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# Bylaws

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## The Centers for Osteopathic Research and Education (CORE)

Adopted by CORE Board (CB) 12/05/95

**Amended by CB:**

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1 members to pursue their own missions, goals and objectives. It is an expectation that  
2 CORE members participate in ongoing strategic planning and the production of an annual  
3 self-study report analyzing and quantifying established measurement outcomes.  
4 Furthermore, the CORE System will operate in accordance with the provisions of the  
5 American Osteopathic Association's (AOA) most current Accreditation Document for  
6 Osteopathic Postdoctoral Training Institutions (OPTI) and the Basic Document for  
7 Postdoctoral Training Programs. Furthermore, the CORE System affirms the  
8 commitment to conduct CORE programs according to the Americans with Disabilities  
9 Act (ADA) of 1990 and applicable state laws regarding disability and provide equitable  
10 treatment for all with regard to race, gender, age, religion, ethnic background, sexual  
11 orientation, or socio-economic status.

#### 12 **ARTICLE IV. Mission and Vision**

13 The mission of the CORE System is to support and sustain a collaborative partnership to  
14 enhance osteopathic medical education for those we serve. The CORE System's vision is  
15 to be the national leader in transforming osteopathic medical education.

#### 16 **ARTICLE V. Membership in the CORE System**

##### 17 SECTION 1. Conditions of Membership

18 Conditions of membership in the CORE System shall be established by the CORE Board  
19 (CB), hereafter referred to as "the Board". Interest of an Ohio Hospital's membership in  
20 the CORE System shall be disclosed in advance to affected member hospital(s) in the  
21 same geographic area for the opportunity to provide input to the Executive Committee of  
22 the CORE Board (ECCB). Acceptance of a new hospital member shall be affirmed or

1 denied based on demonstrated quality academic programming for osteopathic medical  
2 education. Healthcare Facilities Accreditation Program (HFAP) and/or Joint  
3 Commission accreditation shall be a requirement for Participating membership. All  
4 Participating hospitals will: 1) establish Osteopathic Departments/Sections of  
5 Osteopathic Services and provide some method of support to be determined by each  
6 individual hospital; 2) strongly encouraged to be members of the AOA Bureau of  
7 Hospitals; 3) provide in their Hospital Bylaws that they recognize and accept specialty  
8 certification through the AOA on an equal basis with those certifying boards recognized  
9 by the American Board of Medical Specialties (ABMS) for the purpose of hospital  
10 privileges; 4) obtain Federal Wide Assurance as of July, 2002; 5) institute and maintain  
11 an Institutional Review Board (IRB) according to federal regulations; 6) notify the OPTI  
12 Central Site office at OU-COM of any substantive program change(s) that have been  
13 made with follow-up notification to the appropriate AOA Specialty College; and 7)  
14 implement OPTI standards, policies and procedures. As a result of Co-sponsored  
15 Osteopathic Graduate Medical Education Programs (OGME), the OPTI is accountable  
16 for compliance and quality of all training programs within its consortium. Thus, all  
17 CORE Hospitals with AOA approved GME programs regardless of category of  
18 membership must have their residents participate in the respective Residency Programs  
19 Advisory Committee (RPAC). Also, the hospitals and the college are required to respond  
20 to corrective action plans to all deficiencies cited by program inspections in accordance  
21 with established policy. Institutions that comprise the consortium will acknowledge and  
22 abide by the OPTI requirements. There shall be an established process for reviewing and

1 accepting the OPTI annual report prior to submission to the AOA's Council on  
2 Postdoctoral Training Institutions (COPTI). The Board reserves the right to establish  
3 additional reasonable standards and requirements as needed for participation in the  
4 CORE System. Upon proper notice to the member, the privileges of membership (e.g.,  
5 use of the OU-COM name, inclusion in CORE advertising, participation in CORE  
6 activities, use of CORE resources, etc.) may be suspended, limited, or canceled by the  
7 Board when individual members do not meet established standards and requirements for  
8 membership. Such suspension or limitation may be removed at any time as determined  
9 by the Board.

#### 10 SECTION 2 A. Membership Status

11 The CORE System shall include five categories of membership - Central, Participating,  
12 Associate, Affiliate, and Ancillary. Each membership category has specific requirements  
13 and privileges established by the Board. Charter and system hospitals shall have special  
14 designations in addition to their category of membership.

- 15 • **Central Membership** – Ohio University College of Osteopathic Medicine (OU-  
16 COM), because of its central role in executing contracts with individual hospitals  
17 and in providing the largest single financial and in-kind contribution to the support  
18 of the CORE System, is recognized as the **Central Member**. OU-COM serves as  
19 the College of Osteopathic Medicine member, along with other hospital partners,  
20 needed to comprise an Osteopathic Postdoctoral Training Institution (OPTI). OU-  
21 COM shall establish a CORE office at or near each Participating Hospital to

1 provide student support services. The CORE office staff will schedule students for  
2 rotations at all CORE member hospitals and within hospital systems.

- 3 • **Participating Membership** – Hospitals with AOA-approved Graduate Medical  
4 Education (GME) programs and participate as full members in the CORE System,  
5 shall be recognized as **Participating Members**. The past and present Participating  
6 Hospitals are listed in Addendum 1\*. Osteopathic medical students will be based  
7 only at Participating Member hospitals. The addition of new Participating  
8 Members and the methods of their incorporation will be defined by all existing  
9 Participating Members in conjunction with the Central Member. Recommendations  
10 must be submitted to the CORE Finance Committee (CFC) for consideration.  
11 Approval will require a super-majority or two-thirds vote of the Board. Conditions  
12 and payments for becoming a Participating Member shall be established by the CFC  
13 and ratified by the Board in accordance with the approved fiscal year (July 1- June  
14 30) CORE System budget.

- 15 • **Associate Membership** – Hospitals and Clinics with or without AOA and/or  
16 ACGME-approved Graduate Medical Education (GME) programs that do not  
17 become full Participating Members in the CORE System shall be recognized as  
18 **Associate Members**. The past and present Associate Members are listed in  
19 Addendum 2\*. Osteopathic medical students will not be based at Associate  
20 Member hospitals. The addition of new Associate Members and the methods of  
21 their incorporation will be defined by all existing Participating Members in  
22 conjunction with the Central Member. Recommendations must be submitted to the

1 CFC for consideration. Approval will require a super majority or two-thirds vote of  
2 the Board. Conditions and payments for becoming an Associate Member shall be  
3 established by the CFC and ratified by the Board in accordance with the approved  
4 fiscal year (July 1 – June 30) CORE System budget.

- 5 • **Affiliate Membership** – Colleges of Osteopathic Medicine (COM) other than OU-  
6 COM that participate in the CORE System shall be recognized as **Affiliate**  
7 **Members**. The past and present Affiliate Colleges of Osteopathic Medicine  
8 (ACOM) are listed in Addendum 3\*. The addition of new Affiliate Members and  
9 the method of incorporation will be defined by the CORE Academic Steering  
10 Committee (CASC). Recommendations must be submitted to the CFC for  
11 consideration. Approval will require super-majority or two-thirds vote of the Board.  
12 COM Affiliate Members must belong to the American Association of Colleges of  
13 Osteopathic Medicine (AACOM). Additional conditions and requirements for  
14 becoming a COM Affiliate Member shall be established by the Board.

- 15 • **Ancillary Membership** – Hospitals or clinics that do not meet the requirements to  
16 be an Associate Member, non-osteopathic colleges or other universities that  
17 participate in the CORE System shall be recognized as Ancillary Members. The  
18 past and present Ancillary Members are listed in Addendum 4\*. Recommendations  
19 must be submitted to the CFC for consideration. Conditions as well as the required  
20 initial and annual payments for becoming an Ancillary Member shall be established  
21 by the Board on an individual basis.

1        SECTION 2 B. Special Designations

- 2        •        **Charter Hospital** – Those hospitals that initially participated in organizing the  
3        statewide osteopathic medical education consortium, provided a direct financial  
4        contribution to establish the CORE System, and formally became a CORE member  
5        within two months of its establishment in 1995, shall be designated as a **Charter**  
6        **Hospital**. The original eleven (11) Charter Hospitals, of which nine (9) remain in  
7        the CORE System, are listed in Addendum 5\* with history of name changes. Any  
8        Charter Hospitals undergoing mergers or acquisitions that intend to retain Charter  
9        status must send a notification letter to the attention of the Chairperson of the Board  
10       in care of the CORE System Office and specify if there has been a change in the  
11       name of the hospital.
- 12       •        **System Hospital** – Those Participating and Associate Members that belong to the  
13       same healthcare system (e.g., OhioHealth, SUMMA Health System, Humility of  
14       Mary Health Partners, Cleveland Clinic Health System, etc.) and want to support  
15       osteopathic medical education shall be designated as system hospitals. A system of  
16       hospitals must be comprised of at least one Participating Member and either  
17       additional Participating Member(s) and/or Associate Member(s).
- 18       •        **Provisional Hospital** – All newly accepted hospitals shall be given a provisional  
19       membership designation for a minimum of one (1) year which could remain in  
20       effect for up to five (5) years. The Board or Executive Committee of the CORE  
21       Board (ECCB) determines if a new hospital is given provisional membership status.  
22       This designation allows full participation in the CORE System while the institution

1 demonstrates quality academic programming for osteopathic medical education. A  
2 hospital's provisional membership status will be reviewed annually by the CORE  
3 Academic Steering Committee (CASC) to determine progress towards meeting  
4 quality measures. The CASC will approve removal of the provisional membership  
5 designation with ratification by the Board.

### 6 SECTION 3. Membership Application and Fees

7 Membership in the CORE System will follow a prescribed procedure and will become  
8 effective upon completion of contractual arrangements. Every application for  
9 membership must specify the level of membership desired. A one-time application fee  
10 established by the CORE Finance Committee (CFC) may be assessed at the discretion of  
11 the CFC. Start-up costs determined by the CFC are to be borne by the applicant.  
12 Participating Hospitals are required to make an upfront contribution to the CORE  
13 Reserve (*See Article VII, Section 3*). All members except for Ancillary must pay annual  
14 dues and fees as required and outlined in the CORE Participation Agreements.

### 15 SECTION 4. Membership Standing

16 Any member whose dues are fully paid, or who has met requirements for the level of  
17 membership elected, and who is not in arrears in any other fees, dues, charges, or  
18 responsibilities shall be considered in good standing and, unless otherwise provided in  
19 these Bylaws, shall be entitled to all the CORE services and rights provided for that level  
20 of membership. Members who are late making their payments to the CORE System shall  
21 not be considered in good standing and shall be subject to the delinquent payment  
22 procedures stated in the Participation Agreements. A hospital not in good standing shall

1 become ineligible for refunds or revenue distribution including its portion of the CORE  
2 Reserve.

3 SECTION 5. Membership Renewal

4 The Board may place reasonable limits upon the renewal of any membership. The offer  
5 of renewal of membership including any conditions or limitations with respect thereto  
6 shall be established during the contract renewal process. Signing a new Participation  
7 Agreement with OU-COM shall constitute acceptance of such offer. Any member  
8 wishing to change its CORE association must send a letter of intent, prior to September 1,  
9 to the Chairperson of the Board specifying the requested change in membership.

10 SECTION 6. Membership Termination

11 Members may terminate their membership pursuant to the terms of their Participation  
12 Agreement with OU-COM. A hospital intending to terminate its membership for the  
13 subsequent fiscal year (July 1 – June 30) must submit written notice to the Chairperson of  
14 the CFC no later than September 1.

15 SECTION 7. CORE Operations Manual

16 A manual regarding CORE operations shall be approved by the Board to address policies,  
17 procedures, protocols, and process for the CORE System and OPTI. The CORE System  
18 has a transfer policy for interns and residents consistent with AOA requirements and  
19 language in AOA postdoctoral training documents as cited in Volume 1 of the *CORE*  
20 *Operations Manual*.

1 ARTICLE VI. Affiliations with Other Colleges of Osteopathic Medicine

2 SECTION 1. Agreements

3 The CORE System shall execute agreements with other Colleges of Osteopathic  
4 Medicine (COMs) to bring students from those Colleges into the CORE for clinical  
5 training. Affiliate COM Members are represented on the Board. As with membership in  
6 the CORE System, such affiliations will be formally established through an Affiliate  
7 COM Agreement between OU-COM and each of the other Colleges. The purpose of  
8 such agreements is to benefit the CORE System statewide by bringing more osteopathic  
9 students, interns, and residents into Ohio and to promote quality and efficiency through  
10 collaboration between COMs and hospitals in education, research, scholarly activity,  
11 grantsmanship, and service.

12 SECTION 2. Distribution of Students

13 Distribution of students from Affiliate Members to Participating Hospitals throughout the  
14 CORE System shall be defined by the CORE Academic Steering Committee (CASC) and  
15 coordinated through the office of Predoctoral Education in Academic Affairs at OU-  
16 COM. Affiliate COMs will be consulted and shall abide by established guidelines  
17 pursuant to the terms of their Affiliate COM Agreement with OU-COM.

18 **ARTICLE VII. Assets**

19 SECTION 1. Use of Assets

20 The funds and assets of the CORE System shall be used to provide services to CORE  
21 members consistent with CORE objectives stated herein. No part of CORE funds or  
22 assets shall inure to or be distributed to members except for services to benefit the CORE

1 System as determined by the CORE Finance Committee (CFC) with ratification by the  
2 Board.

3 SECTION 2. Annual Budget

4 The fiscal year for the CORE System shall be July 1 through June 30. The CFC shall  
5 approve the CORE operating and capital budget that specifies both income and  
6 expenditures in November preceding the subsequent fiscal year. The sources of income  
7 reflected in the final approved budget shall constitute the annual contributions for the  
8 members, and shall be specified in the annual contracts between OU-COM and CORE  
9 System Members.

10 SECTION 3. CORE Reserve

11 The CORE Reserve is an interest bearing account established from collective  
12 contributions initially made by the Central Member and Charter Members and required of  
13 all new Participating Members. Valuing each hospital's or OU-COM's share of the  
14 CORE Reserve shall be defined as the initial contribution made by the hospital or the  
15 college plus the accrued interest on that initial contribution. A new Participating Member  
16 shall be obligated to pay into the CORE Reserve upon entry into the CORE System an  
17 amount specified by the CFC.

18 SECTION 4. Dissolution of the CORE System

19 Upon dissolution of the CORE System, any funds or assets remaining after termination of  
20 contractual obligations have been discharged shall be redistributed to the members  
21 according to the terms of the individual Participation Agreements, governed by  
22 regulations regarding public assets pertaining to the OU-COM.



1 have particular situations, which involve conflict. Full disclosure of any doubtful  
2 situation must be reported to the Chairperson of the Board as well as to the other  
3 members of the Board. This is particularly true of situations where the individual may  
4 honestly feel that he or she can be fair, but the situation gives rise to an appearance of  
5 impropriety. The decision to withdraw from discussions and/or not to vote should  
6 initially come from the individual, but the final decision must come from the Chairperson  
7 or the majority of the other members. If the Chairperson rules, such ruling should be  
8 subject to a call for a vote by voting members of the Board. The Chairperson may feel  
9 that he or she should not substitute his or her judgment for that of a majority and may  
10 want to call for a vote at the outset. It may be that one member may bring to the attention  
11 of the Board a possible conflict situation involving another member. Each member  
12 should keep in mind that he or she should disclose his own possible conflict, so as not to  
13 put that sort of burden on a fellow member. It may be that the very presence of a member  
14 with a conflict would inhibit the discussions and actions of the Board, so it is not  
15 unwarranted for the Chairperson of the Board to ask a member to absent himself or  
16 herself from the deliberations in some circumstances.

17 SECTION 3. Election of Officers, Terms

18 Every other year at the spring meeting (usually in April), the Board shall elect a Vice-  
19 Chairperson from the ranks of either the hospital (beginning 1995) or college (beginning  
20 1997) representatives to the Board depending on the cycle. It is the intent that the office  
21 of Chairperson and Vice-Chairperson will alternate between a hospital representative and  
22 a college representative every two (2) years (odd) with the Vice-Chairperson

1 automatically succeeding the Chairperson. The Chairperson and Vice-Chairperson shall  
2 have terms of two (2) years before electing a new Vice-Chairperson. Neither the  
3 Chairperson nor Vice-Chairperson may succeed themselves in their current positions so  
4 as not to serve two (2) consecutive terms. However, the Chairperson could be considered  
5 for election to a successive term as Vice-Chairperson, not to exceed two (2) successive  
6 terms. The Treasurer shall be the OU-COM Chief Financial Officer. The Secretary shall  
7 be the Assistant Dean for Academic Affairs at OU-COM. The Board also shall elect  
8 additional officers as the Board may designate.

9 SECTION 4. Nominating Committee

10 A five (5) member Nominating Committee with appropriate representation from OU-  
11 COM and the CORE Hospitals will be appointed by the Board Chairperson. The charge  
12 of this committee is to submit the slate of candidates for required offices of the Board  
13 according to specifications and terms as well as to fill any positions that have become  
14 vacant before an individual's term is completed. OU-COM representation to the  
15 committee will nominate college candidates and CORE Hospital representation to the  
16 committee will nominate hospital candidates.

17 SECTION 5. Voting Members

18 Voting members of the Board shall include representatives of OU-COM, COM Affiliate  
19 Members, and Participating Members. Each Participating Hospital will be represented by  
20 its President or Chief Executive/Operating Officer or designee, and by its Vice-  
21 President/Director of Medical Education (VP/DME) or designee. OU-COM shall be  
22 represented by the Dean of the College, the Senior Associate Dean for Academic Affairs,

1 the Assistant Dean for Graduate Medical Education, the Assistant Dean for Clinical  
2 Education, the Chief Financial Officer, the CORE Assistant Deans, and other selected  
3 college administrators designated by the OU-COM dean. **The number of college voting**  
4 **members shall be contingent upon the number of Participating Hospitals based on**  
5 **two (2) votes for each Participating Hospital (i.e., CEO and VP/DME) with the**  
6 **college having an equal number of votes. Designees may vote for representatives in**  
7 **their absence upon submitting to the Chairperson of the Board prior to the meeting**  
8 **written permission signed by the respective voting member.** The voting membership  
9 shall be reviewed annually by the Board at its November meeting. Additional voting  
10 membership can be granted by the Board based on changes in the proportion of financial  
11 contributions between colleges and the hospitals. Except as otherwise provided in these  
12 Bylaws, each CORE member shall set the term of office for each of its representatives.

#### 13 SECTION 6. Nonvoting Members

14 Each Associate Member and Ancillary Member shall be represented on the Board by one  
15 nonvoting representative. Guests may be invited by members at the discretion of the  
16 Board Chairperson. Nonvoting members and guests may be given the floor if recognized  
17 by the Board Chairperson.

#### 18 SECTION 7. Quorum and Order of Business

19 One-half of the voting membership plus one voting member shall constitute a quorum at  
20 any regular or special meeting of the Board. The affirmative vote of the super-majority  
21 of voting members physically present or their specified designees who are in attendance  
22 shall be necessary for the approval of any action. The order of business, except when

1 otherwise determined by a vote of the Board representatives present, shall be conducted  
2 from a set agenda to be determined by the Chairperson of the Board and distributed in  
3 advance of the scheduled meeting. All CORE meetings shall be conducted according to  
4 *Robert's Rules of Order*.

5 SECTION 8. Notice of Regular or Special Meetings

6 The Board shall meet biannually (usually November and April), unless otherwise ordered  
7 by the Board. Attendance is required at one (1) regularly scheduled meeting per year  
8 (50%). Special meetings of the Board may be called at any time by the Chairperson, by  
9 any three members of the Board or a majority of the remaining Board representatives.

10 The call shall state the purpose, date, time, and location of the special meeting.

11 Discussion and action shall be limited to the matters contained in the call. Written notice  
12 of any meeting shall be mailed to each Board representative at the address last known to  
13 the Secretary, at least five (5) days prior to the date of such meeting. The notice of any  
14 special meeting shall contain briefly the subject or objects thereof.

15 SECTION 9. Executive Committee of the CORE Board (ECCB)

16 An Executive Committee of the CORE Board, Chairpersoned by the Chairperson of the  
17 Board, shall be established to meet when necessary to address CORE issues of an  
18 unprecedented nature and be empowered to take action on behalf of the Board between  
19 biannual Board meetings when a situation warrants it. Action taken relative to significant  
20 issues must be presented to the Board at its next regularly scheduled meeting for approval  
21 and/or ratification. Membership of the ECCB shall include: Board Officers (Chairperson,  
22 Vice-Chairperson, Treasurer, and Secretary); the Dean of OU-COM; two hospital Chief

1 Executive Officers (one who is appointed by his/her peers to the CORE Finance Committee  
2 and one who holds either the office of Chairperson or Vice-Chairperson of the Board); one  
3 Vice-President/ Director of Medical Education who represents the Ohio Osteopathic  
4 Directors of Medical Education (OODME) at CORE Finance Committee (CFC) meetings  
5 and is appointed by his/her peers; and the Chief Academic Officer of CORE. **All members**  
6 **of the ECCB have one vote except for the Secretary who is a non-voting member for a**  
7 **total of seven (7) votes. Two-thirds of the committee membership shall constitute a**  
8 **quorum with a required super-majority (5 out of 7) votes to pass motions.** The ECCB  
9 is empowered to make financial decisions within the parameters authorized by the CFC (up  
10 to \$10,000 beginning 2001-2002) without obtaining prior approval from the CFC.

#### 11 SECTION 10. Dispute Resolution

12 In the event that a voting member has a major dispute regarding a decision or action, he  
13 or she is entitled to due process. At the request of the member, the Chairperson of the  
14 Board shall appoint a panel of at least five (5) individuals (members of the CORE) who  
15 do not have a conflict of interest and have pertinent knowledge relative to the situation in  
16 question and make a nonbinding recommendation regarding the dispute to the Board  
17 before the next scheduled CORE Board Meeting or within a mutually agreed upon time  
18 frame.

### 19 **ARTICLE IX. Officers of the Board and Their Powers and Duties**

#### 20 SECTION 1. Chairperson

21 The Chairperson shall preside at all meetings of the Board as well as the Executive  
22 Committee of the CORE Board (*See Article VIII, Section 9*) carry out such other actions

1 that shall be necessary to the performance of the duties of this office, or as may be  
2 designated by the Board. The Chairperson shall be responsible for providing notice to  
3 Board representatives of all Board meetings, and for preparation and distribution of the  
4 agenda and minutes for said meetings. The Chairperson shall be given notice of all  
5 meetings of standing committees, and shall have the right to attend meetings of those  
6 committees of which he/she is not a member and speak, but not vote.

7 SECTION 2. Vice-Chairperson

8 The Vice-Chairperson shall assist with the preparation of the agendas for CORE Board  
9 Meetings and perform the duties of the Board Chairperson during the absence or at the  
10 request of said Chairperson.

11 SECTION 3. Secretary

12 The Secretary shall be the Assistant Dean for Academic Affairs at OU-COM. The  
13 Secretary, with the assistance of OU-COM's Administrative Associate in the CORE  
14 System office as his/her designee, shall be the recording officer of the Board and ensure  
15 the preparation and distribution of the minutes of the Board meetings under the direction  
16 of the Chairperson and/or Vice-Chairperson.

17 SECTION 4. Treasurer

18 The Treasurer shall be the OU-COM Chief Financial Officer. The Treasurer shall  
19 Chairperson the CORE Finance Committee, and render an account of all transactions and  
20 of the financial condition of the CORE upon request, to the Chairperson, and at regular  
21 meetings of the Board or whenever the Board may so require.

1 SECTION 5. Officer Vacancy

2 In the event of a vacancy in the Office of Chairperson, the Vice-Chairperson shall  
3 succeed to the vacant office for the un-expired term. The vacancy created in the Vice-  
4 Chairperson office shall be filled by the next appropriate representative (College or  
5 Hospital) in the cycle of terms. In the event of a vacancy in any other office, the Board  
6 may fill the vacancy at a subsequent meeting of the Board based on recommendations  
7 from the Nominating Committee.

8 **ARTICLE X. Committees**

9 SECTION 1. CORE Standing Committees

10 The committees described in the following sections of this Article shall serve as the  
11 CORE Standing Committees. The Board shall appoint and establish charters for ad hoc  
12 committees as needed to accomplish CORE business. Committees not so designated will  
13 recommend their Chairperson appointments to the CORE Academic Steering Committee  
14 and Board for approval. Those CORE Standing Committees that report directly to the  
15 Board include the CORE Academic Steering Committee, CORE Bylaws Committee,  
16 CORE Finance Committee and CORE Research Committee.

17 SECTION 2. CORE Academic Steering Committee (CASC)

18 The CORE Academic Steering Committee is the strategy-building forum responsible for  
19 planning, developing, and implementing all curriculum policies and academic programs.  
20 **The CASC reports directly to the CORE Board** and will make recommendations to  
21 the Board when appropriate for review, discussion, approval, and eventual  
22 implementation. The Chairperson of CASC will be the OU-COM Senior Associate Dean

1 for Academic Affairs. The Vice-Chairperson of CASC will be the President of the Ohio  
2 Osteopathic Directors of Medical Education (OODME). Members of the CASC shall  
3 include: OU-COM's Assistant Dean for Clinical Education, the Assistant Dean for  
4 Academic Affairs, the Assistant Dean for Graduate Medical Education, all CORE  
5 Assistant Deans, the Chairperson of the Department of Biomedical Sciences, the  
6 Chairperson of the Department of Social Medicine, the Chairperson of OU-COM's  
7 Curriculum Advisory Committee, the Chairperson of the CORE Osteopathic Principles  
8 and Practices Committee (COPPC), all Vice-Presidents/Directors of Medical Education,  
9 the Director of Faculty Development, Assistant Directors of Faculty Development, the  
10 Director of Institutional Assessment, the Director of CORE Research, the Director of  
11 Predoctoral Education, the RPAC Director, the Executive Director of CORE, one CORE  
12 Administrator, one Hospital Graduate Medical Education Administrator/Coordinator, one  
13 Osteopathic Resident Advisory Committee (ORAC) representative, and one  
14 representative of each Associate Member. **All members shall have a vote.** The CORE  
15 Administrators shall elect/select their representative every two years. The Hospital  
16 Graduate Medical Education Administrators/Coordinators shall elect/select their  
17 representative every two years (beginning May 2008). Vice-Presidents/Directors of  
18 Medical Education shall represent their appointed Residency Programs Advisory  
19 Committee (RPAC). Chairpersons from other CORE committees shall be invited by the  
20 Chairperson of the CASC as needed. Other members of the academic community and  
21 individuals from OU-COM shall be invited at the discretion of the Chairperson of the  
22 CASC. Any committee that does not have representation on the CASC and wishes to

1 address this committee may request approval to attend from the Chairperson. The CASC  
2 will be scheduled to meet monthly except for June, July, and December.

3 SECTION 3. CORE Finance Committee (CFC)

4 **The CORE Finance Committee reports directly to the CORE Board** and will be  
5 responsible for planning, developing, and implementing financial plans and programs for  
6 the CORE System. The CFC will: 1) direct and review CORE budget (operating and  
7 capital) development and implementation; 2) develop the necessary budget guidelines to  
8 clarify the levels of authority in the implementation process which will speak to limits for  
9 unbudgeted capital and operating expenditures, inter-budget transfers, emergency needs  
10 and reportable variances; 3) set an annual calendar of meetings to accommodate the  
11 budgeting process and periodic review of items reportable to the Board (meet  
12 electronically, if necessary); and 4) have the final authority to approve or disapprove the  
13 annual CORE budget. The OU-COM Chief Financial Officer shall Chairperson the CFC.  
14 This committee will be composed of: four (4) CEO representatives (who are also CORE  
15 Board members) elected/selected by peers; four (4) OU-COM representatives appointed  
16 by the Dean of OU-COM; and one Vice-President/Director of Medical Education who  
17 represents the Ohio Osteopathic Directors of Medical Education (OODME). The  
18 OODME representative must be from a non-provisional Participating Member hospital  
19 and may not be from the same healthcare system as the elected/selected CEO  
20 representative. Ex officio members will include the Secretary to the CORE Board and  
21 the OU-COM's Chief of Medical Informatics. **All members of the CFC except for the**  
22 **OODME representative and ex officio members have one vote for a total of eight (8)**

1 **votes. When the Chairperson of the Board is a member of the CFC she/he will serve**  
2 **in an ex officio capacity and shall not exercise voting privilege. In this instance,**  
3 **he/she may submit written permission to the CFC Chairperson to relinquish his/her**  
4 **vote for the duration of his/her term as CORE Board Chairperson. If a CEO**  
5 **representative, his/her vote would go to the OODME representative. If a College**  
6 **representative, his/her vote would go to OU-COM's Chief of Medical Informatics.**  
7 **Three-fourths of the committee membership shall constitute a quorum with a**  
8 **required super-majority (6 out of 8) votes to pass motions.** Designees may vote for  
9 representatives in their absences upon submitting to the Chairperson written permission  
10 signed by the respective voting member. The CFC meets quarterly.

11 SECTION 4. CORE Bylaws Committee (CBC)

12 **The CORE Bylaws Committee reports directly to the CORE Board** and will be  
13 responsible for accepting recommendations from all CORE committees, reviewing  
14 recommendations, and revising Bylaws for approval by the Board. All recommendations  
15 forwarded to the CBC for change must be in the way of an approved motion by the  
16 respective committee and the Board. The committee shall consist of a minimum of five  
17 (5) members appointed by the Chairperson of the Board having at least one OU-COM,  
18 CEO, and VP/DME representative. **All members shall have a vote.** The CBC  
19 Chairperson and Vice-Chairperson shall be appointed by the Chairperson of the Board.  
20 The Dean of OU-COM will appoint a college/CORE administrative staff member to  
21 serve as secretary (support staff). The CBC is empowered to: 1) make minor editorial  
22 revisions to the CORE Bylaws (e.g., changes in names of hospitals/officers, new titles of

1 committee members, abbreviations, and addendums) with such changes subject to  
2 reported notice and ratification by the Board; and 2) conduct a complete review of the  
3 CORE Bylaws every two (2) years with any conflicts in practice reportable to the Board  
4 for consideration and action. The CBC will meet at least annually and as needed or  
5 requested.

6 SECTION 5. CORE Osteopathic Principles and Practices Committee (COPPC)

7 **The CORE Osteopathic Principles and Practices Committee reports to the CORE**  
8 **Academic Steering Committee (CASC).** This committee will plan, develop, and  
9 recommend policies, procedures, and programs to strengthen and promote the practice of  
10 osteopathic principles throughout the educational continuum for consideration and  
11 implementation by other CORE standing committees and hospitals. The Chairperson of  
12 COPPC will be selected/elected from active members (beginning July 2004). Members  
13 will include the Chairperson or designate of the OU-COM section of Osteopathic  
14 Principles and Practices (Chairpersoned committee from 1995-2004), representatives  
15 appointed by each Participating Member, and other representation from the ranks of  
16 CORE Assistant Deans, Vice-President/Directors of Medical Education, Assistant  
17 Directors of Faculty Development, and Residency Program Directors as deemed  
18 necessary and appropriate. **All members shall have a vote.** The COPPC will meet at  
19 least quarterly.

20 SECTION 6. CORE Research Committee (CRC)

21 The CORE Research Committee (CRC) in partnership with the CORE Research Office  
22 (CRO) shall support the research and scholarly activities of CORE members and

1 organizations. The CRC shall be co-Chairpersoned by the CORE Research Director and  
2 an OU-COM clinical faculty member appointed by the Chief Academic Officer of  
3 CORE. Members will consist of representatives from the CORE Vice-  
4 Presidents/Directors of Medical Education (VP/DME), the CORE Assistant Deans  
5 (CAD), and other OU-COM and CORE units, as well as organizations that are actively  
6 involved in CORE research activities. At a minimum, all members (or their alternate)  
7 should attend three out of four yearly meetings. Members should participate in ad hoc  
8 committees formed for specific initiatives and to review research proposals for seed  
9 funding. Members should disseminate information at their respective institutions. **All**  
10 **members shall have a vote.**

11 Committee membership includes:

- 12 • CORE Research Director representing the CRO (Co-Chairperson)
- 13 • Chairperson of the OODME group (representing the CORE Directors of Medical  
14 Education)
- 15 • Assistant Dean for Clinical Education (representing the CORE Assistant Deans)
- 16 • Assistant Dean for Pre-clinical Education
- 17 • Assistant Dean for Graduate Medical Education
- 18 • OU IRB Representative – 1 with 1 alternate
- 19 • ORAC Chairperson (representing the CORE Residents) – 1 with 1 alternate
- 20 • Student (representing the Student Government Association) – 1 with 1 alternate
- 21 • Office of Research and Grants – 1 with 1 alternate
- 22 • OU-COM Clinical Faculty (co-Chairperson) – 1

- 1 • OU-COM Biomedical Faculty – 1 with 1 alternate
- 2 • System Representative (e.g., Kettering, Cleveland Clinic, etc.) – 2 with 1 alternate
- 3 • Faculty Development Representative – 1 with 1 alternate
- 4 • OU-COM Alumni – 1 with 1 alternate

5 The CRO, as represented by its Director, will provide expertise in research education,  
6 implementation, and infrastructure delivered through didactics and consultations while  
7 the different memberships will serve as institution-based voices and experts on research  
8 needs and requirements of pre- and post-doctoral CORE trainees and authorities on  
9 clinical and biomedical field topics.

10 **The CRC reports directly to the CORE Board** and will serve as a working committee.

11 This committee is charged with making policy recommendations regarding research and  
12 scholarly activities, under the auspices of CORE, to the Chief Academic Officer of  
13 CORE. CRC will provide guidance when requested to CORE institutions regarding  
14 appropriate research policies and practices. The CRC will also be responsible for  
15 selecting CORE trainees to receive competitive funding made available by the CORE.  
16 Ad hoc committees will be formed based on need and expertise to review proposals for  
17 funding requests. Content experts external to the CRC membership may be included as  
18 necessary. The CRC, through the CRO, will act as a liaison between CORE institutions  
19 and organizations and the Ohio University Institutional Review Board (IRB) and provide  
20 assistance to CORE trainees in research methodologies, interpretation, and dissemination.  
21 The CRC will meet on a quarterly basis.

1 SECTION 7. Osteopathic Residency Advisory Committee (ORAC)

2 The Osteopathic Residency Advisory Committee serves as a forum to improve the quality  
3 of Osteopathic Graduate Medical Education (OGME), service, research and professional  
4 identity at the local, state (CORE) and national level. **This committee reports directly**  
5 **to the CORE Academic Steering Committee (CASC)** and is comprised of interns and  
6 residents representing OGME programs at each teaching hospital participating in the  
7 CORE System. **All members shall have a vote.** The ORAC will be Chairpersoned by a  
8 physician in training selected/elected from interns and residents serving on the committee  
9 in accordance with an established process. The Chairperson of ORAC or his/her  
10 designee has a voice and vote on the CASC. The purpose is to facilitate communication  
11 regarding postdoctoral medical education issues through intern/resident representation on  
12 CASC. The Chairperson of ORAC or his/her designee is a voting member of the Ohio  
13 Osteopathic Association (OOA) Board of Trustees. Also, ORAC is responsible for  
14 determining appropriate representation to the annual Congress of the AOA's Council of  
15 Interns and Residents (CIR). ORAC will meet at least every other month.

16 SECTION 8. CORE Communications Committee (CCC)

17 **The CORE Communications Committee (CCC), which reports to the CORE**  
18 **Academic Steering Committee (CASC),** will act as advisors for CORE communications  
19 policies, procedures, and programs designed to assist CORE in achieving its mission.  
20 This committee may interact with, and make recommendations to, other CORE  
21 committees. The CCC will be Chairpersoned by the OU-COM Director of  
22 Communications. Its members will be appointed by the CORE Board Chairperson. The

1 committee may include representatives from: CASC, OU-COM staff, residency program  
2 directors, ORAC, and RPAC. **All members shall have a vote.** The CCC will meet  
3 quarterly and/or as needed.

4 SECTION 9. Residency Programs Advisory Committees (RPAC)

5 Each specified residency discipline (i.e., Family Medicine, Internal Medicine, Obstetrics  
6 and Gynecology, General Surgery, Orthopedics, Emergency Medicine, and  
7 Otorhinolaryngology - Head and Neck Surgery) will be organized into a statewide  
8 consortium. Each consortium will be administered by a Program Advisory Committee to  
9 be comprised of the Program Directors or a designee from each hospital residency in the  
10 state who attends meetings regularly and Resident Representatives from each Osteopathic  
11 Graduate Medical Education program consortium who report to the committee on a  
12 regular basis. Every two years (beginning July 1996) a Program Director or designee  
13 will be recommended by each RPAC and approved by CASC with ratification by the  
14 CORE Board to serve as Chairperson. OU-COM's Assistant Dean for Graduate Medical  
15 Education overseeing RPAC Chairperson functions will supervise all the RPAC  
16 Chairpersons. Each RPAC selects/elects a Vice-Chairperson from the ranks of Program  
17 Directors serving on the respective committee in accordance with an established process.  
18 The CORE Osteopathic Principles and Practices Committee (COPPC) shall serve as a  
19 resource to each RPAC as needed. A Basic Science Liaison shall be appointed as  
20 requested/needed to each RPAC by the Chairperson of OU-COM's Department of  
21 Biomedical Sciences. The Chairperson of the Ohio Osteopathic Directors of Medical  
22 Education (OODME) will appoint a DME to each RPAC. OU-COM administrative and

1 educational representatives will also participate (e.g., CORE Assistant Deans, Faculty  
2 Development Assistant Directors, etc.). Each RPAC will meet as required by the CORE  
3 Academic Steering Committee. All RPAC members except for DMEs are required to  
4 attend scheduled meetings in accordance with CORE Academic Steering Committee  
5 policy. DMEs may attend RPAC meetings at their discretion. **All members shall have a**  
6 **vote. Each RPAC Chairperson will be required to report annually to the CORE**  
7 **Academic Steering Committee (CASC).** Due process for failure to comply with  
8 attendance and reporting policies shall be addressed in the RPAC Directors Handbook  
9 (Volume 2 of the *CORE Operations Manual*).

#### 10 SECTION 10. CORE Strategic Planning Committee (CSPC)

11 **The CORE Strategic Planning Committee reports directly to the Board.** This  
12 committee is charged by the Board to create a shared sense of purpose and direction for  
13 the CORE System while creating a culture of ongoing assessment, planning,  
14 effectiveness, and improvement taking into consideration the needs of the consortium  
15 partners. Areas to be addressed by the CSPC include but are not limited to: beneficiaries  
16 and constituencies; programs and services; leadership and communication; challenges  
17 and opportunities; outcomes and achievements. The CSPC Chairperson is appointed by  
18 the CORE Board Chairperson. Committee membership is comprised of CORE Hospital  
19 and College representatives holding various leadership positions in the CORE System as  
20 well as having a broad spectrum of related experience and expertise. Individuals are  
21 selected to serve by the Board and CSPC Chairpersons. **All members have a vote.** The  
22 CSPC will meet biannually and as needed.

1                                   **ARTICLE XI. Rules Governing Committees**

2    SECTION 1. Meetings, Notice

3    Meetings of all CORE standing committees may be called by the Chairperson of the  
4    Board, the Chairperson of the Committee, or by written request of any three (3) members  
5    of said committee. A notice giving the time and place of said committee meeting shall be  
6    given to each member of the committee at least five (5) days prior to the date of the  
7    meeting. Written notice is effective upon mailing.

8    SECTION 2. Quorum, Voting

9    One half of the committee membership plus one (1) member shall constitute a quorum for  
10   the transaction of business at standing CORE Committee Meetings. The affirmative vote  
11   of a majority of those physically present or via distance technology shall be necessary for  
12   the approval of any action (N.B., for exceptions regarding the CORE Board and Executive  
13   Committee of the CORE Board refer to Article VIII, Section 7 and 9 respectively; for  
14   exceptions regarding the CORE Finance Committee, refer to Article X, Section 3). **Only**  
15   **members in attendance may vote. In the absence or disqualification of a committee**  
16   **member, the qualified voting members present at a meeting, whether or not they**  
17   **constitute a quorum, may unanimously appoint a new member to act at the meeting in**  
18   **place of the absent or disqualified member.**

19   SECTION 3. Official Repository

20   Within one month of all regular and special meetings of the Board and all CORE  
21   committees – standing and adhoc - copies of minutes shall be forwarded by the  
22   Chairperson to the CORE System at OU-COM. The CORE System Office at OU-COM

1 shall serve as the official repository for said records except those for each Residency  
2 Programs Advisory Committee (RPAC) and Osteopathic Residency Advisory Committee  
3 (ORAC) to meet Osteopathic Postdoctoral Training Institution (OPTI) Accreditation  
4 Standards. All RPAC, COPPC, and ORAC records (e.g., committee rosters, attendance  
5 sheets, meeting minutes, etc.) shall be maintained on file in the central RPAC office. All  
6 meeting minutes are to indicate a summary of substantive actions taken by the respective  
7 committee.

8 **ARTICLE XII. Ohione & COREnet Telehealth Networks**

9 CORE members will establish a distance learning network named COREnet and contract  
10 with the Ohione network for teleconferencing services. COREnet's financial support  
11 will be shared among all of the Participating Members and Associate Members. The  
12 COREnet staff will be responsible for planning, developing and recommending policies,  
13 procedures and programs to promote the use and efficiency of distance learning  
14 technology throughout the CORE System. The Ohione Executive Director, COREnet  
15 Telehealth Director and staff will develop strategies, programs and facilitate physician  
16 education, patient education and administrative meetings. The Ohione network  
17 Executive Director is appointed by the Dean of OU-COM and will serve on the Board as  
18 a voting member. The Ohione Executive Director will be responsible for quarterly  
19 updates to the Board and providing supplemental information as requested. The Ohione  
20 Executive Director will also serve as a non-voting member of the CORE Finance  
21 Committee. The Telehealth Director is appointed by the Ohione Executive Director in  
22 consultation with the CORE Academic Steering Committee. The Telehealth Director

1 will be a voting member of the CORE Board and CORE Academic Steering Committee.  
2 The Telehealth Director will be responsible for the day-to-day operations of the COREnet  
3 network and will consult with, receive guidance, and provide information and report to  
4 the CORE Academic Steering Committee. To assist the Telehealth Director and staff  
5 with its charge, COREnet members will be encouraged to develop distance learning  
6 teams to help facilitate distance learning initiatives and to promote advanced approaches  
7 to and appropriate uses of instructional technology. Local Distance Learning Teams  
8 (DLT) should include CORE staff, hospital and university librarians and each  
9 Participating/Associate Member's technical support staff.

#### 10 **ARTICLE XIII. Amendments to the Bylaws**

11 These Bylaws may be amended by the Board at any meeting upon the affirmative vote of  
12 the super-majority of the voting members of the Board physically present or their  
13 specified designees who are in attendance at a duly called meeting, provided not less than  
14 five (5) days prior written notice of the proposed amendment shall have been given.  
15 Rules governing the operational aspects of the CORE System may be added to or  
16 changed in these Bylaws by super-majority vote of the members of the Board.

**Centers for Osteopathic Research and Education (CORE) System**  
**Addendum 1 to the CORE Bylaws**  
**History of Participating Member Hospitals (Alphabetical Order)**

- 1995 Doctors Hospital Inc. of Stark County  
1999 Doctors Hospital of Stark County  
2006 Affinity Medical Center – Doctors Campus  
2008 **Affinity Medical Center\*** (*September, 2008*)
- 1995 Cuyahoga Falls General Hospital (*Closed in June, 2009*)  
2009 **Summa Western Reserve Hospital\*** (*Reopened under new name July, 2009*)
- 1995 Doctors Hospital
- 1995 Firelands Community Hospital  
1999 Firelands Regional Health System  
2002 **Firelands Regional Medical Center\*** (*January, 2002*)
- 1995 Grandview Hospital and Medical Center  
2006 **Grandview Medical Center\*** (*July, 2006*)
- 2007 **Mount Carmel West Medical Center**
- 1995 **O’Bleness Memorial Hospital**
- 1995 **Selby General Hospital**  
*1999 Terminated Membership (January, 1999)*
- 1995 Meridia South Pointe Hospital  
1997 **South Pointe Hospital\*** (*March, 1997*)
- 1996 **Southern Ohio Medical Center**
- 1997 St. John West Shore Hospital  
2010 **St. John Medical Center\***(*January, 2010*)
- 1995 Warren General Hospital  
1996 **St. Joseph Health Center\*** (*January, 1996*)
- 1995 St. Vincent Medical Center  
1997 St. Vincent Mercy Medical Center  
2009 **Mercy St. Vincent Medical Center\*** (*August, 2009*)
- 1996 Richmond Heights General Hospital  
*1996 Transfer to Primary Health Systems, Inc. (September)*  
1996 PHS Mount Sinai Medical Center East  
*2000 Closed/reopened under new name (March)*  
2000 **University Hospital Health System (UHHS) Richmond Heights Hospital\***  
*2004 Termination of Agreement (withdrew)*
- 1995 **Youngstown Osteopathic Hospital**  
*2000 Closed (April)*

\*Current name of Hospital (changed from a previous name)

**Centers for Osteopathic Research and Education (CORE) System**  
**Addendum 2 to the CORE Bylaws**  
**History of Associate Member Hospitals (Alphabetical Order)**

- 2010 **Adena Regional Medical Center**  
*Changed Category of Membership from Ancillary to Associate (See Addendum 4)*
- 1995 Southeast Psychiatric Hospital  
1995 **Appalachian Behavioral Health Center\***  
2007 *Changed Category of Membership from Associate to Ancillary (See Addendum 4)*
- 1996 Veterans Administration Hospital – Chillicothe  
2006 **Chillicothe Veterans Administration Medical Center\***  
2007 *Changed Category of Membership from Associate to Ancillary (See Addendum 4)*
- 2007 **Fairfield Medical Center**
- 2007 **Fairview Hospital**
- 2005 **Grant Medical Center**
- 1999 **Marietta Memorial Hospital**  
2001 *Termination of Agreement*  
2008 *Rejoined as Ancillary Member (See Addendum 4)*  
2010 *Changed Category of Membership from Ancillary to Associate (See Addendum 4)*
- 2005 **MetroHealth Medical Center**
- 2007 **Mount Carmel New Albany Surgical Hospital**  
2010 *Changed Category of Membership from Associate to Ancillary (See Addendum 4)*
- 1997 **Ohio Northern University Raabe College of Pharmacy**  
2007 *Changed Category of Membership from Associate to Ancillary (See Addendum 4)*
- 2002 **St. Elizabeth Health Center**
- 2006 **Akron City Hospital**

\*Current name of Hospital or Clinic (changed from a previous name)  
N.B. Changes in Category of Membership are effective July 1

**Centers for Osteopathic Research and Education (CORE) System**  
**Addendum 3 to the CORE Bylaws**  
**History of Affiliate Members (Alphabetical Order)**

- 1997 Kirksville College of Osteopathic Medicine  
2003 A.T. Still College of Osteopathic Medicine-Kirksville  
2005 **A.T. Still University Kirksville College of Osteopathic Medicine (ATSU-KCOM)\***
- 2009 **A.T. Still University School of Osteopathic Medicine – Arizona (ATSU-SOMA)**
- 1997 University of Osteopathic Medicine and Health Sciences/College of  
Osteopathic Medicine and Surgery  
2000 Des Moines University Osteopathic Medical Center  
2002 Des Moines University College of Osteopathic Medicine and Surgery  
2004 **Des Moines University College of Osteopathic Medicine (DMU-COM)\***
- 1999 University of Health Sciences College of Osteopathic Medicine  
2004 **Kansas City University of Medicine and Biosciences College of Osteopathic  
Medicine (KCUMB-COM)\***
- 1997 **Lake Erie College of Osteopathic Medicine (LECOM)**  
2000 *Termination of Agreement (withdrew)*
- 2008 **Midwestern University Arizona College of Osteopathic Medicine (MWU-AZCOM)**
- 2009 **Pikeville College School of Osteopathic Medicine (PCSOM)**
- 1997 **University of New England College of Osteopathic Medicine (UNECOM)**  
2001 *Termination of Agreement (withdrew)*

\*Current name of College/School (changed from a previous name)

**Centers for Osteopathic Research and Education (CORE) System**  
**Addendum 4 to the CORE Bylaws**  
**History of Ancillary Members (Alphabetical Order)**

- 2008 **Adena Regional Medical Center**  
2010 *Changed Category of Membership from Ancillary to Associate (See Addendum 2)*
- 1996 Southeast Psychiatric Hospital  
1998 **Appalachian Behavioral Health Center\***  
2007 *Changed Category of Membership from Associate to Ancillary (See Addendum 2)*
- 1999 Veterans Administration Hospital – Chillicothe  
2009 **Chillicothe Veterans Administration Medical Center\***  
2007 *Changed Category of Membership from Associate to Ancillary (See Addendum 2)*
- 2008 **Marietta Memorial Hospital**  
*Rejoined CORE as an Ancillary Member; terminated Associate Membership in 2001*  
2010 *Changed category of membership from Ancillary to Associate (See Addendum 2)*
- 2010 **Mount Carmel New Albany Surgical Hospital**  
*Changed Category of Membership from Associate to Ancillary (See Addendum 2)*
- 2000 **Ohio Northern University Raabe College of Pharmacy**  
2007 *Changed Category of Membership from Associate to Ancillary (See Addendum 2)*
- 2008 **Riverside Methodist Hospital**
- 2007 **St. Ann’s Hospital**

\*Current name of Hospital or Clinic (changed from a previous name)

N.B. Changes in Category of Membership are effective July 1

**Centers for Osteopathic Research and Education (CORE) System**  
**Addendum 5 to the CORE Bylaws**  
**History of Charter Member Hospitals (Alphabetical Order)**

**CHARTER HOSPITALS**

- 1995 Doctors Hospital Inc. of Stark County  
1999 Doctors Hospital of Stark County  
2006 Affinity Medical Center – Doctors Campus  
2008 **Affinity Medical Center\*** (*September, 2008*)
- 1995 Cuyahoga Falls General Hospital (*Closed June, 2009*)  
2009 **Summa Western Reserve Hospital\*** (*Reopened under new name July 2009*)
- 1995 Doctors Hospital
- 1995 Firelands Community Hospital  
1999 Firelands Regional Health System  
2002 **Firelands Regional Medical Center\*** (*January, 2002*)
- 1995 Grandview Hospital and Medical Center  
2006 **Grandview Medical Center\*** (*July, 2006*)
- 1995 **O’Bleness Memorial Hospital**
- 1995 **Selby General Hospital**  
1999 *Terminated Membership (January, 1999)*
- 1995 Meridia South Pointe Hospital  
1997 **South Pointe Hospital\*** (*March, 1997*)
- 1995 Warren General Hospital  
1996 **St. Joseph Health Center\*** (*January, 1996*)
- 1995 St. Vincent Medical Center  
1997 St. Vincent Mercy Medical Center  
2009 **Mercy St. Vincent Medical Center\*** (*August, 2009*)
- 1995 **Youngstown Osteopathic Hospital** (*Closed April, 2000*)

\*Current name of Hospital (changed from a previous name)

