Master of Health Administration Program Advisory Council Bylaws

Article I - Name

The name of the consultative body serving the HSC School of Public Health Master of Health Administration Program (hereinafter called the "Program") is the MHA Advisory Council (hereinafter called the "Council"). The Council shall be formed and exist at the pleasure of the College.

Article II – Mission

The mission of the Council is to serve as a consulting body for the ongoing improvement of the Program and to inform the Program of industry trends and practices. The Council and its respective members also serve as Program ambassadors to the healthcare community in order to expand internship and career opportunities for students and graduates.

Article III – Objectives

The work of the Council shall include but not be limited to the following:

- Assisting the Program Director in planning, especially in defining curriculum, competencies and Program focus.
- Aiding in the Program's continuous improvement process, as required by the Council on Accreditation of Health Management Education, by providing input in curriculum and program development.
- Serving as ambassadors of the Program to expand the Program's professional network and increase the visibility of the Program within the healthcare market.
- Assisting the Program in recruiting outstanding students, in securing quality student internship opportunities and in advising Program graduates in career advancement.
- Assisting in identifying, involving, and soliciting potential new Council members.

Article IV – Membership

Section 1. Composition

Consistent with the values of the Health Science Center, the Program seeks to promote diversity of thought, ideas and people through the Council membership. The Council shall consist of up to 12 members until such number is changed by an amendment to these Bylaws. Positions and

vacancies are filled as the Councils requires, specifically if there are specific areas of expertise required to meet the needs of the Program. Where possible, the expertise of the Council shall represent the breadth of the healthcare system and effective leadership practices, such as:

- National thought leaders in healthcare delivery, health policy, leadership, healthcare management education, or other relevant area to the Program (1/4th of the membership)
- Local Practitioners (1/2 of the membership) representing:
 - Acute inpatient care
 - Outpatient care
 - o Post-acute care
 - Service industries supporting healthcare
 - o Insurance and managed care organizations
 - o Other healthcare delivery providers
- Alumni of the Program (1/4th of the membership)

Section 2. Qualification for Membership

Preference for members of the advisory council includes individuals holding a graduate degree in health administration or a related field. Additionally, the Council seeks to engage individuals with diverse experiences and holding national fellowships or demonstrating active involvement with professional associations, such as the American College of Healthcare Executives, the Healthcare Financial Management Association, the National Association for Healthcare Quality, and other relevant healthcare leadership and health professional organizations. The Council will target 1/4 of its membership being comprised by alumni of the HSC MHA program.

Section 3. Classes of Membership

There shall be two classes of Council membership: regular and ex-officio.

Regular Members:

Nominations for new members are endorsed by the director of the Program and then forwarded to the Chair of Health Behavior and Health Systems for approval and appointment.

Terms shall be two years in duration and renewable once, for a total term of 4 consecutive years.

Ex-Officio members:

Ex-officio members include: the Dean, Program Director, the Department Chair of Health Behavior and Health Systems, the President of the Health Administration Student Association. The Program Director is the only ex-officio member with voting privileges; all other ex-officio members are non-voting members. Non-voting members will have the opportunity to participate in the discussions of the Council and to make reports to the Council.

Section 4. Nullification of Membership

The Department Chair of Health Behavior and Health Systems shall have the ability to nullify appointments to the Council for actions that reflect poorly on or harm the Program such as serious conflicts of interest, behaviors incongruent with the mission, vision, and values of the Program, breaches of Council confidentiality, or consistent absenteeism.

Article V – Officers

There are two officers of the Council, Chair and Vice Chair. The officers will be nominated from the Council for approval by the Program Director and the Department Chair of Health Behavior and Health Systems. The Chair serves a 1-year term and will be succeeded by the Vice Chair. No person shall serve more than one consecutive term in the same office. The initial term of office for officers in place at the time of the adoption of these bylaws is one year. Officers will normally be elected at the spring meeting and will take office on July 1 of that year.

Chairperson

The Chairperson shall preside over meetings of the Council, assist in the achievement of its goals, and may appoint all standing and ad hoc committees or ask individuals to take on additional tasks as necessary. The Chairperson sets the meeting agenda in cooperation with the Director of the Program.

Vice Chairperson

The Vice Chairperson shall, in the Chairperson's absence, preside over meetings and exercise the powers of the Chairperson and shall succeed the Chair following the completion of their term or in the event that the Chairperson is unable to complete their unexpired term.

Article VI – Committees

The work of the Council may be accomplished partly through committees. The Council may establish ad-hoc committees with such powers and duties and for such length of time as it shall determine. The Council may establish standing committees in which members will serve one-year terms. The Chairperson will normally make appointments to standing committees at the spring meeting and to other committees as needs arise.

Article VII – Meetings

The Council will typically meet three times annually. Notice of any meetings, meeting agenda and any necessary Council materials will typically be sent at least two weeks prior to the meeting. A quorum for the transaction of business at any regular or special meeting shall be one-third of the regular Council members. Council members are expected to attend meetings. A minimum of a 2/3 annual meeting attendance record is expected to be maintained by all members.

Article VIII - Adoption, Amendment and Interpretation of the By-Laws

Adoption

The Council may recommend additions or amendments to the bylaws by a majority vote of those present. Bylaws and amendments will immediately take effect upon ratification by the Council, the Program Director and Department Chair of Health Behavior and Health Systems. These bylaws, upon their adoption, shall supersede any previous bylaws or conventions adopted by this Council.

Amendment

Recommendations for amendments shall be submitted to the Director of the Program and the Department Chair of Health Behavior and Health Systems no less than thirty (30) days prior to any meeting and the advance copies of Council materials shall include a draft of any proposed amendments.

Interpretation

The Council, in conjunction with the Program Director and Department Chair of Health Behavior and Health Systems, shall resolve all questions of interpretation of this document.