity, equity and inclusion.

5. Work with all stakeholders to identify the issues/barriers and to design strategies to implement change within the Carle Illinois College of Medicine community.
6. Develop opportunities for the development and evaluation of pathway programs for the specific purpose of increasing enrollment of under-represented groups in medicine.
7. Evaluate opportunities for community engagement to improve the overall health of communities by decreasing health disparities and to promote careers in medicine among under-represented groups.

ARTICLE XV. AMENDMENT AND REVIEW OF BYLAWS

A. Amendment

1. Amendment or revision of these *Bylaws* may be made at any meeting of the Faculty upon a two-thirds vote of the Voting Faculty present, provided that a quorum exists and all other requirements of these *Bylaws* concerning meetings, notice and agenda have been met.
2. Each proposed amendment or revision shall be voted on *as it appears* on the agenda of the meeting. If the Faculty present at the meeting agree that a proposed amendment needs modification before a vote can be taken as determined by the majority of attendees by hand vote, then such modifications may be made at the meeting, but the modified amendment shall not be voted on at that meeting of the Faculty, but shall be placed as an action item on the agenda of a future meeting of the Faculty that meets the requirements of these *Bylaws*.
3. Proposals for amendments or revisions to these *Bylaws* may be made by the Executive Committee on its own initiative or by any two or more members of the Voting Faculty by submitting a written request to the Executive Committee. The Executive Committee shall request the Dean to place all such proposals, together with its recommendations on the proposals, as action items on the agenda of the next meeting of the Faculty.

B. Review of Bylaws

At least every five years, the Dean shall appoint a committee to review the *Bylaws* and propose such revisions as deemed necessary or proper.

Amended October 10, 2019

- Revised language regarding faculty voting rights.

Amended April 7, 2020

- Curriculum Oversight Committee - revised language for composition and functions and responsibilities.
- Student Progress and Promotions Committee - revised language in functions and responsibilities.
- Faculty Grievance and Appeals Committee - revised language for composition and functions and responsibilities. Clarified procedures.

Amended October 13, 2020

- Student Progress and Promotions Committee – revised language in functions and responsibilities and Recusal Requirement.

Amended July 9, 2021

- Student Progress and Promotions Committee – amended student representatives and ex officio members.

Amended November 11, 2021

- Executive Committee – revised language that includes standing committees may advise the executive committee.
- Standing Committees – added language that a Chair/Vice Chair of a standing committee shall be a voting member. Added language to clarify that voting may be done by voice, roll call or electronic ballot.
- Admissions Committee – amended quorum requirement to one-third of voting members except for final approval to admit students, which will be 50 percent of voting members, plus one voting member.
- Curriculum Oversight Committee – added language to ensure a chair’s term is aligned with their committee term.
- Appointments, Promotions, and Tenure Committee – updated language to align with the current practice of creating and recommending policy appointments, promotions and tenure.

Amended March 20, 2023

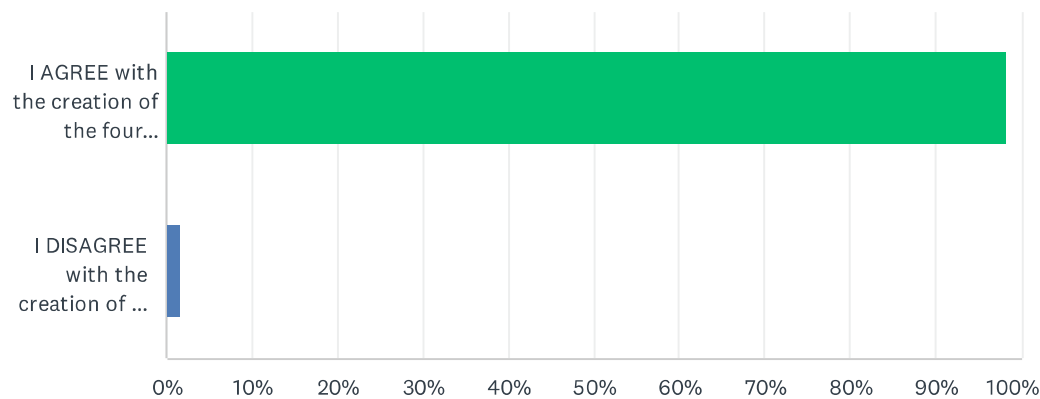
- Departmental Organization – removed language referring to initial departments.
- Meetings – removed language referring to the Illinois Open Meetings Acts.
- Curriculum Oversight Committee – amended student representative from three to four, one from each class.

Amended May 23, 2023

- Bylaws review by Dean Appointed Committee

Q1 Creation of Departments for Clinical Sciences:

Answered: 115 Skipped: 0



ANSWER CHOICES	RESPONSES	
I AGREE with the creation of the four departments for Clinical Sciences.	98.26%	113
I DISAGREE with the creation of the four departments for Clinical Sciences.	1.74%	2
TOTAL		115

BYLAWS FOR THE DEPARTMENT OF FAMILY MEDICINE CARLE ILLINOIS COLLEGE OF MEDICINE

Ratified (Insert Date)

PREAMBLE

These Bylaws are intended to operate within the framework of the University of Illinois Statutes, which state that the college shall be governed in its internal administration by its faculty. They supplement the College Bylaws, official Provost Office Communications, and the University Statutes which take precedence should any conflict arise.

ARTICLE I. ORGANIZATION

Section A. The Department of Family Medicine shall be organized with a Head who is appointed without a specified term limit by the University Board of Trustees on recommendation of the Chancellor/Vice President and the President after consultation with the Dean of the College and members of the Department Faculty.

The Department of Family Medicine, composed primarily of clinical Faculty, shall be responsible for the clinical sciences aspects of the curriculum.

Section B. The Department Head

1. The Head is the Chief Executive Officer of the Department and is responsible for its administration.
2. In the discharge of his/her duties, the Head of the Department shall:
 - a. Be responsible for the execution of Departmental, College and University policies and shall provide general direction to Departmental activities.
 - b. Consult with the Departmental Executive Committee (see I.D.) in the formulation and amendment of Departmental policies.
 - c. Hold meetings of the Departmental faculty for explanation and discussion of policies and programs related to the education, research, service, and public outreach missions of the Department, College, and University. The Department Head is responsible to call at least one annual meeting of the faculty each academic year; see II.B.

- d. Report to the faculty on research/scholarship, teaching, service, and public outreach that is centered in the Department, and in consultation with the Departmental Executive Committee, prepare Departmental budgets, be responsible for the distribution and expenditure of Departmental funds and for management of space and property assigned to the Department.
- e. Be responsible for maintaining high standards of research/scholarship, teaching, and service and public outreach activities in the Department and for efficient progress in all Departmental activities.
- f. In consultation with the Department of Family Medicine Appointments, Promotion and Tenure Committee, recommend individuals for academic appointment in the Department of Cardiovascular Medicine. All appointment actions will adhere to protocols outlined in Provost's Communication No. 3 and 9 for tenure-track faculty or in Communications No. 3, 25 and No. 26 for specialized faculty.

Section C. Associate Head

- 1. The Head, with advisement of the Executive Committee, may appoint an Associate Head from among the Departmental faculty.
- 2. The Associate Head shall act on behalf of the Head during their absence.

Section D. Executive Committee

- 1. Composition

The Executive Committee shall consist of at least three voting members from the Department, including the Head, who shall serve as the Chair. The members should represent different medical specialty areas. The membership must also include representation from different faculty ranks, including specialized faculty. A minority of faculty members may be appointed by the Head to balance representation.

The Associate Head shall serve as *ex-officio voting* member on the Department Executive Committee if an Associate Head has been appointed by the Head.

A Vice Chair-, elected annually by members of the committee, shall preside during the Head's absence.

The membership can also include the Head or Associate Head of the Department of Biomedical and Translational Sciences, or a member of the

Biomedical and Translational Sciences Departmental Executive Committee, who has been designated by the Head of the Biomedical and Translational Sciences Department. This person would serve to exchange knowledge and information across the departments and shall have the privilege of the floor but may not vote.

The membership of the Executive Committee may also include one student observer who shall have the privilege of the floor, but who may not vote. The students can be asked to recuse themselves during discussions as indicated by the Chair, in consultation with the committee. Other restrictions on participation should follow current departmental and college policies and procedures.

If the Executive Committee is in session to evaluate the Head's performance the Head shall be recused, and the Vice Chair shall preside.

2. Terms of Office

Terms of Executive Committee members shall be staggered.

- The terms of the inaugural members shall be as follows: at least two members shall serve a one-year term; at least another two members shall serve a two-year term; and at least two members shall serve a three-year term. After the expiration of each member's term, subsequent terms shall be for three years.
- Once the committee has been established for three years, the terms of the Executive Committee shall be for three years and staggered to allow for continuity and consistency.
- A Faculty member may serve no more than two consecutive, full terms or not longer than a period of six continuous years. After at least one year of absence from the Executive Committee, a faculty member may be elected again. A Faculty member may serve for up to one year beyond the expiration of their term, if necessary, to meet the requirements of the *Bylaws*.

3. The Executive Committee shall:
 - a. Provide for the orderly voicing and discussion of suggestions made for the good of the Department and College.
 - b. Recommend procedures and committees that will encourage and enable faculty participation in the formulation of policies and procedures.
 - c. Represent the faculty by advising the Head in regard to Departmental policy, preparation of the Departmental budget, and assignment of space.
 - d. Represent the faculty by advising the Head on the process of faculty evaluation.
 - e. Perform such other tasks as may be assigned to it by the faculty or the Head.
 - f. Be involved, in conjunction with the Dean of the College, in an evaluation of the Head by the entire Departmental faculty every five years.
4. Passage of any measure by the Executive Committee shall require a simple majority of the voting members present. Voting may be by voice, roll call, or electronic response when either ordered by the Presiding Officer, who is either the Head or the elected Vice Chair of the Executive Committee in the absence of the Head, or requested by a member who is present and entitled to vote. On a specific question, the Faculty may elect by majority vote to conduct a mail or secured electronic ballot.
5. The Executive Committee will meet at least once a semester and more frequently as directed by the Head or by the majority of the Executive Committee members.

ARTICLE II. THE DEPARTMENT

Section A. Faculty

1. The voting faculty of the Department, are as follows:
 - a. Those who hold an academic appointment within the department, with at least a 0%-time appointment and the rank of instructor, lecturer, assistant professor, associate professor, or professor, including those modified by “research,” “teaching,” or “clinical” designations. Voting rights for faculty extend to all issues except those pertaining to the

review and/or promotion of specialized faculty, also third-year review and promotion and/or tenure of tenure-track faculty.

- b. Emeritus faculty of the College or University and other faculty members, such as so-called “volunteer” faculty members, of the Department shall be accorded voice, but no vote in faculty meetings. Volunteer faculty include 0% University retirees, or those faculty members so designated as volunteers by their College appointment.
2. The Department shall be governed in its internal administration by the Department faculty who have full voting rights.
3. As the responsible body in the research/scholarship, teaching, service and public outreach activities to the Department, the faculty has inherent interests and rights in academic policy and governance. Accordingly, faculty members are expected to attend Departmental meetings, to serve the Department, and to participate in voting.
4. Faculty who are involved in the administrative, educational, and/or research activities that add value to the College’s mission in those areas, can be considered for dual appointments in their primary CI MED (Carle Illinois College of Medicine) department and a secondary department upon request and approval from the secondary department head, recognizing that those activities may not be associated with FTE in the College. Dual appointments shall be approved by the Department Head of the secondary department in consultation with the Head of the primary Department.
5. The frequency of review of the faculty with 0% or greater appointment will depend on the specific appointment of the faculty member and their role in the college as indicated in the current departmental policies and procedures.
6. Faculty who undergo an Annual Review based on their role must meet the requirements of Provost’s Communication No. 21, Annual Faculty Review, and No. 22, Annual Review of Academic Professional Employees, as appropriate. Provost’s Communications No. 21 and No. 22 provide guidelines on how to structure review procedures and other guidance on the requirements, objectives, and importance of annual performance evaluations.
7. In addition to their academic responsibilities, faculty may have administrative or program responsibilities within the College or teaching hospital system. These operational reporting lines, and in some instances primary reporting lines, must be clearly established and agreed upon by the relevant parties at the time of appointment, with contract renewal, and by

request of relevant parties. Faculty with such appointments will report to and be evaluated by administrators in each respective administrative unit and/or program according to guidelines in place. The review and reappointment process will follow current policies and procedures.

Section B. Meetings

1. The presiding officer of Departmental faculty meetings shall be the Head of the Department or Associate Head in the Head's absence. If both above individuals will be absent, the Head will appoint a member of the Executive Committee as temporary presiding officer.
2. The Head of the Department designee or administrative support will serve as recorder at Departmental meetings and will provide minutes of the meeting to the Departmental faculty.
3. Emeritus faculty of the College and other faculty members, such as so-called "volunteer" faculty members of the Department shall be accorded voice, but no vote in faculty meetings. Volunteer faculty include 0% University retirees, or those faculty members so designated by their College appointment.
4. Regular faculty meetings shall be called at least once a year but may be held more frequently at the discretion of the Head. At least one meeting each academic year will consider matters of Departmental governance and academic policy.
5. Special meetings may be called by the Head, the Executive Committee, or upon petition by five or more faculty of the Department. The discussion and action at a special meeting shall be confined to the item or items listed in the call.
6. Emergency meetings may be called by the Head of the Department or the Executive Committee without written notice, but an attempt shall be made to notify all Departmental faculty members.
7. A written summary of topics that are discussed and actions taken must be distributed by the Head or their designee within three business days of special or emergency meetings or within seven calendar days of regular meetings.
8. A quorum at meetings of the Department shall consist of those members present and entitled to vote.
9. Passage of any measure, with the exception of amendments to the Bylaws, or as specified in Robert's Rules of Order, shall require a simple majority of the voting members present.

10. Voting and Governance of meetings will follow the college Bylaws and where specified, Roberts Rules of Order, Revised.

Section C. Grievance Procedures

Any faculty member has the right to initiate a formal grievance concerning actions or policies of the Department or another individual in the Department. Informal resolution is strongly encouraged before the formal grievance is initiated. Grievances will be adjudicated at the College level Faculty Grievance and Appeals Committee.

ARTICLE III. STANDING COMMITTEES

Section A. Composition unless otherwise prescribed by the bylaws

1. Standing Committees shall consist of at least three faculty members for three-year staggered terms. The inaugural election for any Standing Committee shall be for one-, two-, or three-year terms to initiate the rotation.. A Faculty member may serve no more than two consecutive, full terms. After a period of at least one year of absence, a faculty member may again serve on a Standing Committee.
2. Standing Committee membership should represent different medical specialty areas. Membership should also include representation from different faculty ranks, including specialized faculty. There can be one Carle Illinois College of Medicine student member at the discretion of the Head, who has the right to vote unless otherwise stated for that committee (e.g., the Appointments, Promotions and Tenure Committee, the Executive Committee).
3. The majority of faculty members of all standing committees shall be elected by the Faculty. Candidates for elections to standing committees may be nominated by other faculty within the College, with permission from the nominee, or can self-nominate. A minority of faculty members may be appointed by the Head to balance representation or to ensure other forms of diversity, as described for each standing committee.
4. Except for the Executive Committee, the chair of each standing committee shall be elected annually by its members.
5. Vacancies on standing committees may be filled by the Head on advice of the Chair of the Committee. A member whose committee term has expired shall serve, if possible, until a replacement is named, up to one year.

6. The Carle Illinois College of Medicine student committee members must be in good academic standing and making normal progress as determined by the Student Progress and Promotions Committee. Potential student committee members shall be selected by the current process and appointed by the head. Student members serve terms of one year and may serve no more than four consecutive terms.
7. A standing committee may, after consultation with the member concerned, recommend to the Head the replacement of that member if the record demonstrates a consistent lack of attendance at meetings of the committee. Replacement will occur through the same procedure as used when a vacancy occurs.

Section B. General Procedures

- a. Voting may be by voice, roll call, or electronic response when either ordered by the Presiding Officer or requested by a member who is present and entitled to vote. Elections in which a contest exists shall be conducted by paper or electronic ballot. On a specific question, Faculty may elect by majority vote to conduct a mail or secured electronic ballot.
- b. Committees shall meet quarterly, or as necessary.
- c. Each committee shall make available records of its activities and meetings held during the previous year as requested.
- d. New standing committees may be created, or old committees terminated by amendment of these Bylaws.
- e. Meetings of each standing committee are not subject to Illinois Open Meetings Act (OMA).

Section C. DEPARTMENT OF FAMILY MEDICINE Appointments, Promotions and Tenure Committee

1. Composition
 - a. The Committee shall consist of at least three voting faculty members of the Department of Cardiovascular Medicine at the rank of clinical assistant professor and above, with the majority at the rank of clinical associate professor or above. Members shall represent multiple medical specialty areas, whenever possible.
 - b. The majority of committee members are elected by the voting faculty and serve for a term of three years. Members are expected to serve staggered terms and can serve for a maximum of two consecutive full terms.

- The terms of the inaugural members of the Appointments, Promotions and Tenure Committee shall be as follows: two members shall serve a one- year term; two members shall serve a two-year term; and two members shall serve a three-year term. After the expiration of each member's term, subsequent terms shall be for three years.
 - After the inaugural cycle, the Committee members serve for staggered terms to allow for continuity and consistency.
- c. The Chair of the APT Committee, in consultation with the Department Head, may appoint a minority of faculty members for the purpose of balancing representation with faculty in CI MED, or to assure other forms of diversity including to provide sufficiently ranked members to deliberate on proposed appointments, promotions or granting of tenure.

The Chair of the APT Committee, in consultation with the Department Head must appoint at least one specialized faculty member of appropriate rank, if one is not already a committee member, if a specialized faculty member is being evaluated for promotion.

The Chair of the APT Committee, in consultation with the Department Head must appoint at least one tenured faculty member of appropriate rank, if one is not already a committee member, if a tenured faculty member is being evaluated for promotion.

Should the Chair of the APT Committee, in consultation with the Department Head, determine that balancing is not necessary, these seats will be filled by those faculty members who received the most votes but were not yet granted a seat.

- d. The Associate Head of the Department shall serve as a voting *ex- officio* member of the Appointments, Promotions and Tenure Committee, if an Associate Head has been appointed by the Head.

2. Functions and Responsibilities

- a. The Committee will review proposed new appointments to the Department and make recommendations to the Head and the College Appointments, Promotions, and Tenure Committee, according to current Department and College policies and procedures,
- b. The Committee will assist the Head in preparing written reviews for those faculty who receive annual or periodic reviews as prescribed by the current department policies and procedures or as requested by the Head.
- c. The Committee will review promotion and tenure cases for specialized

and tenure track faculty, whose home department is outside of the College, only in the context of contributions to the mission of the Carle Illinois College of Medicine. The Appointments, Promotions and Tenure Committee will make available to the home department the written, confidential evaluations when requested. Reviews will be carried out in accordance with Provost's Communications No. 9 and No. 26.

- d. The Committee will assist the Head in assessing dossiers for promotion potential. The Committee will evaluate and vote on promotion and tenure cases, and make recommendations to the Head, for specialized and tenure track faculty and will report recommendations to the College Appointments, Promotions and Tenure Committee.

3. Recusal Requirements

- a. No member of the committee without tenure shall participate in deliberations or vote on promotion of a faculty member who is tenured or on the tenure track.
- b. No committee member shall participate in deliberations on their own (re)appointment or promotion.
- c. No member of the committee shall deliberate or vote on an appointment or promotion or tenure case if the committee member has a potential conflict of interest, as determined by one or more members of the committee.
- d. No member of the committee shall deliberate or vote on an appointment or promotion to a rank above that which the committee member holds.

Section D. *Ad hoc* committees may be appointed and dismissed by the Head, but such committees shall not duplicate or infringe upon the activities of any Standing Committees.

ARTICLE IV. INTERPRETATION AND AMENDMENTS

Section A. Ratification and implementation

These Bylaws shall become effective after adoption by at least two-thirds of the Departmental voting faculty who submit ballots and after review and approval by the Faculty Executive Committee and Dean of the College. Copies shall then be made available electronically on the Carle Illinois Intranet site for inspection by any member of the Department.

Section B. Interpretation

Interpretation shall reside with the Departmental faculty. However, these Bylaws are intended to supplement and be in accord with University Statutes and the College Bylaws, which shall take precedence in conflicts.

Section C. Amendments

1. May be introduced as agenda items of a regular or special meeting by any three Departmental faculty.
2. Shall be distributed to Departmental faculty at least three working days prior to the meeting.
3. Shall be voted upon by voice, roll call, ballot, via email or secured electronic poll, not earlier than seven days or later than twenty-one days after introduction at the faculty meeting.
4. Shall require the approval of at least two-thirds of the voting-eligible members of the Departmental faculty who are allowed to vote who submit ballots in order to be incorporated into these Bylaws.

Section D. Revision

The text of these Bylaws may be re-written. Revision shall require the same presentation and action as for Amendments described in Article IV, Section C.

BYLAWS FOR THE DEPARTMENT OF INTERNAL MEDICINE CARLE ILLINOIS COLLEGE OF MEDICINE

Ratified (Insert Date)

PREAMBLE

These Bylaws are intended to operate within the framework of the University of Illinois Statutes, which state that the college shall be governed in its internal administration by its faculty. They supplement the College Bylaws, official Provost Office Communications, and the University Statutes which take precedence should any conflict arise.

ARTICLE I. ORGANIZATION

Section A. The Department of Internal Medicine shall be organized with a Head who is appointed without a specified term limit by the University Board of Trustees on recommendation of the Chancellor/Vice President and the President after consultation with the Dean of the College and members of the Department Faculty.

The Department of Cardiovascular Medicine & Surgery, composed primarily of clinical Faculty, shall be responsible for the clinical sciences aspects of the curriculum.

Section B. The Department Head

1. The Head is the Chief Executive Officer of the Department and is responsible for its administration.
2. In the discharge of his/her duties, the Head of the Department shall:
 - a. Be responsible for the execution of Departmental, College and University policies and shall provide general direction to Departmental activities.
 - b. Consult with the Departmental Executive Committee (see I.D.) in the formulation and amendment of Departmental policies.
 - c. Hold meetings of the Departmental faculty for explanation and discussion of policies and programs related to the education, research, service, and public outreach missions of the Department, College, and University. The Department Head is responsible to call at least one annual meeting of the faculty each academic year; see II.B.

- d. Report to the faculty on research/scholarship, teaching, service, and public outreach that is centered in the Department, and in consultation with the Departmental Executive Committee, prepare Departmental budgets, be responsible for the distribution and expenditure of Departmental funds and for management of space and property assigned to the Department.
- e. Be responsible for maintaining high standards of research/scholarship, teaching, and service and public outreach activities in the Department and for efficient progress in all Departmental activities.
- f. In consultation with the Department of Internal Medicine Appointments, Promotion and Tenure Committee, recommend individuals for academic appointment in the Department of Cardiovascular Medicine. All appointment actions will adhere to protocols outlined in Provost's Communication No. 3 and 9 for tenure-track faculty or in Communications No. 3, 25 and No. 26 for specialized faculty.

Section C. Associate Head

1. The Head, with advisement of the Executive Committee, may appoint an Associate Head from among the Departmental faculty.
2. The Associate Head shall act on behalf of the Head during their absence.

Section D. Executive Committee

1. Composition

The Executive Committee shall consist of at least three voting members from the Department, including the Head, who shall serve as the Chair. The members should represent different medical specialty areas. The membership must also include representation from different faculty ranks, including specialized faculty. A minority of faculty members may be appointed by the Head to balance representation.

The Associate Head shall serve as *ex-officio voting* member on the Department Executive Committee if an Associate Head has been appointed by the Head.

A Vice Chair-, elected annually by members of the committee, shall preside during the Head's absence.

The membership can also include the Head or Associate Head of the Department of Biomedical and Translational Sciences, or a member of the

Biomedical and Translational Sciences Departmental Executive Committee, who has been designated by the Head of the Biomedical and Translational Sciences Department. This person would serve to exchange knowledge and information across the departments and shall have the privilege of the floor but may not vote.

The membership of the Executive Committee may also include one student observer who shall have the privilege of the floor, but who may not vote. The students can be asked to recuse themselves during discussions as indicated by the Chair, in consultation with the committee. Other restrictions on participation should follow current departmental and college policies and procedures.

If the Executive Committee is in session to evaluate the Head's performance the Head shall be recused, and the Vice Chair shall preside.

2. Terms of Office

Terms of Executive Committee members shall be staggered.

- The terms of the inaugural members shall be as follows: at least two members shall serve a one-year term; at least another two members shall serve a two-year term; and at least two members shall serve a three-year term. After the expiration of each member's term, subsequent terms shall be for three years.
- Once the committee has been established for three years, the terms of the Executive Committee shall be for three years and staggered to allow for continuity and consistency.
- A Faculty member may serve no more than two consecutive, full terms or not longer than a period of six continuous years. After at least one year of absence from the Executive Committee, a faculty member may be elected again. A Faculty member may serve for up to one year beyond the expiration of their term, if necessary, to meet the requirements of the *Bylaws*.

3. The Executive Committee shall:
 - a. Provide for the orderly voicing and discussion of suggestions made for the good of the Department and College.
 - b. Recommend procedures and committees that will encourage and enable faculty participation in the formulation of policies and procedures.
 - c. Represent the faculty by advising the Head in regard to Departmental policy, preparation of the Departmental budget, and assignment of space.
 - d. Represent the faculty by advising the Head on the process of faculty evaluation.
 - e. Perform such other tasks as may be assigned to it by the faculty or the Head.
 - f. Be involved, in conjunction with the Dean of the College, in an evaluation of the Head by the entire Departmental faculty every five years.
4. Passage of any measure by the Executive Committee shall require a simple majority of the voting members present. Voting may be by voice, roll call, or electronic response when either ordered by the Presiding Officer, who is either the Head or the elected Vice Chair of the Executive Committee in the absence of the Head, or requested by a member who is present and entitled to vote. On a specific question, the Faculty may elect by majority vote to conduct a mail or secured electronic ballot.
5. The Executive Committee will meet at least once a semester and more frequently as directed by the Head or by the majority of the Executive Committee members.

ARTICLE II. THE DEPARTMENT

Section A. Faculty

1. The voting faculty of the Department, are as follows:
 - a. Those who hold an academic appointment within the department, with at least a 0%-time appointment and the rank of instructor, lecturer, assistant professor, associate professor, or professor, including those modified by “research,” “teaching,” or “clinical” designations. Voting rights for faculty extend to all issues except those pertaining to the

review and/or promotion of specialized faculty, also third-year review and promotion and/or tenure of tenure-track faculty.

- b. Emeritus faculty of the College or University and other faculty members, such as so-called “volunteer” faculty members, of the Department shall be accorded voice, but no vote in faculty meetings. Volunteer faculty include 0% University retirees, or those faculty members so designated as volunteers by their College appointment.
2. The Department shall be governed in its internal administration by the Department faculty who have full voting rights.
3. As the responsible body in the research/scholarship, teaching, service and public outreach activities to the Department, the faculty has inherent interests and rights in academic policy and governance. Accordingly, faculty members are expected to attend Departmental meetings, to serve the Department, and to participate in voting.
4. Faculty who are involved in the administrative, educational, and/or research activities that add value to the College’s mission in those areas, can be considered for dual appointments in their primary CI MED (Carle Illinois College of Medicine) department and a secondary department upon request and approval from the secondary department head, recognizing that those activities may not be associated with FTE in the College. Dual appointments shall be approved by the Department Head of the secondary department in consultation with the Head of the primary Department.
5. The frequency of review of the faculty with 0% or greater appointment will depend on the specific appointment of the faculty member and their role in the college as indicated in the current departmental policies and procedures.
6. Faculty who undergo an Annual Review based on their role must meet the requirements of Provost’s Communication No. 21, Annual Faculty Review, and No. 22, Annual Review of Academic Professional Employees, as appropriate. Provost’s Communications No. 21 and No. 22 provide guidelines on how to structure review procedures and other guidance on the requirements, objectives, and importance of annual performance evaluations.
7. In addition to their academic responsibilities, faculty may have administrative or program responsibilities within the College or teaching hospital system. These operational reporting lines, and in some instances primary reporting lines, must be clearly established and agreed upon by the relevant parties at the time of appointment, with contract renewal, and by

request of relevant parties. Faculty with such appointments will report to and be evaluated by administrators in each respective administrative unit and/or program according to guidelines in place. The review and reappointment process will follow current policies and procedures.

Section B. Meetings

1. The presiding officer of Departmental faculty meetings shall be the Head of the Department or Associate Head in the Head's absence. If both above individuals will be absent, the Head will appoint a member of the Executive Committee as temporary presiding officer.
2. The Head of the Department designee or administrative support will serve as recorder at Departmental meetings and will provide minutes of the meeting to the Departmental faculty.
3. Emeritus faculty of the College and other faculty members, such as so-called "volunteer" faculty members of the Department shall be accorded voice, but no vote in faculty meetings. Volunteer faculty include 0% University retirees, or those faculty members so designated by their College appointment.
4. Regular faculty meetings shall be called at least once a year but may be held more frequently at the discretion of the Head. At least one meeting each academic year will consider matters of Departmental governance and academic policy.
5. Special meetings may be called by the Head, the Executive Committee, or upon petition by five or more faculty of the Department. The discussion and action at a special meeting shall be confined to the item or items listed in the call.
6. Emergency meetings may be called by the Head of the Department or the Executive Committee without written notice, but an attempt shall be made to notify all Departmental faculty members.
7. A written summary of topics that are discussed and actions taken must be distributed by the Head or their designee within three business days of special or emergency meetings or within seven calendar days of regular meetings.
8. A quorum at meetings of the Department shall consist of those members present and entitled to vote.
9. Passage of any measure, with the exception of amendments to the Bylaws, or as specified in Robert's Rules of Order, shall require a simple majority of the voting members present.

10. Voting and Governance of meetings will follow the college Bylaws and where specified, Roberts Rules of Order, Revised.

Section C. Grievance Procedures

Any faculty member has the right to initiate a formal grievance concerning actions or policies of the Department or another individual in the Department. Informal resolution is strongly encouraged before the formal grievance is initiated. Grievances will be adjudicated at the College level Faculty Grievance and Appeals Committee.

ARTICLE III. STANDING COMMITTEES

Section A. Composition unless otherwise prescribed by the bylaws

1. Standing Committees shall consist of at least three faculty members for three-year staggered terms. The inaugural election for any Standing Committee shall be for one-, two-, or three-year terms to initiate the rotation.. A Faculty member may serve no more than two consecutive, full terms. After a period of at least one year of absence, a faculty member may again serve on a Standing Committee.
2. Standing Committee membership should represent different medical specialty areas. Membership should also include representation from different faculty ranks, including specialized faculty. There can be one Carle Illinois College of Medicine student member at the discretion of the Head, who has the right to vote unless otherwise stated for that committee (e.g., the Appointments, Promotions and Tenure Committee, the Executive Committee).
3. The majority of faculty members of all standing committees shall be elected by the Faculty. Candidates for elections to standing committees may be nominated by other faculty within the College, with permission from the nominee, or can self-nominate. A minority of faculty members may be appointed by the Head to balance representation or to ensure other forms of diversity, as described for each standing committee.
4. Except for the Executive Committee, the chair of each standing committee shall be elected annually by its members.
5. Vacancies on standing committees may be filled by the Head on advice of the Chair of the Committee. A member whose committee term has expired shall serve, if possible, until a replacement is named, up to one year.

6. The Carle Illinois College of Medicine student committee members must be in good academic standing and making normal progress as determined by the Student Progress and Promotions Committee. Potential student committee members shall be selected by the current process and appointed by the head. Student members serve terms of one year and may serve no more than four consecutive terms.
7. A standing committee may, after consultation with the member concerned, recommend to the Head the replacement of that member if the record demonstrates a consistent lack of attendance at meetings of the committee. Replacement will occur through the same procedure as used when a vacancy occurs.

Section B. General Procedures

- a. Voting may be by voice, roll call, or electronic response when either ordered by the Presiding Officer or requested by a member who is present and entitled to vote. Elections in which a contest exists shall be conducted by paper or electronic ballot. On a specific question, Faculty may elect by majority vote to conduct a mail or secured electronic ballot.
- b. Committees shall meet quarterly, or as necessary.
- c. Each committee shall make available records of its activities and meetings held during the previous year as requested.
- d. New standing committees may be created, or old committees terminated by amendment of these Bylaws.
- e. Meetings of each standing committee are not subject to Illinois Open Meetings Act (OMA).

Section C. DEPARTMENT OF INTERNAL MEDICINE Appointments, Promotions and Tenure Committee

1. Composition
 - a. The Committee shall consist of at least three voting faculty members of the Department of Cardiovascular Medicine at the rank of clinical assistant professor and above, with the majority at the rank of clinical associate professor or above. Members shall represent multiple medical specialty areas, whenever possible.
 - b. The majority of committee members are elected by the voting faculty and serve for a term of three years. Members are expected to serve staggered terms and can serve for a maximum of two consecutive full terms.

- The terms of the inaugural members of the Appointments, Promotions and Tenure Committee shall be as follows: two members shall serve a one- year term; two members shall serve a two-year term; and two members shall serve a three-year term. After the expiration of each member's term, subsequent terms shall be for three years.
 - After the inaugural cycle, the Committee members serve for staggered terms to allow for continuity and consistency.
- c. The Chair of the APT Committee, in consultation with the Department Head, may appoint a minority of faculty members for the purpose of balancing representation with faculty in CI MED, or to assure other forms of diversity including to provide sufficiently ranked members to deliberate on proposed appointments, promotions or granting of tenure.

The Chair of the APT Committee, in consultation with the Department Head must appoint at least one specialized faculty member of appropriate rank, if one is not already a committee member, if a specialized faculty member is being evaluated for promotion.

The Chair of the APT Committee, in consultation with the Department Head must appoint at least one tenured faculty member of appropriate rank, if one is not already a committee member, if a tenured faculty member is being evaluated for promotion.

Should the Chair of the APT Committee, in consultation with the Department Head, determine that balancing is not necessary, these seats will be filled by those faculty members who received the most votes but were not yet granted a seat.

- d. The Associate Head of the Department shall serve as a voting *ex- officio* member of the Appointments, Promotions and Tenure Committee, if an Associate Head has been appointed by the Head.

2. Functions and Responsibilities

- a. The Committee will review proposed new appointments to the Department and make recommendations to the Head and the College Appointments, Promotions, and Tenure Committee, according to current Department and College policies and procedures,
- b. The Committee will assist the Head in preparing written reviews for those faculty who receive annual or periodic reviews as prescribed by the current department policies and procedures or as requested by the Head.
- c. The Committee will review promotion and tenure cases for specialized

and tenure track faculty, whose home department is outside of the College, only in the context of contributions to the mission of the Carle Illinois College of Medicine. The Appointments, Promotions and Tenure Committee will make available to the home department the written, confidential evaluations when requested. Reviews will be carried out in accordance with Provost's Communications No. 9 and No. 26.

- d. The Committee will assist the Head in assessing dossiers for promotion potential. The Committee will evaluate and vote on promotion and tenure cases, and make recommendations to the Head, for specialized and tenure track faculty and will report recommendations to the College Appointments, Promotions and Tenure Committee.

3. Recusal Requirements

- a. No member of the committee without tenure shall participate in deliberations or vote on promotion of a faculty member who is tenured or on the tenure track.
- b. No committee member shall participate in deliberations on their own (re)appointment or promotion.
- c. No member of the committee shall deliberate or vote on an appointment or promotion or tenure case if the committee member has a potential conflict of interest, as determined by one or more members of the committee.
- d. No member of the committee shall deliberate or vote on an appointment or promotion to a rank above that which the committee member holds.

Section D. *Ad hoc* committees may be appointed and dismissed by the Head, but such committees shall not duplicate or infringe upon the activities of any Standing Committees.

ARTICLE IV. INTERPRETATION AND AMENDMENTS

Section A. Ratification and implementation

These Bylaws shall become effective after adoption by at least two-thirds of the Departmental voting faculty who submit ballots and after review and approval by the Faculty Executive Committee and Dean of the College. Copies shall then be made available electronically on the Carle Illinois Intranet site for inspection by any member of the Department.

Section B. Interpretation

Interpretation shall reside with the Departmental faculty. However, these Bylaws are intended to supplement and be in accord with University Statutes and the College Bylaws, which shall take precedence in conflicts.

Section C. Amendments

1. May be introduced as agenda items of a regular or special meeting by any three Departmental faculty.
2. Shall be distributed to Departmental faculty at least three working days prior to the meeting.
3. Shall be voted upon by voice, roll call, ballot, via email or secured electronic poll, not earlier than seven days or later than twenty-one days after introduction at the faculty meeting.
4. Shall require the approval of at least two-thirds of the voting-eligible members of the Departmental faculty who are allowed to vote who submit ballots in order to be incorporated into these Bylaws.

Section D. Revision

The text of these Bylaws may be re-written. Revision shall require the same presentation and action as for Amendments described in Article IV, Section C.

BYLAWS FOR THE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
CARLE ILLINOIS COLLEGE OF MEDICINE

Ratified (Insert Date)

PREAMBLE

These Bylaws are intended to operate within the framework of the University of Illinois Statutes, which state that the college shall be governed in its internal administration by its faculty. They supplement the College Bylaws, official Provost Office Communications, and the University Statutes which take precedence should any conflict arise.

ARTICLE I. ORGANIZATION

Section A. The Department of Obstetrics and Gynecology shall be organized with a Head who is appointed without a specified term limit by the University Board of Trustees on recommendation of the Chancellor/Vice President and the President after consultation with the Dean of the College and members of the Department Faculty.

The Department of Cardiovascular Medicine & Surgery, composed primarily of clinical Faculty, shall be responsible for the clinical sciences aspects of the curriculum.

Section B. The Department Head

1. The Head is the Chief Executive Officer of the Department and is responsible for its administration.
2. In the discharge of his/her duties, the Head of the Department shall:
 - a. Be responsible for the execution of Departmental, College and University policies and shall provide general direction to Departmental activities.
 - b. Consult with the Departmental Executive Committee (see I.D.) in the formulation and amendment of Departmental policies.
 - c. Hold meetings of the Departmental faculty for explanation and discussion of policies and programs related to the education, research, service, and public outreach missions of the Department, College, and University. The Department Head is responsible to call at least one annual meeting of the faculty each academic year; see II.B.

- d. Report to the faculty on research/scholarship, teaching, service, and public outreach that is centered in the Department, and in consultation with the Departmental Executive Committee, prepare Departmental budgets, be responsible for the distribution and expenditure of Departmental funds and for management of space and property assigned to the Department.
- e. Be responsible for maintaining high standards of research/scholarship, teaching, and service and public outreach activities in the Department and for efficient progress in all Departmental activities.
- f. In consultation with the Department of Obstetrics and Gynecology Appointments, Promotion and Tenure Committee, recommend individuals for academic appointment in the Department of Cardiovascular Medicine. All appointment actions will adhere to protocols outlined in Provost's Communication No. 3 and 9 for tenure-track faculty or in Communications No. 3, 25 and No. 26 for specialized faculty.

Section C. Associate Head

1. The Head, with advisement of the Executive Committee, may appoint an Associate Head from among the Departmental faculty.
2. The Associate Head shall act on behalf of the Head during their absence.

Section D. Executive Committee

1. Composition

The Executive Committee shall consist of at least three voting members from the Department, including the Head, who shall serve as the Chair. The members should represent different medical specialty areas. The membership must also include representation from different faculty ranks, including specialized faculty. A minority of faculty members may be appointed by the Head to balance representation.

The Associate Head shall serve as *ex-officio voting* member on the Department Executive Committee if an Associate Head has been appointed by the Head.

A Vice Chair-, elected annually by members of the committee, shall preside during the Head's absence.

The membership can also include the Head or Associate Head of the

Department of Biomedical and Translational Sciences, or a member of the Biomedical and Translational Sciences Departmental Executive Committee, who has been designated by the Head of the Biomedical and Translational Sciences Department. This person would serve to exchange knowledge and information across the departments and shall have the privilege of the floor but may not vote.

The membership of the Executive Committee may also include one student observer who shall have the privilege of the floor, but who may not vote. The students can be asked to recuse themselves during discussions as indicated by the Chair, in consultation with the committee. Other restrictions on participation should follow current departmental and college policies and procedures.

If the Executive Committee is in session to evaluate the Head's performance the Head shall be recused, and the Vice Chair shall preside.

2. Terms of Office

Terms of Executive Committee members shall be staggered.

- The terms of the inaugural members shall be as follows: at least two members shall serve a one-year term; at least another two members shall serve a two-year term; and at least two members shall serve a three-year term. After the expiration of each member's term, subsequent terms shall be for three years.
- Once the committee has been established for three years, the terms of the Executive Committee shall be for three years and staggered to allow for continuity and consistency.
- A Faculty member may serve no more than two consecutive, full terms or not longer than a period of six continuous years. After at least one year of absence from the Executive Committee, a faculty member may be elected again. A Faculty member may serve for up to one year beyond the expiration of their term, if necessary, to meet the requirements of the *Bylaws*.

3. The Executive Committee shall:
 - a. Provide for the orderly voicing and discussion of suggestions made for the good of the Department and College.
 - b. Recommend procedures and committees that will encourage and enable faculty participation in the formulation of policies and procedures.
 - c. Represent the faculty by advising the Head in regard to Departmental policy, preparation of the Departmental budget, and assignment of space.
 - d. Represent the faculty by advising the Head on the process of faculty evaluation.
 - e. Perform such other tasks as may be assigned to it by the faculty or the Head.
 - f. Be involved, in conjunction with the Dean of the College, in an evaluation of the Head by the entire Departmental faculty every five years.
4. Passage of any measure by the Executive Committee shall require a simple majority of the voting members present. Voting may be by voice, roll call, or electronic response when either ordered by the Presiding Officer, who is either the Head or the elected Vice Chair of the Executive Committee in the absence of the Head, or requested by a member who is present and entitled to vote. On a specific question, the Faculty may elect by majority vote to conduct a mail or secured electronic ballot.
5. The Executive Committee will meet at least once a semester and more frequently as directed by the Head or by the majority of the Executive Committee members.

ARTICLE II. THE DEPARTMENT

Section A. Faculty

1. The voting faculty of the Department, are as follows:
 - a. Those who hold an academic appointment within the department, with at least a 0%-time appointment and the rank of instructor, lecturer, assistant professor, associate professor, or professor, including those modified by “research,” “teaching,” or “clinical” designations. Voting rights for faculty extend to all issues except those pertaining to the

review and/or promotion of specialized faculty, also third-year review and promotion and/or tenure of tenure-track faculty.

- b. Emeritus faculty of the College or University and other faculty members, such as so-called “volunteer” faculty members, of the Department shall be accorded voice, but no vote in faculty meetings. Volunteer faculty include 0% University retirees, or those faculty members so designated as volunteers by their College appointment.
2. The Department shall be governed in its internal administration by the Department faculty who have full voting rights.
3. As the responsible body in the research/scholarship, teaching, service and public outreach activities to the Department, the faculty has inherent interests and rights in academic policy and governance. Accordingly, faculty members are expected to attend Departmental meetings, to serve the Department, and to participate in voting.
4. Faculty who are involved in the administrative, educational, and/or research activities that add value to the College’s mission in those areas, can be considered for dual appointments in their primary CI MED (Carle Illinois College of Medicine) department and a secondary department upon request and approval from the secondary department head, recognizing that those activities may not be associated with FTE in the College. Dual appointments shall be approved by the Department Head of the secondary department in consultation with the Head of the primary Department.
5. The frequency of review of the faculty with 0% or greater appointment will depend on the specific appointment of the faculty member and their role in the college as indicated in the current departmental policies and procedures.
6. Faculty who undergo an Annual Review based on their role must meet the requirements of Provost’s Communication No. 21, Annual Faculty Review, and No. 22, Annual Review of Academic Professional Employees, as appropriate. Provost’s Communications No. 21 and No. 22 provide guidelines on how to structure review procedures and other guidance on the requirements, objectives, and importance of annual performance evaluations.
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request of relevant parties. Faculty with such appointments will report to and be evaluated by administrators in each respective administrative unit and/or program according to guidelines in place. The review and reappointment process will follow current policies and procedures.

Section B. Meetings

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3. Emeritus faculty of the College and other faculty members, such as so-called "volunteer" faculty members of the Department shall be accorded voice, but no vote in faculty meetings. Volunteer faculty include 0% University retirees, or those faculty members so designated by their College appointment.
4. Regular faculty meetings shall be called at least once a year but may be held more frequently at the discretion of the Head. At least one meeting each academic year will consider matters of Departmental governance and academic policy.
5. Special meetings may be called by the Head, the Executive Committee, or upon petition by five or more faculty of the Department. The discussion and action at a special meeting shall be confined to the item or items listed in the call.
6. Emergency meetings may be called by the Head of the Department or the Executive Committee without written notice, but an attempt shall be made to notify all Departmental faculty members.
7. A written summary of topics that are discussed and actions taken must be distributed by the Head or their designee within three business days of special or emergency meetings or within seven calendar days of regular meetings.
8. A quorum at meetings of the Department shall consist of those members present and entitled to vote.
9. Passage of any measure, with the exception of amendments to the Bylaws, or as specified in Robert's Rules of Order, shall require a simple majority of the voting members present.

10. Voting and Governance of meetings will follow the college Bylaws and where specified, Roberts Rules of Order, Revised.

Section C. Grievance Procedures

Any faculty member has the right to initiate a formal grievance concerning actions or policies of the Department or another individual in the Department. Informal resolution is strongly encouraged before the formal grievance is initiated. Grievances will be adjudicated at the College level Faculty Grievance and Appeals Committee.

ARTICLE III. STANDING COMMITTEES

Section A. Composition unless otherwise prescribed by the bylaws

1. Standing Committees shall consist of at least three faculty members for three-year staggered terms. The inaugural election for any Standing Committee shall be for one-, two-, or three-year terms to initiate the rotation.. A Faculty member may serve no more than two consecutive, full terms. After a period of at least one year of absence, a faculty member may again serve on a Standing Committee.
2. Standing Committee membership should represent different medical specialty areas. Membership should also include representation from different faculty ranks, including specialized faculty. There can be one Carle Illinois College of Medicine student member at the discretion of the Head, who has the right to vote unless otherwise stated for that committee (e.g., the Appointments, Promotions and Tenure Committee, the Executive Committee).
3. The majority of faculty members of all standing committees shall be elected by the Faculty. Candidates for elections to standing committees may be nominated by other faculty within the College, with permission from the nominee, or can self-nominate. A minority of faculty members may be appointed by the Head to balance representation or to ensure other forms of diversity, as described for each standing committee.
4. Except for the Executive Committee, the chair of each standing committee shall be elected annually by its members.
5. Vacancies on standing committees may be filled by the Head on advice of the Chair of the Committee. A member whose committee term has expired shall serve, if possible, until a replacement is named, up to one year.

6. The Carle Illinois College of Medicine student committee members must be in good academic standing and making normal progress as determined by the Student Progress and Promotions Committee. Potential student committee members shall be selected by the current process and appointed by the head. Student members serve terms of one year and may serve no more than four consecutive terms.
7. A standing committee may, after consultation with the member concerned, recommend to the Head the replacement of that member if the record demonstrates a consistent lack of attendance at meetings of the committee. Replacement will occur through the same procedure as used when a vacancy occurs.

Section B. General Procedures

- a. Voting may be by voice, roll call, or electronic response when either ordered by the Presiding Officer or requested by a member who is present and entitled to vote. Elections in which a contest exists shall be conducted by paper or electronic ballot. On a specific question, Faculty may elect by majority vote to conduct a mail or secured electronic ballot.
- b. Committees shall meet quarterly, or as necessary.
- c. Each committee shall make available records of its activities and meetings held during the previous year as requested.
- d. New standing committees may be created, or old committees terminated by amendment of these Bylaws.
- e. Meetings of each standing committee are not subject to Illinois Open Meetings Act (OMA).

Section C. DEPARTMENT OF OBSTETRICS AND GYNECOLOGY Appointments, Promotions and Tenure Committee

1. Composition
 - a. The Committee shall consist of at least three voting faculty members of the Department of Cardiovascular Medicine at the rank of clinical assistant professor and above, with the majority at the rank of clinical associate professor or above. Members shall represent multiple medical specialty areas, whenever possible.
 - b. The majority of committee members are elected by the voting faculty and serve for a term of three years. Members are expected to serve staggered terms and can serve for a maximum of two consecutive full terms.

- The terms of the inaugural members of the Appointments, Promotions and Tenure Committee shall be as follows: two members shall serve a one- year term; two members shall serve a two-year term; and two members shall serve a three-year term. After the expiration of each member's term, subsequent terms shall be for three years.
 - After the inaugural cycle, the Committee members serve for staggered terms to allow for continuity and consistency.
- c. The Chair of the APT Committee, in consultation with the Department Head, may appoint a minority of faculty members for the purpose of balancing representation with faculty in CI MED, or to assure other forms of diversity including to provide sufficiently ranked members to deliberate on proposed appointments, promotions or granting of tenure.

The Chair of the APT Committee, in consultation with the Department Head must appoint at least one specialized faculty member of appropriate rank, if one is not already a committee member, if a specialized faculty member is being evaluated for promotion.

The Chair of the APT Committee, in consultation with the Department Head must appoint at least one tenured faculty member of appropriate rank, if one is not already a committee member, if a tenured faculty member is being evaluated for promotion.

Should the Chair of the APT Committee, in consultation with the Department Head, determine that balancing is not necessary, these seats will be filled by those faculty members who received the most votes but were not yet granted a seat.

- d. The Associate Head of the Department shall serve as a voting *ex- officio* member of the Appointments, Promotions and Tenure Committee, if an Associate Head has been appointed by the Head.

2. Functions and Responsibilities

- a. The Committee will review proposed new appointments to the Department and make recommendations to the Head and the College Appointments, Promotions, and Tenure Committee, according to current Department and College policies and procedures,
- b. The Committee will assist the Head in preparing written reviews for those faculty who receive annual or periodic reviews as prescribed by the current department policies and procedures or as requested by the Head.
- c. The Committee will review promotion and tenure cases for specialized

and tenure track faculty, whose home department is outside of the College, only in the context of contributions to the mission of the Carle Illinois College of Medicine. The Appointments, Promotions and Tenure Committee will make available to the home department the written, confidential evaluations when requested. Reviews will be carried out in accordance with Provost's Communications No. 9 and No. 26.

- d. The Committee will assist the Head in assessing dossiers for promotion potential. The Committee will evaluate and vote on promotion and tenure cases, and make recommendations to the Head, for specialized and tenure track faculty and will report recommendations to the College Appointments, Promotions and Tenure Committee.

3. Recusal Requirements

- a. No member of the committee without tenure shall participate in deliberations or vote on promotion of a faculty member who is tenured or on the tenure track.
- b. No committee member shall participate in deliberations on their own (re)appointment or promotion.
- c. No member of the committee shall deliberate or vote on an appointment or promotion or tenure case if the committee member has a potential conflict of interest, as determined by one or more members of the committee.
- d. No member of the committee shall deliberate or vote on an appointment or promotion to a rank above that which the committee member holds.

Section D. *Ad hoc* committees may be appointed and dismissed by the Head, but such committees shall not duplicate or infringe upon the activities of any Standing Committees.

ARTICLE IV. INTERPRETATION AND AMENDMENTS

Section A. Ratification and implementation

These Bylaws shall become effective after adoption by at least two-thirds of the Departmental voting faculty who submit ballots and after review and approval by the Faculty Executive Committee and Dean of the College. Copies shall then be made available electronically on the Carle Illinois Intranet site for inspection by any member of the Department.

Section B. Interpretation

Interpretation shall reside with the Departmental faculty. However, these Bylaws are intended to supplement and be in accord with University Statutes and the College Bylaws, which shall take precedence in conflicts.

Section C. Amendments

1. May be introduced as agenda items of a regular or special meeting by any three Departmental faculty.
2. Shall be distributed to Departmental faculty at least three working days prior to the meeting.
3. Shall be voted upon by voice, roll call, ballot, via email or secured electronic poll, not earlier than seven days or later than twenty-one days after introduction at the faculty meeting.
4. Shall require the approval of at least two-thirds of the voting-eligible members of the Departmental faculty who are allowed to vote who submit ballots in order to be incorporated into these Bylaws.

Section D. Revision

The text of these Bylaws may be re-written. Revision shall require the same presentation and action as for Amendments described in Article IV, Section C.

BYLAWS FOR THE DEPARTMENT OF FAMILY MEDICINE CARLE ILLINOIS COLLEGE OF MEDICINE

Ratified (Insert Date)

PREAMBLE

These Bylaws are intended to operate within the framework of the University of Illinois Statutes, which state that the college shall be governed in its internal administration by its faculty. They supplement the College Bylaws, official Provost Office Communications, and the University Statutes which take precedence should any conflict arise.

ARTICLE I. ORGANIZATION

Section A. The Department of Family Medicine shall be organized with a Head who is appointed without a specified term limit by the University Board of Trustees on recommendation of the Chancellor/Vice President and the President after consultation with the Dean of the College and members of the Department Faculty.

The Department of Family Medicine, composed primarily of clinical Faculty, shall be responsible for the clinical sciences aspects of the curriculum.

Section B. The Department Head

1. The Head is the Chief Executive Officer of the Department and is responsible for its administration.
2. In the discharge of his/her duties, the Head of the Department shall:
 - a. Be responsible for the execution of Departmental, College and University policies and shall provide general direction to Departmental activities.
 - b. Consult with the Departmental Executive Committee (see I.D.) in the formulation and amendment of Departmental policies.
 - c. Hold meetings of the Departmental faculty for explanation and discussion of policies and programs related to the education, research, service, and public outreach missions of the Department, College, and University. The Department Head is responsible to call at least one annual meeting of the faculty each academic year; see II.B.

- d. Report to the faculty on research/scholarship, teaching, service, and public outreach that is centered in the Department, and in consultation with the Departmental Executive Committee, prepare Departmental budgets, be responsible for the distribution and expenditure of Departmental funds and for management of space and property assigned to the Department.
- e. Be responsible for maintaining high standards of research/scholarship, teaching, and service and public outreach activities in the Department and for efficient progress in all Departmental activities.
- f. In consultation with the Department of Family Medicine Appointments, Promotion and Tenure Committee, recommend individuals for academic appointment in the Department of Cardiovascular Medicine. All appointment actions will adhere to protocols outlined in Provost's Communication No. 3 and 9 for tenure-track faculty or in Communications No. 3, 25 and No. 26 for specialized faculty.

Section C. Associate Head

1. The Head, with advisement of the Executive Committee, may appoint an Associate Head from among the Departmental faculty.
2. The Associate Head shall act on behalf of the Head during their absence.

Section D. Executive Committee

1. Composition

The Executive Committee shall consist of at least three voting members from the Department, including the Head, who shall serve as the Chair. The members should represent different medical specialty areas. The membership must also include representation from different faculty ranks, including specialized faculty. A minority of faculty members may be appointed by the Head to balance representation.

The Associate Head shall serve as *ex-officio voting* member on the Department Executive Committee if an Associate Head has been appointed by the Head.

A Vice Chair-, elected annually by members of the committee, shall preside during the Head's absence.

The membership can also include the Head or Associate Head of the Department of Biomedical and Translational Sciences, or a member of the

Biomedical and Translational Sciences Departmental Executive Committee, who has been designated by the Head of the Biomedical and Translational Sciences Department. This person would serve to exchange knowledge and information across the departments and shall have the privilege of the floor but may not vote.

The membership of the Executive Committee may also include one student observer who shall have the privilege of the floor, but who may not vote. The students can be asked to recuse themselves during discussions as indicated by the Chair, in consultation with the committee. Other restrictions on participation should follow current departmental and college policies and procedures.

If the Executive Committee is in session to evaluate the Head's performance the Head shall be recused, and the Vice Chair shall preside.

2. Terms of Office

Terms of Executive Committee members shall be staggered.

- The terms of the inaugural members shall be as follows: at least two members shall serve a one-year term; at least another two members shall serve a two-year term; and at least two members shall serve a three-year term. After the expiration of each member's term, subsequent terms shall be for three years.
- Once the committee has been established for three years, the terms of the Executive Committee shall be for three years and staggered to allow for continuity and consistency.
- A Faculty member may serve no more than two consecutive, full terms or not longer than a period of six continuous years. After at least one year of absence from the Executive Committee, a faculty member may be elected again. A Faculty member may serve for up to one year beyond the expiration of their term, if necessary, to meet the requirements of the *Bylaws*.

3. The Executive Committee shall:
 - a. Provide for the orderly voicing and discussion of suggestions made for the good of the Department and College.
 - b. Recommend procedures and committees that will encourage and enable faculty participation in the formulation of policies and procedures.
 - c. Represent the faculty by advising the Head in regard to Departmental policy, preparation of the Departmental budget, and assignment of space.
 - d. Represent the faculty by advising the Head on the process of faculty evaluation.
 - e. Perform such other tasks as may be assigned to it by the faculty or the Head.
 - f. Be involved, in conjunction with the Dean of the College, in an evaluation of the Head by the entire Departmental faculty every five years.
4. Passage of any measure by the Executive Committee shall require a simple majority of the voting members present. Voting may be by voice, roll call, or electronic response when either ordered by the Presiding Officer, who is either the Head or the elected Vice Chair of the Executive Committee in the absence of the Head, or requested by a member who is present and entitled to vote. On a specific question, the Faculty may elect by majority vote to conduct a mail or secured electronic ballot.
5. The Executive Committee will meet at least once a semester and more frequently as directed by the Head or by the majority of the Executive Committee members.

ARTICLE II. THE DEPARTMENT

Section A. Faculty

1. The voting faculty of the Department, are as follows:
 - a. Those who hold an academic appointment within the department, with at least a 0%-time appointment and the rank of instructor, lecturer, assistant professor, associate professor, or professor, including those modified by “research,” “teaching,” or “clinical” designations. Voting rights for faculty extend to all issues except those pertaining to the

review and/or promotion of specialized faculty, also third-year review and promotion and/or tenure of tenure-track faculty.

- b. Emeritus faculty of the College or University and other faculty members, such as so-called “volunteer” faculty members, of the Department shall be accorded voice, but no vote in faculty meetings. Volunteer faculty include 0% University retirees, or those faculty members so designated as volunteers by their College appointment.
2. The Department shall be governed in its internal administration by the Department faculty who have full voting rights.
3. As the responsible body in the research/scholarship, teaching, service and public outreach activities to the Department, the faculty has inherent interests and rights in academic policy and governance. Accordingly, faculty members are expected to attend Departmental meetings, to serve the Department, and to participate in voting.
4. Faculty who are involved in the administrative, educational, and/or research activities that add value to the College’s mission in those areas, can be considered for dual appointments in their primary CI MED (Carle Illinois College of Medicine) department and a secondary department upon request and approval from the secondary department head, recognizing that those activities may not be associated with FTE in the College. Dual appointments shall be approved by the Department Head of the secondary department in consultation with the Head of the primary Department.
5. The frequency of review of the faculty with 0% or greater appointment will depend on the specific appointment of the faculty member and their role in the college as indicated in the current departmental policies and procedures.
6. Faculty who undergo an Annual Review based on their role must meet the requirements of Provost’s Communication No. 21, Annual Faculty Review, and No. 22, Annual Review of Academic Professional Employees, as appropriate. Provost’s Communications No. 21 and No. 22 provide guidelines on how to structure review procedures and other guidance on the requirements, objectives, and importance of annual performance evaluations.
7. In addition to their academic responsibilities, faculty may have administrative or program responsibilities within the College or teaching hospital system. These operational reporting lines, and in some instances primary reporting lines, must be clearly established and agreed upon by the relevant parties at the time of appointment, with contract renewal, and by

request of relevant parties. Faculty with such appointments will report to and be evaluated by administrators in each respective administrative unit and/or program according to guidelines in place. The review and reappointment process will follow current policies and procedures.

Section B. Meetings

1. The presiding officer of Departmental faculty meetings shall be the Head of the Department or Associate Head in the Head's absence. If both above individuals will be absent, the Head will appoint a member of the Executive Committee as temporary presiding officer.
2. The Head of the Department designee or administrative support will serve as recorder at Departmental meetings and will provide minutes of the meeting to the Departmental faculty.
3. Emeritus faculty of the College and other faculty members, such as so-called "volunteer" faculty members of the Department shall be accorded voice, but no vote in faculty meetings. Volunteer faculty include 0% University retirees, or those faculty members so designated by their College appointment.
4. Regular faculty meetings shall be called at least once a year but may be held more frequently at the discretion of the Head. At least one meeting each academic year will consider matters of Departmental governance and academic policy.
5. Special meetings may be called by the Head, the Executive Committee, or upon petition by five or more faculty of the Department. The discussion and action at a special meeting shall be confined to the item or items listed in the call.
6. Emergency meetings may be called by the Head of the Department or the Executive Committee without written notice, but an attempt shall be made to notify all Departmental faculty members.
7. A written summary of topics that are discussed and actions taken must be distributed by the Head or their designee within three business days of special or emergency meetings or within seven calendar days of regular meetings.
8. A quorum at meetings of the Department shall consist of those members present and entitled to vote.
9. Passage of any measure, with the exception of amendments to the Bylaws, or as specified in Robert's Rules of Order, shall require a simple majority of the voting members present.

10. Voting and Governance of meetings will follow the college Bylaws and where specified, Roberts Rules of Order, Revised.

Section C. Grievance Procedures

Any faculty member has the right to initiate a formal grievance concerning actions or policies of the Department or another individual in the Department. Informal resolution is strongly encouraged before the formal grievance is initiated. Grievances will be adjudicated at the College level Faculty Grievance and Appeals Committee.

ARTICLE III. STANDING COMMITTEES

Section A. Composition unless otherwise prescribed by the bylaws

1. Standing Committees shall consist of at least three faculty members for three-year staggered terms. The inaugural election for any Standing Committee shall be for one-, two-, or three-year terms to initiate the rotation.. A Faculty member may serve no more than two consecutive, full terms. After a period of at least one year of absence, a faculty member may again serve on a Standing Committee.
2. Standing Committee membership should represent different medical specialty areas. Membership should also include representation from different faculty ranks, including specialized faculty. There can be one Carle Illinois College of Medicine student member at the discretion of the Head, who has the right to vote unless otherwise stated for that committee (e.g., the Appointments, Promotions and Tenure Committee, the Executive Committee).
3. The majority of faculty members of all standing committees shall be elected by the Faculty. Candidates for elections to standing committees may be nominated by other faculty within the College, with permission from the nominee, or can self-nominate. A minority of faculty members may be appointed by the Head to balance representation or to ensure other forms of diversity, as described for each standing committee.
4. Except for the Executive Committee, the chair of each standing committee shall be elected annually by its members.
5. Vacancies on standing committees may be filled by the Head on advice of the Chair of the Committee. A member whose committee term has expired shall serve, if possible, until a replacement is named, up to one year.

6. The Carle Illinois College of Medicine student committee members must be in good academic standing and making normal progress as determined by the Student Progress and Promotions Committee. Potential student committee members shall be selected by the current process and appointed by the head. Student members serve terms of one year and may serve no more than four consecutive terms.
7. A standing committee may, after consultation with the member concerned, recommend to the Head the replacement of that member if the record demonstrates a consistent lack of attendance at meetings of the committee. Replacement will occur through the same procedure as used when a vacancy occurs.

Section B. General Procedures

- a. Voting may be by voice, roll call, or electronic response when either ordered by the Presiding Officer or requested by a member who is present and entitled to vote. Elections in which a contest exists shall be conducted by paper or electronic ballot. On a specific question, Faculty may elect by majority vote to conduct a mail or secured electronic ballot.
- b. Committees shall meet quarterly, or as necessary.
- c. Each committee shall make available records of its activities and meetings held during the previous year as requested.
- d. New standing committees may be created, or old committees terminated by amendment of these Bylaws.
- e. Meetings of each standing committee are not subject to Illinois Open Meetings Act (OMA).

Section C. DEPARTMENT OF FAMILY MEDICINE Appointments, Promotions and Tenure Committee

1. Composition
 - a. The Committee shall consist of at least three voting faculty members of the Department of Cardiovascular Medicine at the rank of clinical assistant professor and above, with the majority at the rank of clinical associate professor or above. Members shall represent multiple medical specialty areas, whenever possible.
 - b. The majority of committee members are elected by the voting faculty and serve for a term of three years. Members are expected to serve staggered terms and can serve for a maximum of two consecutive full terms.

- The terms of the inaugural members of the Appointments, Promotions and Tenure Committee shall be as follows: two members shall serve a one- year term; two members shall serve a two-year term; and two members shall serve a three-year term. After the expiration of each member's term, subsequent terms shall be for three years.
 - After the inaugural cycle, the Committee members serve for staggered terms to allow for continuity and consistency.
- c. The Chair of the APT Committee, in consultation with the Department Head, may appoint a minority of faculty members for the purpose of balancing representation with faculty in CI MED, or to assure other forms of diversity including to provide sufficiently ranked members to deliberate on proposed appointments, promotions or granting of tenure.

The Chair of the APT Committee, in consultation with the Department Head must appoint at least one specialized faculty member of appropriate rank, if one is not already a committee member, if a specialized faculty member is being evaluated for promotion.

The Chair of the APT Committee, in consultation with the Department Head must appoint at least one tenured faculty member of appropriate rank, if one is not already a committee member, if a tenured faculty member is being evaluated for promotion.

Should the Chair of the APT Committee, in consultation with the Department Head, determine that balancing is not necessary, these seats will be filled by those faculty members who received the most votes but were not yet granted a seat.

- d. The Associate Head of the Department shall serve as a voting *ex- officio* member of the Appointments, Promotions and Tenure Committee, if an Associate Head has been appointed by the Head.

2. Functions and Responsibilities

- a. The Committee will review proposed new appointments to the Department and make recommendations to the Head and the College Appointments, Promotions, and Tenure Committee, according to current Department and College policies and procedures,
- b. The Committee will assist the Head in preparing written reviews for those faculty who receive annual or periodic reviews as prescribed by the current department policies and procedures or as requested by the Head.
- c. The Committee will review promotion and tenure cases for specialized

and tenure track faculty, whose home department is outside of the College, only in the context of contributions to the mission of the Carle Illinois College of Medicine. The Appointments, Promotions and Tenure Committee will make available to the home department the written, confidential evaluations when requested. Reviews will be carried out in accordance with Provost's Communications No. 9 and No. 26.

- d. The Committee will assist the Head in assessing dossiers for promotion potential. The Committee will evaluate and vote on promotion and tenure cases, and make recommendations to the Head, for specialized and tenure track faculty and will report recommendations to the College Appointments, Promotions and Tenure Committee.

3. Recusal Requirements

- a. No member of the committee without tenure shall participate in deliberations or vote on promotion of a faculty member who is tenured or on the tenure track.
- b. No committee member shall participate in deliberations on their own (re)appointment or promotion.
- c. No member of the committee shall deliberate or vote on an appointment or promotion or tenure case if the committee member has a potential conflict of interest, as determined by one or more members of the committee.
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Section D. *Ad hoc* committees may be appointed and dismissed by the Head, but such committees shall not duplicate or infringe upon the activities of any Standing Committees.

ARTICLE IV. INTERPRETATION AND AMENDMENTS

Section A. Ratification and implementation

These Bylaws shall become effective after adoption by at least two-thirds of the Departmental voting faculty who submit ballots and after review and approval by the Faculty Executive Committee and Dean of the College. Copies shall then be made available electronically on the Carle Illinois Intranet site for inspection by any member of the Department.

Section B. Interpretation

Interpretation shall reside with the Departmental faculty. However, these Bylaws are intended to supplement and be in accord with University Statutes and the College Bylaws, which shall take precedence in conflicts.

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1. May be introduced as agenda items of a regular or special meeting by any three Departmental faculty.
2. Shall be distributed to Departmental faculty at least three working days prior to the meeting.
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4. Shall require the approval of at least two-thirds of the voting-eligible members of the Departmental faculty who are allowed to vote who submit ballots in order to be incorporated into these Bylaws.

Section D. Revision

The text of these Bylaws may be re-written. Revision shall require the same presentation and action as for Amendments described in Article IV, Section C.

Carle Illinois
COLLEGE OF MEDICINE



Medical Sciences Building
506 S Mathews Ave
Urbana, Illinois 61801

September 25, 2025

To:

Members of the Education Policy Committee
Board of Trustees
University of Illinois Urbana-Champaign

Subject: Proposal for the Establishment of Specialty-Specific Clinical Departments at Carle Illinois College of Medicine

Dear Members of the Education Policy Committee and Board of Trustees,

I am writing to formally request your approval for additional strategic restructuring at the Carle Illinois College of Medicine (CI MED), which involves transitioning more of our expansive clinical department into specialty-specific departments. This realignment is essential for the continued growth and development of the college, and it mirrors successful models implemented at leading academic medical centers across the country.

Last year CI MED expanded from a single clinical sciences department of over 600 faculty members to 4 new specialty-specific departments. The establishment of distinct, specialty-specific departments provided a much-needed clarity in administrative operations and allows for improved integration of clinical practice with academic programs. This change was aligned with the clinical structure of Carle Foundation Hospital, and it followed the proven frameworks adopted by other top-tier medical schools to enhance both operational efficiency and academic excellence.

Creating additional well-defined specialty departments will offer significant advantages. It will improve faculty identity and strengthen the ability to recruit and retain clinical faculty members who are critical to advancing our academic and specialty programs. Additionally, this structure will facilitate deeper interdisciplinary collaboration, fostering an environment that promotes both innovative research and high-quality medical education. These changes are pivotal to the future success of CI MED's academic mission.

Moreover, this proposal aligns with best practices observed at leading academic medical centers, where the clear delineation of specialties enhances operational effectiveness and academic achievement. Establishing specialty departments allows for more targeted resource allocation, improved faculty development, and a more strategic approach to meeting the unique needs of each specialty.

In summary, I respectfully request your approval to move forward with the creation of these additional specialty-specific clinical departments at CI MED. This restructuring will greatly benefit the college by fostering a more collaborative and efficient academic environment,

enhancing our ability to deliver exceptional medical education and clinical practice, and strengthening our ability to attract the clinical faculty essential for future growth.

Thank you for your careful consideration of this request. Your support in this matter is crucial to the continued success and advancement of the Carle Illinois College of Medicine.

Sincerely,

A handwritten signature in dark ink that reads "Mark S. Cohen MD". The signature is written in a cursive, flowing style.

Mark S. Cohen, MD, FACS, FSSO, MAMSE
Dean, Carle Illinois College of Medicine

Carle Illinois
COLLEGE OF MEDICINE



Medical Sciences Building
506 S Mathews Ave
Urbana, Illinois 61801

August 26, 2025

Dear Provost Coleman and Faculty Senate,

I am writing this letter to express my enthusiastic support for the proposed creation of four new departments within the Carle Illinois College of Medicine. This strategic initiative, designed to align with key elements, is poised to enhance the overall efficiency, collaboration, and educational approach of the institution. The creation of these departments is not only a logical progression but also a crucial step towards fostering a cohesive and synchronized approach to healthcare education and research.

The logical alignment of these new departments with Carle Foundation Hospital Services is essential. This constructive collaboration ensures a seamless integration of education and research with practical, real-world healthcare services. By aligning educational programs with the services offered by the hospital, we can create a more comprehensive and interconnected approach to medical education, benefiting both the Carle Illinois College of Medicine and Carle Foundation Hospital. This could all lead to the possibility of having more electives for our students in competitive areas such as heart and vascular health, surgery, and oncology, and result in improved educational opportunities and outcomes for our students. Additionally, the creation of these four new departments has the potential to increase and strengthen advising to our medical students who are applying to these specialties.

The proposed departments will bridge the gap between UIUC faculty and Carle Physicians, fostering a more streamlined and efficient model for healthcare education and research. This enhanced collaboration will lead to the pooling of resources, expertise, and perspectives from both institutions, creating a synergistic environment that optimizes efficiency and effectiveness in achieving our shared goals.

The creation of these departments will facilitate interdisciplinary collaborations, resulting in improved patient care, innovative research, and enriched educational experiences for Carle Illinois College of Medicine students. Breaking down silos and encouraging cross-disciplinary interactions is vital for addressing complex healthcare challenges and preparing students for the dynamic landscape of modern medicine.

Structuring the Clinical Sciences Department in alignment with subspecialties existing at Carle Foundation Hospital will enable us to identify and address unique challenges and opportunities within each specialty. This tailored approach ensures that educational programs remain

relevant and responsive to the evolving needs of the medical field, providing students with a comprehensive and specialized education.

It is crucial to emphasize that the proposed restructuring will have no negative impact on the existing relationship with Carle Illinois College of Medicine or its students. On the contrary, it is designed to fortify and enhance these relationships, fostering an environment of continuous improvement and collaboration.

In conclusion, I wholeheartedly endorse the creation of these four new departments in the Carle Illinois College of Medicine. This initiative aligns with the evolving landscape of healthcare, ensuring that the institution remains at the forefront of medical education and research. I believe that these changes will not only benefit the students and faculty but also contribute to the overall advancement of healthcare practices in our community. Thank you for considering this recommendation, and I look forward to witnessing the positive impact of these changes on the future of Carle Illinois College of Medicine.

If you require any additional information, please contact me at urosev@illinois.edu.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Urosev', with a stylized, cursive script.

Mark Urosev, MA
Associate Dean for Student Affairs
Carle Illinois College of Medicine

Appendix H

August 13, 2025

To:

Members of the Education Policy Committee
Board of Trustees
University of Illinois Urbana-Champaign

Subject: Proposal for the Establishment of Specialty-Specific Clinical Departments at Carle Illinois College of Medicine

We fully support the Carle Illinois College of Medicine's initiative to restructure its expansive clinical department, which has over 600 faculty members, into specialty-specific departments. This strategic realignment is designed to streamline administrative operations and fortify the synergy between academic pursuits and clinical practice, echoing successful frameworks at premier academic medical centers.

By transitioning to specialty-specific departments, the College will mirror the clinical structure prevalent at Carle Foundation Hospital and other top medical schools nationally, in order to enhance administrative clarity and management. This alignment is critical for integrating clinical practice with medical education, ensuring that our academic and clinical missions complement and strengthen one another.

Creating focused, well-defined departmental structures will significantly improve faculty identity, recruit of key clinical faculty to better grow academic and specialty programs in research and education, and to better facilitate deeper collaboration across specialties. This is pivotal for fostering a scholarly environment that promotes innovative research and high-quality education. Additionally, this structure supports more strategic recruitment and retention of top-tier clinician faculty, addressing specific needs and opportunities within each specialty.

Moreover, this restructuring aligns with best practices observed in leading academic medical centers, where clear delineation of specialties underpins operational excellence and academic achievement. It allows for targeted resource allocation, and tailored faculty development programs.

In conclusion, this strategic restructuring will profoundly benefit the Carle Illinois College of Medicine by establishing a more efficient, collaborative, and inclusive academic environment. We fully endorse this new departmental creation initiative, recognizing its potential to significantly elevate the college's ability to deliver high-quality medical education and clinical practice and improve its ability to recruit clinical faculty needed for growing its academic missions.

X

Rashid Bashir
Dean, Grainger College of Engineering

X

Germán Bollero
Dean, College of Agricultural, Consumer and Environmental Sciences

X

Brooke Elliott
Dean, Gies College of Business

X

Wojtek Chodzko-Zajk
Dean, Graduate College

X

Peter Constable
Dean, College of Veterinary Medicine

X

Cheryl Hanley-Maxwell
Dean, College of Applied Health Sciences

X

Ben Lough
Dean, School of Social Work

X

Peter Mortensen
Interim Dean, College of Fine and Applied Arts

X

Chrystalla Mouza
Dean, College of Education

X

Venetria Patton
Dean, College of Liberal Arts and Sciences

X

Simon Restubog
Interim Dean, College of Labor and Employ...

X

Eunice Santos
Dean, School of Information Sciences

X

Jamelle Sharpe
Dean, College of Law

X

Claire Stewart
Dean, University Library

X

Tracy Sulkin
Dean, College of Media

August 13, 2025

To:

Members of the Education Policy Committee
Board of Trustees
University of Illinois Urbana-Champaign

Subject: Proposal for the Establishment of Specialty-Specific Clinical Departments at Carle Illinois College of Medicine

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Creating focused, well-defined departmental structures will significantly improve faculty identity, recruit of key clinical faculty to better grow academic and specialty programs in research and education, and to better facilitate deeper collaboration across specialties. This is pivotal for fostering a scholarly environment that promotes innovative research and high-quality education. Additionally, this structure supports more strategic recruitment and retention of top-tier clinician faculty, addressing specific needs and opportunities within each specialty.

Moreover, this restructuring aligns with best practices observed in leading academic medical centers, where clear delineation of specialties underpins operational excellence and academic achievement. It allows for targeted resource allocation, and tailored faculty development programs.

In conclusion, this strategic restructuring will profoundly benefit the Carle Illinois College of Medicine by establishing a more efficient, collaborative, and inclusive academic environment.

We fully endorse this new departmental creation initiative, recognizing its potential to significantly elevate the college's ability to deliver high-quality medical education and clinical practice and improve its ability to recruit clinical faculty needed for growing its academic missions.

Rashid Bashir

Rashid Bashir
Dean, Grainger College of Engineering

Germán Bollero

German Bollero
Dean, College of Agricultural, Consumer
and Environmental Sciences

Brooke Elliott

Brooke Elliott
Dean, Gies College of Business

wojtek chodzko-zajko

Wojtek Chodzko-Zajk
Dean, Graduate College

Peter Constable

Peter Constable
Dean, College of Veterinary Medicine

Cheryl Hanley-Maxwell

Cheryl Hanley-Maxwell
Dean, College of Applied Health Sciences

Ben Lough

Ben Lough
Dean, School of Social Work

Venetria Patton

Venetria Patton
Dean, College of Liberal Arts and Sciences

Chrystalla Mouza

Chrystalla Mouza
Dean, College of Education

Simon L. D. Restubog

Simon Restubog
Interim Dean, College of Labor and
Employment Relations

Emily Knox

Emily Knox
Interim Dean, School of Information Sciences

Tracy Sulkin

Tracy Sulkin
Dean, College of Media

Jamelle Sharpe

Jamelle Sharpe
Dean, College of Law

Claire Stewart

Claire Stewart
Dean, University Library

Jake Pinholster

Jake Pinholster
Dean, College of Fine and Applied Arts

Signature: 

Email: rbashir@illinois.edu

Signature: 

Email: wojtek@illinois.edu

Signature: 

Email: wbe@illinois.edu

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Signature: 

Email: tsulkin@illinois.edu

Signature: 

Email: gbollero@illinois.edu

Signature: 

Email: constabl@illinois.edu

Signature: 

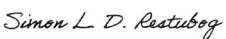
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Signature: 

Email: bjlough@illinois.edu

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Email: vkpatton@illinois.edu

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Email: simonldr@illinois.edu

Signature: 

Email: clairest@illinois.edu

Letter of support CI MED new clinical departments 2025

Final Audit Report

2025-09-15

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UNIVERSITY
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Appendix I

August 11, 2025

Dean Mark Cohen
Carle Illinois College of Medicine
Medical Science Building
506 S. Mathews Avenue
Urbana, IL 61801

Dear Dean Cohen,

I am writing to express support for the proposed restructuring of the Clinical Sciences Department within the Carle Illinois College of Medicine, aligning it with the subspecialty departments reflecting Carle Foundation Hospital's breakdown of specialty services.

This restructuring presents an exciting opportunity not only to enhance collaboration between Carle Foundation Hospital and UIUC faculty but also to streamline administrative responsibilities in alignment with specialty areas. The focused approach on subspecialties is expected to bring about a more efficient and effective administrative framework, facilitating a seamless integration of academic and clinical efforts.

By concentrating on specialties, we anticipate a significant improvement in interdisciplinary collaborations, leading to advancements in innovative research initiatives, and an enriched educational experience for Carle Illinois College of Medicine students. This strategic alignment with Carle Foundation Hospital's specialties will allow for a more targeted and comprehensive educational approach, ultimately providing a more robust learning environment for students.

Importantly, we believe that this restructuring will have no impact on students. On the contrary, it is designed to strengthen our collaborative efforts, ensuring that students continue to receive an exceptional education while benefiting from the specialized knowledge available through the specialty academic departments.

This move is not only about educational enhancement but also about optimizing administrative processes. The restructuring aims to align administrative responsibilities with specialty areas, promoting efficiency and effectiveness in managing the diverse aspects of healthcare education and research.

We are confident that this strategic move will lead to positive transformations in healthcare education and research while streamlining administrative responsibilities. Thank you for considering this proposal, and we eagerly anticipate the positive impact it will bring to the partnership between Carle Illinois College of Medicine and Carle Foundation Hospital.

Sincerely,



James C. Leonard, MD
President & CEO



The Grainger College of Engineering

Office of the Dean
306 Engineering Hall, MC-266
1308 W. Green St.
Urbana, IL 61801

August 12, 2025

Dean Mark Cohen
Carle Illinois College of Medicine
Medical Sciences Building
506 S. Mathews Avenue
Urbana, IL 61801

Dear Dean Cohen,

I am writing to express my enthusiastic support for the creation of clinical departments at Carle Illinois College of Medicine. This strategic initiative aligns our academic pursuits with the practicalities of healthcare and promises significant benefits, particularly in fostering seamless opportunities for faculty and students to connect within specific specialties while maintaining interdisciplinary collaboration.

The proposed structure of the Clinical Departments, organized by specialties, is of notable administrative importance. It will streamline connections between faculty and students within a particular specialty, offering tailored educational opportunities. Simultaneously, the emphasis on maintaining interdisciplinary collaboration ensures a dynamic exchange of ideas and expertise, creating a rich and comprehensive learning environment.

This purposeful restructuring aims to fortify the relationship between UIUC and clinical faculty, creating a harmonious working environment conducive to excellence in medical education, innovation, and research. Importantly, this collaborative model ensures that students not only receive a world-class education but also benefit from exposure to innovative practices and research that bridge the gap between academic theory and real-world application.

In conclusion, the establishment of clinical departments aligns with the practices of world-class academic medical centers and universities. It represents a visionary and strategic move to phase in this concept, bridging a world-class university with a community medical center partner. This initiative will undoubtedly elevate the standards of healthcare education and research at Carle Illinois College of Medicine, providing students with a more enriching and integrated educational experience.

Thank you for your leadership and dedication to this transformative initiative.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rashid Bashir', with a stylized flourish at the end.

Rashid Bashir, Dean
Grainger Distinguished Chair in Engineering
Professor of Bioengineering



August 8, 2025

Dean Mark Cohen
Carle Illinois College of Medicine
Medical Sciences Building
506 S. Mathews Avenue
801 S. Wright Street
Champaign, IL 61820

Dear Mark,

I am writing on behalf of the Graduate College to reaffirm our strong support for your continued efforts to restructure the Clinical Sciences Departments into smaller, specialty-specific units aligned with the Carle Health structure. As you know, I have served on the CI MED Joint Liaison Committee since the inception of the College and remain deeply familiar with both the curriculum and organizational goals of the College.

The previous reorganization and creation of four new departments have already demonstrated the benefits of this approach. Your upcoming proposal to add departments of Family Medicine, Internal Medicine, and Obstetrics and Gynecology is a welcome and logical extension of that vision.

Since our last correspondence, we have been encouraged by developments on the hospital side, including enhancements in facilities and expanded clinical services. These advancements further underscore the importance of realigning academic departments with clinical practice areas to maximize the impact of our shared educational and research missions.

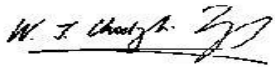
From a student perspective, we believe this restructuring will improve mentorship, clinical placement opportunities, and identity formation by providing clearer departmental homes aligned with students' career interests. These changes will also make it easier for student affairs professionals to offer tailored advising and support services.

The Graduate College remains deeply committed to the Carle Illinois College of Medicine and fully supports this next phase of departmental expansion. We believe that aligning academic structure with clinical practice will continue to foster innovation, strengthen research collaborations, and provide a more coherent and supportive environment for students and faculty alike.

We remain confident that this restructuring will deepen collaboration between Carle and UIUC, enrich the student experience, and reinforce our shared commitment to excellence in education, research, and patient care.

Please let me know if there is anything more we can do to support this important initiative.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Chodzko-Zajko", with a horizontal line underneath.

Wojtek Chodzko-Zajko, Ph.D.
Vice Provost for Graduate Education and
Dean of the Graduate College







Carle Illinois
**COLLEGE OF
MEDICINE**



Carle Illinois
College of Medicine
STRATEGIC PLAN

2022 - 2027



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INTRODUCTION

The Carle Illinois College of Medicine is the first college of medicine in the world specifically designed at the intersection of engineering and medicine. A partnership between the University of Illinois Urbana-Champaign and The Carle Foundation, the college will integrate the university’s comprehensive expertise and unparalleled assets in engineering, technology and supercomputing with Carle’s nationally recognized, comprehensive healthcare system.

Our curriculum design is the first of its kind, integrating basic and clinical sciences with engineering and innovation, and medical humanities. With this approach, we will train compassionate, competent, curious and creative physician-innovators who will transform health care by inspiring discoveries and creating new industries. They will be empowered to care for patients and solve problems in fundamentally different ways, leading to better care for more people at a lower cost.



The Carle Illinois College of Medicine is uniquely positioned to transform health care delivery and outcomes for patients and the population at large. It furthers Carle's mission of serving people through high-quality care, medical research, and education, and allows the University of Illinois to offer a high-impact, academic-physician training program addressing society's current and future health needs. The college enables the university to realize its mission and goals of education and economic development far more effectively than it would be able to otherwise.

The strategic plan for the next 5 years was developed by the Carle Illinois College of Medicine to build on its strong foundations developed in the original strategic plan and create an engaging and impactful roadmap to take the college to the next level of impact and growth. It is informed and well aligned with the Association of American Medical Colleges' and the University of Illinois Urbana-Champaign's strategic goals which include fostering scholarship and diversity, discovery and innovation, providing transformative learning experiences, making a significant societal impact, and investing for the

future. The new strategic plan has been restructured to align with the college's values of compassion, competence, curiosity, creativity, collaboration, and diversity, to ensure programs are true to the mission and vision of the medical school as well as to create a format that all members of the college can feel a valuable part of that mission and vision promoting a culture of:

Community, Organization, & Global Impact

Innovation & Research

Medical Education &

Excellence

Diversity, Equity, & Inclusion



MISSION

We educate exceptional physician-innovators to deliver high-value, compassionate health care through transformative solutions developed at the intersection of engineering, science and medicine.



VISION

We will be global leaders in transformative medical education, research and clinical care innovation, designed to improve the health and well-being of patients and communities around the world.

VALUES

Compassion

Competence

Curiosity

Creativity

Collaboration

Diversity

OBJECTIVES & STRATEGY

The following objectives and strategy align to strengthen Carle Illinois College of Medicine's mission, vision, and values and to create a culture promoting:

1. Community, Organization, & Global Impact
2. Innovation & Research
3. Medical Education & Excellence
4. Diversity, Equity, & Inclusion

Objective 1: Community, Organization, & Global Impact

Over the next 5 years, Carle Illinois will develop a collaborative approach to improving the health and well-being of the local, regional, and global population by aligning research, education, and clinical care initiatives.



Additionally, we will create synergies between the college's research, education, and community outreach programs and goals, and the Carle Health mission of providing world-class care to enhance the health of the populations it serves.

Key objectives we will focus on over the next 5 years include:

- **Collaborate** and lead with community, social, educational, governmental, and non-governmental agencies to bridge the gap between medical, social, and structural determinants of health, and to reduce regional health care disparities.
- **Enhance** economic development and growth in our community, region, and state through our transformative educational programs, health innovation initiatives, and role in attracting and retaining exceptional students, residents and fellows, faculty and staff.
- **Develop** a sustainable financial model that allows the college to thrive in its mission

of education, research and innovation, and community service.

- **Improve** faculty engagement and development, enhancing collaborative interactions between the UIUC campus and the clinical enterprise across all missions of the college.
- **Strengthen** the reputation and awareness of our college, and its mission and vision.
- **Enhance** communication and transparency in messaging and updates.
- **Create** more equity and value for contributions to academic/educational missions.
- **Grow** social entrepreneurship and pathway programs that focus on community engagement as well as life-long learning opportunities.
- **Grow** our educational offerings to include international partnerships and new international programs.
- **Implement** new wellness and recognition programs for faculty, staff, and students to build community and work-satisfaction.



Objective 2: Innovation & Research

Establish an infrastructure that supports transformative research initiatives, leveraging engineering, sciences, humanities, and clinical expertise, which we can translate across the health care continuum, including needs of underserved populations and leveraging campus-wide humanities expertise.

Key objectives we will focus on over the next 5 years include:

- **Act** as a catalyst to facilitate basic, translational, and clinical research in collaboration with diverse disciplines and partner organizations. Close the gap between the basic and early translational research at UIUC and the clinical research at Carle including translating from pilot to practice.
- **Foster** creativity, connect students, faculty, residents, and fellows, and facilitate the translation of innovations from research, the curriculum, and design projects to improve

health care delivery, quality, and access, and to lower costs.

- **Optimize** the monetization of innovations, through the development of intellectual property and start-ups, and other entrepreneurial activities in partnership with UIUC and Carle.
- **Facilitate** and improve engagement with innovation opportunities for faculty, students, staff, other colleges, investors, companies, institutes, and community.



Objective 3: Medical Education & Excellence

Transform medical education through team-based, engineering-infused approaches to create compassionate physician-innovators who will improve outcomes across the healthcare continuum: preventive medicine, acute care, chronic disease management, rehabilitative medicine, and end of life care.

Our focus in this area for the Carle Illinois College of Medicine over the next five years will include the following areas:

- **Deliver** and continually improve a unique case-driven, problem-based active learning curriculum built from the ground up, utilizing best practices and effective state-of-the-art technology, focused on the intersection of science, engineering, technology, innovation, and humanistic medicine.

- **Leverage** strategic and corporate partnerships to enhance our innovative curriculum, learning opportunities, and other activities across the mission of the college.
- **Recruit** and graduate a cadre and network of diverse, highly specialized students who will meet the college's educational goals.
- **Achieve** and maintain full accreditation from the Liaison Committee on Medical Education and implement a rigorous self-assessment system to foster continuous quality improvement in student recruitment and education.
- **Support** and facilitate the growth and development of Carle Health Graduate Medical Education (GME) programs. Retain our students, residents, and fellows or recruit them back.



- **Implement** innovations in simulation, interprofessional team training, and skills development using high-fidelity mixed reality applications.
- **Grow** leadership training opportunities for faculty, residents, fellows, and students.
- **Implement** a strategic faculty recruiting plan.
- **Evolve** the curriculum towards competency-based advancement and graduation.
- **Develop** and expand dual degree programs, post-baccalaureate opportunities, as well as novel delivery and assessment methods and new funding opportunities through online programs and certificates.

- **Apply** more of our innovations and solutions to the clinic for safer care and improved outcomes and impact for patients as well as lowering cost burdens to society and health systems.
- **Create** more opportunities for students to participate and develop skills in population health and health system science including a development of a new health system leadership elective.
- **Advance** our quality improvement and patient safety processes using new human factors and systems engineering evaluations to improve efficiency and ergonomics.
- **Create** both traditional and unique departments that fit our curricular models and reporting structure (e.g. Department of Medical Innovation, Design and Entrepreneurship).



Objective 4: Diversity, Equity, & Inclusion

- **Develop** and promote a culture of diversity, equity, inclusion, anti-racism, and well-being that leads to a supportive environment for staff, faculty, and students.
- **Make** Carle Illinois a great place to learn and work.
- **Build** a culture together where we appreciate and acknowledge the exceptional efforts of our faculty, staff, and community at CI MED.
- **Formalize** the Diversity Committee as a Standing Committee identified in the faculty bylaws.
- **Enhance** diversity with recruitment and retention efforts as well as for advancement and promotion opportunities.
- **Grow** scholarship opportunities for medical students.
- **Reduce** bias in grading and assessments through improved education of faculty on topics of unconscious bias and microaggressions, as well as creating more objective criteria for assessments.
- **Promote** a healthy learning environment with focus on wellness and mental health.
- **Mitigate** entrance barriers for students underrepresented in medicine.



Financial Opportunities to Support the Academic Growth & Missions of the Carle Illinois College of Medicine

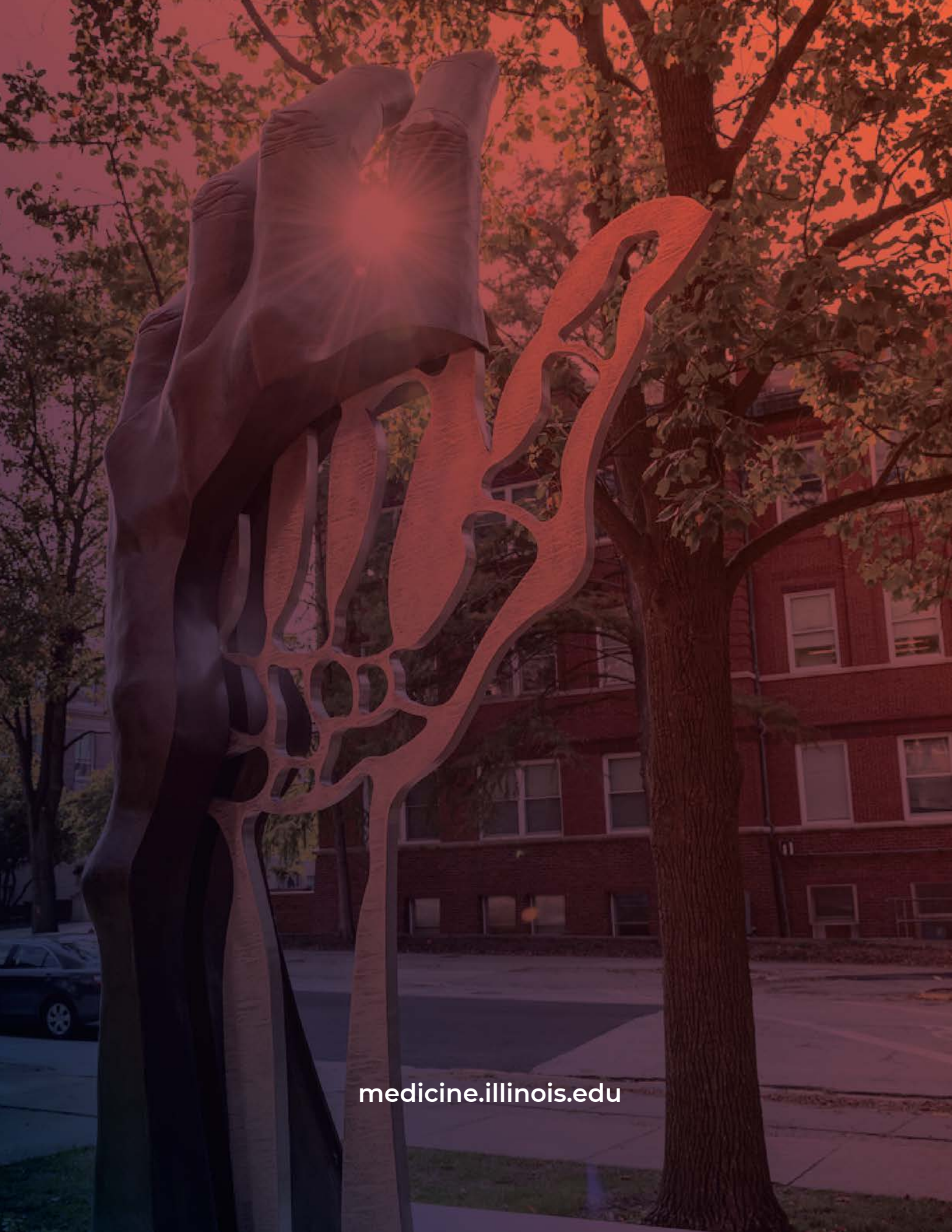
Maintain a sustainable financial model that allows for achieving the Carle Illinois College of Medicine's educational, research, innovation, and community-impact goals.

- **Improve** unit budget transparency and accountability processes with quarterly updates.
- **Increase** philanthropy and corporate funding to current centers/programs/scholarships as well as for creation of new centers and programs in the medical school.
- **Explore** funding opportunities from tuition through online programs and certificates, new post-baccalaureate programs, dual degree offerings and licensing curricular programs and certificates to international partners.

- **Align** our strategic plan with financial projections and current expenses to better prioritize efforts as well as predict expenses and growth strategy.
- **Explore** opportunities for state funding for Carle Illinois.
- **Establish** an advisory board comprised of external stakeholders, including community leaders, corporate executives, and philanthropists.
- **Create** a forward-thinking memorandum of understanding (MoU) for sustaining and growing the academic mission between the college of medicine, the provost and chancellor, and Carle Health.

- 
- **Adapt** best practices from peer medical schools and review data available from AAMC and other sources to perform benchmarking as well as utilize AAMC resources and consultants to help align financial planning with mission prioritization and the college's growth strategy.





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Appendix M

Last Name	First Name	Middle Name	NetID	Email	AltEmail	CIMED Orig Start Date	CIMED Faculty Start Date	CIMED Appt End Date	CIMED Titles
Abdo	Toufic	Abdul-Basset	tabdo	toufic.abdo@carle.com	tabdo@illinois.edu	2022-04-16	2022-04-16	9999-12-31	CLIN ASSOC PROF, CI MED (1-859)
Abdulnabi	Zakaria		zabdulna	zakaria.abdulnabi@carle.com	zabdulna@illinois.edu	2020-03-09	2020-03-09	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Abraham	Tuyet	Nguyen	tabraham	tuyet.abraham@va.gov	tabraham@illinois.edu	2025-06-27	2025-06-27	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Ackerman	Nathan	Isaac	ackerman	nackerman@christieclinic.com	ackerman@illinois.edu	2023-05-01	2023-05-01	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Adams	Abigail	Elyse	karth	karth@illinois.edu		2019-08-16	2019-08-16	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Adoni	Naveed	Ahamad	adoni	naveed.adoni@carle.com	adoni@illinois.edu	2017-03-10	2017-03-10	9999-12-31	CLIN PROF, CI MED (1-859)
Adoni	Saad	Ahamed	sadoni	saad.adoni@carle.com	sadoni@illinois.edu	2018-10-01	2018-10-01	9999-12-31	CLIN ASSOC PROF, CI MED (1-859)
Aguilar	John Michael		jaguil22	john.aguilar@carle.com	jaguil22@illinois.edu	2024-05-01	2024-05-01	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Ahmad	Kashif		kahmad	kahmad@illinois.edu		2017-03-10	2017-03-10	9999-12-31	ADJ TCH PROF, CI MED (1-861)
Ahn	Jin	H	jinahn	Jin.Ahn@Carle.com	jinahn@illinois.edu	2018-08-01	2018-08-01	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Ahsen	Mehmet	Eren	ahsen	ahsen@illinois.edu		2021-08-16	2021-08-16	2026-08-15	ASST PROF (1-861)
Akhtar	Muhammad	Salman	msakhtar	Muhammad.Akhtar@carle.com	msakhtar@illinois.edu	2023-05-01	2023-05-01	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Alant	Jacob		jalant	jacob.alant@carle.com	jalant@illinois.edu	2025-04-01	2025-04-01	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Alcaraz	Renato		alcaraz	Renato.Alcaraz@carle.com	alcaraz@illinois.edu	2018-07-01	2018-07-01	9999-12-31	CLIN ASSOC PROF, CI MED (1-859)
Alefishat	Eman	Ahmad Ali	eman	eman@illinois.edu		2025-09-03	2025-09-03	2028-08-15	VST PROF (1-861)
Almaroad	Jarrod	N	jalmar2	jarrod.almaroad@carle.com	jalmar2@illinois.edu	2017-06-27	2017-06-27	9999-12-31	CLIN INSTR, CI MED (1-859)
Alniemi	Saba	Thamir	salniemi	salniemi@illinois.edu		2023-08-16	2023-08-16	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Alsara	Osama		oalsara	osama.alsara@carle.com	oalsara@illinois.edu	2019-07-16	2019-07-16	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Altenburger	Dana	L	danala	dana.altenburger@carle.com	danala@illinois.edu	2022-12-16	2022-12-16	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Alzubi	Ayman		aalzubi	aalzubi@illinois.edu		2021-03-16	2021-03-16	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Amine	Muhamad		mamine2	muhamad.amine@carle.com	mamine2@illinois.edu	2020-03-09	2020-03-09	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Amos	Jennifer		jamos	jamos@illinois.edu		2016-05-16	2017-03-10	9999-12-31	TCH PROF, CI MED (1-861) PROF (1-859);
Anastasio	Mark	A	maa	maa@illinois.edu		2019-12-16	2019-12-16	9999-12-31	PROF, CI MED (1-861)
Anderson	Sarah	P	spanders	sarah.anderson@carle.com	spanders@illinois.edu	2018-10-01	2018-10-01	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Angelo	Elizabeth	Ann	ewarner	elizabeth.angelo@carle.com	ewarner@illinois.edu	2023-09-16	2023-09-16	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Anwisyte	Imani	R	ianwisyte	Imani.Anwisyte-Mashele@carle.com	ianwisyte@illinois.edu	2021-08-16	2021-08-16	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Archey	Jo-Ann		archey	archey@illinois.edu		2018-06-01	2018-06-01	9999-12-31	CLIN ASSOC PROF, MED EDUC FAC (1-859)
Aref	Michael		maref	michael.aref@carle.com	maref@illinois.edu	2018-10-01	2018-10-01	9999-12-31	CLIN ASSOC PROF, CI MED (1-859)
Argumedo	Monica	Maria	mbarros	monica@maforensicpsych.com	mbarros@illinois.edu	2025-05-16	2025-05-16	9999-12-31	ADJ CLIN ASST PROF, CI MED (1-859)
Arloff	Kyle	John	karloff2	kyle.arloff@carle.com	karloff2@illinois.edu	2022-12-16	2022-12-16	9999-12-31	CLIN INSTR, CI MED (1-859)
Arnold	Nicole	Lynn	nnichols	Nicole.Arnold@Carle.com	nnichols@illinois.edu	2018-08-01	2018-08-01	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Arnold	Paul	M	parnold	parnold@illinois.edu		2018-10-01	2018-10-01	9999-12-31	PROF (1-859)
Aronson	Kenneth	S	aronson	Kenneth.Aronson@carle.com	aronson@illinois.edu	2017-03-10	2017-03-10	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Aronson	Sari	Gilman	saronson	sari.aronson@carle.com	saronson@illinois.edu	2018-10-01	2018-10-01	9999-12-31	CLIN PROF, CI MED (1-859)
Aubry	Jonathan	Scott	jaubry2	jonathan.aubry@carle.com	jaubry2@illinois.edu	2022-05-16	2022-05-16	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Bagchi	Indrani	C	ibagchi	ibagchi@illinois.edu		2017-03-10	2017-03-10	9999-12-31	PROF, CI MED (1-861)
Bagchi	Milan	K	mbagchi	mbagchi@illinois.edu		2021-08-16	2021-08-16	9999-12-31	PROF, CI MED (1-861)
Bailey	Jonathan	Scott	jsbailey	jonathan.bailey@carle.com	jsbailey@illinois.edu	2017-03-10	2017-03-10	9999-12-31	CLIN PROF, CI MED (1-859)
Bailey	Julia	Anne	jabailey	julia.bailey@carle.com	jabailey@illinois.edu	2022-11-16	2022-11-16	9999-12-31	CLIN INSTR, CI MED (1-859)
Bailey	Stephanie	Anne	smbaile	tess.bailey@carle.com	smbaile@illinois.edu	2021-03-16	2021-03-16	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Bane	Robert	Arlo	rbane	robert.bane@carle.com	rbane@illinois.edu	2018-10-01	2018-10-01	9999-12-31	CLIN ASSOC PROF, CI MED (1-859)
Banks	Kayla	Marie	klampe2	kayla.banks@carle.com	klampe2@illinois.edu	2017-05-19	2017-05-19	9999-12-31	CLIN INSTR, CI MED (1-859)
Barker	Ashley	Raeann	arbarker	ashley.barker@carle.com	arbarker@illinois.edu	2019-11-16	2019-11-16	9999-12-31	INSTR, CI MED (1-859)
Barnett	Arden	D	adb	arden.barnett@carle.com	adb@illinois.edu	2018-10-01	2018-10-01	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Barnett	Daniel	Hull	dhbarnet	daniel.barnett@carle.com	dhbarnet@illinois.edu	2018-10-01	2018-10-01	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Bashir	Rashid		rbashir	rbashir@illinois.edu		2016-11-16	2017-03-10	9999-12-31	PROF, CI MED (1-861)
Bayram	Can		cbayram	cbayram@illinois.edu		2019-02-16	2019-02-16	9999-12-31	PROF, CI MED (1-861)
Beccue	Alexia	Michele Hillard	hillard	alexia.beccue@carle.com	hillard@illinois.edu	2018-07-01	2018-07-01	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Beeman	Brian		bbeeman	brian.beeman@carle.com	bbeeman@illinois.edu	2018-07-01	2018-07-01	9999-12-31	CLIN ASSOC PROF, CI MED (1-859)
Behnam	Mark	Thomas	marktb	mark.behnam@carle.com	marktb@illinois.edu	2021-01-16	2021-01-16	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Behrens	Jennifer		jb31	jb31@illinois.edu		2019-07-16	2019-07-16	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Belopolsky	Yuliya		belopol1	Yuliya.Belopolsky@carle.com	belopol1@illinois.edu	2024-05-01	2024-05-01	9999-12-31	CLIN ASST PROF, CI MED (1-859)
Ben Moshe	Nir		nir	nir@illinois.edu		2020-08-16	2020-08-16	9999-12-31	ASSOC PROF (1-861)

Bentsman	Joseph		jbentsma	jbentsma@illinois.edu		2019-10-01	2019-10-01	9999-12-31 PROF, CI MED (1-861)
Berent	Zachary	T	berent2	berent2@illinois.edu		2021-01-04	2021-01-16	9999-12-31 ADJ TCH ASST PROF, CI MED (1-861)
Bergandine-Kwan	Noelle	Yuen Woon	nkwan2	noelle.kwan@carle.com	nkwan2@illinois.edu	2021-04-16	2021-04-16	9999-12-31 CLIN INSTR, CI MED (1-859)
								CLIN ASSOC PROF, CI MED (1-861);
Berlin	Richard	B	rberlin	richard.berlin@carle.com	rberlin@illinois.edu	2018-10-01	2018-10-01	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Best-Popescu	Catherine	Alicia	cabest	cabest@illinois.edu		2024-11-16	2024-11-16	9999-12-31 RES ASST PROF, CI MED (1-861)
Bhalerao	Kaustubh		bhalerao	bhalerao@illinois.edu		2017-03-10	2017-03-10	9999-12-31 ADJ ASSOC PROF, CI MED (1-861)
Bhargava	Rohit		rxb	rxb@illinois.edu		2018-02-01	2018-02-01	9999-12-31 PROF, CI MED (1-861)
Bhimani	Ricky		rbhimani	rbhimani@illinois.edu		2023-08-16	2023-08-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Biegler	Neil	Steven	nbiegler	neil.biegler@carle.com	nbiegler@illinois.edu	2025-01-01	2025-01-01	9999-12-31 CLIN INSTR, CI MED (1-859)
Blake	Catherine	Lesley	clblake	clblake@illinois.edu		2022-08-16	2022-08-16	9999-12-31 PROF (1-861)
Blanke	Steven	Robert	sblanke	sblanke@illinois.edu		2018-07-09	2018-07-09	9999-12-31 PROF, CI MED (1-861)
Blatti	Charles	A	blatti	blatti@illinois.edu		2019-12-16	2019-12-16	9999-12-31 TCH ASST PROF, CI MED (1-861)
Bleakney	Adam	Wade	bleakney	bleakney@illinois.edu		2023-05-16	2023-05-16	9999-12-31 LECTURER, CI MED (1-861)
Bodine	Ken		cbodine	ken.bodine@carle.com	cbodine@illinois.edu	2018-10-01	2018-10-01	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Bonello	Julius	P	bonello	bonello@uic.edu	bonello@illinois.edu	2023-12-16	2023-12-16	9999-12-31 CLIN PROF, TEACHING, CI MED (1-859)
Bonsu	Elizabeth	Ohenewa	ebonsu2	elizabeth.bonsu@carle.com	ebonsu2@illinois.edu	2019-11-16	2019-11-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Boppart	Marni		mboppart	mboppart@illinois.edu		2017-03-10	2017-03-10	9999-12-31 PROF, CI MED (1-861)
Boppart	Stephen	Allen	boppart	boppart@illinois.edu		2017-03-10	2017-03-10	9999-12-31 PROF, CI MED (1-861)
Bradley	Joe	A	jabradly	jabradly@illinois.edu		2019-02-16	2019-02-16	9999-12-31 TCH ASSOC PROF (1-861)
Brasch	Andrea		brasch	andrea.brasch@carle.com	brasch@illinois.edu	2018-10-01	2018-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Brehm	Caryn	Elizabeth	carynb	carynb@illinois.edu		2022-11-22	2022-11-22	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Brewer	Ron	Wayne	rbrewer	rbrewer@illinois.edu		2017-04-18	2017-04-18	9999-12-31 CLIN ASSOC PROF, CI MED (1-861)
Briggs	Bethany	J	bjbriggs	Bethany.Briggs@carle.com	bjbriggs@illinois.edu	2024-02-16	2024-02-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Brown	Carlos	E	carlosb	carlosb@illinois.edu		2020-02-16	2020-02-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Brown	Chester	M	cmbrown3	cmbrown3@illinois.edu		2024-01-08	2024-01-08	9999-12-31 TCH ASST PROF (1-861)
Brown	Richelle	Nicole	rnbrown2	richelle.brown@carle.com	rnbrown2@illinois.edu	2024-07-01	2024-07-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Burke	Martin		mdburke	mdburke@illinois.edu		2017-02-16	2017-03-10	9999-12-31 PROF, CI MED (1-861)
Burr	John	Stephen	burrjohn	john.burr@carle.com	burrjohn@illinois.edu	2024-02-16	2024-02-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Bushell	Colleen	Bannon	cbushell	cbushell@illinois.edu		2018-02-01	2018-02-01	9999-12-31 RES ASSOC PROF, CI MED (1-861)
Caballero	Edward	A	edwardac	edward.caballero@carle.com	edwardac@illinois.edu	2021-02-08	2021-02-08	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Caetano-Anolles	Gustavo		gca	gca@illinois.edu		2023-08-16	2023-08-16	2028-08-15 PROF (1-861)
Camins	Joshua		jcami2	joshua.camins@carle.com	jcami2@illinois.edu	2024-06-01	2024-06-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Carpenter	Kristine	Ross	kmross1	kristine.carpenter@carle.com	kmross1@illinois.edu	2017-03-10	2017-03-10	9999-12-31 CLIN ASSOC PROF, TCH, CI MED (1-859)
Carroll	Elaine	M	ecarro9	elaine.carroll@carle.com	ecarro9@illinois.edu	2023-05-01	2023-05-01	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Carroll	Michael	D	mdcarrol	michael.carroll@carle.com	mdcarrol@illinois.edu	2018-10-01	2018-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Catarinicchia	Angela	Baja	abaja2	abaja2@illinois.edu		2023-05-01	2023-05-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Catarinicchia	Salvatore	Pietro	scatari2	scatari2@illinois.edu		2023-08-16	2023-08-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Ceman	Stephanie	S	sceman	sceman@illinois.edu		2017-04-13	2017-04-13	9999-12-31 PROF, CI MED (1-861)
Chalmers	Janel	Elizabeth	janelc	janel.chalmers@carle.com	janelc@illinois.edu	2022-12-16	2022-12-16	9999-12-31 CLIN INSTR, CI MED (1-859)
Cham	Abou		aboucham	Abou.Cham@carle.com	aboucham@illinois.edu	2023-08-01	2023-08-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Chan	David	P	drchan	david.chan@carle.com	drchan@illinois.edu	2019-07-01	2019-07-01	9999-12-31 CLIN PROF, CI MED (1-859)
Chase	Daniel	Mark	chase	dan.chase@carle.com	chase@illinois.edu	2018-07-01	2018-07-01	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Chaudhry	Kanwal	Shazia	kschaud	kanwal.chaudhry@carle.com	kschaud@illinois.edu	2020-08-16	2020-08-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Chauhan	Jay	K	jchauhan	jay.chauhan@carle.com	jchauhan@illinois.edu	2022-11-16	2022-11-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Chauhan	Nageshwar		chauhann	nageshwar.chauhan@carle.com	chauhann@illinois.edu	2024-11-16	2024-11-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Chen	Jie		jiechen	jiechen@illinois.edu		2017-03-10	2017-03-10	9999-12-31 PROF, CI MED (1-861)
Chen	Philbert		philchen	philbert.chen@carle.com	philchen@illinois.edu	2019-05-16	2019-05-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Chen	Qian		qchen20	qchen20@illinois.edu		2019-10-01	2019-10-01	9999-12-31 PROF, CI MED (1-861)
Chen	Tsung-yen		tychen	tychen@illinois.edu		2020-11-16	2020-11-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Chen	Yun-Sheng		yunsheng	yunsheng@illinois.edu		2019-10-01	2019-10-01	9999-12-31 ASST PROF, CI MED (1-861)
Cheng	Georgina		gcheng3	Georgina.Cheng@Carle.com	gcheng3@illinois.edu	2017-12-04	2017-12-04	9999-12-31 CLIN ASST PROF, RES, CI MED (1-859)
Cherian	Mathew	Muthuthottathu	mcherian	mathew.cherian@carle.com	mcherian@illinois.edu	2021-06-16	2021-06-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Chopra	Ritika	A	ritika	ritika.chopra@carle.com	ritika@illinois.edu	2021-05-16	2021-05-16	9999-12-31 CLIN INSTR, CI MED (1-859)
Chorghade	Mukund	S	mukund	mukund@illinois.edu		2018-06-01	2018-06-01	9999-12-31 ADJ RES PROF, CI MED (1-861)
Chu	Chae		chaechu	chae.chu@carle.com	chaechu@illinois.edu	2021-10-16	2021-10-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
								PROF (1-861);
Cohen	Mark	Steven	meddean	meddean@illinois.edu		2022-05-16	2022-07-22	9999-12-31 PROF (1-859)
Conrad	Claudius	Horst Oscar	claudius	claudius@illinois.edu		2024-03-18	2024-03-18	9999-12-31 PROF (1-859)

Corbett Cormier Cornelius	Joseph Clare Sean	Elisabeth Amit	jcorbett cormier1 scorne2	jcorbett@illinois.edu Clare.Cormier@Carle.com sean.cornelius@carle.com	cormier1@illinois.edu scorne2@illinois.edu	2020-03-09 2025-07-16 2020-09-16	2020-03-09 2025-07-16 2020-09-16	9999-12-31 INSTR, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Cradock Cronin Cunningham	Kimberly Timothy Brian	A V T	kcradock tvcronin bcunning	kimberly.cradock@carle.com timothy.cronin@carle.com bcunning@illinois.edu	kcradock@illinois.edu tvcronin@illinois.edu	2017-03-10 2023-08-01 2018-05-01	2017-03-10 2023-08-01 2018-05-01	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN INSTR, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861)
Cunningham	Kelly		kcunni	kcunni@illinois.edu		2020-02-16	2020-02-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Cusick Damon Damore Dariotis Dave	Robert Bruce Steven Jacinda Shruti	Paul Murray Joseph Kay	bc318 bdamon sdamore dariotis sdave	rcusick@christieclinic.com bruce.damon@carle.com sdamore@christieclinic.com dariotis@illinois.edu sdave@illinois.edu	bc318@illinois.edu bdamon@illinois.edu sdamore@illinois.edu	2020-12-16 2024-04-01 2018-10-01 2022-08-16 2020-03-09	2020-12-16 2024-04-01 2018-10-01 2022-08-16 2020-03-09	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 RES PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 2027-08-15 PROF (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Davies Davis	Charles Benjamin	R P	cdavies bpdavis1	charles.davies@carle.com benjamin.davis@carle.com	cdavies@illinois.edu bpdavis1@illinois.edu	2018-10-01 2018-10-01	2018-10-01 2018-10-01	9999-12-31 CLIN ASSOC PROF, RES, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Davison	Donald	F	ddavison	Donald.Davison@carle.com	ddavison@illinois.edu	2020-02-16	2020-02-16	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Dawson Decamara del Castillo Delaney Delis Derum	Sherfield Donna Nicole Amelia Steve Linda	L Suzanne Lynn Nick A	sdawson decamara ndunlap agrime2 sdelis derum	Sherfield.Dawson@carle.com decamara@illinois.edu ndunlap@illinois.edu agrime2@illinois.edu steve.delis@carle.com derum@illinois.edu	sdawson@illinois.edu	2017-05-12 2022-08-16 2023-08-16 2021-10-16 2022-11-16 2020-02-16	2017-05-12 2022-08-16 2024-02-01 2021-10-16 2022-11-16 2020-02-16	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 TCH ASST PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Dhorajia	Girishkumar		dhorajia	Girishkumar.dhorajia@carle.com	dhorajia@illinois.edu	2022-08-15	2022-08-15	2027-10-17 CLIN ASST PROF, CI MED (1-859)
DiBello DiSalvo	Brooke Philip	Jasmine Calogero	bdibello pcd	brooke.dibello@carle.com philip.disalvo@carle.com	bdibello@illinois.edu pcd@illinois.edu	2022-08-16 2022-08-16	2022-08-16 2022-08-16	9999-12-31 CLIN INSTR, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Dizen Do Dobrucka	Muge Minh Iwona	N Teresa	dizen minhdo dobrucka	dizen@illinois.edu minhdo@illinois.edu dobrucka@illinois.edu		2019-11-16 2022-05-16 2022-11-16	2019-11-16 2022-05-16 2022-11-16	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861) 9999-12-31 RES ASST PROF, CI MED (1-861) ASSOC PROF (1-861);
Dobrucki Dolcos Dominguez Donovan Dow Dua Dunn Eastin Ebel Edwards	Wawrzyniec Florin Kathleen Sharon Traci Puneit Alison Haley Jonathan Laura	Marie M Marie Campbell E H Leigh	dobrucki fdolcos kmd76 sdonovan tdow dua1 acd heastin2 jebel lhickm2	dobrucki@illinois.edu fdolcos@illinois.edu Kathleen.Dominguez@carle.com sdonovan@illinois.edu traci.dow@carle.com dua1@illinois.edu acd@illinois.edu Haley.Eastin@carle.com jebel@illinois.edu ledwards@christieclinic.com	kmd76@illinois.edu tdow@illinois.edu	2017-03-10 2022-05-16 2019-07-16 2018-02-01 2023-09-16 2023-02-13 2020-07-01 2018-06-01 2022-11-16 2020-11-16	2017-03-10 2022-05-16 2019-07-16 2018-02-01 2023-09-16 2023-02-16 2020-07-01 2018-06-01 2022-11-16 2020-11-16	2027-08-15 NEIL & CAROL RUZIC SCHOLAR (1-861) 9999-12-31 PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861) 9999-12-31 CLIN INSTR, CI MED (1-859) 9999-12-31 LECTURER, CI MED (1-861) 9999-12-31 ADJ ASSOC PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Egner Eigbike Eisenmenger Ellingwood Elliott Elshamy	James Mercy Karen Lisa Lydia Mohammed	R Ebazemhen Louise Annette L E	jegner me6 keisenme lae3 lydiale melshamy	james.egner@carle.com mercy.eigbike@carle.com karen.eisenmenger@carle.com LisaAnnette.Ellingwood@carle.com lydiale@illinois.edu melshamy@illinois.edu	jegner@illinois.edu me6@illinois.edu keisenme@illinois.edu lae3@illinois.edu	2018-10-01 2023-08-16 2023-08-16 2023-05-01 2023-12-11 2023-12-16	2018-10-01 2023-08-16 2023-08-16 2023-05-01 2024-04-01 2023-12-16	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN INSTR, CI MED (1-859) 9999-12-31 TCH ASST PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859) CLIN ASST PROF, CI MED (1-861);
England Fagen-Ulmschneider	Albert Wade	Charles A	aengland waf	aengland@illinois.edu waf@illinois.edu		2022-06-16 2024-02-01	2022-06-16 2024-02-01	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 TCH PROF, CI MED (1-861)
Faheem	Sheikh	Muhammad	sfaheem	sfaheem@illinois.edu		2019-04-16	2019-04-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Famuyide Fan	Victoria Timothy	O M	vfamuyid t-fan	victoria.famuyide@carle.com t-fan@illinois.edu	vfamuyid@illinois.edu	2021-01-16 2018-02-01	2021-01-16 2018-02-01	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861)

Fay	Nancy	E	nancyfay	nancy.fay@carle.com	nancyfay@illinois.edu	2017-03-10	2017-03-10	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Fernandes	Darryl	S	dsfernan	darryl.fernandes2@carle.com	dsfernan@illinois.edu	2023-01-16	2023-01-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Finn	Stephanie	Danine	sdfinn	stephanie.finn@carle.com	sdfinn@illinois.edu	2024-11-16	2024-11-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Fisher	Jonathan	R	fisherjr	fisherjr@uic.edu	fisherjr@illinois.edu	2023-11-01	2023-11-01	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Fisher	Tuesday	Fawn	tffisher	tuesday.fisher@carle.com	tffisher@illinois.edu	2024-02-01	2024-02-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Foote	Caitlyn	A	cfoote	cfoote@christieclinic.com	cfoote@illinois.edu	2020-12-16	2020-12-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
FORD	MOLLY	Elizabeth	megiertz	molly.ford@carle.com	megiertz@illinois.edu	2024-08-01	2024-08-01	9999-12-31 CLIN INSTR, CI MED (1-859)
Fore	Lauren	Louise	lduffle2	lfore@kirbyhealth.org	lduffle2@illinois.edu	2023-04-16	2023-04-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Forsythe	Jamie	Lynn	j4sythe	j4sythe@illinois.edu		2019-08-16	2019-08-16	9999-12-31 INSTR, CI MED (1-859)
Fowler	Karyn	Lima Strang	kstran2	kstran2@illinois.edu		2023-12-16	2023-12-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Francois	Matilde	Elvira Saguez	mmarre2	Matilde.Francois@carle.com	mmarre2@illinois.edu	2023-05-01	2023-05-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Frederick	Ann	E	aefreder	ann.frederick@carle.com	aefreder@illinois.edu	2021-04-16	2021-04-16	9999-12-31 CLIN INSTR, CI MED (1-859)
Fulfer	Jamie	Lynn	jfulfer	jamie.fulfer@carle.com	jfulfer@illinois.edu	2018-07-01	2018-07-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Gaddey	Heidi	Lynn	hgaddey	hgaddey@christieclinic.com	hgaddey@illinois.edu	2024-02-01	2024-02-01	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Gal	Arnon		agal2	agal2@illinois.edu		2019-08-16	2019-08-16	9999-12-31 ASSOC PROF, CI MED (1-861)
Galvez	Roberto		rgalvez	rgalvez@illinois.edu		2017-08-01	2017-08-01	9999-12-31 TCH ASSOC PROF (1-861)
Gao	Lianghe		drgao	Lianghe.Gao@carle.com	drgao@illinois.edu	2018-06-01	2018-06-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Garcia	Kiersten	Jade Johnson	kjgarcia	Kiersten.Garcia@carle.com	kjgarcia@illinois.edu	2024-04-01	2024-04-01	9999-12-31 RES ASST PROF, CI MED (1-861)
Garcia-Tosi	Rosalind		rgarciat	rgarciat@illinois.edu		2021-07-26	2021-11-16	9999-12-31 TCH ASST PROF, CI MED (1-861)
Gardoni	Paolo		gardoni	gardoni@illinois.edu		2018-05-01	2018-05-01	9999-12-31 PROF, CI MED (1-861)
Garg	Anuj		anujgarg	anuj.garg@carle.com	anujgarg@illinois.edu	2019-05-16	2019-05-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Garic	Lejla		lgaric	lgaric@illinois.edu		2023-08-01	2023-08-01	9999-12-31 CLIN INSTR, CI MED (1-859)
Garrett	Katherine	Rebecca	kr8	katherine.garrett@carle.com	kr8@illinois.edu	2024-08-01	2024-08-01	9999-12-31 CLIN INSTR, CI MED (1-859)
Garrett-Hauser	Shayla	Renay	sg98	Shayla.Garrett-Hauser@carle.com	sg98@illinois.edu	2023-05-01	2023-05-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Gastwirth	Bart		bart4	Bart.Gastwirth@carle.com	bart4@illinois.edu	2017-06-02	2017-06-02	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Gaudier	Farah	S	fgaudier	farah.gaudier@carle.com	fgaudier@illinois.edu	2018-10-01	2018-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Gayed	Nasser	M	gayed	gayed@illinois.edu		2019-09-03	2019-09-03	9999-12-31 TCH PROF (1-861)
Gebhart	Brian	William	bgebhart	Brian.Gebhart@carle.com	bgebhart@illinois.edu	2023-01-16	2023-01-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Gersh	Benjamin	C	gersh	benjamin.gersh@carle.com	gersh@illinois.edu	2017-03-10	2017-03-10	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Ghasemi	Abolfazl		ghasemi	ghasemi@illinois.edu		2023-07-10	2025-03-17	9999-12-31 TCH ASST PROF, CI MED (1-861)
Ghulyani	Shukti		ghulyani	Shukti.Ghulyani@carle.com	ghulyani@illinois.edu	2018-06-01	2018-06-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Gillette	Martha	L	mgillett	mgillett@illinois.edu		2018-02-01	2018-02-01	9999-12-31 PROF, CI MED (1-861)
Golden	Amy	Lynn	algolden	amy.golden@carle.com	algolden@illinois.edu	2022-02-01	2022-02-01	9999-12-31 CLIN INSTR, CI MED (1-859)
Golecki	Holly	Mcllwee	golecki	golecki@illinois.edu		2019-09-16	2019-09-16	9999-12-31 TCH ASSOC PROF, CI MED (1-861)
Good	Robert	G	rggood	robert.good@carle.com	rggood@illinois.edu	2017-03-10	2017-03-10	9999-12-31 CLIN PROF, CI MED (1-859)
Gordon	Stephanie	Danielle	sdgordon	stephanie.gordon@carle.com	sdgordon@illinois.edu	2021-04-16	2021-04-16	9999-12-31 CLIN INSTR, CI MED (1-859)
Grafton	Vanessa	Jeanne	vgrafto2	vgrafto2@illinois.edu		2019-11-16	2019-11-16	9999-12-31 INSTR, CI MED (1-859)
Gray	Lisa	M	lisagray	lisa.gray@carle.com	lisagray@illinois.edu	2022-02-16	2022-02-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Greeley	Donald	A	dgreeley	Donald.Greeley@Carle.com	dgreeley@illinois.edu	2017-08-01	2017-08-01	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Grosse Perdekamp	Maria	T	mtgp	maria.grosse-perdekamp@carle.com	mtgp@illinois.edu	2018-10-01	2018-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Gruev	Viktor		vgruev	vgruev@illinois.edu		2017-03-10	2017-03-10	9999-12-31 PROF, CI MED (1-861)
Gutierrez	Whitney	Clare	wcgutier	wcgutier@illinois.edu		2020-07-16	2020-07-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Haas	Ellen	Therese	novosad	novosad@illinois.edu		2023-05-01	2023-05-01	2026-08-15 CLIN ASST PROF, CI MED (1-859)
Haider	Baqer Ali		bhaider	Baqer.Haider@carle.com	bhaider@illinois.edu	2018-06-01	2018-06-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Haider	Yasser	Ali	yhaider1	yhaider@christieclinic.com	yhaider1@illinois.edu	2021-01-28	2021-01-28	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Halloran	Bethany	Pennington	bph	bethany.halloran@carle.com	bph@illinois.edu	2023-08-01	2023-08-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Hammel	Mitchell	D	mhamme2	mhammel@christieclinic.com	mhamme2@illinois.edu	2018-06-01	2018-06-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Haran	Kiruba	Sivasubramaniam	kharan	kharan@illinois.edu		2021-02-16	2021-02-16	9999-12-31 PROF, CI MED (1-861)
Haran	Vidya		vharan	vharan@illinois.edu		2023-08-16	2023-08-16	2028-08-15 TCH ASST PROF (1-861)
Harms	James	J	harms1	james.harms@carle.com	harms1@illinois.edu	2021-11-16	2021-11-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Hatch	Terry	Fletcher	thatch	terry.hatch@carle.com	thatch@illinois.edu	2018-10-01	2018-10-01	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)

Hawley	Charles	K	chuckhaw	chuckhaw@illinois.edu		2019-11-16	2019-11-16	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Hay	Marshall	B	mbhay	mbhay@illinois.edu		2022-05-16	2022-05-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Healy	Robert	M	r-healy	Robert.Healy@carle.com	r-healy@illinois.edu	2017-03-10	2017-03-10	9999-12-31 CLIN PROF, CI MED (1-859)
Hegazy	Samar	Abdel Ghany	hegazy	hegazy@illinois.edu		2020-07-01	2020-07-01	2026-08-15 TCH ASSOC PROF (1-861)
Held	Kendall	Ray	krheld2	krheld2@illinois.edu		2022-08-16	2022-08-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Heller	Wendy		w-heller	w-heller@illinois.edu		2018-02-01	2018-02-01	9999-12-31 PROF, CI MED (1-861)
Hendrix	Leah	Catherine	lckirby	lckirby@illinois.edu		2020-03-09	2020-03-09	9999-12-31 INSTR, CI MED (1-859)
Hennesy	Michael	S	hennesy	hennesy@illinois.edu		2022-02-16	2022-02-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Henrichs	Jeremy	W	jhenri2	jeremy.henrichs@carle.com	jhenri2@illinois.edu	2018-10-01	2018-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Hergenrother	Paul		hergenro	hergenro@illinois.edu		2018-02-01	2018-02-01	9999-12-31 PROF, CI MED (1-861)
Hernandez	Manuel	Enrique	mhernand	mhernand@illinois.edu		2017-03-10	2017-03-10	9999-12-31 TCH ASSOC PROF (1-861)
Herrmann	Thomas	L	therrman	thomas.herrmann@carle.com	therrman@illinois.edu	2018-10-01	2018-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Hilger	Stephanie	M	hilger	hilger@illinois.edu		2021-02-08	2021-02-08	9999-12-31 PROF, CI MED (1-861)
Hill	Ashley	N	ashill	ashill@illinois.edu		2022-12-16	2022-12-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Hill	Malcolm	Carnes	m-hill	m-hill@illinois.edu		2023-08-16	2023-08-16	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Hill	Stephen	Walter	swhill	stephen.hill@carle.com	swhill@illinois.edu	2022-02-01	2022-02-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Hoekstra	Abigail	L	hoekstr1	abigail.hoekstra@carle.com	hoekstr1@illinois.edu	2021-11-16	2021-11-16	9999-12-31 CLIN INSTR, CI MED (1-859)
Hoffman	John	Robert	jhoffmn	JR.Hoffman@carle.com	jhoffmn@illinois.edu	2018-06-01	2018-06-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Hoffmeister	Dean	L	dhoffm4	dhoffm4@illinois.edu		2020-02-16	2020-02-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Hogg	Jeremy	R	jrhogg	jrhogg@illinois.edu		2020-02-01	2020-02-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Holaday	Clinton	Robert	holaday2	holaday2@illinois.edu		2022-02-16	2022-02-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Holt	Travis	A	taholt	travis.holt@carle.com	taholt@illinois.edu	2024-04-01	2024-04-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Hoschek	Jeffrey	C	jhosch1	jhosch1@uic.edu	jhosch1@illinois.edu	2021-06-16	2021-06-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Hou	Jack	Pu	jackhou2	jack.hou@carle.com	jackhou2@illinois.edu	2024-01-01	2024-01-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Hsiao-Wecksler	Elizabeth	T	ethw	ethw@illinois.edu		2017-03-10	2017-03-10	9999-12-31 PROF, CI MED (1-861)
Huang	Evelyn		ehuang3	Ehuang@kirbyhealth.org	ehuang3@illinois.edu	2019-08-16	2019-08-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Huang	Wen-Hao		wdhuang	wdhuang@illinois.edu		2022-08-16	2022-08-16	9999-12-31 PROF, CI MED (1-861)
Huesmann	Graham	Rowell	huesmann	huesmann@illinois.edu		2017-03-10	2017-03-10	9999-12-31 RES ASST PROF, CI MED (1-859)
Hussain	Kashif		khussain	kashif.hussain@carle.com	khussain@illinois.edu	2024-07-01	2024-07-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Hussain	Nejmun		hussai15	Nejmun.Hussain@carle.com	hussai15@illinois.edu	2023-11-01	2023-11-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Huston	Jason	M	huston	jason.huston@carle.com	huston@illinois.edu	2018-10-01	2018-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Huston	Melissa	Ray	mhuston3	mhuston3@illinois.edu		2020-03-09	2020-03-09	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Hutchcraft	Megan	L G	mgleas2	mgleas2@illinois.edu		2019-08-16	2019-08-16	9999-12-31 CLIN ASST PROF, TCH, CI MED (1-859)
Ibrahim	Wessam		wessam	wessam@illinois.edu		2021-08-26	2021-08-26	9999-12-31 TCH ASST PROF (1-861)
Idle	Nicholas	R	nidle	nidle@illinois.edu		2020-03-09	2020-03-09	9999-12-31 INSTR, CI MED (1-859)
Ilias Basha	Haseeb		haseeb	haseeb.basha@carle.com	haseeb@illinois.edu	2021-03-16	2021-03-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Immen	Rachel	Emily	rmaurer2	rachel.immen@gmail.com	rmaurer2@illinois.edu	2025-05-16	2025-05-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Irudayaraj	Joseph	Maria Kumar	jirudaya	jirudaya@illinois.edu		2019-10-01	2019-10-01	9999-12-31 PROF, CI MED (1-861)
Iyer	Ravishankar	K	rkiyer	rkiyer@illinois.edu		2018-08-16	2018-08-16	9999-12-31 PROF, CI MED (1-861)
Jackson	Lori	Rene	lorij3	lorij3@illinois.edu		2019-10-01	2019-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Jackson	Megan	Kristine	mkenne6	megan.jackson@carle.com	mkenne6@illinois.edu	2024-02-16	2024-02-16	9999-12-31 CLIN INSTR, CI MED (1-859)
Jacobsen	Ellen		ejacobsn	ejacobsn@illinois.edu		2020-02-01	2020-02-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Jacobson	Sheldon	Howard	shj	shj@illinois.edu		2019-07-16	2019-07-16	9999-12-31 PROF, CI MED (1-861)
Jagasia	Ashok	Arjan	ajagasia	ajagasia@illinois.edu		2020-03-09	2020-03-09	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Jain	Sanjiv		sjain1	sanjiv.jain@carle.com	sjain1@illinois.edu	2017-03-10	2017-03-10	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Jaleel	Atif	A	jaleel	Atif.jaleel@carle.com	jaleel@illinois.edu	2017-05-15	2017-05-15	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Jasiuk	Iwona	M	ijasiuk	ijasiuk@illinois.edu		2017-03-10	2017-03-10	2026-08-15 PROF (1-861)
Jasti	Sravan		sjasti	sravan.jasti@carle.com	sjasti@illinois.edu	2019-05-16	2019-05-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Jayasingh Ramkumar	Japhia	Hannah	jayasing	jayasing@illinois.edu		2020-03-09	2020-03-09	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Jeckel	Lawrence	L	jeckel	jeckel@illinois.edu		2020-05-16	2020-05-16	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Jeliazkova	Zlatka	K	jeliazko	zlatka.k.jeliazkova@osfhealthcare.org	jeliazko@illinois.edu	2022-08-16	2022-08-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Jennings	Valerie	L	vjenning	valerie.jennings@carle.com	vjenning@illinois.edu	2018-07-01	2018-07-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Jimenez	Juan	Jose	jimenezj	Juan.Jimenez@carle.com	jimenezj@illinois.edu	2017-05-12	2017-05-12	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
John	Jeswin	Brigit	jeswinbj	jeswinbj@illinois.edu		2020-02-16	2020-02-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Johnson	Burgundy	June	burgundy	burgundy@illinois.edu		2023-12-01	2023-12-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)

Johnson Johnson	Clifford Jessica	B A	handz98 jjohns97	clifford.johnson@carle.com jjohns97@illinois.edu	handz98@illinois.edu	2018-07-01 2020-03-09	2018-07-01 2020-03-09	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Johnson	Mark	A	majhnsn2	mark.johnson@carle.com	majhnsn2@illinois.edu	2017-03-10	2017-03-10	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Johnson	Patricia	A	pajohnso	patricia.johnson@carle.com	pajohnso@illinois.edu	2018-10-01	2018-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Johnson Jokela Jones Joseph Joseph	Victoria Janet Douglas Deepa Joselyn	J Arlene J E	vjohnso jokela djones djosep7 jjoseph5	victoria.johnson@carle.com jokela@illinois.edu djones@christieclinic.com deepa.joseph@carle.com Joselyn.Joseph@carle.com	vjohnso@illinois.edu djones@illinois.edu djosep7@illinois.edu jjoseph5@illinois.edu	2018-10-01 2022-05-16 2018-10-01 2022-08-16 2018-06-01	2018-10-01 2022-05-16 2018-10-01 2022-08-16 2018-06-01	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN PROF, CI MED (1-859) 9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Jung Justement Kadia Kahn Kala Kamin	Hyunchul Ian Yannick Adam Noleen Matthew	 Taylor Atehleme J V L	hjungmd itjust ykadia2 akahn4 nkala mkamin	hyunchul.jung@carle.com ian.justement@carle.com ykadia2@illinois.edu Adam.Kahn@Carle.com Noleen.Kala@carle.com mkamin@christieclinic.com	hjungmd@illinois.edu itjust@illinois.edu akahn4@illinois.edu nkala@illinois.edu mkamin@illinois.edu	2018-07-01 2023-09-16 2020-07-01 2024-02-01 2018-06-01 2020-03-09	2018-07-01 2023-09-16 2020-07-01 2024-02-01 2018-06-01 2020-03-09	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Kanakadandi Kane	Uday Andrea	Bhaskar M	kanakada amkane	uday.kanakadandi@carle.com amkane@illinois.edu	kanakada@illinois.edu	2019-05-16 2022-08-01	2019-05-16 2022-08-01	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Kane Kaplan Kaplan Kar Kariyawasam Karn Karras Kasam	Kelly Bruce Richard Bijoy Shashi Robert Michael Mallikarjuna Rao	A William L Shankar Cameron Nicholas	kelkane bwkaplan rkapan bskar shashik rkarn mkarras mkasam	kelly.kane@carle.com bwkaplan@illinois.edu rkapan@illinois.edu Bijoy.kar@carle.com shashi.kariyawasam@carle.com rkarn@illinois.edu mkarras@illinois.edu mallikarjuna.kasam@carle.com	kelkane@illinois.edu bskar@illinois.edu shashik@illinois.edu mkasam@illinois.edu	2021-08-16 2020-07-16 2020-03-09 2024-08-16 2024-02-16 2021-11-16 2022-02-16 2018-07-01	2021-08-16 2020-07-16 2020-03-09 2024-08-16 2024-02-16 2021-11-16 2022-02-16 2018-07-01	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 ADJ RES PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Katerji	Basel		bkaterji	bkaterji@illinois.edu		2020-02-16	2020-02-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Kaufmann	Brent	Richard	bkaufman	brent.kaufmann@carle.com	bkaufman@illinois.edu	2018-10-01	2018-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Kawakita Keeble	Erick Melissa	M Romero	kawakita mrkeeble	erick.kawakita@carle.com melissa.keeble@carle.com	kawakita@illinois.edu mrkeeble@illinois.edu	2018-11-01 2024-08-01	2018-11-01 2024-08-01	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN INSTR, CI MED (1-859)
Kehl Keller Kersh Kesavadas	Ralph Catherine Mariana T	Joseph York Elizabeth	rkehl ckelle28 mkersh kesh	ralph.kehl@carle.com ckelle28@illinois.edu mkersh@illinois.edu kesh@illinois.edu	rkehl@illinois.edu	2018-07-01 2023-12-16 2019-02-16 2017-04-13	2018-07-01 2023-12-16 2019-02-16 2017-04-13	9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 2026-08-15 ASSOC PROF (1-861) 9999-12-31 ADJ PROF, CI MED (1-861)
Khalid Khan Khan Khan Khan Khauli Kierbs Kiesewetter Kim Kim Kim Kim Kim	Mariam Amir Imran Mehwish Shoeb Raja Amanda Mary Andrew Elizabeth Harrison Inki Jane	 Afsar Amir H B Lynn Kathleen Gene Joy Hyung Min Cho	mariamk amir ikhan7 mehwishk shokhan rkhauli akierbs mkbarne2 agkim3 ejkim12 hmkim inkikim jkim83	mariam.khalid@carle.com amir.khan@carle.com ikhan7@illinois.edu mehwish.khan@carle.com Shoeb.Khan@carle.com raja.khauli@carle.com akierbs@illinois.edu Mary.Kiesewetter@carle.com akim@christieclinic.com ejkim12@illinois.edu hmkim@illinois.edu inkikim@illinois.edu Jane.Kim@carle.com	mariamk@illinois.edu amir@illinois.edu mehwishk@illinois.edu shokhan@illinois.edu rkhauli@illinois.edu mkbarne2@illinois.edu agkim3@illinois.edu jkim83@illinois.edu	2021-02-08 2017-03-10 2019-04-16 2018-10-01 2024-10-16 2021-10-16 2023-12-16 2023-05-01 2024-10-01 2019-08-16 2020-01-16 2024-10-16 2018-11-01	2021-02-08 2017-03-10 2019-04-16 2018-10-01 2024-10-16 2021-10-16 2023-12-16 2023-05-01 2024-10-01 2019-08-16 2020-01-16 2024-10-16 2018-11-01	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN PROF, CI MED (1-859) 9999-12-31 CLIN INSTR, CI MED (1-859) 9999-12-31 CLIN INSTR, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861) 9999-12-31 RES ASST PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Kim Kim Kim King	John Kevin Sangjin William	Hyung Sun Seungil Paul	jkimdo kkim911 sangjin wpk	john.kim@carle.com Kevin.Kim@Carle.com sangjin@illinois.edu wpk@illinois.edu	jkimdo@illinois.edu kkim911@illinois.edu	2018-10-01 2018-08-01 2019-10-01 2020-03-25	2018-10-01 2018-08-01 2019-10-01 2020-03-25	9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 ASST PROF, CI MED (1-861) 9999-12-31 PROF, CI MED (1-861)
Kitten Knight Knight Knoll Kocheril	Suzanna Napoleon Robert Walter Abraham	Frances J G	kitten knight1 bobknigh wknoll kocheril	Suzanna.Kitten@carle.com Napoleon.Knight@carle.com Robert.Knight@carle.com Walter.Knoll@carle.com abraham.g.kocheril@osfhealthcare.org	kitten@illinois.edu knight1@illinois.edu bobknigh@illinois.edu wknoll@illinois.edu kocheril@illinois.edu	2019-07-01 2017-05-12 2021-10-16 2021-06-16 2019-07-01	2019-07-01 2017-05-12 2021-10-16 2021-06-16 2019-07-01	9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN PROF, CI MED (1-859)

Kohler	Corinne	F	ckohler	ckohler@illinois.edu		2018-06-01	2018-06-01	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Kong	Hyun Joon		hjkong06	hjkong06@illinois.edu		2017-03-10	2017-03-10	9999-12-31 PROF, CI MED (1-861)
Kopmann	Marianne	Mae	mmmille3	marianne_kopmann@gibsonhospital.org	mmmille3@illinois.edu	2025-04-16	2025-04-16	9999-12-31 CLIN INSTR, CI MED (1-859)
Kramer	Frances	K	fkramer	Frances.Kramer@carle.com	fkramer@illinois.edu	2018-06-01	2018-06-01	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Krewson	Clinton	S	ckrewson	clinton.krewson@carle.com	ckrewson@illinois.edu	2021-06-16	2021-06-16	9999-12-31 CLIN INSTR, CI MED (1-859)
Krishnan	Girish		gkrishna	gkrishna@illinois.edu		2020-08-16	2020-08-16	9999-12-31 ASSOC PROF, CI MED (1-861)
Kuhlenschmidt	Michael	S	khlnschm	mkuhlenschmidt@christieclinic.com	khlnschm@illinois.edu	2018-08-01	2018-08-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Kukoyi	Omobolawa		ok10	omobolawa.kukoyi@carle.com	ok10@illinois.edu	2018-10-01	2018-10-01	2026-08-15 CLIN ASST PROF, TCH, CI MED (1-859)
Kumar	James	Sujit	jskumar	James.Kumar@carle.com	jskumar@illinois.edu	2018-06-01	2018-06-01	9999-12-31 CLIN PROF, CI MED (1-859)
Kumar	Pankaj		pankajk	pankaj.kumar@carle.com	pankajk@illinois.edu	2023-05-01	2023-05-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
								CLIN ASST PROF, CI MED (1-859);
Kumar	Pardeep		pardeep	pardeep.kumar@carle.com	pardeep@illinois.edu	2020-03-09	2020-03-09	9999-12-31 INSTR, CI MED (1-859)
Kuntz	Martin	Andrew	mkuntz1	martin.kuntz@carle.com	mkuntz1@illinois.edu	2020-02-01	2020-02-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Lage	Ann	Michele	alage	alage@illinois.edu		2020-03-09	2020-03-09	9999-12-31 INSTR, CI MED (1-859)
Lake-Rayburn	Hannah		lakerayb	lakerayb@illinois.edu		2020-03-09	2020-03-09	9999-12-31 INSTR, CI MED (1-859)
Lakshminarayanan	Batlagundu	Subramanyam	blakshmi	blakshminarayanan@sblhs.org	blakshmi@illinois.edu	2019-12-16	2019-12-16	9999-12-31 CLIN PROF, CI MED (1-859)
Lal	Hareesh		hlal	hareesh.lal@carle.com	hlal@illinois.edu	2018-10-01	2018-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Lam	Fan		fanlam1	fanlam1@illinois.edu		2020-01-16	2020-01-16	9999-12-31 ASSOC PROF, CI MED (1-861)
Lane	Kathryn	Lee Serowka	klane	klane@christieclinic.com	klane@illinois.edu	2020-12-16	2020-12-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Lantigua	Hector		hlantigu	hlantigu@illinois.edu		2020-04-16	2020-04-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Laouar	Amale		laouaram	laouaram@illinois.edu		2023-07-17	2023-07-17	9999-12-31 TCH ASSOC PROF (1-861)
Lau	Daniel	S	dlau2	Daniel.Lau@carle.com	dlau2@illinois.edu	2023-05-01	2023-05-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
								CLIN ASSOC PROF, RES, CI MED (1-861);
Laukaitis	Christina	Marie	laukaiti	laukaiti@illinois.edu		2021-02-22	2021-02-22	9999-12-31 CLIN ASSOC PROF, RES, CI MED (1-859)
Lavey	Warren		lavey	lavey@illinois.edu		2021-04-16	2021-04-16	9999-12-31 ADJ PROF, CI MED (1-861)
Lavizzo	Mark	C	mlavizzo	Mark.Lavizzo@carle.com	mlavizzo@illinois.edu	2018-06-01	2018-06-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Leak	Benjamin	James	bjleak	bjleak@illinois.edu		2022-11-16	2022-11-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Leal	Cecilia	Maria	cecilial	cecilial@illinois.edu		2019-10-01	2019-10-01	9999-12-31 PROF, CI MED (1-861)
Lee	Cheng-Ting		chenlee	cheng-ting.lee@carle.com	chenlee@illinois.edu	2021-06-16	2021-06-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Lee	Francis	Shinkun	flee2	flee2@illinois.edu		2019-08-16	2019-08-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Lee	Meng-Chao		ml175	Mark.Lee@carle.com	ml175@illinois.edu	2023-09-16	2023-09-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Lema	Ricardo	Jose	rlema	rick.lema@carle.com	rlema@illinois.edu	2017-03-10	2017-03-10	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Leonard	James	C	jcleonar	james.leonard@carle.com	jcleonar@illinois.edu	2017-03-10	2017-03-10	9999-12-31 CLIN PROF, CI MED (1-859)
Leonberger	Patrick	A	pal250	pal250@illinois.edu		2020-07-01	2020-07-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Levy	Sherrie	D	sdlevy	sdlevy@illinois.edu		2020-01-16	2020-01-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Li	Jian		jianli	jian.li@carle.com	jianli@illinois.edu	2018-10-01	2018-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
								PROF EMERITUS (1-861);
								PROF EMERITUS (1-859);
Li	King	C	kingli	kingli@illinois.edu		2016-10-01	2016-10-01	9999-12-31 PROF EMERITUS (1-944)
Li	Paul	K	paulli	paul.li@carle.com	paulli@illinois.edu	2018-07-01	2018-07-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Liang	Feng		liangf	liangf@illinois.edu		2024-06-16	2024-06-16	9999-12-31 PROF, CI MED (1-861)
Liang	Zhi-Pei		z-liang	z-liang@illinois.edu		2018-02-01	2018-02-01	9999-12-31 PROF, CI MED (1-861)
Liechty	Janet	M	jliechty	jliechty@illinois.edu		2017-03-10	2017-03-10	9999-12-31 PROF, CI MED (1-861)
Liew	Clarissa	Jiang	cliew	cliew@illinois.edu		2020-08-16	2020-08-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Liu	James	Xiao	jamesxl	james.liu@carle.com	jamesxl@illinois.edu	2020-12-16	2020-12-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Liu	Yang		liuy46	liuy46@illinois.edu		2024-10-16	2024-10-16	9999-12-31 PROF, CI MED (1-861)
Liu	Zheng	G	zglu	george.liu@carle.com	zglu@illinois.edu	2018-10-01	2018-10-01	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
llano	Daniel	Adolfo	d-llano	d-llano@illinois.edu		2017-03-10	2017-03-10	9999-12-31 PROF, CI MED (1-861)
Loewenstein	Jeffrey		jloew	jloew@illinois.edu		2017-08-16	2017-08-16	9999-12-31 PROF, CI MED (1-861)
Logeman	Andrew	W	logeman2	logeman2@illinois.edu		2019-11-16	2019-11-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
London	Beverly		blondon	beverly.london@carle.com	blondon@illinois.edu	2018-10-01	2018-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Lovinger	David	Fredrick	df13	david.lovinger@carle.com	df13@illinois.edu	2021-08-16	2021-08-16	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Loy	Gary	Liston	gloy1	gary.loy@carle.com	gloy1@illinois.edu	2021-08-16	2021-08-16	9999-12-31 CLIN PROF, CI MED (1-859)
Lu	Ting		luting	luting@illinois.edu		2019-10-01	2019-10-01	9999-12-31 PROF, CI MED (1-861)
Lu	Zhiyong		luzh	luzh@illinois.edu		2025-01-10	2025-01-10	9999-12-31 ADJ PROF, CI MED (1-861)
Lua	Lea		lealua	lea.lua@carle.com	lealua@illinois.edu	2022-08-16	2022-08-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Lucking	Jonathan	R	jlucking	jlucking@illinois.edu		2023-07-16	2023-07-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Lusby	Christine		clusby2	clusby@christieclinic.com	clusby2@illinois.edu	2024-08-01	2024-08-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Lystila	Aja	A	alystila	Aja.Lystila@carle.com	alystila@illinois.edu	2018-06-01	2018-06-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
MacDougall	Amy	Kathleen	amymac	amymac@illinois.edu		2018-10-01	2018-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Madak-Erdogan	Zeynep		zmadake2	zmadake2@illinois.edu		2021-08-16	2021-08-16	9999-12-31 PROF, CI MED (1-861)
Maghroudi	Watik		wmaghr3	wmaghr3@illinois.edu		2023-11-01	2023-11-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Main	David	M	main	main@illinois.edu		2018-10-01	2018-10-01	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Main	Meredith	A	mmain	mmain@illinois.edu		2021-08-16	2021-08-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)

Malik Mallipaddi	Rizwan Pramod	A	rizwanm pramodm	rizwanm@illinois.edu pramodm@illinois.edu		2021-03-16 2019-05-16	2021-03-16 2019-05-16	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Mandel	Daniel	C	dmandel	dmandel@illinois.edu		2018-07-01	2018-07-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Mandhan	Narain	Das	nmandhan	nmandhan@illinois.edu		2020-11-16	2020-11-16	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Manohar Mansuri	Leslie Owise	Murli M	lmanoha2 omansuri	lmanoha2@illinois.edu omansuri@illinois.edu		2019-11-16 2020-03-09	2019-11-16 2020-03-09	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Mansury Mantha	Nasiruddin Suparna	A	nmansury smantha	Nasiruddin.Mansury@carle.com Suparna.Mantha@carle.com	nmansury@illinois.edu smantha@illinois.edu	2023-09-16 2024-05-01	2023-09-16 2024-05-01	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Maren Marganski	Stephen Teresa	Andrew Marie	smaren teresamm	smaren@illinois.edu teresamm@illinois.edu		2024-10-16 2020-08-16	2024-10-16 2020-08-16	9999-12-31 PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Marjanovic	Marina		marinam	marinam@illinois.edu		2017-06-26	2017-06-26	9999-12-31 TCH ASSOC PROF, CI MED (1-861)
Marr Martin	Emma Apryl	Danielle Natashua	emarr5 areed6	emarr5@illinois.edu areed6@illinois.edu		2020-04-16 2020-12-16	2020-04-16 2020-12-16	9999-12-31 INSTR, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Martin Martinis	Randolph Susan	Steven A	rsmartin martinis	rsmartin@illinois.edu martinis@illinois.edu		2020-12-16 2016-11-16	2020-12-16 2017-03-10	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861)
Mashruwala Masud	Neil Arif	S	nmashr2 amasud	nmashr2@illinois.edu amasud@illinois.edu		2021-06-16 2020-03-09	2021-06-16 2020-03-09	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861)
Matkowski Matter	Ric Stephen	A Samuel	ric3 smatter	Richard.Matkowski@carle.com smatter@illinois.edu	ric3@illinois.edu	2023-10-16 2023-02-16	2023-10-16 2023-02-16	9999-12-31 CLIN INSTR, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
McCauley McConomy	Warren Bryan	Sinclair C	wmccau2 mcconomy	wmccau2@illinois.edu mcconomy@illinois.edu		2018-11-16 2021-10-16	2018-11-16 2021-10-16	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
McCoy McDonagh	Dawn Deana	Kupish C	damccoy mcdonagh	damccoy@illinois.edu mcdonagh@illinois.edu		2018-06-01 2022-03-16	2018-06-01 2022-03-16	9999-12-31 CLIN ASST PROF, CI MED (1-859) 2027-08-15 PROF (1-861)
McEvoy	Brendan	Seamus	brendanm	brendanm@illinois.edu		2021-03-16	2021-03-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
McJunkin McKillip	Jonathan Kelsey	Lee Lynn	jlm767 kmckilli	jlm767@illinois.edu kelsey.mckillip@carle.com	kmckilli@illinois.edu	2021-04-16 2023-11-01	2021-04-16 2023-11-01	9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
McLean McMichael	Erika Maureen	L	emclean mmcm	emclean@illinois.edu mmcm@illinois.edu		2020-03-16 2017-03-10	2020-03-16 2017-03-10	9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861)
McNeil Mechas	Leslie Nicholas	Klis William	lkmcneil nmechas	lkmcneil@illinois.edu nicholas.mechas@carle.com	nmechas@illinois.edu	2024-02-26 2025-07-16	2025-01-10 2025-07-16	9999-12-31 TCH ASST PROF, CI MED (1-861) 9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Medrano Mega	Cristina Benjamin	Nicolas T	cmedrano btm	cmedrano@illinois.edu btm@illinois.edu		2024-01-08 2022-08-16	2024-01-08 2022-08-16	9999-12-31 ADJ TCH ASST PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Megeff	Randall	A	megeff	megeff@illinois.edu		2023-09-16	2023-09-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Mehta Mehta	Kartik Ravi	B Prakash	kmehta2 mehtar	kmehta2@illinois.edu mehtar@illinois.edu		2023-02-16 2018-07-01	2023-02-16 2018-07-01	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861)
Mehta Mehta Mehta Meidani	Sanjay Shilpa Vivek Hadi		smehtamd simehta1 vivekm meidani	smehtamd@illinois.edu shilpa.mehta@carle.com vivekm@illinois.edu meidani@illinois.edu	simehta1@illinois.edu	2020-10-16 2024-10-01 2023-09-01 2025-03-17	2020-10-16 2024-10-01 2023-09-01 2025-03-17	9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 ASSOC PROF, CI MED (1-861)
Mejicano Mendenhall	George Ruby	C	georgecm rubymen	georgecm@illinois.edu rubymen@illinois.edu		2022-06-01 2017-12-04	2022-09-26 2017-12-04	9999-12-31 CLIN PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861)
Meneely Miethe	Timothy Nicole	S Marie	meneely nbecker4	meneely@illinois.edu nbecker4@illinois.edu		2017-03-10 2019-11-16	2017-03-10 2019-11-16	9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 9999-12-31 INSTR, CI MED (1-859)
Mikhail Miller Milligan	Fadi Melinda David	Dorottya Evan	fadi melinda7 dmilliga	fadi@illinois.edu melinda7@illinois.edu David.Milligan@carle.com	dmilliga@illinois.edu	2020-03-09 2019-05-16 2023-11-01	2020-03-09 2019-05-16 2023-11-01	9999-12-31 CLIN ASST PROF, RES, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Minogue	Thomas	L	tminogue	tminogue@illinois.edu		2018-10-01	2018-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Miranpuri Mirica Mirihagalle	Amrendra Liviu Noupama	S Mihail Nethmini	amiranp mirica noupama	amiranp@illinois.edu mirica@illinois.edu noupama.mirihagalle@carle.com	noupama@illinois.edu	2018-07-01 2022-11-16 2024-05-01	2018-07-01 2022-11-16 2024-05-01	9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Mizan Mohaghegh Molis	Mehtab Zahra Tina		mizan zahra13 tmolis	mizan@illinois.edu zahra13@illinois.edu tmolis@illinois.edu		2018-06-01 2019-10-01 2018-10-01	2018-06-01 2019-10-01 2018-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Mongwa Monson	Mbu Brian		mmongwa monson	mmongwa@illinois.edu monson@illinois.edu		2018-10-01 2021-09-16	2018-10-01 2021-09-16	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 ASSOC PROF, CI MED (1-861)

Montoya-Houser Moon Moore	Theresa Morgan Edwin	E Leigh G	thouser mmoon3 egmoore	thouser@illinois.edu mmoon3@illinois.edu egmoore@illinois.edu		2018-06-01 2023-05-01 2021-05-17	2018-06-01 2023-05-01 2023-08-16	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 TCH PROF, CI MED (1-861)
Moore Moraites O'Connor	Henry Eleni	R Maria	hmoore2 emm11	hmoore2@illinois.edu emm11@illinois.edu		2018-07-01 2020-03-09	2018-07-01 2020-03-09	9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Moran Moreland Moreno Morey	Michael Shelby Michael Noelle	Charles Laine A Ellisa	mcmoran slmorel2 moreno1 nmorey	mcmoran@illinois.edu slmorel2@illinois.edu Michael.moreno@carle.com nmorey@illinois.edu	moreno1@illinois.edu	2019-11-16 2021-03-16 2023-05-16 2019-07-16	2019-11-16 2021-03-16 2023-05-16 2019-07-16	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN INSTR, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Morton	Charles	T	mortonc	mortonc@illinois.edu		2018-10-01	2018-10-01	9999-12-31 CLIN PROF, CI MED (1-859)
Morton Moss	Douglas Jimmy	W L	dwmorton jlmoss	dwmorton@illinois.edu jlmoss@illinois.edu		2018-10-01 2018-10-01	2018-10-01 2018-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Mostafa	Wael		wmostafa	wmostafa@illinois.edu		2018-10-01	2018-10-01	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Moussa Muhammad Mukherjee Mulumba Munoz Murphy Murphy Mustafa	Issam Saad Ujjal Chriss Elizabeth Catherine Thomas Ibrahim	D Kumar Ellen Glavan Jones Leo Muhammad	imoussa muhammd ukm cmulumba elmunoz murphycj tmurphy5 imustafa	imoussa@illinois.edu muhammd@illinois.edu ukm@illinois.edu cmulumba@illinois.edu elmunoz@illinois.edu murphycj@illinois.edu tmurphy5@illinois.edu imustafa@illinois.edu		2018-10-16 2018-06-01 2021-08-16 2023-11-01 2020-03-09 2018-03-02 2022-08-16 2022-12-16	2018-10-16 2018-06-01 2021-08-16 2023-11-01 2020-03-09 2018-03-02 2022-08-16 2022-12-16	PROF (1-859); 9999-12-31 PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 2026-08-15 ASSOC PROF (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 INSTR, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Muthekepalli Nahrstedt Naidu Naik Naour	Sudha Klara Vasanthan Amol David	R G Bharat Henry	muthekep klara vas anaik2 dhnaour	muthekep@illinois.edu klara@illinois.edu vas@illinois.edu anaik2@illinois.edu david.naour@carle.com	dhnaour@illinois.edu	2018-06-01 2018-05-01 2020-09-16 2022-08-16 2024-10-01	2018-06-01 2018-05-01 2020-09-16 2022-08-16 2024-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Nardone Nasr Nasreen Neekhra Nelson	Emilio Sharif Nadia Aneekhra Christopher	Mario M Daniel	enardone snasr2 nnasreen aneekhra cnelso7	enardone@illinois.edu sharif.nasr@carle.com nnasreen@illinois.edu aneekhra@illinois.edu cnelso7@illinois.edu	snasr2@illinois.edu	2023-02-16 2024-10-16 2018-11-01 2023-12-16 2018-10-01	2023-02-16 2024-10-16 2018-11-01 2023-12-16 2018-10-01	9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, TCH, CI MED (1-859)
Nelson Newcomer	Karen Joseph	Marie Kaysing	karenmn jkn4	karenmn@illinois.edu jkn4@illinois.edu		2020-02-16 2022-12-16	2020-02-16 2022-12-16	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Nguyen Nguyen Nguyen Nixon Nolte Nolting	Kim-Phung Lan Thanh Jamie Emily Tara	Thi T Huong Jo Louise Roen Marie	knguyen1 ltnguyen thn jnnixon2 elroen2 tnolting	knguyen1@illinois.edu Lan.Nguyen@carle.com thn@illinois.edu jnnixon2@illinois.edu emily.nolte@carle.com tnolting@illinois.edu	ltnguyen@illinois.edu elroen2@illinois.edu	2019-11-16 2024-10-16 2020-07-01 2019-11-16 2024-08-01 2020-08-16	2019-11-16 2024-10-16 2020-07-01 2019-11-16 2024-08-01 2020-08-16	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861) 9999-12-31 INSTR, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Novak Nwabueze	Michael Obiefuna	A	novak1 nwabueze	novak1@illinois.edu Obiefuna.Nwabueze@carle.com	nwabueze@illinois.edu	2018-07-01 2024-11-16	2018-07-01 2024-11-16	9999-12-31 CLIN PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Nwosu Nzinga	Uzoamaka Bienvenu	Songo	unobi bnzinga1	unobi@illinois.edu bnzinga1@illinois.edu		2020-05-16 2023-11-01	2020-05-16 2023-11-01	9999-12-31 INSTR, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
O'Brien O'Brien O'Connell	Alex William Joseph	Timothy D Michael	alexto2 wdo jmocon	alexto2@illinois.edu wdo@illinois.edu jmocon@illinois.edu		2023-05-16 2018-02-01 2020-08-16	2023-05-16 2018-02-01 2020-08-16	9999-12-31 CLIN INSTR, CI MED (1-859) 9999-12-31 RES PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Oelze	Michael	L	oelze	oelze@illinois.edu		2017-03-10	2017-03-10	PROF (1-861); 9999-12-31 PROF (1-859)
Oliphant	Uretz	J	oliphant	oliphant@illinois.edu		2017-05-12	2017-05-12	9999-12-31 CLIN PROF, CI MED (1-859)
Olivero Onyemere	William Kingsley	Charles U	olib konyem	olib@illinois.edu konyem@illinois.edu		2017-05-12 2017-03-10	2017-05-12 2017-03-10	9999-12-31 PROF, CI MED (1-859) 9999-12-31 CLIN ASSOC PROF, CI MED (1-859)

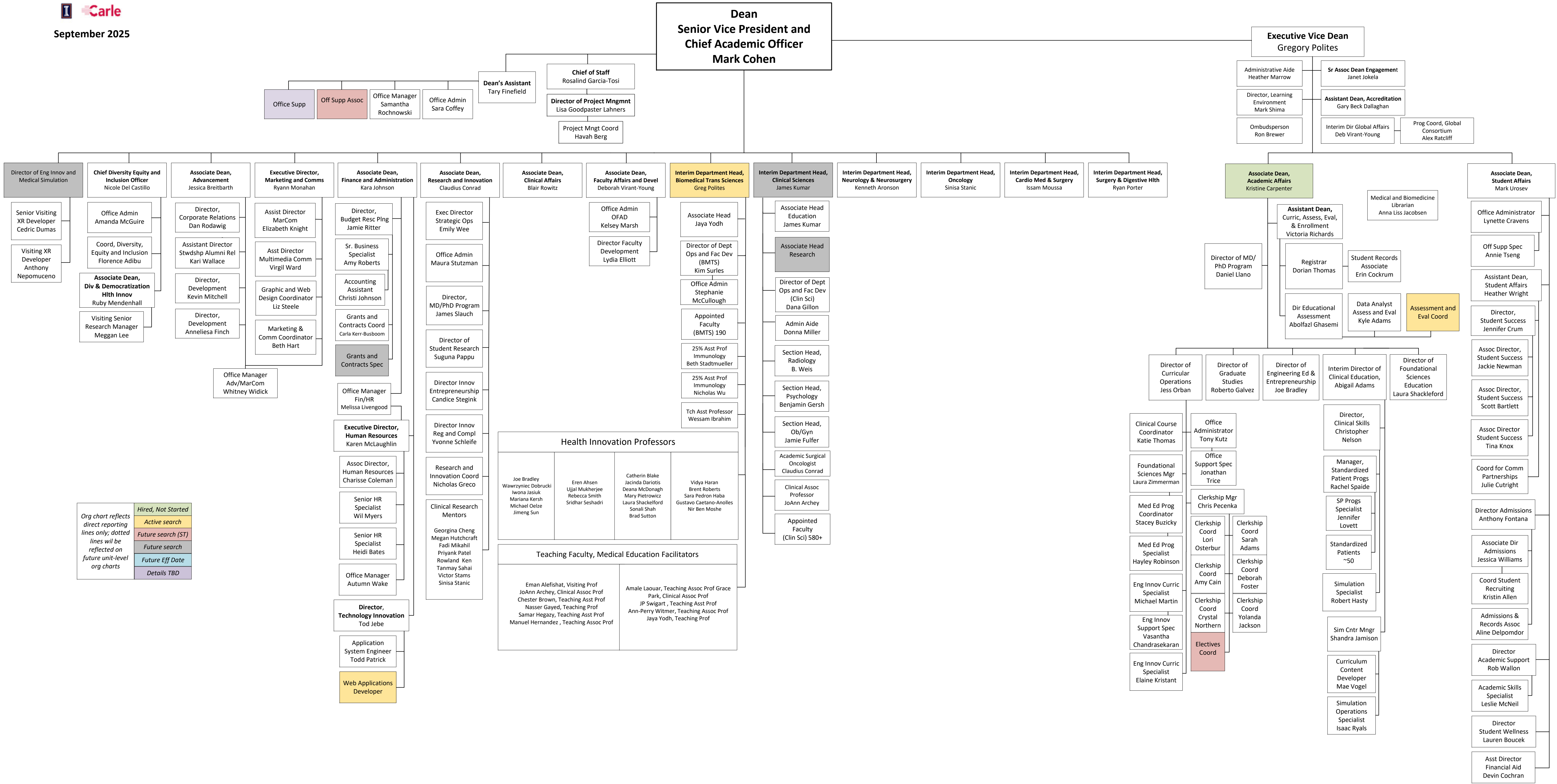
Orkin	Bruce	A	borkin	borkin2@illinois.edu		2024-02-16	2024-02-16	9999-12-31 CLIN PROF, TEACHING, CI MED (1-859)
Oshogwemoh Owens	Ismail Linda	O Kay	ismailo lkowens	ismailo@illinois.edu lkowens@illinois.edu		2021-02-08 2019-08-16	2021-02-08 2019-08-16	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 RES ASST PROF, CI MED (1-859)
Palermo Paluska	Mark Scott	A	mpalermo paluska	mpalermo@illinois.edu paluska@illinois.edu		2018-07-01 2018-10-01	2018-07-01 2018-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 ADJ CLIN PROF, CI MED (1-859) CLIN ASSOC PROF, CI MED (1-859);
Pappu Park	Suguna Grace	Lee	spappu gleepark	spappu@illinois.edu gleepark@illinois.edu		2022-02-01 2020-08-16	2022-02-01 2020-08-16	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASSOC PROF MED EDUC FCLTR (1-861)
Patel Patel	Jagruti Kunal	Ratilal H	jpatel33 patel34	jpatel33@illinois.edu Kunal.Patel@carle.com	patel34@illinois.edu	2018-10-01 2024-12-01	2018-10-01 2024-12-01	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Patel Pedron Haba Pepino de Gruiev Perez Pinera Perkins	Priyank Sara Marta Pablo Jacob	Pravin Yanina Michael	prpatel spedron ypepino pablo japerkin	prpatel@illinois.edu spedron@illinois.edu ypepino@illinois.edu pablo@illinois.edu Jacob.Perkins@Carle.com	japerkin@illinois.edu	2017-03-10 2021-02-08 2021-08-16 2017-03-10 2024-05-01	2017-03-10 2021-02-08 2021-08-16 2017-03-10 2024-05-01	9999-12-31 CLIN ASST PROF, CI MED (1-859) 2028-08-15 RES ASST PROF (1-861) 9999-12-31 PROF, CI MED (1-861) 9999-12-31 ASSOC PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Perrino Person Phan	Erica Erica Vinh	D Anne Anthony	eddavis2 eaperson antvphan	eddavis2@illinois.edu eaperson@illinois.edu antvphan@illinois.edu		2022-08-16 2023-09-16 2023-11-01	2022-08-16 2023-09-16 2023-11-01	9999-12-31 CLIN ASST PROF, CI MED (1-859) 2026-08-15 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Phelps Phyo	Hannah Zaw	Eve	smith268 zphyo	smith268@illinois.edu Zaw.phyo@carle.com	zphyo@illinois.edu	2021-08-16 2024-02-16	2021-08-16 2024-02-16	9999-12-31 CLIN INSTR, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Picchietti	Daniel	L	dpicchie	dpicchie@illinois.edu		2018-10-01	2018-10-01	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Picccone Pietrowicz	Connie Mary	Marie B	cpiccone marybp	connie.picccone@carle.com marybp@illinois.edu	cpiccone@illinois.edu	2021-08-16 2022-08-16	2021-08-16 2022-08-16	9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 2027-08-15 TCH ASST PROF (1-861)
Plowright Pogue	Leon Lucas	N Charles	lnp lpogue	lnp@illinois.edu lpogue@illinois.edu		2020-03-01 2021-02-08	2020-03-01 2021-02-08	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Polek Polites Polk	James Gregory John	Samuel Matthew David	jpolek2 gpolites jdpolk	jpolek2@illinois.edu gpolites@illinois.edu jdpolk@illinois.edu		2022-08-16 2023-04-16 2017-03-10	2022-08-16 2023-04-16 2017-03-10	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861)
Porter Przednowek Puher Qasim Quick Quirke Radish Radnitzer Rafferty Raheemi Rahhal	Ryan Tomasz Rebecca Mohammed Brian Kevin Aaron Crystal Carla Usman Tojan	Garrett E Usman L P Christopher D Marie M Bassam	rgporter przedno1 rpuher mqasim bquick kquirke aradish radnitr bilotto uraheemi rahhal	rgporter@illinois.edu przedno1@illinois.edu rpuher@illinois.edu mqasim@christieclinic.com bquick@illinois.edu kquirke@illinois.edu aradish@illinois.edu radnitr@illinois.edu bilotto@illinois.edu uraheemi@illinois.edu rahhal@illinois.edu	mqasim@illinois.edu	2018-07-01 2023-05-01 2020-03-09 2024-02-16 2019-07-16 2020-03-09 2020-12-16 2018-06-01 2018-10-01 2023-08-16 2022-11-16	2018-07-01 2023-05-01 2020-03-09 2024-02-16 2019-07-16 2020-03-09 2020-12-16 2018-06-01 2018-10-01 2023-08-16 2022-11-16	9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-861) 9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 ADJ TCH ASST PROF, CI MED (1-861)
Ramadan Ramkumar Ranchero Rao Rasheed	Nabih Davendra Bernie Christopher Mehmoodur	P Charles V	nramadan ramkumar ranchero cvrao mrasheed	nramadan@illinois.edu ramkumar@illinois.edu ranchero@illinois.edu cvrao@illinois.edu mrasheed@illinois.edu		2020-03-09 2020-03-09 2019-12-16 2018-03-02 2017-03-10	2020-03-09 2020-03-09 2019-12-16 2018-03-02 2017-03-10	9999-12-31 CLIN PROF, CI MED (1-859) 9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861) 9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Rauther Rawson Reese Regan	Shabeera Nicholas Donald John	Husain Alexander S	srauther nrawson dr9 js-regan	srauther@illinois.edu nrawson@illinois.edu dr9@illinois.edu js-regan@illinois.edu		2017-05-12 2024-10-16 2018-11-01 2020-07-16	2017-05-12 2024-10-16 2018-11-01 2020-07-16	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)

Reid	Jonas	Allen	jareid85	jareid85@illinois.edu		2021-10-16	2021-10-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Reifsteck	Brent	Douglas	bdreifst	bdreifst@illinois.edu		2018-07-01	2018-07-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Rhee	Benjamin	Jee Hyun	brhee1	brhee1@illinois.edu		2018-10-01	2018-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Richards	Victoria	E	verique5	verique5@illinois.edu		2020-09-01	2020-09-01	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Riddle	Tara	L	triddle	triddle@illinois.edu		2018-10-01	2018-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Righter	Kari	Jane	krighter	krighter@illinois.edu		2021-04-16	2021-04-16	9999-12-31 CLIN INSTR, CI MED (1-859)
Riskin	Barry	Jay	bjriskin	bjriskin@illinois.edu		2020-03-09	2020-03-09	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Robbins	Annette	Alyse	arobbi5	arobbi5@illinois.edu		2023-05-01	2023-05-01	9999-12-31 CLIN INSTR, CI MED (1-859)
Roberts	Brent	W	bwrobrts	bwrobrts@illinois.edu		2023-08-16	2023-08-16	9999-12-31 PROF (1-861)
Robinson	Gene	E	generobi	generobi@illinois.edu		2017-03-10	2017-03-10	9999-12-31 PROF, CI MED (1-861)
Rodriguez	Juan	Francisco	jrodrig	jrodrig@illinois.edu		2023-05-16	2023-05-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Rogers	John	A	jrogers	jrogers@illinois.edu		2018-02-01	2018-02-01	9999-12-31 ADJ PROF, CI MED (1-861)
Rosencranz	Holly	A	harosen	harosen@illinois.edu		2018-07-01	2018-07-01	9999-12-31 CLIN ASSOC PROF, TCH, CI MED (1-859)
Rosser	Cortney	Noel	rosser	rosser@illinois.edu		2020-11-16	2020-11-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Rounds	Lisa	Kay	leinfe1	leinfe1@illinois.edu		2021-10-16	2021-10-16	9999-12-31 CLIN INSTR, CI MED (1-859)
Rowitz	Blair	Martin	browitz	browitz@illinois.edu		2016-11-16	2017-03-10	9999-12-31 CLIN PROF, CI MED (1-859)
Rowland	Kendrith	M	rowland2	rowland2@illinois.edu		2017-05-12	2017-05-12	9999-12-31 CLIN PROF, RESEARCH, CI MED (1-859)
Royston	Sara	Elizabeth	sroysto2	sroysto2@illinois.edu		2023-01-16	2023-01-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Royyuru	Sasikala	Durga Rajyasree	sroyyuru	sroyyuru@illinois.edu		2022-08-16	2022-08-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Rubin	Rachael	Danielle	rrubin2	rrubin2@illinois.edu		2020-03-09	2020-03-09	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Rubush	Amanda	Miguel	arubush	arubush@illinois.edu		2018-08-16	2018-08-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Ruggieri	Rafael		rmruggie	rmruggie@illinois.edu		2018-10-01	2018-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Sadiq	Shamim		sadiq786	sadiq786@illinois.edu		2021-04-16	2021-04-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Sadiqua	Nazneen		nsadiqua	nsadiqua@illinois.edu		2018-10-01	2018-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Sahai	Tanmay	Abu	tsahai	tsahai@illinois.edu		2022-02-01	2022-02-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Saif	Md Taher		saif	saif@illinois.edu		2019-02-16	2019-02-16	9999-12-31 PROF, CI MED (1-861)
Sajjad	Sohaib		ssajjad	ssajjad@illinois.edu		2022-08-16	2022-08-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Salmons	Sally	J	ssalmons	ssalmons@illinois.edu		2017-03-10	2017-03-10	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Saluja	Rasleen	Kanwal	rsaluj2	rsaluj2@illinois.edu		2021-08-02	2021-08-02	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Sanchez-Torres	Reinaldo		rsanchez	rsanchez@illinois.edu		2021-03-16	2021-03-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Santeler	Scott	R	santeler	scott.santeler@carle.com	santeler@illinois.edu	2017-03-10	2017-03-10	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Santiago	Romero	Navaranjan	romeros	romeros@illinois.edu		2023-05-01	2023-05-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Sarma	Kalika	Prasad	ksarma	ksarma@illinois.edu		2018-10-01	2018-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Sather	Carl	Allen	csather	csather@illinois.edu		2019-07-01	2019-07-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Saw	Jessica	Jia-Wen	jsaw2	jsaw2@illinois.edu		2021-08-16	2021-08-16	9999-12-31 TCH ASST PROF, CI MED (1-861)
Schmitz	Anna	Lisa	schmitza	schmitza@illinois.edu		2018-07-01	2018-07-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Schroeder	Stefanie	Anne	sas84	sas84@illinois.edu		2020-02-01	2020-02-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Scott	William	S	wscott	wscott@illinois.edu		2018-06-01	2018-06-01	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Seibly	Jason	M	jseibly	jseibly@illinois.edu		2023-12-01	2023-12-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Seidl	Robert	K	rkseidl	rkseidl@illinois.edu		2020-07-16	2020-07-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Seniutkin	Oleksii		olekssen	olekssen@illinois.edu		2023-07-16	2023-07-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Sepe	Joseph	J	sepe	sepe@illinois.edu		2021-06-21	2021-06-21	9999-12-31 ADJ TCH ASST PROF, CI MED (1-861)
Seshadri	Sridhar		sridhar	sridhar@illinois.edu		2021-08-16	2021-08-16	2026-08-15 PROF (1-861)
Shackelford	Laura	Lynn	llshacke	llshacke@illinois.edu		2017-04-13	2017-04-13	9999-12-31 PROF (1-861)
Shah	Sonali	K	sonali	sonali@illinois.edu		2018-07-01	2018-07-01	2027-08-15 PROF (1-861)
Shaik	Ibrahim		is7	is7@illinois.edu		2019-05-16	2019-05-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Shakeel	Qasim		qshakeel	qshakeel@illinois.edu		2018-06-01	2018-06-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Sharma	Neil	Kant	nsharm27	neil.sharma@carle.com	nsharm27@illinois.edu	2024-11-11	2024-11-11	9999-12-31 CLIN ASST PROF, CI MED (1-859)

Shepherd Sherkow Shi	James Jacob Zhaoyue	L S	jlshephe jsherkow zhaoyues	jlshephe@illinois.edu jsherkow@illinois.edu Zhaoyue.Shi@carle.com	zhaoyues@illinois.edu	2018-07-01 2022-02-16 2024-04-01	2018-07-01 2022-02-16 2024-04-01	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861) 9999-12-31 RES ASST PROF, CI MED (1-861)
Shima	Mark	T	mshima	mshima@illinois.edu		2019-08-16	2019-08-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Shodunke	Temitope	Jimoh	shodunke	shodunke@illinois.edu		2019-05-16	2019-05-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Shubert	April	D	ashubert	ashubert@illinois.edu		2020-03-09	2020-03-09	9999-12-31 INSTR, CI MED (1-859)
Shukla Shyu Sinanon-Reid Singh Sirk Sivalingam Slauch Slavkovsky Slocum Smith Smith Smith Smith	Vijeta Charles Sophia Gurpreet Shannon Senthil James Judah Erich Andrew Lisan Michael Rebecca	Chao Yuen Kumar McClurg Maccabeus N M Lalita John Lee	vijetas cshyu ssinanon gsingh80 sirk sks82 slauch judah eslocum smi lisan msmithmd rlsdvm	vijetas@illinois.edu cshyu@illinois.edu ssinanon@illinois.edu gsingh80@illinois.edu sirk@illinois.edu Senthil.Sivalingam@carle.com slauch@illinois.edu judah@illinois.edu eslocum@illinois.edu smi@illinois.edu lisan@illinois.edu Michael.smith@healthalliance.org rlsdvm@illinois.edu	sks82@illinois.edu msmithmd@illinois.edu	2020-07-01 2019-12-16 2023-10-16 2023-09-16 2018-03-02 2024-11-16 2016-11-16 2021-01-16 2021-11-16 2017-03-10 2021-08-16 2017-05-15 2020-07-16	2020-07-01 2019-12-16 2023-10-16 2023-09-16 2018-03-02 2024-11-16 2017-03-10 2021-01-16 2021-11-16 2017-03-10 2021-08-16 2017-05-15 2020-07-16	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN INSTR, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 ASSOC PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861) 9999-12-31 ADJ TCH ASST PROF, CI MED (1-861) 9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 2026-08-15 ASSOC PROF (1-861)
Sobeski Sola-Del Valle Solomon	James David James	K Antonio Alan	sobeski das35 avibenzv	sobeski@illinois.edu das35@illinois.edu avibenzv@illinois.edu		2019-11-16 2024-04-01 2019-10-01	2019-11-16 2024-04-01 2019-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Song Sorkin Sousa Sowers Spain Spangler	Juno Harlan Denise Richard Marta Nicole	Min Lee B T Ann	jsong3 sorkin2 dsousa r-sowers maspain nrodos2	jsong3@illinois.edu sorkin2@illinois.edu denise.sousa@carle.com r-sowers@illinois.edu maspain@illinois.edu nrodos2@uic.edu	dsousa@illinois.edu nrodos2@illinois.edu	2021-05-16 2021-02-16 2024-10-01 2021-04-16 2017-03-10 2019-11-16	2021-05-16 2021-02-16 2024-10-01 2021-04-16 2017-03-10 2019-11-16	9999-12-31 CLIN INSTR, CI MED (1-859) 9999-12-31 CLIN ASST PROF (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 INSTR, CI MED (1-859)
Sperry Spinella Splitter Stadtmueller Stams	Deborah Michael Lawrence Beth Victor	M J George Marie E	dmsperry spinella lgs bethms vstams1	dmsperry@illinois.edu spinella@illinois.edu lgs@illinois.edu bethms@illinois.edu vstams1@illinois.edu		2018-10-01 2017-10-01 2023-08-16 2018-11-01 2019-11-16	2018-10-01 2017-10-01 2023-08-16 2018-11-01 2019-11-16	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 ASSOC PROF (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Stanic Strand Strayer Stumpf Su Suarez Subbiah Subramanian Sum Sun Sundaram	Sinisa Adam Sue Rebecca Feiteng Daniel Sathya Chitra Ada Jimeng Sumuk	O Ann Paul Sathyavan C	sinisa astrand sueb2 rstumpf su1 dsuarez subbiah1 chitram adasum jimeng sumuks	sinisa@illinois.edu adam.strand@carle.com sueb2@illinois.edu rstumpf@illinois.edu su1@illinois.edu daniel.suarez@carle.com subbiah1@illinois.edu chitram@illinois.edu adasum@illinois.edu jimeng@illinois.edu sumuks@illinois.edu	astrand@illinois.edu dsuarez@illinois.edu	2018-10-01 2024-10-16 2022-03-16 2018-10-01 2020-03-09 2025-02-16 2021-02-08 2022-09-16 2018-10-01 2020-04-16 2020-07-16	2018-10-01 2024-10-16 2022-03-16 2018-10-01 2020-03-09 2025-02-16 2021-02-08 2022-09-16 2018-10-01 2020-04-16 2020-07-16	9999-12-31 CLIN PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861) 9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 2026-08-15 CLIN ASST PROF, CI MED (1-859) 9999-12-31 RES ASSOC PROF, DIR TORM LAB (1-944) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 PROF (1-861) 9999-12-31 CLIN ASSOC PROF, CI MED (1-859) PROF (1-861);
Sutton Swaminarayan Sweedler	Brad Harshil Jonathan	V	bsutton hys271 jsweedle	bsutton@illinois.edu hys271@illinois.edu jsweedle@illinois.edu		2016-05-16 2020-02-01 2018-02-01	2017-03-10 2020-02-01 2018-02-01	9999-12-31 PROF (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861)
Swiatek Swigart Syed Szymanski	Carissa James Nasreen Caroline	Marie P L	cswiat3 swigart nsyed cls26	cswiat3@illinois.edu swigart@illinois.edu nsyed@illinois.edu caroline.szymanski@carle.com	cls26@illinois.edu	2019-11-16 2020-04-06 2023-05-16 2025-05-16	2019-11-16 2020-05-16 2023-05-16 2025-05-16	9999-12-31 INSTR, CI MED (1-859) 9999-12-31 TCH ASST PROF (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Taheri Tajkhorshid Tangella	Sean Emad Krishnarao	Venkata	staheri emad tangella	staheri@illinois.edu emad@illinois.edu tangella@illinois.edu		2020-06-01 2018-03-02 2018-10-01	2020-06-01 2018-03-02 2018-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861) 9999-12-31 CLIN PROF, CI MED (1-859)
Tangen Tarran	Lyn Joseph	E	ltangen jtarran	ltangen@illinois.edu joseph.tarran@carle.com	jtarran@illinois.edu	2018-10-01 2025-03-16	2018-10-01 2025-03-16	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Tate	Melissa	Sue	mstate	mstate@illinois.edu		2021-05-01	2021-05-01	9999-12-31 INSTR, CI MED (1-859)

Taylor Teran-Garcia Teshale	Brett Margarita Solomon	M De L	bmtaylr2 teranmd teshale	bmtaylr2@illinois.edu teranmd@illinois.edu teshale@illinois.edu		2019-05-16 2017-03-10 2018-06-01	2019-05-16 2017-03-10 2018-06-01	9999-12-31 CLIN INSTR, CI MED (1-859) 9999-12-31 TCH ASST PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Thameem Thobe Thomas Thompson Thompson Thornton Thorstensson Davila Tonn Traeger Tripathy	Danish Bradley Audra Bradley Charee Sherri-Lee Liv Erica Aaron Neena	Mohammed J M David Mooney Michelle Solveig K R	dthameem bthobe authomas bdt4 charee stmd69 livtd volkman1 atraeger ntripath	dthameem@illinois.edu bthobe@illinois.edu audra.thomas@carle.com bdt4@illinois.edu charee@illinois.edu stmd69@illinois.edu livtd@illinois.edu volkman1@illinois.edu atraeger@illinois.edu ntripath@illinois.edu	authomas@illinois.edu	2018-10-01 2023-07-16 2018-10-01 2023-08-01 2021-09-16 2023-03-16 2022-05-16 2020-03-09 2020-08-16 2017-05-12	2018-10-01 2023-07-16 2018-10-01 2023-08-01 2021-09-16 2023-03-16 2022-05-16 2020-03-09 2020-08-16 2017-05-12	9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN INSTR, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 ASSOC PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Tseng	Yu-Shan		ystseng	yushan.tseng@carle.com	ystseng@illinois.edu	2021-08-16	2021-08-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Tsipursky Turakhia Ujayli Urosev Uzoaru van der Donk Vansyckel	Michael Samir Alaa Mark Ikechukwu Wilfred Arielle	S A L Adrianus Esther	mtsipurs samirt20 ujayli urosev uzoaru vddonk aev	mtsipurs@illinois.edu samirt20@illinois.edu ujayli@illinois.edu urosev@illinois.edu uzoaru@illinois.edu vddonk@illinois.edu Arielle.VanSyckel@carle.com	aev@illinois.edu	2018-07-01 2018-10-01 2019-12-16 2023-04-16 2018-10-01 2018-02-01 2024-04-01	2018-07-01 2018-10-01 2019-12-16 2023-06-01 2018-10-01 2018-02-01 2024-04-01	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 INSTR, CI MED (1-861) 9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Vasireddy Ve'al Velasco	Vamsi Christopher Jacqueline	Krishna Benjamin Eddie Pena	vkvt0714 ctveal jpv	vkvt0714@illinois.edu ctveal@illinois.edu Jacqueline.Velasco@Carle.com	jpv@illinois.edu	2018-10-01 2024-10-01 2024-02-01	2018-10-01 2024-10-01 2024-02-01	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 ADJ CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859)
Verma	Anupam		anverma	anverma@illinois.edu		2020-03-09	2020-03-09	9999-12-31 CLIN ASST PROF, CI MED (1-859) CLIN ASST PROF, CI MED (1-861);
Virant-Young Vlasov	Deborah Yurii	Lynn A	dlvyoung yvlasov	dlvyoung@illinois.edu yvlasov@illinois.edu		2023-08-22 2017-03-10	2023-11-01 2017-03-10	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861)
Vliet Vozenilek Vyas	Angela John Smita	Michelle A	avliet javoz smitav	avliet@illinois.edu javoz@uic.edu smitav@illinois.edu	javoz@illinois.edu	2020-03-09 2017-09-25 2023-05-18	2020-03-09 2017-09-25 2023-05-18	9999-12-31 INSTR, CI MED (1-859) 9999-12-31 INSTR, CI MED (1-861) 9999-12-31 CLIN ASST PROF, CI MED (1-859) PROF, CI MED (1-859);
Wagoner Johnson Wallon Wang Wang	Amy Robert Hua Mingtao	Jaye Charles	ajwj rwallon2 huawang3 mwmd	ajwj@illinois.edu rwallon2@illinois.edu huawang3@illinois.edu mwmd@illinois.edu		2017-03-10 2018-07-02 2020-08-16 2019-11-16	2017-03-10 2020-09-16 2020-08-16 2019-11-16	9999-12-31 PROF, CI MED (1-861) 9999-12-31 TCH ASST PROF, CI MED (1-861) 9999-12-31 ASSOC PROF, CI MED (1-861) 9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Wang	Mu		muwang	muwang@illinois.edu		2020-03-09	2020-03-09	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Wang	Ruidi		ruidiw	ruidiw@illinois.edu		2018-10-01	2018-10-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Ward Warren Wee	Autumn Daniel Emily	Nicole Vail	autumnv danielwa ewee	autumnv@illinois.edu Daniel.Warren@carle.com ewee@illinois.edu	danielwa@illinois.edu	2021-10-16 2024-01-01 2019-08-16	2021-10-16 2024-01-01 2019-08-16	9999-12-31 CLIN INSTR, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 RES ASST PROF, CI MED (1-859)
Weis Welch Wellman Wetter Taylor	Blake Janet Robert Nathaniel	Alexander Watson Bruce Craig	bweis jwlch rwellman nwetter2	blake.weis@carle.com jwlch@illinois.edu rwellman@illinois.edu nwetter2@illinois.edu	bweis@illinois.edu	2019-10-16 2020-03-09 2017-04-13 2023-11-01	2019-10-16 2020-03-09 2017-04-13 2023-11-01	9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 9999-12-31 CLIN ASST PROF, CI MED (1-859) 9999-12-31 ADJ LECTURER, CI MED (1-861)
Wheatley Wheeler	Brian Matthew	J B	bjwheat mbwheele	bjwheat@illinois.edu mbwheele@illinois.edu		2017-05-12 2017-03-10	2017-05-12 2017-03-10	9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861)
Whisenand	James	M	jmwhsnnd	jmwhsnnd@illinois.edu		2019-11-16	2019-11-16	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
White	Karen	C	kcwhite	kcwhite@illinois.edu		2017-03-10	2017-03-10	9999-12-31 CLIN PROF, CI MED (1-859)
White White	Keith M	Bryan Christina	kbwhite mcwhite7	kbwhite@illinois.edu mcwhite7@illinois.edu		2018-10-01 2018-08-16	2018-10-01 2018-08-16	9999-12-31 CLIN ASSOC PROF, CI MED (1-859) 9999-12-31 PROF, CI MED (1-861)

Whiting	Mark	Douglas	mwhiting	mwhiting@illinois.edu		2020-07-01	2020-07-01	9999-12-31 CLIN ASSOC PROF, RES, CI MED (1-859)
Whitmore	Elsa	Jane	ejw26	ejw26@illinois.edu		2021-01-16	2021-01-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Whitton	Elizabeth	Ann	whitton	elizabeth.whitton@carle.com	whitton@illinois.edu	2023-08-16	2023-08-16	9999-12-31 CLIN INSTR, CI MED (1-859)
Wieland	John	Murray	jwieland	jwieland@illinois.edu		2022-02-01	2022-02-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Willard	Jared	W	jwwillar	jwwillar@illinois.edu		2022-07-29	2022-09-16	2026-08-15 CLIN ASST PROF, CI MED (1-859)
Willard	Sarah	Jessica	swillard	swillard@illinois.edu		2022-08-16	2022-08-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Williams	John	M	johnmw7	johnmw7@illinois.edu		2018-11-01	2018-11-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Williams	Sherry	Michele	sherrymw	sherrymw@illinois.edu		2022-06-16	2022-06-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Wilson	Brenda	Anne	wilson7	wilson7@illinois.edu		2017-04-13	2017-04-13	9999-12-31 PROF, CI MED (1-861)
Wilson	Robin	Fretwell	wils	wils@uillinois.edu		2019-11-16	2019-11-16	9999-12-31 PROF, CI MED (1-861)
Witmer	Ann-Perry		awitmer	awitmer@illinois.edu		2018-07-01	2018-07-01	9999-12-31 TCH ASSOC PROF (1-861)
Woldegabriel	Elias	Nigussie	eliasw	eliasw@illinois.edu		2020-03-09	2020-03-09	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Wolf	Richard	M	wolf1	wolf1@illinois.edu		2017-05-12	2017-05-12	9999-12-31 CLIN ASSOC PROF, CI MED (1-859)
Wood	Alyssa	Justine	alwood	alwood@illinois.edu		2023-01-16	2023-01-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Woods	Jeffrey	A	woods1	woods1@illinois.edu		2017-03-10	2017-03-10	9999-12-31 PROF, CI MED (1-861)
Woodward	Robert	T	rtwoodwa	rtwoodwa@illinois.edu		2020-03-09	2020-03-09	9999-12-31 CLIN PROF, CI MED (1-859)
Wooldridge	Abigail		arwool	arwool@illinois.edu		2020-05-16	2020-05-16	9999-12-31 ASST PROF, CI MED (1-861)
Wozniak	Michael	Fredrick	mwoz	mwoz@illinois.edu		2023-05-01	2023-05-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Wright	Heather		heatherw	heatherw@illinois.edu		2017-08-16	2018-08-01	9999-12-31 INSTR, CI MED (1-861)
Wrigley	Catherine		cwrigley	cwrigley@illinois.edu		2020-07-16	2020-07-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Wu	Nicholas Ching Hai		nicwu	nicwu@illinois.edu		2020-09-01	2020-09-01	9999-12-31 ASSOC PROF, CI MED (1-861)
Yadav	Mukesh	K	myadav3	myadav3@illinois.edu		2020-11-16	2020-11-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Yamamoto	Joyce	K	joycey84	joycey84@illinois.edu		2023-12-16	2023-12-16	9999-12-31 ADJ TCH ASST PROF, CI MED (1-861)
Yang	Glen		glenyang	glenyang@illinois.edu		2018-07-01	2018-07-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Yang	Yuan		yuany	yuany@illinois.edu		2025-03-16	2025-03-16	9999-12-31 ASSOC PROF, CI MED (1-861)
Yantis	Bryce	Andrew	byantis	byantis@illinois.edu		2021-03-16	2021-03-16	9999-12-31 CLIN INSTR, CI MED (1-859)
Yao	Mike	Zheng Yu	mzyao	mzyao@illinois.edu		2024-04-01	2024-04-01	9999-12-31 PROF, CI MED (1-861)
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Yekkiral	Lalitha		yekkiral	yekkiral@illinois.edu		2021-08-16	2021-08-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
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Yoon	Harold	Abraham	hyoon1	hyoon1@illinois.edu		2023-11-01	2023-11-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
York	Catherine	M	cchart1	cchart1@illinois.edu		2018-11-01	2018-11-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Youakim	Jon	Paul	jyouak2	jyouak2@illinois.edu		2019-07-01	2019-07-01	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Young	Julie	Ann	juliey	juliey@illinois.edu		2020-02-01	2020-02-01	9999-12-31 INSTRUCTOR, CI MED (1-859)
Young	Rachael	Morgan	rmkelley	rmkelley@illinois.edu		2020-04-16	2020-04-16	9999-12-31 INSTRUCTOR, CI MED (1-859)
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Yu	Robert	John	rjyu	robert.yu@carle.com	rjyu@illinois.edu	2021-02-08	2021-02-08	9999-12-31 CLIN ASST PROF, CI MED (1-859)
Yu-Ballard	Aimee	C	aimeeyu	aimeeyu@illinois.edu		2018-12-16	2018-12-16	9999-12-31 CLIN ASST PROF, CI MED (1-859)
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Appendix O: Jeffries Center (formerly OMSA) Programs

TRiO Upward Bound (UB). UB is the oldest Federal TRiO program and funded to serve 102 pre-college students in Champaign, Urbana and Rantoul, Illinois. UB was created in 1964 by the Economic Opportunities Act to increase secondary graduation rates and prepare first generation, low-income for college success and graduation. The University has successfully administered the UB federal award for more than 50 consecutive years. And the program has been a part of the Jeffries Center since OMSA's inception.

TRiO Talent Search (TS). TS is a Federal TRiO program funded to serve 500 pre-college students in Champaign, Urbana and Decatur, Illinois. TS was created in 1965 by the Higher Education Act to increase the number for disadvantaged youth completing secondary education, enrolling in and completing post-secondary degrees.

TRiO Student Support Services (SSS). SSS is a Federal TRiO program funded to serve 250 undergraduate students at UIUC. SSS was created in 1968 by an amendment to the Higher Education Act to increase college retention and graduation rates for first generation and low-income students.

TRiO Ronald E. McNair Post-baccalaureate Achievement Program (McNair). McNair is the Jeffries Center's fourth and final Federal TRiO program funded to serve 36 undergraduates at UIUC. McNair was created in 1986 by an amendment to the Higher Education Act to encourage underrepresented students to pursue doctoral studies and increase their attainment of a Ph.D.

Tutoring and Academic Services (Tutoring). The Jeffries Center's Academic Services Center, assists students in developing the confidence, independence, and active learning skills necessary to meet the University's academic standards and students' individual educational goals. This skill development is facilitated via **tutoring, review sessions, supplemental instruction, study skills workshops, academic enrichment activities, and by helping students navigate the network of college and departmentally based academic resources on the campus.** The Center's commitment to universal student success requires us to serve every student that requests our assistance. Yet, our core population of students for whom we focus our services are incoming students who are:

- First time first-year students
- 1st Generation
- Low-income
- Historically underrepresented U.S. minorities (i.e., African American, Latino/a, Native American, and Native Hawaiian/Pacific Islander)
- Multi-racial (with at least one historically underrepresented racial identity)
- A student with one of the following banner attributes: Educational Opportunities Program (EOP), President's Awards Program (PAP), DGS Enrichment students, and LAS's AAP students (declared only), AHS's I-LEAP students, I-Promise students, and Chez Scholars.

Advising and Mentoring (A&M). Illinois students at all grade levels can take advantage of the Jeffries Center's general advising and mentoring services by making an appointment or by simply dropping-in. Student Success Advisors (SSAs) help with a range of personal, career, financial, and academic issues and refer students to valuable resources throughout the campus and community.

A&M's individualized and intensive retention support services such as academic coaching and mentoring is geared towards approximately 1,300 of the most vulnerable students who meet the first criteria and either the second or the third criteria below:

- The student cannot qualify for duplicative mentoring services from other campus units (e.g., LAS's Access and Achievement Program; AHS's Mannie L. Jackson Academic Enrichment and Leadership Program, the Jeffries Center's Student Support Services program, or the Chez Family Scholars program, etc.).
- The student must be a first-time first-year student AND from a historically underrepresented US minority group (multi-racial students are included).
- The student must be a first-time first-year student from a non-US minority group who is a) first generation, b) an EOP or PAP student, and C) earned a composite ACT score between 17 and 24, inclusive.

Our SSAs receive training prior to mentoring students. These staff members are not academic advisors but collaborate with academic advisors to ensure student success. SSAs are assigned to students before classes begin. Students are introduced to their SSA and to other academic support and retention services at a special seminar focused on student success before classes begin. Even when a student is excelling academically, we are there to help students reach beyond their coursework to experience all the University has to offer.

All Students

- **I-Connect Diversity & Inclusion Workshop** is an experiential training designed to help incoming students embrace differences and recognize shared experiences in order to build a welcoming and engaged campus community. Facilitated by fellow students, I-Connect uses collaborative exercises and engaging discussion to build participants' communication skills and their ability to collaborate, learn, and work in diverse environments. All of us—regardless of our experiences or social group membership—must understand both our similarities and our differences in order to work and live with one another. I-Connect workshops provide students with an opportunity to begin these important discussions and learn from each other.
- **University Housing Inclusion and Leadership Education** focuses on promoting social justice initiatives and resolving social issues in residence halls. Inclusion and Leadership Mentors are specially trained to handle social conflicts in the residence halls so that every resident feels safe and comfortable in the halls.

African American Student Programs, Support, and Services

- **Bruce D. Nesbitt African American Cultural Center:** The mission of the Bruce D. Nesbitt African American Cultural Center is to provide a network of programs and support services promoting the individual, social, cultural and academic well-being of Illinois' African American students.
- **Black Geek Week:** the Bruce D. Nesbitt African American Cultural Center launched its inaugural "Black Geek Week" as part of Black History Month festivities in 2013. The week's events highlighted the achievements of Africans Americans in academia, STEM (science, technology, engineering and mathematics) and arts that have pushed the boundaries of thought and technology. Moreover, the programs seek to expose the Illinois community to a demographic of "nerds" and "geeks" who are rarely highlighted in pop-culture and contemporary discussions on geek culture (e.g. comics, gadgets, science fiction, computers, etc.).
- **The Black and Latino Summit:** The summit is concentrated in the decolonization of concepts that have impacted and continue to negatively impact Black and Latino communities. Our purpose is to deconstruct narratives, build consciousness as to who we are as men of color, and to continue our drive to serve as an agent of positive change in our communities. The summit also provides a space to develop strategies to achieve academic success, professional development, wellness, and awareness of campus resources. The summit aims to create an experience that sparks reflection and ignites action from its participants. Furthermore, we aim to provide a safe space to have deep conversations as well as to promote camaraderie, coalition building, and community between Black and Latino participants.
- **Housing Division Men of Impact** is a student organization that is dedicated to serving the needs of Black men. We address the needs and concerns facing Black men in our community, via education and service activities. Our primary goal is to equip Black men with the necessary tools to overcome the social stigmas facing them in society today.

- **Housing Division Central Black Student Union** is to support African American students in the residence halls, serve and assist Black Student Unions in the residence halls, and meet the needs of supporting organizations and the campus-wide community.

Latino/a Student Programs, Support, and Services

- **La Casa Cultural Latina** promotes a welcoming and dynamic atmosphere through the development of educational, cultural, socio-political, and social programs that lead to greater recruitment, retention, advancement, and empowerment of Latina/o students. La Casa engages current and future leaders through mentorship, civic engagement, and the promotion of social advocacy.
- **Conéctate** is an early move-in program designed for first generation Latino/a students to experience the fast-paced campus life that awaits at Illinois. This program is intended to create opportunities for Latinos/as to understand college life based on non-traditional narratives rather than framing one's story on the experiences of the dominant group. This two-day program will provide opportunities to Latino/a college students in a predominantly white institution (PWI) to embrace the concept of Latino/a—by empowering their sense of belonging and identity—to learn about academic rigor from current faculty; and to understand the importance of balancing all sorts of responsibilities. The program consists of three different modules: Sense of belonging, Developing student-faculty relationship, and Balancing responsibilities.
- **The Black and Latino Summit (See Above)**
- **The Latinx Resilience Network** provides support for Latinx students on campus, increases mental health wellness and awareness, and works as a space for students to share their campus climate experiences to build resilience. The Resilience Network:
 - Educates students and faculty about mental health awareness and resources
 - Trains students to be peer coordinators, facilitators, and listeners
 - Fosters Latinx success on campus
- **The La Casa META Program** is designed for all undergraduate students to forge paths and create networks to achieve academic success and personal growth. Through the META Program, La Casa Cultural Latina promotes retention, service, and achievement to turn today's students into tomorrow's leaders, professionals, and community organizers. The program encourages students to define and set goals and work together, develop strategies and timelines to achieve those goals, and direct students to campus resources.

Additional Student Programs, Services, and Support

- **Asian American Cultural Center:** The University of Illinois Urbana-Champaign has one of the largest and most vibrant Asian American university communities in the Midwest, where 37% of students are of Asian descent. Opened in Fall 2005, the Asian American Cultural Center provides the University of Illinois community with space to gather and share experiences of our diverse and rich cultures. As a unit of the Office of Inclusion & Intercultural Relations, the AACC promotes cross-cultural understanding that supports the academic and personal

growth of students, along with learning experiences that help shape a lifetime commitment to ethical and engaged citizenship.

- **Gender & Sexuality Resource Center** is a resource not only for the LGBTQIA+, queer, nonbinary, and gender nonconforming community but for the entire university community. The GSRC exists for anyone who is who is interested in learning about LGBTQIA+, queer, nonbinary, and gender nonconforming people, issues, and concerns. For the LGBTQIA+, queer, nonbinary, and gender nonconforming community, the GSRC provides support for full inclusion of everyone in the university — including those who experience discrimination or who need support as members of the campus community.
- **Native American House:** (NAH) serves as a support and resource center for Native American students, including all students and the campus. Specifically, Native American House provides events and programs throughout the year that allow students the opportunity to enrich their cultural and academic experiences at the University of Illinois. While fostering a university community that values and actively supports inclusiveness and diversity, the support provided for students ensures a rewarding educational experience.
- **Salaam Middle East & North Africa (MENA) Cultural Center** provides a home for a border-fluid MENA community and to inspire holistic student success, inclusion, and belonging. By fostering the development of critical, intercultural citizens and global leaders who are better equipped to read and engage our complex and nuanced world, Salaam hopes to leave our communities better places than we found them.
- **Women's Resources Center** is a fun, active center on campus where students of all genders can come to learn a new skill, hear a great workshop, enjoy tasty food treats (including vegan options), explore an arts and crafts talent, or participate in a stimulating discussion on a variety of "hot" topics! Women's Resources Center provides students with CONFIDENTIAL support and advocacy services when they are faced with difficult or emotionally traumatic incidents such as harassment, stalking, sexual assault, or abuse within a relationship. Women's Resources Center is responsible for the First Year Campus Acquaintance Rape (FYCARE) program to ensure that all students are aware of issues related to sexual assault and other interpersonal crimes and the resources available to them.

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Announcements

[Public Hearing: Establish Four New Departments in CIMed](#)

The Senate seeks information regarding establishing the departments of Obstetrics and Gynecology, Psychiatry, Family Medicine and Internal Medicine in the Carle Illinois College of Medicine. A public hearing will be held at 9:30 a.m. Dec. 1. Follow [this link](#) for Zoom link and more information, to RSVP to the hearing or to provide comments.

December 1, 9:30–10 am

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Announcements for the week of November 30, 2025

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SENATE COMMITTEE ON EDUCATIONAL POLICY
MONDAY, DECEMBER 1, 2025
PUBLIC HEARING MINUTES

PUBLIC HEARING

As per Section 8, C.4 of its *Bylaws*, on December 1, 2025 at 9:30 am, the Senate Committee on Educational Policy (EP) held a Public Hearing via Zoom on four proposals for Carle Illinois College of Medicine:

Establish the Department of Obstetrics and Gynecology in the Carle Illinois College of Medicine (EP.26.064), Establish the Department of Psychiatry in the Carle Illinois College of Medicine (EP.26.065), Establish the Department of Family Medicine in the Carle Illinois College of Medicine (EP.26.066), and Establish the Department of Internal Medicine Carle Illinois College of Medicine (EP.26.067). Notice of this public hearing was published through the Illinois Faculty/Staff Notices on November 16, 2025 and November 30, 2025 (Eweek) online bulletin.

Deb Young (Associate Dean for Faculty Affairs & Development) attended the on behalf of Carle Illinois College of Medicine. Other guests in attendance included: Nolan Miller (EP Chair), Jenny Amos (EP committee member), Hannah Kuneyl (EP committee member), Craig Lemoine (EP committee member) and Dan Mann (Associate Provost Enrollment Management and EP *ex officio* committee member).

EP Chair Nolan Miller introduced the four proposals. Deb Young gave an overview of the four proposals and the need to separate out these areas into smaller specialized departments in order to make it easier to manage them and comply with accreditation requirements.

When no further questions or comments were forthcoming, Chair Miller thanked everyone and ended the Public Hearing at 9:46 am.