



**MASTER OF MEDICAL SCIENCE IN
ANESTHESIA SCIENCE
STUDENT HANDBOOK**

SOUTH UNIVERSITY SAVANNAH

June 2026

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PROGRAM OVERVIEW

ACCREDITATION STATUS

South University is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award associate, bachelor, master, and doctorate degrees. South University also may offer credentials such as certificates and diplomas at approved degree levels. Questions about the accreditation of South University may be directed in writing to the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097, by calling (404) 679-4500, or by using information available on SACSCOC's website (www.sacscoc.org).

The Master of Medical Science in Anesthesia Science Program at South University Savannah is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA). Commission on Accreditation of Allied Health Education Programs, 355 - 113th Street North #7709, Seminole, FL 33775.

Collaboration with University of Florida College of Medicine

The University of Florida College of Medicine (COM) and Department of Anesthesiology based in Gainesville, Florida, provide support to the South University Anesthesiologist Assistant Program. The Department of Anesthesiology within the COM provides instruction for medical students and anesthesiology residents on the UF campus. Representatives of the University of Florida College of Medicine from the Department of Anesthesiology participate on the South University AA Program governing committees to provide medical education expertise in the field of anesthesia.

INTRODUCTION

This handbook has been prepared to orient you to current policies and procedures, guidelines, and resources relevant to your participation in the South University, Savannah (the “University”) Master of Medical Science in Anesthesia Science (Anesthesiologist Assistant) program. Please read this handbook carefully as the contents will govern your enrollment in the South University, Savannah, Anesthesiologist Assistant (AA) program. Additionally, this handbook contains information about the AA profession and its professional organizations. Periodically, additional policies and/or procedures may be established or changes made to the South University, Savannah AA program’s policies and procedures. All changes or additions will be shared with you via e-mail as they become effective. We hope this handbook will be useful to you. Please contact the Program Director if you have any questions.

Other policies and procedures regarding enrollment in South University can be found in the [South University Student Handbook](#) and the [South University Academic Catalog](#).

MISSION STATEMENT

The mission of South University’s Master of Medical Science in Anesthesia Science (MMSc) degree program is to prepare competent, entry-level Anesthesiologist Assistants who deliver safe, high-quality, evidenced-based patient care within the anesthesia care team model while upholding the highest standards of professionalism and ethical practice.

VISION STATEMENT

The South University Anesthesiologist Assistant (AA) program strives to create an educational environment that cultivates clinical excellence while preparing graduates who are dedicated to compassionately serving patients in their communities.

PROGRAM GOAL

The South University Anesthesiologist Assistant program will prepare competent, entry-level Anesthesiologist Assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

TECHNICAL STANDARDS

To undertake and successfully complete the Anesthesiologist Assistant program, as well as to function as an anesthetist after graduation, requires that an individual meet certain fundamental physical, cognitive, and behavioral standards. These technical standards require that each student possess the physical, mental, and emotional health necessary to fully engage in both the academic and clinical training environment.

Students must meet the following technical standards:

- Communicate effectively with patients, their family members, and other healthcare professionals.
- Interact with patients, including obtaining a history and performing a physical examination.
- Communicate effectively in writing, including maintaining accurate and complete records of data and information essential to the practice of anesthesia and patient care.
- Read and comprehend written components of the medical record and other patient care documents in order to safely and effectively participate in the practice of anesthesia.
- Possess sufficient knowledge, motor skill, and coordination to perform diagnostic and therapeutic tasks, including invasive procedures, in a timely manner to ensure patient safety and well-being. These tasks include, but are not limited to, peripheral and central venous catheterization, arterial puncture and cannulation, bag-mask ventilation, laryngeal mask airway insertion and management, endotracheal intubation.
- Possess sufficient strength, motor skills, and coordination to lift, move, and position patients as required for administration of anesthesia and performance of cardiopulmonary resuscitation.
- Possess sufficient speed and coordination to quickly and safely react to emergent conditions throughout the hospital in order to ensure patient safety.
- Recognize and differentiate colors of signals displayed on monitors; work effectively in both light and dark conditions typical of patient care areas (e.g., operating room, radiology suite, endoscopy suite); and recognize details of objects both near and far.
- Hear, process, and interpret multiple conversations, monitor signals, alarms, and patient sounds simultaneously in fast-paced patient care environments (e.g., operating room, intensive care unit, emergency department).
- Demonstrate no impairment that would preclude continuous performance of these activities or other essential functions required for participation in the anesthesia care team.

ANESTHESIOLOGIST ASSISTANT LEARNING OUTCOMES (Graduate Competencies)

Students of the South University Anesthesiologist Assistant program are expected to demonstrate competencies essential to Certified Anesthesiologist Assistants (CAAs) entering clinical practice. The program expects achievement of the program learning outcomes (graduate competencies) by each

student of the program. The program uses achievement of these learning outcomes as metrics for student competency and program effectiveness.

At the completion of the program, student will meet the following competencies required for successful entry-level clinical practice for a CAA:

PLO-1. Demonstrate the fundamental skills necessary for safe and efficacious delivery of anesthesia to a wide variety of patient populations and surgical specialties.

PLO-2. Apply knowledge in biomedical and anesthesia sciences to the safe and efficacious delivery of anesthesia.

PLO-3. Exhibit professionalism, including ethical and moral behavior as befits an Anesthesiologist Assistant.

PLO-4. Practice effective verbal and written communication skills needed to be an effective member of the Anesthesia Care team.

PLO-5. Promote lifelong learning and apply evidence-based medicine to clinical decision-making through the use of information literacy skills.

PROGRAM CURRICULUM

The South University Anesthesiologist Assistant Program delivers the didactic curriculum as a full-time, primarily on-campus experience with blended instruction that may include virtual, synchronous modalities. The clinical curriculum consists of primarily direct patient care experiences.

Notice: South University, Savannah and the Master of Medical Science in Anesthesia Science program reserve the right to modify curriculum requirements as necessary to ensure the academic integrity of its program. Students will be notified of any changes in curriculum or program requirements prior to implementation and in accordance with ARC-AA Standards.

Master of Medical Science in Anesthesia Science Program: 169 Credits

Quarter I: 18 Credits

- ANS5001 Clinical Anesthesia I *1 credit hour*
- ANS5020 Medical Terminology *1 credit hour*
- ANS5081 Principles of Airway Management I *2 credit hours*
- ANS5100 Physics of Anesthesia *2 credit hours*
- ANS5120 Introduction to Anesthesia Delivery Systems & Equipment *2 credit hours*
- ANS5160 Introduction to Clinical Anesthesia *3 credit hours*
- ANS5181 Anesthesia Laboratory I *1 credit hour*
- ANS5191 Anesthesia Simulation I *1 credit hour*
- ANS5931 Anatomy & Physiology I *4 credit hours*
- ANS5941 Anatomy & Physiology Lab I *1 credit hour*

Basic life support certification will be accomplished during this Quarter

Quarter II: 20 Credits

- ANS5012 Clinical Anesthesia II *4 credit hours*
- ANS5182 Anesthesia Laboratory II *1 credit hour*
- ANS5192 Anesthesia Simulation II *1 credit hour*
- ANS5221 Principles of Instrumentation and Patient Monitoring I *2 credit hours*
- ANS5345 Anesthesia Principles and Practice I *3 credit hours*
- ANS5932 Anatomy & Physiology II *4 credit hours*
- ANS5942 Anatomy & Physiology Lab II *1 credit hour*
- PHA5001 General Pharmacology I *4 credit hours*

Quarter III: 20 Credits

- ANS5013 Clinical Anesthesia III *5 credit hours*
- ANS5183 Anesthesia Laboratory III *1 credit hour*
- ANS5193 Anesthesia Simulation III *1 credit hour*
- ANS5201 Cardiovascular Physiology for Anesthesia Practice I *2 credit hours*
- ANS5222 Principles of Instrumentation and Patient Monitoring II *2 credit hours*
- ANS5346 Anesthesia Principles and Practice II *3 credit hours*

- ANS5421 Pharmacology in Anesthesia Practice I *2 credit hours*
- PHA5002 General Pharmacology II *4 credit hours*

Quarter IV: 20 Credits

- ANS5014 Clinical Anesthesia IV *5 credit hours*
- ANS5184 Anesthesia Laboratory IV *1 credit hour*
- ANS5194 Anesthesia Simulation IV *1 credit hour*
- ANS5202 Cardiovascular Physiology for Anesthesia Practice II *3 credit hours*
- ANS5300 Pulmonary Physiology for Anesthesia Practice *2 credit hours*
- ANS5347 Anesthesia Principles and Practice III *3 credit hours*
- ANS5422 Pharmacology in Anesthesia Practice II *2 credit hours*
- ANS5510 AA Professional Seminar *1 credit hour*
- ANS5601 Regional Anesthesia Practice I *2 credit hours*

Quarter V: 20 Credits

- ANS5015 Clinical Anesthesia V *6 credit hours*
- ANS5140 Pre-anesthetic Evaluation *3 credit hours*
- ANS5302 Pulmonary Physiology for Anesthesia Practice II *2 credit hours*
- ANS5348 Anesthesia Principles and Practice IV *3 credit hours*
- ANS5502 Advanced Anesthesia Systems and Monitoring *2 credit hours*
- ANS5520 Advanced Airway Management *2 credit hours*
- ANS5602 Regional Anesthesia Practice II *2 credit hours*

Advanced Cardiac Life Support and PALS certification will be obtained during this quarter.

Note(s):

A Comprehensive Examination covering the material from the first five quarters will be administered to determine the preparedness of each student to advance to senior clinical year. Failure to successfully master the exam will result in remediation and necessary extension of the student's program by at least one quarter.

Quarter VI: 18 Credits

- ANS6011 Clinical Anesthesia I *16 credit hours*

- ANS6021 Senior Seminar I *1 credit hour*
- ANS6041 Anesthesia Review I *1 credit hour*

Quarter VII: 18 Credits

- ANS6012 Clinical Anesthesia II *16 credit hours*
- ANS6022 Senior Seminar II *1 credit hour*
- ANS6042 Anesthesia Review II *1 credit hour*

Quarter VIII: 17 Credits

- ANS6013 Clinical Anesthesia III *15 credit hours*
- ANS6023 Senior Seminar III *1 credit hour*
- ANS6043 Anesthesia Review III *1 credit hour*

Quarter IX: 18 Credits

- ANS6014 Clinical Anesthesia IV *16 credit hours*
 - ANS6024 Senior Seminar IV *1 credit hour*
 - ANS6044 Anesthesia Review IV *1 credit hour*
-

Remediation Courses: Courses below are offered on an as needed basis

- ANS5998 Remedial Studies *1 credit hour*
- ANS5999 Comprehensive Anesthesia Studies *1 credit hour*

Note(s):

The curriculum is dynamic and changes may be made to update and improve the curriculum at any time. Should the curriculum depart from that published above, on the recommendation of the curriculum committee and the University Leadership Team, before matriculation, a letter identifying the changes will be mailed to all students (at least 30 calendar days prior) that have been accepted into the incoming class. At this point, students may elect to continue with their planned matriculation accepting the changes in the curriculum, or cancel their registration and receive a full refund of their deposit without a penalty.

STUDENT RIGHTS, RESPONSIBILITIES, AND RESOURCES

South University is committed to the development of knowledge and ethics that are consistent with responsible professional and social behavior. During orientation to the program, each student receives a copy of the Anesthesiologist Assistant Program Student Handbook (this document). Additionally, students are oriented to the South University Student Handbook, and the [South University Academic Catalog](#). These documents govern student activity while enrolled in the South University Anesthesiologist Assistant program. Students are expected to meet academic requirements and demonstrate a sense of responsibility with an understanding of and respect for the rights of others. The atmosphere of the University reflects these goals; and, in turn, each student must be aware of their individual responsibility to act accordingly. By enrolling as a student at South University, a student agrees to abide by the rules and regulations of South University. The rules concerning student behavior are outlined in the *Code of Conduct* section of the [South University Student Handbook](#). Specific conduct expectations of the South University Anesthesiologist Assistant student can be found in the Progressions Policy section of this handbook. Alleged violations of the program's Standards of Professional Behavior will be referred to the program's Progress and Promotions Committee (PPC). Alleged violations of the [University Student Code of Conduct](#) may be referred to the University's Dean of Student Affairs.

ACADEMIC REGULATIONS AND POLICIES

Academic regulations, including grievance procedures, are further outlined in the [South University Academic Catalog](#) and the [South University Student Handbook](#). Students enrolled at South University, are expected to uphold, at all times, standards of integrity and behavior that will reflect credit upon themselves and South University. Registration at South University, implies the student's acceptance of the published academic regulations and all other rules found in any official publication or announcements. Conduct regulations, are described in the [South University Academic Catalog](#) and the [South University Student Handbook](#).

NON-DISCRIMINATION POLICY

Please refer to the [South University Academic Catalog: Non-Discrimination Policy](#).

NO HARASSMENT POLICY

Please refer to the [South University Academic Catalog: No Harassment Policy](#).

STUDENT GRIEVANCE PROCEDURE

For concerns regarding mistreatment, discrimination, harassment (other than sexual harassment), unprofessional relationships, abuse of authority, and abusive and/or intimidating behavior, please refer to the [South University Academic Catalog; Student Grievance Procedure for Internal Complaints of](#)

Discrimination and Harassment. Academic related concerns or grievances should be reported directly to the Program Director.

SEXUAL MISCONDUCT AND RELATIONSHIP VIOLENCE POLICY AND PROCEDURES

For concerns regarding Sexual Misconduct & Relationship Violence, please refer to the South University Academic Catalog: Procedures for Handling Sexual Misconduct and Relationship Violence Complaints.

FRATERNIZATION

All students are expected to conduct themselves in a professional manner that contributes to a respectful and appropriate educational environment. Due to the inherent power differential between a clinical preceptors and students, personal relationships may create conflicts of interest and can compromise the educational experience.

Students are prohibited from engaging in romantic, sexual, or other intimate relationships with a preceptor who is directly responsible for their supervision or evaluation. Such relationships may create actual or perceived favoritism, impair objectivity, and raise concerns regarding professionalism and appropriate boundaries. Students should report a pre-existing personal relationship with a preceptor to the Program Director so appropriate steps may be taken, including reassignment of a clinical experience, to ensure an unbiased and appropriate learning environment.

Students with questions regarding the nature of the relationship with a preceptor are encouraged to contact the Program Director for guidance.

STUDENT AFFAIRS

The Dean of Student Affairs is responsible for all aspects of student life outside of the classroom. This includes but is not limited to: campus security, career services, counseling, disability services, graduation, financial aid information, fire evacuation, medical procedures, orientation, tutoring, parking, student activities and clubs, student lounge and other common areas, veterans' affairs, weather announcements, approval for advertisement and on-site fundraising activities, alcohol and drug information, and student discipline. Please see the South University Academic Catalog: Student Affairs for detailed information on each of the above topics.

For general complaints, please refer to the South University Academic Catalog: General Complaint Procedures.

DISABILITY SERVICES

Students who seek reasonable accommodations should notify the Dean of Student Affairs at the campus location. Please refer to the South University Academic Catalog: Disability Services for more information. The link for the University Student Assistance Program can be found [HERE](#).

GUIDANCE AND REFERRALS

South University has partnered with ***UWill at South*** to provide ease of access to mental health and wellness support and resources. With ***UWill***, all students have access to:

- 24/7/365 mental health services line for in-the-moment support from counselors regardless the time of day or location. **Call 833-464-1526 to reach the 24/7 support line.**
- Telehealth counseling sessions. These are available to students regardless of location.
- The Wellness Hub, which includes articles and videos on mental health and wellness topics, including mental and emotional health, fitness and nutrition, academic performance, stress management, healthy relationships and more. To access the Wellness Hub, go to app.uwill.com.

Students seek counseling and mental health services for a variety of reasons through their academic journey. ***UWill*** at South clinicians are available to students anytime, and are prepared to assist students by phone and live video conferencing.

In the event that a student may need additional counseling beyond services offered by the university and the Student Assistance Program, the Dean of Student Affairs (DOSA) will help students with referrals to outside counseling services. Students are strongly encouraged to schedule an appointment with the DOSA if they are experiencing academic or personal concerns. Program faculty may not participate in mental health counseling or treatment of students.

STUDENT EMPLOYMENT

Employment during a student's course of training is not permitted. Students may engage in outside employment during breaks and vacation periods.

ACADEMIC POLICIES AND PROCEDURES

ANESTHESIOLOGIST ASSISTANT PROGRAM POLICIES AND PROCEDURES

In addition to the general academic regulations and policies as stated in the South University Academic Catalog, the following policies and procedures pertain to all required courses taken by students enrolled in the South University Anesthesiologist Assistant program. Program policies apply to all students, principal faculty and the Program Director regardless of location.

ADVISING

The faculty and staff are available to assist students in achieving their academic goals. One-on-one student/faculty advisement sessions are scheduled and held each quarter. Additionally, students are encouraged to discuss their progress with faculty members as needed. The Program Director monitors the academic progress of all students to aid in early identification of deficits and provide an opportunity to support students in meeting the program learning outcomes

Student Responsibilities in Advising

To promote accountability and success, students are expected to:

- Communicate professionally and proactively with their advisor, including responding promptly to emails and meeting requests.
- Attend all scheduled advising meetings (in person or virtual) and arrive prepared with questions, updates, or materials as requested.
- Demonstrate accountability by following through on agreed-upon action plans, recommendations, or referrals provided by the advisor.
- Engage in self-assessment and reflection to identify strengths and areas for improvement in academic and professional development.
- Seek guidance early when encountering challenges, rather than waiting until difficulties escalate.
- Remain informed of program policies and requirements and use advising sessions to clarify expectations when needed.
- Maintain professionalism in all interactions with advisors, peers, faculty, and staff.

Advisor Responsibilities in Advising

To ensure students are supported and guided effectively, advisors are expected to:

- Schedule and document advising meetings at required intervals and as needed for student support.
- Provide accurate information regarding program policies, procedures, and expectations.
- Monitor student progress in academic, clinical and professional domains, offering feedback and guidance to foster growth.

- Refer students to appropriate resources (academic support, counseling, disability services, career services, etc.) when barriers to success are identified.
- Model professionalism and integrity in all interactions with students.
- Maintain confidentiality consistent with institutional policy, while ensuring compliance with FERPA and other regulations.
- Advocate for student success while holding students accountable to program standards and professional expectations.

ATTENDANCE POLICY AND PROCEDURES

Attendance is essential for successful completion of the Master of Medical Science in Anesthesia Science program. The program follows the South University attendance policy published in the [Academic Catalog](#). Students absent for 14 consecutive calendar days may be administratively withdrawn unless official communication and supporting documentation regarding extenuating circumstances are provided before the 14-day period is exceeded.

South University AA students are expected to attend and participate in all scheduled classes, laboratories, clinical assignments, examinations, simulations, seminars, and other required program activities. Students are responsible for all material presented and for completing assignments and examinations as scheduled.

Required Program Activities

- Clinical rotations
- Simulation and laboratory sessions
- Senior seminar sessions
- Clinical conferences
- Scheduled examinations and practicals
- Comprehensive examinations
- Other required educational activities

Students are responsible for arranging any approved make-up activities with the appropriate instructor or coordinator.

Didactic Attendance (classes, labs, simulation)

Students must notify the course instructor and/or Program Director prior to the scheduled activity.

Students absent due to illness may not participate in any required program activity during the illness period, including clinical rotations, examinations, laboratories, simulation, seminars, or other required activities.

Illness lasting more than two (2) consecutive days requires documentation from a licensed healthcare provider.

Clinical Attendance

Students are expected to arrive at clinical assignments by 6:00am unless otherwise assigned by the clinical site. Students must remain until completion of assigned responsibilities and required minimum clinical hours.

Students arriving after 7:30 AM, or more than 1.5 hours after the assigned start time for alternate shifts, without prior approval will receive an unexcused absence.

All clinical hours and cases must be logged daily in the clinical case tracking system.

Two or more unexcused absences may result in referral to the Progress and Promotions Committee for professionalism standards violation.

Excused Absences

Students are permitted four (4) personal/illness absence days during Quarters I–V and four (4) personal/illness absence days during Quarters VI–IX. Unused absence days do not carry forward between program phases.

Excused absences may be approved for:

- Illness
- Bereavement
- Religious observances
- Approved job interviews
- Approved travel days
- Other program-approved circumstances

Absences exceeding the allotted days may require make-up clinical time and/or supporting documentation.

Examination Attendance

Attendance is required for all examinations. Students with an approved excused absence must contact the course instructor to arrange a make-up examination.

Students missing a scheduled examination without an approved excused absence will be subject to a zero on the exam.

Absence for Job Interviews

Second-year students may receive up to three (3) additional excused absence days for approved job interviews requiring travel outside the local area.

Students must:

- Submit the request through the clinical case tracking system
- Provide employer documentation verifying the interview date, time, and location
- Obtain approval prior to the absence

Local interviews within 20 miles should be scheduled after 2:00 PM whenever possible.

Clinical Travel Days

Travel days may only be used when driving more than eight (8) hours to the next assigned rotation. Students must complete at least 40 clinical hours prior to the approved travel day.

Travel day requests:

- Must be submitted at least one (1) week in advance
- Require approval from the clinical site and program
- Must be documented in the clinical case tracking system

Holidays

During the first five (5) quarters in the program, students follow the official South University holiday schedule.

During the second year of the program (Quarters VI–IX), students are expected to follow the schedule of their assigned clinical rotation site/hospital, including observed holidays, rather than the university holiday schedule outside of designated program breaks.

Students must submit an absence request in the clinical tracking system for any clinical site holiday and attach documentation from the clinical coordinator. Failure to notify the program of a clinical site holiday will result in the absence being recorded as unexcused.

Approved clinical site holidays are categorized as holidays and do not count toward the student's four allotted personal/illness absence days or accumulated excused absences.

Religious Observances

The AA program is committed to providing an academic environment that is respectful of the religious beliefs of all students. As part of this commitment, the program will make a good faith effort to avoid scheduling examinations during religious holidays and to provide reasonable accommodations to students who identify conflict with their academic requirements or schedule due to their religious beliefs and practices. Any student who is unable to participate in an examination or course requirement because of their religious observances will be given the opportunity to make up the missed examination(s) and/or course requirement(s).

Unexcused Absences

Failure to attend required program activities (classes, laboratories, clinical assignments, examinations, simulations, seminars) without obtaining an approved excused absence constitutes an unexcused absence.

Two or more unexcused absences may result in referral to the Progress and Promotions Committee for professionalism review.

Make-Up Clinical Hours

Students required to make up missed clinical hours due to absences or remediation must complete these hours during weekends, holidays, or scheduled breaks.

Students are responsible for coordinating approved make-up dates with the clinical site and program administration.

Requesting an Absence

All planned excused absences must be approved at least one (1) week in advance. Failure to obtain approval prior to the absence may result in the absence being considered unexcused.

Quarters I–V students must:

- Email applicable course faculty requesting the absence
- Submit the request through the clinical case tracking system
- If the absence affects a clinical day, notify the clinical site coordinator

Students are responsible for coordinating make-up activities directly with course faculty.

Quarters VI–IX students must:

- Obtain approval from the Clinical Education Coordinator (CEC) and Program Director
- Once approved, obtain approval from the clinical site coordinator

- Upload documentation of clinical site approval into the clinical case tracking system

Requests submitted without supporting approval documentation may be denied.

Illness or Emergency Absence Procedure

Didactic (courses, labs, simulation or seminar)

Before the start of the scheduled activity, students must:

- Notify the course instructor and/or Program Director by email
- Submit the absence in the clinical case tracking system within 24 hours
- Coordinate any required make-up work directly with the course instructor

Clinical

Before the start of the scheduled clinical day, students must:

- Email the Clinical Education Coordinator and copy the Program Director.
- Notify the clinical site coordinator by phone, text, or email.
- Submit the absence request in the clinical case tracking system within 24 hours.

Failure to complete all required notifications may result in the absence being classified as unexcused.

EVALUATION OF STUDENTS

Each student is expected to attain the knowledge and skills required to perform as a safe and efficient practitioner. The goals set forth here outline the minimal competency expected of each student at distinct levels of training. A novice level of training should not preclude participation in procedures/tasks that are considered more appropriate for advanced students. Demonstrated competency in higher skill levels will allow the student to participate in more complex cases.

In the first year, students will be assigned to clinical sites that are in approximation to campus. Students will not be alone in the operating room; they will always be supervised by a qualified anesthesia practitioner.

Student performance and acquisition of the expected level of skills at each level of clinical training is determined through the analysis of daily clinical evaluations and preceptor feedback. Students receive Mid-Quarter and End-of-Quarter performance data and comments from all preceptors.

Examinations will be administered outside of the regular class schedule. Occasionally, exams, review sessions, and special certification classes (BLS, ACLS, PALS) may involve weekends. Clinical rotations may involve evenings, nights, and weekends, depending upon the rotation and the clinical site. Clinical sites may require students to take in-house call. When a student in their second year, participates in daytime operating room assignments and is expected to remain in-house for call or extended clinical

opportunities that exceed midnight, the student will have the next 24 hours free of clinical obligations. By official request, special arrangements will be made for students who have religious obligations that may conflict with educational program activities.

Quarter I: Immersion period

During the first quarter, enrolled students are introduced to the operating room environment through an immersion period after matriculation into the program. The purpose of the immersion period is to familiarize new students with the personnel, environment, equipment, and clinical practice of the anesthesiologist assistant. New students will be paired with a clinical preceptor whom they will shadow during this period.

Additional days in the operating room may be arranged following immersion week in the first quarter. Students will be notified of these additional dates at the beginning of Quarter I.

Introductory Clinical Activity (Quarters II-IV)

During quarters two through four of the program, students will have the opportunity to develop knowledge and skills in patient interviewing and physical examination, vascular access, and basic airway management. Clinical activity is interspersed with classroom and laboratory work daily. Students will be in the operating room for two or three days per week, as published on the clinical schedule. The expectations for student clinical skills acquisition are listed in this handbook and the First-Year Clinical Guide. Rotations in this phase of clinical studies are limited to sites in proximity to campus and are typically one academic quarter in duration. The majority of those hours will be during the weekdays (M-F); additionally, students may be required to participate in weekend clinical activity, including the potential for night shifts.

Intermediate Clinical Activity Quarter V:

The fifth academic quarter contains intermediate clinical activity interspersed with classroom and laboratory work. The expectations for student clinical skills acquisition are listed in this handbook and the First-Year Clinical Guide. Students will be scheduled for clinical shifts, and the majority of those hours will be during the weekdays (M-F); additionally, students may be required to participate in weekend clinical activity, including the potential for night shifts.

Quarter VI through Quarter IX

During the second year (last 12 months of the program), rotations are typically assigned in three- or four-week blocks. Clinical rotations include subspecialty areas of anesthesia practice. The number of required cases and hours for each student is tracked using the clinical case tracking system, and students have continuous access to their progress towards these requirements in the clinical case tracking system reporting module. The majority of South University AA Program second year rotation sites are not located in close approximation to campus. Second year students must participate in necessary travel to the out-of-

town clinical sites. The program or past students enrolled in the program may provide ideas on housing options for students participating in out of town rotations. These suggestions should not be construed in any way as an endorsement or recommendation of any particular housing arrangement. It is the responsibility of the student to arrange housing for all in-town and out-of-town clinical rotations.

Clinical Evaluation

Performance during clinical education is based upon preceptor evaluations and feedback. Daily clinical evaluations track student performance and skill progression over the course of the program. The student is responsible for the timely, accurate completion of daily case, time logs, and sending evaluations to preceptors. Assessment of students is based on the minimal levels of competency at each district level of training. Any violation of these standards will result in referral of the student to the program Profess and Promotions Committee.

See Appendices for Quarterly Expectations and Required Clinical Experiences

Clinical Case Tracking System

The program utilizes a web-based application system to record and track student attendance and clinical education experiences. ***All students involved in clinical education must complete a case log for each case they participate in during their enrollment, complete a time log for each day of their clinical rotations, and send an evaluation to their preceptor during both years of clinical education, by 9 am the following day.*** The program director and faculty review the case logs and time logs daily. Clinical activities that should be logged and count towards clinical hours include the following:

- Cases
- Pre-operative evaluations
- Room setup/preparation before case start
- Post-operative visits
- Trauma rotation hours
- Obstetric rotation hours
- Pain rotation hours
- PACU/ICU rotation hours
- IV or regional rotation hours
- Clinical case conferences held on site

Additional details on logging clinical hours may be found in the 1st and 2nd Year Field Guides provided to students during their enrollment. If a student has a question regarding patient care activities and clinical hours, they should contact the Program Director for clarification.

Students must complete time logs, case logs, and send a preceptor evaluation **by 9 a.m. the following day.** For example, students must log all of the cases, their time, and send the preceptor evaluation for cases performed on a Monday by Tuesday at 9 a.m. Students on overnight or trauma shifts have 24 hours from the end of their shift to perform these actions. Students who repeatedly fail to complete their case and time logs on time and accurately will be referred to the Progress and Promotions Committee for violation of the professionalism standards for the AA program. Senior students must complete one clinical site evaluation and two preceptor evaluations at the end of each rotation. Repeated failure to complete the site and preceptor evaluations will result in referral to the Progress and Promotions Committee for a professionalism violation.

COMPREHENSIVE EXAMINATIONS

The curriculum contains a comprehensive examination at the end of the fifth quarter for students to demonstrate their didactic knowledge base before advancing to the senior year. Students who do not successfully complete this comprehensive knowledge-based examination will be required to complete remediation in the subject(s) in which they are deficient.

The comprehensive exam includes 8 modules. The exams are administered over three days. The exams are comprised mainly of multiple-choice test items. The exams are timed tests with breaks in between modules and at least a 60-minute lunch break.

Exam Modules

- Airway
- Anatomy
- Anesthesia Science
- Equipment and Physics
- Monitoring
- Pharmacology
- Physiology
- Regional

Time allotted for exams may be changed at the program's discretion. Students will be notified in advance of the time allowed for each module.

COMPREHENSIVE EXAM REMEDIATION

Students who fail Airway, Anesthesia Science, Physiology, or Pharmacology are not permitted to begin full-time clinical rotations their senior year, but are still in good standing with the program. The first rotation is spent in remediation and part-time in clinical education. Students who participate in one of these remediation modules must make up for the lost clinical time that they missed by the conclusion of Quarter 8. Make-up clinical hours must be approved by the program office and must follow program rules regarding documentation of make-up hours.

Students who fail any of the other modules must complete a remediation assignment during Quarter 6 while participating in full-time clinical rotations. Any student who fails three or more comprehensive exam modules will be enrolled in ANS5999 Comprehensive Anesthesia Studies, a course that involves part-time clinical work along with required didactic remediation in the failed module subjects. Enrollment in ANS5999 will result in at least one additional quarter of enrollment in the AA program.

Successful completion of comprehensive exam remediation consists of the student achieving a minimum grade of C. If a student earns a grade of D or lower on their remediation assignment/exam, it will be considered a violation of the Anesthesiologist Assistant Programmatic Academic standards, and the student will then be placed on AA Program Academic Warning. Students may participate in remediation a second time while on AA Program Academic Warning during Quarter 7 while participating in full-time clinical rotations. If a student does not make a grade of C or higher for the second remediation attempt, they will be recommended for dismissal.

GRADING

Comprehensive exams are graded using norm-based scoring. The purpose is to identify students who are performing outside of the norm for the cohort; there is not absolute passing grade.

A student whose score is more than -1.96 standard deviations from the class mean in a subject category has failed that section of the exam and must participate in remediation. If the student scores $\geq 80\%$ (no rounding) on any module, even if that student's grade was -1.96 standard deviations from the mean, they will not be required to remediate.

GRADING SCALE

The following letter grades, their indication of performance, and assigned quality points are used by the University:

Grade	Interpretation	Quality Points	Range	
A	Excellent	4.0	90-100	
B	Above Average	3.0	80-89	
C	Average	2.0	70-79	
D	Minimum Passing	1.0	60-69	
F	Failure	0.0	0-59	No course credit
W	Withdrawal	0.0		No course credit
WF	Withdraw Fail	0.0		No course credit
P	Pass			Course credit; no quality points, restricted to certain courses
I	Incomplete			

If the calculated numeric grade is on the border between letter grades (such as an 89), the final grade will be calculated to 2 decimal places and rounded up if the tenth's value is ≥ 0.5 ; for example, an 89.49 will remain a B, while an 89.50 will be rounded to an A.

PROGRESSIONS POLICY

Students are required to follow the Satisfactory Academic Progress (SAP) and the Master of Medical Science in Anesthesia Science Progressions Policy that are found in the Academic Catalog.

Anesthesiologist Assistant (AA) students are required to satisfactorily complete all didactic and clinical education requirements in order to remain in good standing and to be eligible for graduation.

AA students must meet the standards outlined below in each of the following areas:

- Professionalism
- Academic
- Clinical

Anesthesiologist Assistant program students who do not meet the requirements of good standing status will be referred to the Progress and Promotions Committee (PPC).

- A student placed on warning will remain on warning for the entire quarter. Students who are on warning must participate in a reinstatement plan if they wish to continue their enrollment in the Anesthesiologist Assistant program. At the end of the warning period, the student's performance will be evaluated by the Progress and Promotions Committee. The committee will recommend the Program Director the action to be taken upon student fulfillment of the reinstatement plan and other standards of the program.
- Students who are already on programmatic performance warning of any type (academic, clinical, and/or professional behavior) who fail to achieve the minimum standards of performance in any of the three areas (academic, clinical, and professional behavior) will be dismissed from the Anesthesiologist Assistant program.

ACADEMIC STANDARDS

Students enrolled in the Master of Medical Science in Anesthesia Sciences program are evaluated for Satisfactory Academic Progress (SAP) at the conclusion of each academic quarter. To maintain SAP, students must meet the following minimum standards:

- Maintain a minimum quarterly GPA of 2.50
- Maintain a minimum cumulative GPA (CGPA) of 2.50
- Maintain an Incremental Completion Rate (ICR) of at least 66.67%

ACADEMIC WARNING

Students in the Master of Medical Science in Anesthesia Sciences program may only be placed

on any type of warning status (academic/financial aid, clinical, or professionalism) a maximum of two times during the program.

Students who fail to meet the minimum SAP standards at the conclusion of a quarter will be placed on academic warning/financial aid warning and will be notified by the University. While on warning status, students are considered to be making progress toward SAP requirements and may remain eligible for financial aid if otherwise qualified.

If a student who is already on academic warning/financial aid warning fails to meet SAP standards following the warning quarter, the student will be academically dismissed from the University.

The University reserves the right to academically dismiss a graduate student for academic or financial aid reasons without a prior warning period. Students will be formally notified of any dismissal decision.

For additional information, please refer to the “Minimum Standards for Graduate Academic/Financial Aid Progress and Consequences for Failing to Meet Minimum Standards” policy in the South University Academic Catalog: [South University Academic Catalog](#)

COURSE REMEDIATION

Students who receive a grade of “D” in any course must engage in remediation for that course during the subsequent quarter. The content of the remediation may include a written assignment from the course instructor/coordinator and an exam highlight the course objectives. Students must receive a minimum grade of “C” to successfully fulfill the remediation requirement. Failure to successfully remediate a course will result in recommendation for dismissal.

CLINICAL STANDARDS

Performance during clinical education is based upon preceptor evaluations and feedback. Daily clinical evaluations track student performance and skill progression over the course of the program. Students are responsible for the timely, accurate completion of daily case and time logs and for sending evaluations to preceptors.

Assessment of students is based on the minimal levels of competency at each distinct level of training. Any violation of these standards will result in referral of the student to the program Progress & Promotions Committee.

Clinical competency and quarterly analysis of preceptor evaluations:

Students’ averaged scores in greater than 50% of these areas of assessment should be within 2 standard deviations of the class mean.

- Areas of assessment include but are not limited to:

- patient assessment
- anesthesia planning
- preparation/set-up
- communication with Anesthesia Care Team (ACT) and transfer of care
- intraoperative management
- airway skills
- anesthesia knowledge
- professionalism
- technical procedures
- overall performance
- Preceptor feedback
 - Feedback from preceptors from any source (phone, email, and/or written correspondence) should indicate that the student is meeting the minimum competencies.
- Clinical experiences
 - As documented in the clinical tracking system, students must complete a minimum of 400 total anesthesia clinical hours at the conclusion of Quarter 5 in order to progress to senior year. The Progress and Promotions Committee will construct a plan of action for any student who does not meet this benchmark.
 - Appendix G lists the case log requirements and recommendations for students to successfully complete the clinical education portion of the Anesthesiologist Assistant program. Students are responsible for fulfilling the requirements prior to graduation and tracking their progress using data in the student case log tracking system.

Requirements may be altered or waived in extenuating circumstances by the Program Director. All case log data is gathered from the case log tracking system.

CLINICAL WARNING

Students who meet any of the following criteria indicating that they are performing below a minimum level of clinical competency will be presented to the Progress and Promotions Committee for consideration:

- Inadequate clinical performance as measured by analysis of preceptor evaluations. Composite quarterly scores of clinical performances that are ≥ 2 standard deviations below the class mean in a majority of the areas of competency assessed
- Negative feedback received by the program, based on multiple incidences from verbal or written sources from preceptors at the student's clinical site
- Students who do not complete a clinical rotation or are asked to leave a clinical rotation due to poor performance
- Inadequate completion of required clinical education experiences published in the student handbook.

A student placed on clinical warning will remain on warning for the entire quarter to demonstrate improvement. Students who are on warning must participate in a clinical reinstatement plan if they wish to continue their enrollment in the Anesthesiologist Assistant program. At the end of the warning period, the student's clinical performance will be evaluated by the Progress and Promotions Committee. The committee will recommend to the Program Director the action to be taken based upon student fulfillment of the clinical reinstatement plan and other standards of the program.

PROFESSIONALISM STANDARDS

A student's professionalism may be reviewed at any time, based on information received by the Program Director. The Program Director shall take appropriate action based on the type and severity of the student's misconduct. If the infraction involves a student violation of the University Code of Conduct, the matter will be referred to the Dean of Student Affairs. Violations of the South University Academic Honor Code will be handled according to the published university Academic Integrity Policy. Students who breach the Standards of Professionalism for the Anesthesiologist Assistant program will be referred to the Progress and Promotions Committee.

The Program Director will inform the student of the program's receipt of unsatisfactory evaluation or referral of professionalism violation.

PROFESSIONALISM WARNING

Students may be placed on professional behavior performance warning for any violation of the professional behavior performance standards of the Anesthesiologist Assistant program. Acts that would garner a warning status for the student's enrollment include (but are not limited to):

A breach in the Anesthesiologist Assistant program standards in the following areas:

- Professional behavior
- Attendance – accumulation of 2 or more unexcused absences
- Completion of clinical electronic submissions as outlined in the AA Program Student Handbook
- Breach of patient confidentiality rules (HIPAA)
- Other serious violations of the Professionalism Standards for an Anesthesiologist Assistant student

PROGRESS AND PROMOTIONS COMMITTEE

The Progress and Promotions Committee meets at the beginning of each quarter and also in an ad hoc fashion to review student achievement of the appropriate program standards for academics, clinical, and professionalism. The committee is chaired by the Program Director, who is a non-voting member. The Progress and Promotions committee makes a recommendation for student progress in one of the following categories to the Program Director:

1. Continue in program in good standing
2. Advance on Professionalism, Clinical, or Programmatic Academic Warning
3. Continuation on Professionalism, Clinical, or Programmatic Academic Warning (following a successful appeal of dismissal)
4. Dismissal

After receiving the committee's recommendation, the Program Director makes a final decision regarding student progress. The Program Director will notify the student directly (via phone or in- person) and in writing (email), of any decision other than *advance in good standing*.

In cases where a student is placed on any type of warning (Academic/Financial Aid, Clinical, or Professionalism), the student will meet with the Program Director to discuss the reinstatement plan for continuing in the program.

The Program Director will forward a copy of any letter regarding a student's failure to progress to the Campus Director for Academic Affairs and Operations.

Members of the Progress and Promotions Committee include faculty members and practicing anesthesiologists/ CAAs who are familiar with the education and practice of anesthesiologist assistants.

DISMISSAL POLICY AND PROCEDURE

Dismissal may occur after review of the student's academic, clinical, or professional deficiency.

Students will be dismissed from the Anesthesiologist Assistant program for any of the following reasons:

- More than two quarters on warning for any cause (academic/financial aid, clinical, professionalism) during the student's enrollment
- Failure to successfully complete an academic/clinical/professionalism reinstatement plan
- One letter grade of "F" or two or more letter grades of "D" in one quarter
- Severe transgressions of ethical and moral conduct
- Violation of the College of Health Professions Background Check Policy or Substance Abuse Screening Policy
- A recommendation from the Dean of Student Affairs for violation of the University Code of Conduct
- A recommendation for dismissal according to the South University Academic Integrity Policy for honor code violation(s)

A student may not attempt more than 150% of the credits in his/her program; anything in excess of 150% of the credits will result in academic dismissal for violating the maximum allowable timeframe.

Any student who is dismissed from the South University AA Program must complete the checkout procedure. The checkout procedure is as follows:

- Complete an exit interview with financial aid
- Return their student ID badge, clinical facility badges, books, university supplies, and parking tag to security

Students who have been dismissed from the AA program are prohibited from attending any further programmatic activities (class, labs, clinical hours). The student may choose to appeal the decision using the procedure outlined below and will not be allowed to continue program activities until resolution of the appeal. A dismissed student from any SU AA program will not be considered for re-admission.

STUDENT APPEAL PROCEDURES FOR DISMISSAL

Students seeking to appeal any dismissal (academic/financial aid, clinical, or professionalism) must submit an appeal request to the Department Chair within five business days (5:00 PM) of receipt of notification of the dismissal. The appeal request should outline the reasons that they are seeking the appeal for, how they plan to correct their behavior/performance, and why the appeal should be granted from the Department Chair. The student may include a petition to meet with the Department Chair.

If the dismissal decision is upheld by the Department Chair, the student may appeal to the Assistant Dean of the College within five business days (by 5:00 PM) of receiving the decision. The appeal letter must include the reason for the appeal and be received within 5 business days of the previous decision.

If the dismissal decision is upheld by the Assistant Dean of the College, the student may appeal to the Dean of the College of Health Professions within five business days (by 5:00 PM) of the previous receiving the decision. The decision of the Dean of the College of Health Professions is final.

A student reinstated after successful appeal of dismissal will be on probation. Students in the Anesthesiologist Assistant Program may not be on warning or probation for any reason for more than two quarters of their enrollment.

AA PROGRAM REINSTATEMENT AFTER DISMISSAL

If a student is reinstated following a successful appeal of an Anesthesiologist Assistant program academic, professional, or clinical dismissal, they will be placed on academic, clinical, or professional probation at the start of the quarter in which they resume coursework.

The student will be required to meet with the Program Director to discuss an Anesthesiologist Assistant program academic, clinical, or professionalism reinstatement plan to outline expectations and performance requirements for continued enrollment in the Anesthesiologist Assistant program. The Program Director and the Progress and Promotions Committee will continue to assess the student's

progress under the plan during the quarter of probation. If a student successfully completes the probationary period plan as judged by the Program Director in consultation with the Progress and Promotions Committee, that student will be recommended to continue in the program in good standing. Students who do not successfully complete the requirements of the reinstatement plan during the probationary period will be dismissed.

LEAVE OF ABSENCE

Medical Leave of Absence

Second year students in Quarters VI-IX may petition the program for interruption of their degree program for a medical issue. In the petition, the student must provide documentation of diagnosis by a physician licensed to practice medicine in the United States and an estimate by that physician of a recovery time sufficient to resume the degree program. Granting the petition for the interruption in the degree program is solely at the discretion of the Anesthesiologist Assistant program.

Personal Leave of Absence

Second year students in Quarters VI- IX may request a personal leave of absence by submitting a letter in writing to the Program Director. Following a review of the request, the Program Director may grant a leave of absence for a period of up to two months. Upon return to the program, the student must return as a full-time student at the beginning of an approved clinical rotation.

First year students in Quarters I-V may not request a leave of absence from the program. Extended absence interrupts the didactic learning portion of the curriculum and the sequence of course direction that occurs during the first five quarters of the program. Students seeking leave may withdraw from the degree program during this period and reapply for admission during the next application cycle.

Withdrawal Policy

All students will be required to abide by the South University withdrawal policies and procedures in the Academic Catalog. A student who is in good standing (not on academic/financial aid, clinical, or professionalism warning or probation) may be eligible to re-enter the program up to one year from the time of withdrawal. The decision to allow a student to re-enter the program is made by the Program Director and must be approved by the Campus Director for Academic Affairs and Operations. If a student is allowed to re-enter the AA program, the Progress and Promotions Committee will create a re-entry plan for the student. As part of the re-entry plan, the student may be required to participate in course work or other educational activities to ensure retention of essential knowledge and skills required of an AA student. The student will be required to review and sign the re-entry plan.

Termination Prior to Completion of Degree

Students should refer to the South University student handbook and South University Academic Catalog for the impact of terminating their enrollment while in progress or prior to the completion of their degree.

STANDARDS OF CONDUCT

PROFESSIONAL BEHAVIOR EXPECTATIONS

The South University AA Program recognizes and upholds the Standards of Professional Behavior for students as outlined by the American Academy of Anesthesiologist Assistants [AAAA, GUIDELINES FOR THE ETHICAL STANDARDS OF THE ANESTHESIOLOGIST ASSISTANT](#). These standards state:

The Anesthesiologist Assistant is expected to act both legally and morally. They are responsible for knowing and understanding the laws governing their practice and the ethical responsibilities of being a health care professional.

The practice of anesthesiology involves many complex factors relating to the standards of patient care. As such, the Academy recommends its members adhere to the basic set of ethical standards outlined below:

- I. The Anesthesiologist Assistant shall, while caring for the patient, regard responsibility to the patient as paramount, thereby putting the interests of the patient foremost and acting as a patient advocate.
- II. The Anesthesiologist Assistant shall be dedicated to providing competent medical care with compassion and respect for human dignity.
- III. The Anesthesiologist Assistant shall maintain standards of professionalism in all patient interactions and always act in the best interests of the patient.
- IV. The Anesthesiologist Assistant shall respect the law.
- V. The Anesthesiologist Assistant shall respect the rights of the patients under their care, colleagues, and other health care professionals with whom they interact and shall safeguard the confidentiality of patients' medical and personal information within the constraints of the law.
- VI. The Anesthesiologist Assistant shall uphold the right of every patient to the ethical right to self-determination, and therefore not coerce any portion of the decision-making process and shall facilitate the informed consent process. Anesthesiologist Assistants shall be committed to the concept of shared decision-making, which involves assisting patients in making decisions that account for medical, situational, and personal factors.
- VII. The Anesthesiologist Assistant shall have the inherent responsibility to observe and report any potentially negligent practices or conditions which compromise patient safety or present a hazard to health care facility personnel.
- VIII. Anesthesiologist Assistants shall render high-quality patient care without prejudice as to race,

- religion, age, sex, nationality, disability, social, economic, or insurance status.
- IX. Anesthesiologist Assistants should not misrepresent, directly or indirectly, their skills, training, professional credentials, title, or identity.
 - X. Anesthesiologist Assistants shall strive to maintain a spirit of cooperation with other health care professionals, their organizations, and the general public.

In the practice of anesthesia, the safety and well-being of patients is every practitioner's first and foremost concern. The confidential acquisition and maintenance of patient data are also of paramount importance. Inappropriate behavior and/or failure to maintain patient data in an appropriate, confidential manner according to the Health Insurance Portability and Accountability Act (HIPAA) guidelines are grounds for immediate review and for possible dismissal.

ACADEMIC INTEGRITY

The AA program abides by the South University Academic Integrity Policy. Please see the [South University Academic Integrity Policy](#) in the Academic Catalog.

STUDENT IDENTIFICATION

South University AA students will be clearly identified to distinguish themselves from physicians, residents, and other health professional students. In clinical settings, AA students will wear short white laboratory coats with an embroidered name or name tag attached. This will clearly state the student's name with an underlying title of Anesthesiologist Assistant Student (SAA). The South University patch must be affixed to the left sleeve of the lab coat. If a situation arises when the lab coat is not worn, the name tag must be worn. Name tags are to be worn on the left side of the chest. Additionally, many of the hospitals and clinics in which program students are affiliated require them to wear distinguishing name tags or security badges while working at those facilities. Students must wear the appropriate South University identification, as well as the institution's required badge. Students are required to wear their identification badges at all times while on the South University campus.

ATTIRE

Each student shall be attired appropriately whenever they are in a clinical (patient care) or university environment. The Anesthesiologist Assistant Program requires students to wear professional attire while on campus. **Inappropriate clothing items NOT to be worn on campus include but are not limited to:** shorts, flip-flops, low-cut necklines, sweatpants, cutoffs, leggings, athletic attire, and bare midriffs. Hats may not be worn on campus.

AA program students are required to wear the approved scrubs and a name badge with their picture and designation as an anesthesiologist assistant student. Required scrubs are selected prior to matriculation and include the color, style, and university/program logo. These scrubs must be purchased and worn while on clinical rotations during the first year and during simulation and laboratory courses. On campus, students may wear these approved scrubs on campus only following clinical rotations, simulation, or laboratory experiences.

Failure to adhere to appropriate guidelines for attire may result in the referral to the Progress and Promotions committee for a violation of program professionalism standards. Students are required to have an adequate stethoscope to use for clinical educational purposes. The cost varies according to the type and model. One recommendation is the Littmann Classic II; stethoscopes cost approximately \$75. Other clinical supplies such as pens, handbooks, etc. are at the discretion of the student to determine what is needed, and students are responsible for these costs.

PERSONAL ELECTRONIC USE

Students are not permitted to use individual electronic devices for personal reasons during clinical education. Use of such devices may be permitted for educational purposes only if approved by the student's direct clinical supervisor. Failure to adhere to the policy is considered a professionalism violation. Students in violation of Professionalism Standards will be referred to the Progress and Promotions Committee.

SOCIAL MEDIA EXPECTATIONS

As members of the South University AA program, students must comply with all applicable professionalism and conduct policies when utilizing social media. In addition, all students must follow university privacy and confidentiality policies, such as those outlined by the Health Insurance Portability and Accountability Act (HIPAA). Sharing patient information, including photos or any identifiable details, is strictly prohibited. Students may not post any content related to school property or clinical sites without permission of the Program Director and clinical site. Failure to adhere to the policy is considered a professionalism violation. Students in violation of Professionalism Standards will be referred to the Progress and Promotions Committee.

COMMUNICATION EXPECTATIONS

Students are required to maintain an active South University e-mail and cellular telephone account at all times. Throughout the course of study at South University, a variety of events occur (some unexpected, some matters of routine business) making it necessary for students to be reached. Phone numbers, mailing addresses, and e-mail addresses are required to be current and on file in the program office and the clinical logging system and updated appropriately. All student email correspondence with the program must be through their South University student email account. Students are required to check their South University student e-mail daily. The South University AA Program is not responsible for information missed by students who have not maintained up-to-date, reliable contact information with the University and have not checked their South University email daily.

In addition, students will be requested to register for South University's My Campus Alert system in order to be contacted in the event of a campus emergency. The My Campus Alert system is managed by the Office of Student Affairs.

Students are expected to communicate clearly, respectfully, and in a timely manner across all academic and clinical settings.

- All verbal, written, and electronic communication must be professional, respectful, and appropriate to a healthcare environment. Unprofessional behaviors (e.g., disrespectful tone, disruptive interactions, inappropriate language) may result in professionalism review by the PPC
- Use professional tone, grammar, and structure in all written communication (e.g., email, LMS platforms such as Brightspace). Use university-issued email for official communication and include appropriate subject lines and identification. Do not share patient information or post content that violates professional or ethical standards.
- Respond to program-related communication within 24 hours on business days. Promptly notify appropriate individuals of absences, delays, or concerns per program and clinical site policies.
- All communication must comply with HIPAA. Patient identifiers must not be shared through unsecured or unauthorized methods.

FINANCIAL AND ADMINISTRATIVE INFORMATION

TUITION AND FEES

Tuition and fees are subject to change at the end of any term. The tuition cost for a full-time course load does not include expenses for such required items such as textbooks, medical equipment and supplies, laboratory fees, clinical tracking software fees, background check and drug screen fees, credentialing costs, clinical experience fee, and professional liability insurance. AA students are not eligible for part-time enrollment. In-state and out-of-state tuition are the same. Upon graduation, students will no longer have access to digital and textbook resources. For more information on tuition and fees please refer to the [South University Academic Catalog](#).

ADDITIONAL FEES

Drug Testing and Criminal Background Checks

Drug testing is conducted before matriculation and at any point during the program that is deemed necessary, following the College of Health Professions Drug and Alcohol Policy. The student is responsible for the cost of each test. A background check and drug screen will complete the enrollment process and is performed by the designated third-party agency; this information will be provided before matriculation. A background check and drug screen may be completed before the start of the second year and is performed by an approved third-party agency.

Scrubs

Students are required to wear the approved South University Anesthesiologist Assistant Program scrubs while they are on first year clinical rotations and during simulation and laboratory courses.

Stethoscope/Clinical Supplies

Students are required to have an adequate stethoscope to use for clinical educational purposes. The cost varies according to the type and model. One recommendation is the Littmann Classic II; stethoscopes cost approximately \$75. Other clinical supplies such as pens, handbooks, etc. are at the discretion of the student to determine what is needed, and students are responsible for these costs.

Credentialing Document Portal

Students are required to utilize the program-designated credentialing document portal to organize and store required medical records, immunization records, background checks, and proof of medical insurance. The cost for portal registration is the sole responsibility of the student.

Clinical rotation sites may require additional background check/drug screen information and/or use of distinct documentations platforms. The nominal charges associated with these items are the sole responsibility of the student.

For all other estimated costs and associated fees which are subject to change, please refer to the [South University Academic Catalog](#).

Transcript Fees

Please refer to the [South University Academic Catalog](#). Official transcripts are available for order through a third-party vendor, [Parchment](#).

Payment Of Tuition and Fees

Please refer to the [South University Academic Catalog](#).

REFUND POLICY

Please refer to the [South University Academic Catalog: Institutional Refund Policy](#).

FINANCIAL AID

Please refer to the [South University Academic Catalog: Financial Aid.](#)

OFFICIAL WITHDRAWAL PROCEDURE

Please refer to the [South University Academic Catalog: Official Withdrawals from the Institution.](#)

VETERANS BENEFITS

Please refer to the [South University Academic Catalog.](#)

STUDENT RECORDS

Educational transcripts for each student enrolled in the South University Anesthesiologist Assistant program will be maintained by the South University Registrar permanently following the student's graduation, withdrawal, or termination from the program. The program maintains a file on each student which includes documents pertinent to students' admission and progression through the program. Student files are maintained in locked file cabinets in program office suite locked offices, storage vaults, and/or digitally on a secure drive. Graduate files are maintained in the program's secure file vault for three (3) years following graduation then are sent to a secure off-site storage facility. Students are granted access to their own personal academic file only as requested by the student in accordance with the Family Educational Rights and Privacy Act (FERPA). Please see the [South University Academic Catalog](#) for more information on FERPA.

Students do not have access to academic records or other confidential information of other students or faculty and are not permitted in areas that house this material without permission and the accompaniment and supervision of a faculty or staff member.

All students entering the South University Anesthesiologist Assistant program must meet the following requirements submitted through the compliance company:

- Provide proof of personal health insurance throughout the entire program.
- Provide proof of a satisfactory physical examination.
- Provide proof of negative tuberculosis testing (positive results may require further evaluation).
- Provide proof of immunization as recommended by the [US Centers for Disease Control and Prevention's Immunization Recommendations.](#)

STUDENT HEALTH AND RESOURCES

HEALTH INSURANCE

Students enrolled in the South University College of Health Professions Anesthesiologist Assistant Program must maintain continuous health insurance coverage throughout enrollment. Current documentation of coverage must be maintained in the student's case tracking system account. Students without active coverage or documentation on file may not participate in clinical education activities.

Students are responsible for ensuring their health insurance covers treatment and monitoring for needlestick injuries and exposure to bloodborne pathogens at all clinical sites. All medical and psychiatric expenses, including laboratory, diagnostic, and therapeutic services related to illness, injury, or exposure incidents, are the responsibility of the student. Students must follow the exposure protocol established by each clinical site.

Students may not seek personal medical care or advice from program faculty, staff, preceptors, guest lecturers, the Program Director, or the Medical Director, except in emergency situations requiring immediate assistance within scope of practice and standard of care. Violations may result in referral to the Progress and Promotions Committee and disciplinary action.

Students with a break in enrollment of one or more academic quarters must complete a new background check prior to reentry into the program.

Falsification or omission of information may result in denial of admission or dismissal from the program. Students must notify the Program Director of any misdemeanor or felony charges or convictions occurring during enrollment. Failure to report such information may result in disciplinary action, including dismissal.

SOUTH UNIVERSITY COLLEGE OF HEALTH PROFESSIONS BACKGROUND CHECK POLICY AND SUBSTANCE ABUSE AND SCREENING POLICY

Please refer to the [South University Academic Catalog](#) for this policy.

IMMUNIZATIONS

The South University's Anesthesiologist Assistant Program Immunization Policy is in compliance with the [US Centers for Disease Control and Prevention's Immunization Recommendations](#).

A recent medical history, physical examination, and all immunization records required will be maintained in a verified, safe, third-party tracking system from the time of matriculation until graduation. It is the student's responsibility to keep these records complete and up-to-date. Students who do not maintain these records as required will be referred to the Progress and Promotions Committee for a violation of professionalism standards.

In addition to the program's immunization requirements, students must comply with any clinical site's specific requirements to participate in clinical education. Students entering the second year may be required to obtain an updated physical examination and additional immunizations depending on the rotation site. Failure to comply with a clinical site's immunization requirements may prevent the student from participating in that rotation and risk the inability to complete the program. Students are advised to review each site's requirements at least a month before attendance to ensure they are aware of these health requirements well in advance of the scheduled clinical rotations.

For the health and safety of students, patients, and others with whom the student may come in contact, the AA program follows the guidelines established by the Center for Disease Control for immunizations for healthcare workers. Students should be aware that clinical sites may require students to be vaccinated against specific infectious diseases (including COVID-19) in order to participate in clinical activities. While the program is not requiring vaccination against the virus that causes COVID-19, unvaccinated students should be aware that the majority of clinical sites are requiring learners to be vaccinated. Unvaccinated students who cannot attend clinical rotations due to their vaccination status risk the inability to complete the program.

COMPUTER REQUIREMENTS

Each student is required to have a laptop computer or tablet device in class each day (beginning with orientation) to utilize ExamSoft/Examplify testing software, success lectures on the student portal, and to participate in Senior Seminar during the second year.

Students must have access to ExamSoft/Examplify testing application for the duration of enrollment. The cost of the application is covered by the university technology fee. ExamSoft will be downloaded during the early two weeks of the program, and does not need to be completed prior to orientation.

Students are responsible for having a device for both years, beginning at orientation, which meets all application minimum requirements listed below.

*Please note that it is not possible to use an iPad with Examplify for the South AA Program.

Computer requirements for Examplify and instructions are located at this link: [Examplify](#)

Computer requirements for [Microsoft Teams](#)

CAREER SERVICES

Students may seek the assistance of the Director of Career Services during or prior to their last quarter of enrollment. Information is available regarding resume/CV writing and job search strategies and techniques. The Director of Career services provides individualized job search assistance. Career workshops as well as theme weeks based on academic majors are held throughout the school year to aid

students in their professional development. All programs are open to any student at no charge. Please see the [South University Student Handbook: Career Services](#).

PROFESSIONAL LIABILITY INSURANCE

Students in the program are covered by a malpractice policy that insures all employees and students at South University. This policy covers any liability risks that may be incurred by a student or instructor of the program. This also covers liability risks incurred by clinical preceptors or their employing institutions. For most AA students, this coverage meets their needs. Those wishing to extend their coverage may purchase a personal liability insurance policy.

LIBRARY SERVICES

To assist students in retrieving the latest information, the library subscribes to over sixty periodicals in print format and several thousand full-text sources on-line. Duplicating services, interlibrary loan and tutorial services are also available in the library. The library provides access to the Internet, Microsoft Office Suite, and both general and subject-specific on-line databases.

Valid student ID cards are required to check out materials. If a card is lost, the student should report the loss as soon as possible. Most materials may be checked out for a two-week period. Students will be fined for overdue reserves or audiovisuals and charged a replacement fee for all materials that are not returned. Reference materials, pamphlets, vertical files, and periodicals are available for use in the library only. All items must be properly checked out at the circulation desk. Failure to comply is an infringement of library policy and the “Code of Conduct.” Students will be held responsible for the loss or damage of materials while in their possession and are subject to the library rules and regulations as outlined in the Library Policy and Procedure Manual. Please see the [South University Student Handbook: Library Services](#) for more information.

COMPUTER LABS

South University, Savannah makes available network resources which may be used by the students, faculty, and staff. These resources are intended to be used for educational purposes. The privilege of using computer and network resources is extended by the University to specific individuals and organizations and is not transferable. This privilege may be permanently revoked by the University if this policy is violated. The South University, Savannah Anesthesiologist Assistant program makes available computer and networking resources, which periodically may be used during lecture and classroom experiences. Computers should only to be used to take notes during class. Internet access may be used prior to lectures to download or transfer files and during class breaks. Individuals should be aware that any information, files, or software which they store or transfer on the University’s computers or networks remains subject to the University’s control, and thus can be examined, confiscated, or deleted in the same manner as any school property. Users may not attach or load any school’s system with personal equipment or software. Individuals who make use of the network and computer resources must abide by this computer policy and by the policies, regulations, and guidelines of South University as specified in the [South University Catalog: Conduct and Behavior Policies](#). Please see the [South University Student Handbook: Computer Labs](#) for more information.

FACILITIES

Anesthesia Laboratory

The Anesthesia Laboratory is available to students by card access whenever the building is scheduled to be open. Students are encouraged to use the laboratory during this time.

Mock Operating Room

The Mock Operating Room is available to students upon request and during Anesthesia Simulation class time. Students will not be permitted to run scenarios or otherwise operate patient manikin without faculty supervision.

The Laboratory and the Mock Operating Room may necessarily provide access to nitrous oxide and inhalation anesthetics through vaporizers mounted on various anesthesia machines. Students are strictly forbidden from using any inhaled anesthetic agents or adjuvant gases for recreational use. This is a zero-tolerance policy. Documented evidence or a student found inhaling anesthetic agents or nitrous oxide will be immediately dismissed from the anesthesiologist assistant program.

APPENDIX A: Anesthesiologist Assistant Program

Infection Control

POLICY:

The objective of the following guidelines is to prevent the spread of infection and avoid exposure to blood and body fluid pathogens.

GENERAL:

It is the policy of the South University Anesthesiologist Assistant program to follow the guidelines and recommendations made by the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA) regarding STANDARD PRECAUTIONS. Before beginning any clinical education experience through the South University Anesthesiologist Assistant program, students must receive training regarding [CDC STANDARD PRECAUTIONS](#).

STANDARD PRECAUTIONS

Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. Standard Precautions combine the major features of Universal Precautions and Body Substance Isolation and are based on the principle that all blood, body fluids, secretions, excretions, non-intact skin, and mucous membranes may contain transmissible infectious agents.

These practices include:

- Hand hygiene
- The use of personal protective equipment (PPE) (e.g., gloves, gowns, masks) for mouth, nose, eye protection
- Safe injection practices
- Safe handling of potentially contaminated equipment or surfaces in the patient environment, and
- Respiratory hygiene/cough etiquette

In addition to Standard Precautions, students will receive training in the three categories of Transmission-Based Precautions:

- [Contact Precautions](#)
- [Droplet Precautions](#)
- [Airborne Precautions](#)

[Transmission-Based Precautions](#) are used when the route(s) of transmission is (are) not completely interrupted using Standard Precautions alone.

Students may access details of this information at any time at the following website:
[Isolation Precautions | Guidelines Library | Infection Control | CDC](#)

EXPOSURE TO BLOOD BORNE PATHOGENS

Strict adherence to STANDARD PRECAUTIONS and other infection control measures should prevent a student's exposure to blood borne pathogens. Should a student sustain a possible exposure (including a needle stick injury) to blood borne pathogens during a clinical training experience, the student is responsible for immediately notifying their supervisor, instructor, preceptor, or department manager. The student should then follow the steps outlined in the section titled "Post-Exposure Procedure" and "Student Injuries or Exposures". Exposure is defined as a demonstrated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials.

THE FOLLOWING PROCEDURE SHOULD BE INITIATED AND FOLLOWED AFTER AN EXPOSURE:

Post-Exposure Procedure:

- Aggressive local wound care to the site of exposure should be initiated immediately. Percutaneous wounds should be expressed to promote bleeding. The site should be cleansed thoroughly with soap and water using a surgical hand brush when possible. It may be beneficial to use an antiseptic such as chlorhexidine gluconate (Foam Carer CHG), an iodophor (EZ Scrub, Betadine), or Dakins solution (dilute 1:9 buffered sodium hypochlorite). Difficult to scrub areas should be soaked in chlorhexidine gluconate (Foam Carer CHG) or another antiseptic. Non-intact skin should be cleansed with soap and water. It may be beneficial to use an antiseptic as described above.
- Mucous membrane exposures (e.g., eye splashes) should be irrigated thoroughly with tap water using the nearest eye washing station (or faucet if none available).
- The incident should be reported immediately to the student's supervisor, instructor, preceptor, or department manager.
Post Exposure Prophylaxis protocol should be initiated if indicated. Students may access the current guidelines through the [National Clinician Consultation Center](#).

Access to emergency health care is recommended, and the student is urged to become informed about current PEP guidelines in order to receive most effective treatment within the recommended time frame.

Finally, the student must notify the Clinical Coordinator or Program Director. In addition, the South University, Anesthesiologist Assistant program incident form must be completed by the Program Director.

STUDENT INJURIES

Incidents involving an injury to a student (such as a fall, or other accidental injury) during a clinical education experience will follow a similar protocol.

- The injury should be reported to the student's supervisor, instructor, preceptor, or department manager.
- Students should report to the nearest Emergency Room for treatment.
- The program should be notified as soon as it is possible to do so. The student must notify the Program Director or if unavailable, the Clinical Coordinator. In addition, the South University, Anesthesiologist Assistant program incident form must be completed and sent to the South University, Anesthesiologist Assistant program.

If a potentially infectious exposure occurs, do not allow feelings of embarrassment, a large workload, or misplaced peer pressures to prevent you from reporting the event immediately. Needle sticks and other exposures can be life-threatening. Responsible health care providers recognize that unintentional injuries and occupational exposures may occur and must be evaluated by competent, objective, and experienced medical professionals.

IMPORTANT:

All charges incurred by AA students for physician visits, labs or x-ray studies, and prescribed medications related to an injury, needle stick; blood or body fluid exposures are the student's responsibility. Students must maintain health insurance throughout their educational experience at the South University, Anesthesiologist Assistant program. All medical or health care services (emergency or otherwise) that the student receives or requires are the student's responsibility and are at the student's expense.

APPENDIX B: Academic Calendar

Anesthesiologist Assistant Program Academic Calendar
2026-2027

2026-2027		Summer 2026	Fall 2026	Winter 2027	Spring 2027
Classes Begin	Class of 2026	6/22/26			
	Class of 2027	6/22/26	9/28/26	1/4/27	3/22/27
	Class of 2028	6/22/26	9/28/26	1/4/27	3/29/27
Last Day of Classes	Class of 2026	9/9/26			
	Class of 2027	9/4/26	12/18/26	3/19/27	6/17/27
	Class of 2028	9/4/26	12/11/26	3/19/27	6/11/27
Final Exams	Class of 2027	9/8-9/18			
	Class of 2028	9/8-9/18	12-14-12/18	3/15-3/19	6/14-6/17
Graduation	Class of 2026	9/9/26			
Breaks	Class of 2026				
	Class of 2027	7/6-7/10, 9/21-9/25	11-25-11/27; 12/21-1/1		3/29-4/2; week of NCCAA exam
	Class of 2028	9/21-9/25	11-25-11/27; 12/21-1/1	3/22-3/26	
Quarter Ends	Class of 2026	9/9/26			
	Class of 2027	9/18/26	12/18/26	3/19/27	6/17/27
	Class of 2028	9/18/26	12/18/26	3/19/27	6/17/27

Anesthesiologist Assistant Program Academic Calendar
2027-2028

2027-2028		Summer 2027	Fall 2027	Winter 2028	Spring 2028
Classes Begin	Class of 2027	6/21/27			
	Class of 2028	6/21/27	9/27/27	1/3/28	3/20/28
	Class of 2029	6/21/27	9/27/27	1/3/28	3/27/28
Last Day of Classes	Class of 2027	9/8/27			
	Class of 2028	9/3/27	12/17/27	3/17/28	6/16/28
	Class of 2029	9/3/27	12/10/27	3/10/28	6/9/28
Final Exams	Class of 2028	9/7-9/17			
	Class of 2029	9/7-9/17	12/13-12/17	3/13-3/17	6/12-6/16
Graduation	Class of 2027	9/8/27			
Breaks	Class of 2027				
	Class of 2028	7/5-7/9; 9/20-9/24	11/24-11/26; 12/20-12/31		3/27-3/31; week of NCCAA exam
	Class of 2029	9/20-9/24	11/24-11/26; 12/20-12/31	3/20-3/24	
Quarter Ends	Class of 2027	9/8/27			
	Class of 2028	9/17/27	12/17/27	3/17/28	6/16/28
	Class of 2029	9/17/27	12/17/27	3/17/28	6/16/28

Anesthesiologist Assistant Program Academic Calendar
2028-2029

2028-2029		Summer 2028
Classes Begin	Class of 2028	6/20/28
	Class of 2029	6/20/28
	Class of 2030	6/20/28
Last Day of Classes	Class of 2028	9/6/28
	Class of 2029	9/1/28
	Class of 2030	9/1/28
Final Exams	Class of 2029	9/5-9/15
	Class of 2030	9/5-9/15
Graduation	Class of 2028	9/6/28
Breaks	Class of 2028	
	Class of 2029	7/3-7/7;9/18-9/22
	Class of 2030	9/18-9/22
Quarter Ends	Class of 2028	9/6/28
	Class of 2029	9/15/28
	Class of 2030	9/15/28

2nd Year Rotation Schedule

The following is the **proposed** schedule of senior rotations for the Class of 2028.

Please note that the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) changed their policy in May 2022 that students must graduate from an accredited program in order to be eligible to sit for the certification exam. This is a departure from their former policy that allowed students to sit for the exam up to 180 days prior to graduation. The new NCCAA policy goes into effect for all students matriculating on or after 1/1/2024 but is not yet ready in a practical manner. Thus, as it currently stands (April 2026), you will be able to take the certification exam prior to your graduation. The rotation schedule below reflects this.

CLASS 2028			
Rotation		Dates	weeks
1	2027	9/27 - 10/29	5
2		11/1 - 11/23	3.5
	Thanksgiving	11/24 - 11/26	
3		11/29 - 12/17	3
	winter break	12/20 - 12/31	
4	2028	1/3 - 1/28	4
5		1/31 - 2/25	4
6		2/28 - 3/24	4
	spring break	3/27 - 3/31	
7		4/3 - 4/28	4
8		5/1 - 5/26	4
9		5/29 - 6/30	4
	exam prep break	not sure	
10		7/3 - 7/28	4
11		7/31 - 8/25	4
12		8/28 - 9/6	1.5
NCCAA exam anticipated window 1st week June			

APPENDIX C: First Year Holidays

Independence Day (observed)	Friday, July 3
Labor Day	Monday, Sept 7
Veteran's Day	Wednesday, Nov 11
Thanksgiving break	Wednesday thru Friday, Nov 25-27
MLK Day	Monday, Jan 18, 2027
St. Patrick's Day	Wednesday, March 17, 2027
Memorial Day	Monday, May 31, 2027
Juneteenth (observed)	Friday, June 18, 2027
Independence Day (observed)	Monday, July 5, 2027
Labor Day	Monday, Sept 6, 2027

APPENDIX D: Records Release Form

CONSENT FOR RELEASE AND EXCHANGE OF STUDENT RECORDS

Name: _____ Student ID#: _____

Students in the College of Health Professions participate in clinical rotations which are part of the requisite course work for the _____ degree offered by South University.

To enable South University and the clinical rotation sites to evaluate a student's eligibility to participate in clinical rotations and to evaluate a student's performance on clinical rotations, it is necessary for South University and the clinical rotation sites to exchange educational records and information about that student. The educational records and information subject to release and exchange include grade reports, transcripts, evaluations, attendance records, examination results, background check results, and records of conduct and disciplinary investigations and proceedings. Release and exchange of educational records and information is between and among faculty members, administrators, and other designees of South University and the facilities which have an agreement with South University to provide clinical rotations.

I hereby consent to the release and exchange of my educational records and information as described above.

I acknowledge receipt of a copy of this signed form.

_____	_____
Student's Signature	Date

_____	_____
Student's Printed Name	Date

APPENDIX E: Consent for Drug and Alcohol Screening

Name: _____ Student ID#: _____

I, _____, hereby voluntarily agree to provide urine, blood, or hair as required for testing for the presence of drugs and/or alcohol. I authorize that the results of my drug screen be released to South University and the _____[Program]. I understand that the results of the drug screen will be used to determine: 1) eligibility for clinical placement, 2) fitness for duty, 3) violation of substance abuse policy, or 4) disciplinary action against me, up to and including dismissal from programs within the College of Health Professions. I understand that the results of the drug and alcohol test will be shared with clinical placement sites as required. I understand that my willingness to submit to the requested screening is completely voluntary and that I have the right to refuse. I am aware that my refusal to submit to the drug and alcohol screening is grounds for disciplinary action and further actions as outlined in the Substance Abuse Policies of the College of Health Professions and South University. I have read and agreed to the terms of the Substance Abuse Policy for the South University College of Health Professions.

I acknowledge receipt of a copy of this signed form.

Student's Signature

Date

Student's Printed Name

Date

APPENDIX F: Quarterly Clinical Performance Expectations

Clinical Competency	Quarter II	Quarter III	Quarter IV	Quarter V	Second year Quarters VI-IX
Patient Assessment	Reviews relevant patient data, participates with preceptor in patient interview.	Conducts a basic preoperative interview including: NPO (Nil per os; nothing by mouth) status, allergies, medications, and co-morbidities.	Analyzes pre-operative test results for purpose of identifying impact on anesthesia care.	Performs an anesthesia-focused physical examination and identifies potential concerns that warrant treatment, intervention or further evaluation.	Reviews current and previous medical records. Identifies implications of patient's history and physical state on anesthesia care.
Anesthesia Planning	Selects appropriate type of anesthesia based on planned procedure.	Formulates basic anesthesia plan in consideration of planned procedure and patient factors.	Incorporates results from patient assessment into anesthesia plan. Identifies relevant post-operative patient risks.	Develops an anesthesia care plan in consideration of preoperative assessment and post-operative risks for low-acuity patients. Plans for post-operative care of patient.	Develops a complete anesthesia care plan in consideration of preoperative assessment, and post-operative complications.
Preparation	Sets up basic airway equipment and completes machine checkout. Relates basic understanding of surgical procedure to Anesthesia Care Team (ACT) members.	Identifies additional equipment needed for patient care based on procedure. Recognizes steps of common surgical procedures and uses that information to modify patient care.	Prepares equipment for complex cases in conjunction with preceptor. Able to explain surgical method and hazards associated with the majority of surgical procedures.	Analyzes anesthesia plan, gathers appropriate resources with minimal assistance from preceptor. Identifies detailed methods used in surgical procedure and integrates information into patient care.	Ensures the availability of personnel and resources (monitoring, equipment, blood products, medications) required for patient management for all types of surgical procedures.

Clinical Competency	Quarter II	Quarter III	Quarter IV	Quarter V	Second year Quarters VI-IX
Communication with ACT (Anesthesia Care Team)	Communicates preoperative data to preceptor and relays relevant intraoperative observations to members of ACT.	Presents complete preoperative evaluation to ACT members and provides patient summary for transfer of care in the perioperative setting.	Initiates discussion of patient data and anesthesia care to all members of the perioperative team.	Demonstrates ability to lead communication as member of ACT. Receives and delivers effective transfer of care reports between departments.	Establishes communication with perioperative team to discuss pertinent patient information (hand-off, lab results, surgical plan, anesthesia concerns) to maximize patient safety.
Intraoperative Management	Demonstrates ability to apply ASA monitors, pre-oxygenate, initiate ventilation maintain anesthesia, and plan for emergence.	Identifies changes in patient hemodynamics and works with preceptor to manage intraoperative complications.	Manages tasks during induction, maintenance, and emergence phases of anesthesia for low acuity patients with minimal preceptor assistance.	Recognizes and anticipates common physiological changes during routine surgical cases. Executes plan for emergence effectively.	Anticipates and manages common and critical events with consideration of co-existing diseases to optimize patient outcomes and prevent patient injury.
Airway Skills	Attains $\geq 50\%$ success rate with bag-mask ventilation (BMV), Laryngeal Mask Airway (LMA), and oral endotracheal tube OETT placement. Conducts airway physical exam.	Attains $\geq 75\%$ success rate with BMV, LMA, and OETT placement. Recognizes patient risk factors for difficult airway management.	Attains $> 90\%$ success with BMV, LMA, and OETT placement. Classifies patient risks for difficult airway management and suggests alternate methods of airway management.	Recommends modification in airway plan based on physical exam findings and planned procedure. Selects appropriate technique to be used in the management of difficult/failed airways.	Composes comprehensive airway management plan in consideration of risk factors. Shows mastery of airway management techniques.
Technical Procedures: lines, regional	Demonstrates appropriate aseptic technique when placing intravenous lines. Attains a $\geq 50\%$ success rate for IV placement.	Attains $\geq 75\%$ success for IV placement. Assists ACT members with placement of invasive lines and relates appropriate methods of aseptic techniques.	Attains $\geq 90\%$ success for IV placement. Demonstrates appropriate aseptic technique when placing arterial lines.	Demonstrates use of appropriate aseptic techniques for arterial line and regional block insertion. Assists ACT members with various types of regional block placement.	Demonstrates appropriate aseptic technique when placing invasive lines and regional blocks. Attains a $\geq 80\%$ success rate for invasive line, neuraxial block placement.

Clinical Competency	Quarter II	Quarter III	Quarter IV	Quarter V	Second year Quarters VI-IX
Professionalism	Demonstrates appropriate professionalism for AA student. Displays sensitivity, empathy, accountability and respect to a diverse patient population.	Demonstrates appropriate professionalism for AA student. Establishes a true and transparent relationship of care with patients and families.	Demonstrates appropriate professionalism for AA student. Actively seeks out learning opportunities and is committed to delivering high-quality patient care. .	Demonstrates appropriate professionalism for AA student. Demonstrates emotional stability and adaptability in stressful situations.	Consistently exemplifies standards of professionalism for the anesthesiologist assistant. Advocates for the patient within the healthcare system.
Clinical Practice management	Follows institutional safety policies and participates in quality improvement activities to enhance patient care.	Recognizes opportunities for improved utilization of resources within the healthcare system.	Discusses methods of improving quality for patients during the perioperative period.	Practices cost-effective healthcare that optimizes resource allocation and quality of care.	Integrates evidence-based medicine into clinical practice to improve patient safety.
Anesthesia Knowledge	Demonstrates knowledge of: -Commonly used anesthesia drugs -Physics of anesthesia -Anesthesia machine -Basic airway management	Demonstrates knowledge of: - Human anatomy & physiology -Basic pharmacology -Principles of monitoring	Demonstrates knowledge of: -Cardiovascular (CV) physiology -Anesthesia pharmacology - Instrumentation & monitoring	Demonstrates knowledge of: -Pulmonary physiology -Regional anesthesia -Preanesthetic evaluation	Demonstrates knowledge of: -Clinical anesthesia -Ethical principles and issues -Occupational health -Professional practice standards

APPENDIX G: Required Clinical Experiences

Clinical Experiences	Guidelines	Examples
Anesthesia Cases (650)		
Clinical Hours (2,000)	Clinical hours include performance by the student of anesthesia cases and clinical skills outlined in the NCCAA clinical skills requirements and associated anesthesia tasks performed by the student including room set-up, perioperative assessments, administration of anesthetic, obstetric management, and any other time directly involved in patient care.	Students would not include experiences such as code response and IV or vascular access consultation within this category.
Patient ASA Physical Status	ASA Physical Status Classification System definitions should be utilized.	
ASA Class 3-6 (150)		
ASA Class 4-6 (10)		
Emergent ASA Class E (35)		
Geriatric (100)	Patient age is 65 or older at the time of the procedure.	
Pediatric	Patient age is from birth through age 18.	
2-12 years (30)		
Less than 2 years old (10)		
Intra-abdominal (75)	Any surgical case that enters the abdominal cavity via an open, laparoscopic or robotic approach.	Examples of this category are laparoscopic Cholecystectomy, Hysterectomy to include vaginal approach, Radical Prostatectomy, Nephrectomy, Kidney/Liver transplant, Bowel Resection, Laparoscopic Hernia repair, Diagnostic Laparoscopy, Appendectomy, and Bariatric surgery. Additional examples of intra-abdominal cases may include, Laparoscopic Peritoneal Dialysis catheter placement, Anterior Spinal Fusion, Adrenalectomy, Open Abdominal Aortic Aneurysm repair, Upper and Lower GI Endoscopy/ERCP/Percutaneous Nephrolithotomy procedures

		would not be considered open abdominal cases.
Intracranial (5)	Any surgical case with direct surgical contact on the brain. Three (3) of the cases must be open. Definitions for open intracranial surgical cases and corresponding examples can be found below. The remainder of the requirement may be met through additional open procedures or through closed procedures, examples of which can be found to the right.	Examples of closed intracranial procedures may include percutaneous procedures that access the brain (Gamma knife, aneurysm coiling).
Open (3)	Any surgical case that accesses the brain via a craniotomy, either through cranial flap, burr holes, or transsphenoidal approach.	Examples of this category are tumor resection, craniotomy for A-V malformation/aneurysm surgery, V-P Shunts, deep brain stimulator placement.
ENT (20)	Any surgical case involving the head, neck and oropharyngeal area, excluding intracranial procedures. A variety of cases are expected to be performed in this category, ideally with the majority of the cases requiring general anesthesia with intubation. For example, 10 MAC cataracts and 10 ear tubes with mask anesthesia would provide only minimal diversity of experience and would not satisfy the intent of this category.	Examples of this category are scleral buckle, enucleation, vitrectomy, cataracts, strabismus repair, sinus surgery/rhinoplasty, maxillofacial reconstruction, orthognathic surgery, dental extractions, oral tumor resection, tonsillectomy, myringotomy, tympanoplasty/mastoidectomy, cochlear implant parotid gland/thyroid tumor resection, radical neck surgery, or tracheostomy.
Neuroskeletal (25)	Any surgical case that involves both the central nervous system and the axial skeleton.	Examples of this category are laminectomy and decompression, Anterior/Posterior spinal fusions, discectomy, Anterior/Posterior cervical fusion, Chiari malformation corrective surgery, scoliosis corrective surgery. Not included in this category are spinal cord stimulator insertion or spinal tap.

Cardiothoracic/Vascular		
Heart (10)	Procedures on the heart. The requirement does not require cardiopulmonary bypass to be administered as part of the procedure, however, the intent of the category is for the learner to obtain diversity in the types of procedures performed on the heart and cases with cardiopulmonary bypass and cases without is recommended.	Examples of this category are open coronary artery revascularization (with or without CPB), valve replacement (open or via an intravascular approach), surgery involving the thoracic aorta, ablation surgery, atrial appendage surgery and heart transplant. Not included in this category are TEE, elective cardioversions, cardiac catheterizations, pacemaker insertions.
Lung (5)	Any surgical case on the lungs via an open thoracotomy approach or laparoscopic approach.	Examples of this category are lobectomy via thoracotomy or video assisted thoracoscopy (VATS), pulmonary bleb/bullae surgery, pleurectomy and decortication or lung transplant. Not included in this category are bronchoscopy procedures and chest tube placement by itself without a corresponding lung procedure.
Vascular (15)	Any surgical case on the vascular system.	Examples of this category are carotid endarterectomy, aorta-bifemoral surgery either open or via endovascular stent, A-V fistula creation/revision, access port placement. Not included in this category would be vein stripping, central line placement.
Obstetrical Cases (including Deliveries, C-Section & Procedures) (35)	An anesthetic for surgical case involving a pregnant patient. Of the 35 total required cases, (20) cases but be direct obstetric management related to the delivery of the fetus, with a minimum of (10) anesthetics for labor and delivery, and a minimum of (10) anesthetics for cesarean delivery. The remaining (15) surgical cases for the category may be anesthetics for patients that are pregnant, but not for the purpose of the delivery of the fetus. Of course, additional surgical cases for delivery	Examples of the category are cerclage and anesthesia for the non-laboring pregnant patient including but not limited to: appendectomy, cystoscopy, cholecystectomy and other anesthetic cases.

	(e.g. cesarean delivery) may be counted to fulfill this category as well. If the learner is only involved for the initiation/placement of the regional technique and not the periodic management and/or the surgical management then the learner should only count the regional technique and not the obstetrical case. Note: If a vaginal delivery anesthetic converts to a C-Section, the learner should only count one obstetrical case, but may count multiple anesthetic techniques (epidural placement and general anesthesia if applicable).	
Cesarean Delivery (10)	Anesthetic delivered for the purpose of cesarean delivery. The learner may count the case for this category when a labor epidural is continued for a cesarean delivery, including when the learner has counted the placement of the epidural and management of analgesia for labor.	
Analgesia for Labor (10)	The learner provides care for the patient with an epidural. Care includes periodic assessment, redosing and adjusting dosage, additional anesthetic interventions throughout the course of labor. The learner need not be the exclusive provider of care noted above to count the case for analgesia for labor. The learner may count the case for this category whether the student placed the epidural catheter, or another provider placed the epidural catheter.	
General Anesthesia (400)	Student learners should only count cases in which they are directly involved in the induction, maintenance and/or emergence of the general anesthetic. Emergence is counted under a separate category and must occur in at least 250 of the 400 general anesthesia cases reported.	

Induction, Maintenance & Emergence		
Mask Induction (25)	A case with anesthesia induction technique using a mask and potent inhalation anesthetic agents exclusive of IV induction agents.	Examples of the category are myringotomy and tube placement, joint manipulation, exam under anesthesia cases, cardioversions and GU cases.
Mask Management (30)	Mask ventilation and mask management is the skill of learning proper patient positioning, provider hand positioning and how to utilize oral and nasal airway devices to successfully ventilate a patient using a bag valve mask. For purposes of fulfilling the requirement, this skill can be honed during mask cases, lasting longer than ten minutes or the entire duration of the anesthetic, should the case be of short duration.	Examples of the category are cases similar to those listed in mask induction as well as electroconvulsive therapy (ECT) and/or other cases where mask ventilation can be safely performed and maintained for longer than ten minutes.
Supraglottic Airway Device Placement (35)	An airway management technique with a device that does not enter the glottic opening. Placement must be successful to be counted.	Examples of the category are laryngeal mask airway (LMA), iGel© and laryngeal tubes.
Tracheal Intubation (250)	Successful placement of an endotracheal tube through the glottic opening into the trachea.	
Nasal Intubation (5)	Successful placement of an endotracheal tube through the glottic opening into the trachea utilizing an intubation technique via the nasopharyngeal route.	
Total Intravenous Anesthesia (75)	A case where only IV anesthetic agents are used for induction and maintenance for the entire case. Sedation cases would be appropriate in this category. However, the learner must administer the medications for credit in this category.	Examples of the category are spinal fusion with TIVA (if the majority of the case was TIVA but inhalation agent is used towards the end of the case for transition to emergence, the student may count it as total IV anesthesia), GU cases, and orthopedic procedures with sedation.
Emergence from anesthesia (250)	For this category, emergence is defined as the ending stage of anesthesia featuring the transition from unconsciousness to complete wakefulness and recovery of consciousness. Skills learned in this category involve managing	

	complications occurring during emergence. While there is no set time or test for when emergence has occurred, patients whose care is transitioned with the patient remaining unresponsive should not be counted in this category.	
Regional Techniques		
Actual Administration		
Spinal (10/max. 5 simulated)	Note: In the situation where the student learner utilizes a combination spinal/epidural technique, the student may count both procedures for the same case.	
Epidural (10max. 5 simulated)	Note: In the situation where the student learner utilizes a combination spinal/epidural technique, the student may count both procedures for the same case.	
Peripheral (10max. 10 simulated)		
Management (40)	For purposes of this category, regional management is defined as the maintenance of the patient and the block after having been administered a regional anesthetic via spinal, epidural or peripheral nerve block whether placed by the student or by another anesthesia provider.	An example: learner takes over the management of a labor epidural after another anesthesia provider administers (places) the epidural.
Ultrasound Guided Procedures (20)	If ultrasound is used for a successful procedure performed by the learner, then the learner may count ultrasound guided technique as well as the procedure.	If a learner utilizes ultrasound to place a central line, the learner may claim both ultrasound guided technique as well as central line placement provided the learner performed the procedure while utilizing ultrasound. Other examples include arterial line placement or peripheral nerve blocks.
Alternative Airway Management		
All airway techniques other than direct laryngoscopy and supraglottic airway device (30)	The intent of the category is for the learner to gain experience in multiple alternative airway management and placement techniques.	Examples of the category are light wand, use of an intubating stylet (Bougie), intubating LMA, retrograde tracheal intubation and video laryngoscopy (e.g. Glidescope®, McGrath®, Airtraq®).

Endoscopic techniques (5/max. 5 simulated)	This category requires a minimum of (5) endoscopic intubations. These may all be performed utilizing simulation, however, the learner should seek opportunities to perform this skill on an appropriate patient.	An example of the category is flexible bronchoscope
Arterial Pressure Catheter		
Arterial Puncture/Catheter Insertion (25)	Placement of a peripheral intra-arterial catheter with the intention of monitoring arterial blood pressure or the arterial puncture for collection of an arterial blood gas sample.	Examples of the category are radial artery catheter, brachial artery catheter or femoral artery catheter.
Intra-arterial BP monitoring (30)	Monitoring of an intra-arterial catheter waveform during a surgical procedure for the purposes of managing the patient's hemodynamic status. The arterial line may have been placed by the learner or another provider.	
Central Venous Catheter		
Placement (5/max. 2 simulated)	This category may be counted when the learner places the central venous catheter. The insertion may be assisted but the learner should perform the needle direction and insertion of the cannula to be counted. Peripherally Inserted Central Catheters (PICC) lines are not included in this category.	Examples of the category are internal Jugular cannulation, Subclavian cannulation, and Femoral cannulation.
Monitoring (15)	Monitoring of central venous waveforms for a surgical case. The catheter insertion may have been place by the learner or another provider.	
Intravenous Catheter Placement (125)	Successful insertion of an IV catheter is any peripheral location. The student may count multiple catheters in the same patient if more than one is required for a particular case.	
Gastric Tube Placement (5)	Successful insertion of an oro-gastric or naso-gastric tube.	
Placement of One Lung Isolation Device (5/max. 2 simulated)	Successful intubation including successful isolation of one lung.	Examples of the category are double-Lumen bronchial tube and single lumen bronchial blocker.

The above table lists the case/hour requirements for the South University Anesthesiologist Assistant Program; the NCCAA may require different case/hour totals to be eligible to take the certification exam.

APPENDIX H: Graduation Requirements

MASTER OF MEDICAL SCIENCE IN ANESTHESIA SCIENCE GRADUATION REQUIREMENTS

- The student must complete the course requirements described in the handbook in effect when the student was enrolled.
- The student must successfully meet the standards for academic, clinical, and professional performance.
- Students must maintain an overall cumulative GPA of ≥ 2.5 at the time of graduation.
- Student must be in good standing at the time of graduation; i.e., not on any type of warning or probationary status at the conclusion of their final quarter of enrollment.

APPENDIX I: Student Handbook Acknowledgement

SOUTH UNIVERSITY ANESTHESIOLOGIST ASSISTANT PROGRAM STUDENT HANDBOOK ACKNOWLEDGEMENT

I, _____, have read the information contained within the South University, Savannah Anesthesiologist Assistant Program Student Handbook. I understand my obligation to successfully complete all didactic requirements in the outlined time frame.

I fully understand this information and hereby agree to abide by the Anesthesiologist Assistant Program policies and procedures contained within the South University Anesthesiologist Assistant Program Student Handbook. Additionally, I agree to abide by all rules and regulations as set forth in the South University Academic Catalog, South University Student Handbook, and in the South University Anesthesiologist Assistant Program Clinical Policy Manual.

I understand the outlined requirements including clinical learning outcomes for graduation from the South University Master of Science in Anesthesiologist Assistant program. The South University Anesthesiologist Assistant Program reserves the right to modify curriculum requirements as necessary to ensure the academic integrity of its program. Students will be notified of any changes in curriculum or program requirements prior to implementation in accordance with ARC-AA standards.

Student Signature: _____ Date: _____

Printed Name: _____

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