

# POLICY NUMBER Enter Policy Name

**Policy Type**: Enter Academics and/or Administrative/Operations

**Responsible Administrator**: Name, Title

**Responsible Office**: Office Name

**Originally Issued**: Month DD, YYYY

**Revision Date**: N/A or Month DD, YYYY

**Training Required**: Enter Yes or No

**LCME Required**: Enter Yes or No

**Approved by**:



Marc J Kahn, MD, Dean

**Date**: Month DD, YYYY

## Definitions

**Enter Term**: Enter Definition

## Statement of Purpose

The purpose of this policy is…

## Entities Affected By This Policy

This policy applies to…

## Required Acknowledgement

All entities affected are required to acknowledge they have read and understand this policy.

## Policy

Enter policy

## Related Documents

Add links to any related documents/procedures.

## Contacts

**Name**

Title

Department

Phone: 702-xxx-xxxx

Email: @unlv.edu

Department Email, if applicable