



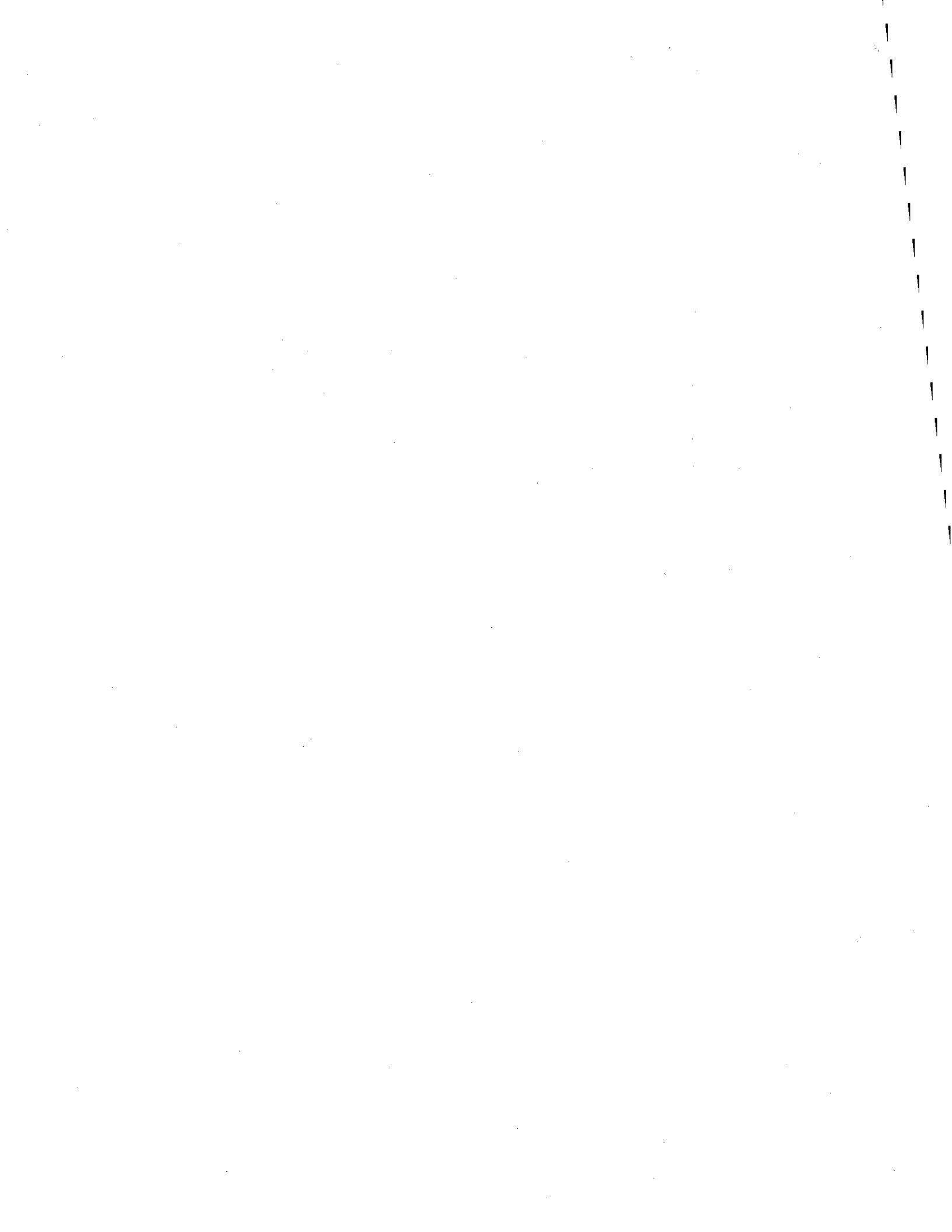
Gainful Employment Debt/Earnings Ratio Estimate – February 2014

	<u>OMS-I</u>	<u>OMS-II</u>	<u>OMS-III</u>	<u>OMS-IV</u>	<u>Graduation</u>	<u>Target</u>	<u>LoanRate</u>	<u>Amortization Rate/Period</u>
Tuition	\$ 48,378	\$ 49,829	\$ 51,324	\$ 52,864	\$ 202,396		6.41%	3.86%
Fees	\$ 180	\$ 1,358	\$ 259	\$ 80	\$ 1,877			
Insurance	\$ 2,832	\$ 2,832	\$ 2,832	\$ 2,832	\$ 11,328			
Principal	\$ 51,390	\$ 54,019	\$ 54,415	\$ 55,776	\$ 215,601			
Accrued Interest	\$ 12,353	\$ 9,522	\$ 6,104	\$ 2,681	\$ 30,661			

Principal + Capitalized Interest	\$ 246,261
Monthly Debt Payment (10 Year amortization @ 3.86%)	\$ 2,477
Annual Debt Payment (monthly *12)	\$ 29,723

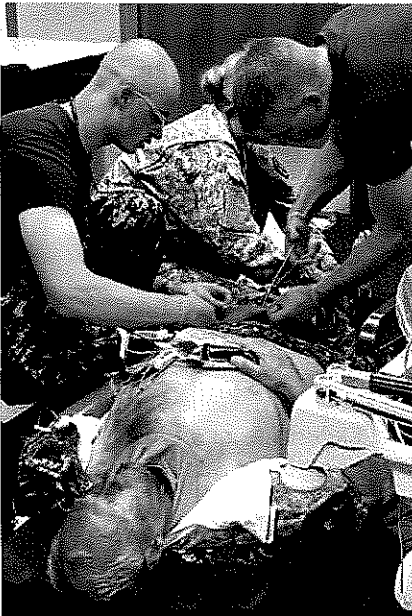
Annual Earnings (median Family Medicine)	\$ 180,000
2013 Poverty Level - 150%	\$ 17,235
Discretionary Income (Annual Earnings less 150% of Poverty Level)	\$ 162,765

Debt/Earnings Ratio	16.5%	12%
Debt/Discretionary Income	18.3%	30%



Wearable wound simulators help distinguish RVUCOM's military track

By Carolyn Schierhorn / Staff Editor / January 29, 2013



Students in RVUCOM's military medicine track perform procedures on a Cut Suit, a human-worn surgical simulator that replicates war injuries and their complications. (Photo courtesy of RVUCOM).

Imagine a Blackhawk helicopter landing on campus carrying badly wounded troops from the battlefield. Student doctors rush the injured warriors into a makeshift emergency room and begin lifesaving procedures.

At the Rocky Vista University College of Osteopathic Medicine (RVUCOM) in Parker, Colo., students in the military medicine track take part in such mock scenarios, thanks to Cut Suit technology: human-worn surgical simulators that can replicate all manner of wounds, hemorrhages, airway complications and intense bleeding. The suits have breakable and repairable skin, bones and internal organs, allowing students to engage in realistic resections, suturing and other procedures.

With two on loan from the manufacturer, RVUCOM is the only medical school in the country to use Cut Suits in training students, says Bruce D. Dubin, DO, JD, RVUCOM's dean.

Since Dr. Dubin launched the school's military medicine track three years ago, RVUCOM has established a reputation as a training ground for students interested in serving in the Medical Corps of the U.S. Army, Navy and Air Force.

Ninety-five students on military scholarships attend RVUCOM. The school has more students with Armed Forces Health Professions (AFHP) scholarships than any other osteopathic medical school or any MD school

save for the Uniformed Services University of the Health Sciences in Bethesda, Md., according to Dr. Dubin.

"Rocky Vista is in a great location for attracting people interested in military careers because Fort Carson, Peterson Air Force Base and the U.S. Air Force Academy are in Colorado," he says.

Besides their Cut Suit training, students on AFHP scholarships practice battlefield trauma procedures on a dedicated cadaver and receive didactic instruction in combat medicine. In addition, guest speakers from the military come to campus to conduct training exercises, discuss life on the front lines, and describe Army, Navy and Air Force residency programs and career opportunities.

Cutting edge

Evolving from Hollywood special-effects technology, the Cut Suit was developed in collaboration with the military to improve training in tactical combat casualty care.

Retired Army colonel Anthony LaPorta, MD, the course director of RVUCOM's military medicine track, spearheaded the school's adoption of the wearable simulators just over a year ago, when they became declassified. A general surgeon involved in military surgical education for 26 years, Dr. LaPorta has since become a leading champion of Cut Suit technology.

Because of the portability of the 30-pound suits, Dr. LaPorta can take them to military training sites. Recently he brought several second-year RVUCOM students to Fort Carson, where he trained them alongside U.S. Army Special Forces, including medics, in battlefield procedures. “The special ops like being able to train in scenarios with real human stress, provided by the actors who wear the Cut Suits,” he says.

Dr. LaPorta is helping to research improvements in the Cut Suit, providing feedback to the manufacturer on how to refine the simulation of various organ systems. Currently, some parts and processes are more sophisticated than others.

For example, the suit simulates limb amputations effectively, with profuse fake bleeding controlled by a pump. “The correct application of a tourniquet will stop the bleeding,” he says. “But I also want a real-feeling mesentery. I want students to have the experience that if they tie a knot in this tissue correctly, the bleeding will stop and if they don’t, the bleeding will continue.”

Dr. LaPorta and the Cut Suit manufacturer are working with the University of Minnesota’s Center for Research in Education and Simulation Technologies, which has an extensive database of human tissue properties used to develop accurate simulation models. The first project in this collaboration will be a realistic model of a mesentery with arcaded blood supply to a segment of the small intestine.

As it is, the Cut Suit is a great training tool for a number of procedures, according to Dr. LaPorta. “Using the suit, you can do a cricothyrotomy, a needle decompression of a tension pneumothorax, and a full tube insertion,” he says. “You can open the chest completely and control bleeding and take out a lung. You can open the abdomen completely and control bleeding and do a partial liver resection.”

As the technology improves, RVUCOM will use the suits in nonmilitary classes.

A biomedical engineer who was in the Army Reserves for 12 years before attending RVUCOM, Genevieve R. Mueller, OMS III, has acquired enough experience using Cut Suits that she helps Dr. LaPorta as a training assistant, sometimes wearing one of the suits. “Because of a protective metal plate, the actor wearing a Cut Suit just feels a little overall pressure,” she says. “It is very warm in there, however.”

Mueller points out that she and her classmates were lucky to have been able to use the suits in their second year of med school. Although operating on a cadaver gives students a better view of human anatomy, performing procedures on a Cut Suit has several advantages, she says.

“When cadavers are chemically treated, the tissue properties change. Although a Cut Suit isn’t exactly like human tissue, it feels more lifelike than cadaver tissue does,” Mueller says. In addition, the suits simulate real surgical sounds and odors.

“The Cut Suit has controlled vascularity, so that if you’re cutting into the abdomen and nick the bowel, it will start to bleed and even smell like a bowel,” says Mueller. “And because someone wears the Cut Suit, the overall experience is much more real for students.”

Well-matched

Mueller, who plans to become an emergency physician, has already scheduled her fourth-year audition rotations at Army hospitals. The military match takes place in mid-December.

In December 2012, 23 fourth-years at RVUCOM took part in the military match. Eight students matched into Army residency programs, nine into Navy residencies and five into Air Force programs.

“Our military medicine training at Rocky Vista prepares us well for the challenges of residency and combat care,” Mueller says.

TheDO

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Then and now: How Sept. 11 shaped disaster response education

By Rose Raymond / Staff Editor / September 6, 2012

On the morning of Sept. 11, 2001, Kenneth J. Steier, DO, was on New York's Long Island, making rounds at Nassau University Medical Center (NUMC) in the hospital's cardiac care unit. On hospital TVs, Dr. Steier saw that the first plane had hit the World Trade Center. Like many others, he thought it was an accident.



Erin Philpott, OMS III, assists with stabilizing a "victim" during disaster response training at RVUCOM. The medical school is the only one in the U.S. requiring all students to take both of the NDLSF's Basic and Advanced Disaster Life Support courses. (Photo courtesy of RVUCOM)

Dr. Steier and his colleagues went to the top of the hospital building. Twenty stories up and 25 miles away from the World Trade Center, they watched giant clouds of smoke rising from the city. Dr. Steier and his staff heard about a second plane hitting, about planes crashing in other places, and quickly understood that this wasn't an accident.

The hospital staff emptied beds to make space for victims and sent a team into New York by ambulance. But the bridges to Manhattan were closed, and most victims were treated locally, Dr. Steier says. Still, he and his staff were overwhelmed.

"Everybody knew people who worked at the World Trade Center," he says. "If you didn't know someone who worked there, you about people who were responding because you could see all the smoke and soot, all the ground-up stuff that people were breathing."

Dr. Steier eventually treated many of the attack's first responders. A number of them were firefighters and policemen who lived on Long Island but worked in Manhattan. NUMC received state and federal grants to set up a 9/11 clinic where first responders could go for free medical treatment. A lot of the clinic's patients worked at ground zero without masks and eyewear, which led to eye and lung problems and possibly cancer, Dr. Steier says.

9/11 drives change

Working with first responders after 9/11 informed his approach to medical education, says Dr. Steier, who was in charge of NUMC's residency program at the time. Educators at many osteopathic medical schools were inspired by 9/11 to re-evaluate and ramp up their institution's disaster prevention and response offerings. "Sept. 11 was a tremendous stimulus toward education in disaster preparedness," Dr. Steier says. "People were very unprepared." Along with increased drills, there was a boom in disaster response courses and a greater emphasis on preparation.

Dr. Steier learned there was a greater need for disaster preparation, and he incorporated that into the residency program at NUMC. He discovered and then taught his residents the importance of the complete history of a patient's exposure to toxic environments.

Now a clinical dean and a professor at the Touro College of Osteopathic Medicine in New York City (TouroCOM), which opened in 2007 nine miles north of ground zero, Dr. Steier says TouroCOM integrated 9/11-related disaster response training into its curriculum. The school's pulmonary module of the clinical coursework, for instance, includes a case presentation of a first responder to ground zero. TouroCOM also has a member of the New York City Disaster Response Team speak to the faculty and students each year, and it has a patient representing a ground zero first responder in its objective structured clinical examination lab.

Medical education expert Tyler C. Cymet, DO, says the proximity of the attacks underscored the importance of disaster medicine because it became clear that disasters of this scale could happen within U.S. borders, not just internationally.

"We've always had one hour of radiation exposure training in medical school, but it was more of an overview," says Dr. Cymet, the associate vice president for medical education at the American Association of Colleges of Osteopathic Medicine. "Sept. 11 made it real. We need to know this because it might really happen here."

Dr. Cymet, who treated some of the anthrax victims in the months following 9/11, says the attacks led to an increased focus on public health and prevention at osteopathic medical schools. He specifically points to the Institute for Disaster and Emergency Preparedness at Nova Southeastern University College of Osteopathic Medicine in Fort Lauderdale, Fla. Established in response to 9/11 with grant funding, the center puts out educational materials on bioterrorism and all-hazards preparedness for osteopathic physicians and students and other health care professionals.

On a broader scale, some osteopathic medical schools now offer elective or mandatory courses developed by the National Disaster Life Support Foundation (NDLSF) in response to 9/11. The courses provide an overview of disaster management, prevention and preparation concepts as well as information about federal, state and local disaster response systems. Osteopathic medical schools are leading the charge in offering the courses, says Italo A. Subbarao, DO, the recently departed director of the Public Health Readiness Office at the American Medical Association.

Lifelike drills, real-world exposure

Rocky Vista University College of Osteopathic Medicine in Parker, Colo., made headlines recently for its disaster drills. It's the first medical school in the country to incorporate what's called a "cut suit" into its disaster response education. Usually worn by an actor, the lifelike costume can bleed and be arranged to simulate wounds such as those from gunshots, explosions and stabbings. Students can use the suit to practice performing surgery, applying tourniquets and other procedures.

RVUCOM is also the only medical school in the U.S. requiring all students to take both of the NDLSF's Basic and Advanced Disaster Life Support courses. Bruce D. Dubin, DO, the acting president and dean of RVUCOM, says his interest in disaster medicine was sparked after 9/11 when his then-boss, Ronald R. Blanck, DO, the former surgeon general of the U.S. Army, encouraged his interest in researching first response medicine and weapons of mass destruction.

Around the same time, Dr. Dubin was seeing his students on clinical rotations in rural areas. They were often asked to work as or with first responders in local disasters—for instance, an overturned truck on the freeway, a house fire, a tornado. Hearing their stories made Dr. Dubin realize that all medical students could benefit from learning disaster response skills.

Dr. Dubin then developed an advanced disaster training program for all students at the University of North Texas Health Science Center Texas College of Osteopathic Medicine in Fort Worth, where he was working. He brought the program with him to RVUCOM, where he expanded it.

"Disasters can and do happen anywhere and everywhere," Dr. Dubin says. "We have to be prepared for these kinds of things on U.S. soil."

Students worked in a mock emergency room in one of the most recent RVUCOM drills, says Regan A. Stiegmann, OMS III, the president of RVUCOM's 2014 class. A UH-60 Black Hawk helicopter flew in and students off-loaded a dummy casualty, then triaged three patients with simulated injuries. One wore a cut suit. The students in the mock ER had about 5 minutes warning and no prior knowledge of the patients' injuries, which included an artery laceration, shrapnel wounds and a blast injury. Everything happened in the span of 30 to 45 minutes—just as it could in real life.

“It put you in a position where you could see what it's really like,” Stiegmann says, “because the actors were painted, and they had glass shards sticking in their face, or they had an arm blown off, or they were unconscious. You got the full gamut of what you would really see in a disaster.”

'Not too much to ask'

While 9/11 and other disasters prompted a number of osteopathic medical schools to offer more disaster medicine courses, many U.S. medical students do not feel they receive adequate disaster training, according to a 2009 survey published in *Disaster Medicine and Public Health Preparedness*.

All osteopathic medical schools should offer disaster response courses in their curriculum, says William Bograkos, DO, a member of the AOA's Bureau of Scientific Affairs and Public Health and a veteran of disaster medicine. At this point, the profession's 26 schools have not incorporated a standard set of disaster course work, he says.

“We should have some learning objectives,” he says. “Two hours of disaster medicine is not too much to ask.”

In 2011, the AOA House of Delegates approved a resolution calling for osteopathic medical schools to offer disaster response training and courses. The resolution was co-written by Dr. Bograkos and submitted by the Bureau of Scientific Affairs and Public Health; in it, the team cited the increasing incidence of man-made and natural disasters worldwide. Disaster response typically requires a different skill set than standard emergency care, the authors noted.

“Most of the time, people think disaster medicine, they think lights and sirens, emergency medicine,” Dr. Bograkos says. “But public health plays a very important role because of water, immunization, food, shelter, and basic needs.”

The bureau's intent, Dr. Bograkos says, was to encourage young physicians to consider disaster preparedness, as they are all likely to work in disaster scenarios at some point in their careers.

Views from ground zero

Two physicians who provided osteopathic manipulative treatment at ground zero after 9/11, Terrence M. Mulligan, DO, and John B. Caramagna, DO, also believe all medical students should learn basic disaster response skills, though neither physician received disaster training in medical school.

Dr. Mulligan, who had completed an emergency medicine residency prior to 9/11 but was working as an osteopathic manipulative medicine resident in the Bronx that day, says physicians might be surprised by when they need to apply disaster training.

“We always think of disasters being a tsunami or a 9/11, but maybe it's a school bus accident, and all of a sudden 30 kids pull into your ER,” Dr. Mulligan says. “A place that's designed to see eight new patients an hour can be easily overwhelmed by something like an apartment building fire.”

Medical students and physicians should know their institution's and their community's disaster response procedures, Dr. Mulligan says.

“If you don’t know what to do in order to get more help and more resources, how to activate a disaster plan, then the patients aren’t going to do well,” Dr. Mulligan says. “So it’s worth it to teach all students at least an introduction.”

Dr. Caramagna agrees. Students and physicians who don’t typically work in emergency settings will be well-served to know their local disaster plans, including who will be in charge and where they as physicians fit in, he says.

“A medical professional who is not skilled in disaster management and doesn’t practice it every single day needs to take a disaster response course,” Dr. Caramagna says. When volunteering, it’s best if novices follow the instructions of those who practice disaster response daily, he says.

Also, osteopathic physicians should be aware that they’ll have something special to contribute in a disaster’s aftermath, Dr. Mulligan says.

On Sept. 11, after a morning of learning of colleague’s deaths, trying to locate his friends, and processing what had happened, Dr. Mulligan was talking about the attacks with a fellow resident and DO. When she started crying and ran outside, Dr. Mulligan followed her. Watching the smoke encompass Manhattan, the pair decided what they were going to do.

“I remember her saying, ‘I just feel so helpless,’” Dr. Mulligan says. “And I said, ‘You’re a doctor, there’s a tremendous amount you can do.’”

The next day, they went to ground zero, where they spent several days a week for three months providing osteopathic manipulative treatment to first responders.

“We really felt like we were contributing because we were providing a service as osteopathic physicians,” Dr. Mulligan says. Physicians in other specialties, he says, had less to offer in the weeks after 9/11 as fewer people required serious medical treatment, but the need for osteopathic manipulation was constant.

The next 9/11

Dr. Steier says he hopes all physicians and medical students will use the knowledge gained from past disasters to better prepare for those yet to come. He says it’s important for the osteopathic medical profession to avoid becoming complacent as 9/11 recedes further into the past.

“We have to make sure to do adequate drills so that we are prepared,” he says.

Disaster response training has made Stiegmann and her classmates at RVUCOM think about future disasters and how to best deal with them, she says. They wonder what the next HIV, the next 9/11 might be, and how they’ll be able to help.

“Nobody can predict the future,” Stiegmann says, “But being as prepared as possible for it is always the best strategy.”

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CHRONICLE

School's Disaster Drills Add 'Hyperrealism'

By Chris Michlewicz | August 3, 2012

Maj. Gen. Philip Volpe, D.O., knows what it's like to stare into the eyes of a dying patient and perform an impromptu surgery that's not likely to work.

Volpe, an osteopathic physician, is commanding general of the Army's Western Regional Medical Command. He was the command surgeon during the infamous Black Hawk Down incident, in which an elite Special Forces group came under siege in Mogadishu, Somalia, in 1993 while trying to bring warlords into custody for international crimes.

He told the incoming students at Rocky Vista University College of Osteopathic Medicine in Parker that the patient can sometimes be a friend. Volpe has even made the painful decision of who dies and who lives.

It's a situation that each student is likely to face sometime in his or her career, and Rocky Vista makes sure its students are fully prepared to save lives. The school's dean, Bruce Dubin, D.O., says Rocky Vista is the only medical school in the country that utilizes a "sense of hyperrealism" in emergency drills to offer hands-on experience in which no lives are on the line.

During a demonstration July 24 after Volpe's address to the class of 2016, a team of third-year students acted out a scenario using a "cut suit." The military trauma team cut into the body suit that contains replicas of human organs; a remote control determines the amount of blood flow. The team communicated effectively, clamping off hemorrhaging and stabilizing the "patient," an actor who was writhing as if in pain.

"The ability to have thought about it and experienced it ahead of time in simulation has the opportunity to make you a better doctor and provide better care for the patients that we serve," Dubin said.

On July 21, Rocky Vista staged an Advanced Disaster Life Support training exercise on campus. The in-depth disaster training scenarios are "unfortunately timely, following the tragic shootings that unfolded in Aurora," the school said in a statement. Rocky Vista originally planned the July 24 scenario with a small explosion and demonstration that would not be announced to the students ahead of time, but changed plans hours before the exercise because of the sensitivity of the public following the movie theater tragedy that took 12 lives and injured 58 people July 20.

Volpe urged the students to consider what they say and how they act with a patient who is severely injured. Working with actors helps mimic the stress involved, he said.

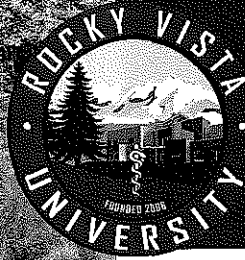
Susan Bauer, 35, an incoming student from Minnesota who sat in the second row for the orientation session, said experience working with mock patients is invaluable. The realistic training is part of what attracted her to the school, which opened north of E-470 on Chambers Road in 2006.

"Maybe it's not truly real, but it looks real, it smells real, it seems real, and when all of a sudden you have the real situation in front of you, it's not as bad because you've already done it," she said.

The cut suit, which Bauer called "incredibly innovative," has her eager to learn more. She says witnessing the scenario made her realize that "we have really cool things that I don't get to play with yet."

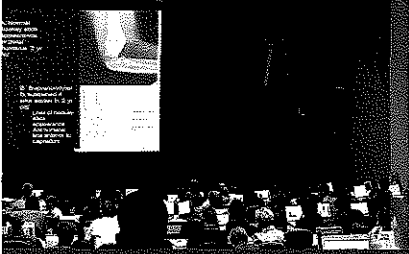
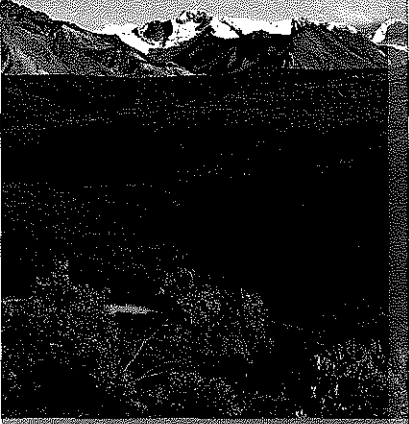


A military trauma team made up of students from Rocky Vista University College of Osteopathic Medicine treats a mock patient in a cut suit demonstration during an orientation for the incoming class of students July 24. Photo by Chris Michlewicz






Rocky Vista University Fact Sheet

- RVU was established in 2006 as the nation's first private, for-profit health sciences university to offer a professional medical degree since 1910. As a for-profit organization, RVU provides significant benefits for the state of Colorado without requiring direct, tax-based support.
- RVU operates as an independent, privately funded organization with a Board of Trustees that administers oversight of the operations, administration, education and policy of the University.
- RVU selected Colorado as its home due to the large number of counties designated as medically underserved areas and only had one medical school to serve the state.
- RVU chose osteopathic medicine as its first program because of the osteopathic emphasis on primary care and its mind-body-spirit approach to medicine. The University plans to add additional programs in the future.
- RVU is housed in a 145,000 square foot, technologically advanced building in Parker, Colorado in Douglas County. While the University does not rely on state funding, it does contribute significantly to the economic development of the Town of Parker, Douglas County and the State of Colorado.
- RVU's economic impact is estimated at more than \$75 million.
- RVU employs approximately 140 faculty and staff at a mean salary of \$116,000.
- RVU matriculated its first students in the College of Osteopathic Medicine in 2008. In the past 6 years, the College has doubled the number of applications received. In addition to the quantity of applications received, the quality of the applicant pool has increased. RVU's mean MCAT scores and science and overall grade point averages of entering students has exceeded the national mean of all students entering colleges of osteopathic medicine.
- RVU admits less than 4% of its applicant pool.





RVU has already distinguished itself in many areas including:

- **Academic Excellence:** RVU's Board Scores are ranked at the top of all osteopathic medical schools.
 - **100% of RVU graduates** matched into a residency program.
 - **Commitment to the Military:** RVU boasts the highest percentage of medical students on military scholarship of any civilian medical school. Twenty-four members of the incoming Class of 2017 are attending RVU on a military scholarship. A special military track has also been added to the curriculum for students in the Health Professions Scholarship Program (HPSP). Additionally, RVU is the only medical school to have the cut suit. Weighing about 30 pounds, the suit is equipped with various fake organs, including a bladder, kidneys, veins and skin that can be cut, sliced, sutured and removed.
 - **Commitment to Primary Care:** RVU has developed an honors track in Rural and Wilderness Medicine. Fifty-eight percent of RVU graduates entered a primary care residency program.
 - **Commitment to Service:** RVU's admissions process includes selecting those candidates who demonstrate a strong commitment to service. RVU students continue to serve local, national and global populations. Honors tracks in Global Medicine, Rural and Wilderness Medicine and Military Medicine have been added to the curriculum. RVU is also the only medical school to require all students to complete training and certification in Advanced Cardiac Life Support and Pediatric Life Support training.
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RVUCOM Mission Statement

Rocky Vista University College of Osteopathic Medicine (RVUCOM) is committed to the education of osteopathic physicians who are dedicated to excellence in the practice of medicine, demonstrate integrity and professionalism in their lives, while providing ethical, compassionate, holistic and culturally competent Osteopathic medical care to their patients.

Discrimination Statement

It is the policy of Rocky Vista University and all of its affiliated colleges and organizations to not engage in discrimination or harassment against any person because of race, color, religion or creed, sex, pregnancy, national or ethnic origin, nondisqualifying disability, age, ancestry, marital status, sexual orientation, unfavorable discharge from the military, veteran status, political beliefs or affiliations, and to comply with all federal and state nondiscrimination, equal opportunity and affirmative action laws, orders and regulation, including remaining compliant and consistent with Title VII, Title VI, Title III, Title II, Rehab Act, ADA, Title IX. This policy on nondiscrimination applies to admissions, enrollment, scholarships, loan programs, participation in university activities, employment and access to, participation in and treatment in all university centers, programs and activities.

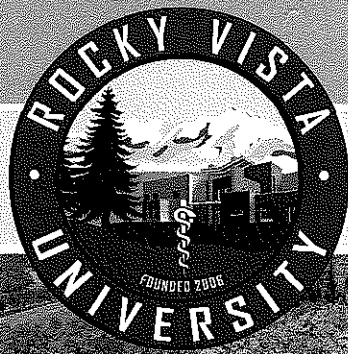
Federal Gainful Employment

Please see <http://www.rvu.edu/gedt/gedt.html> for federal gainful employment disclosure information.

ROCKY VISTA UNIVERSITY

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www.rvu.edu



Rocky Vista University College of Osteopathic Medicine



The faculty and staff of Rocky Vista University College of Osteopathic Medicine (RVUCOM) are committed to the osteopathic philosophy and heritage and advancing the science and the art of the practice of osteopathic medicine. We feel that in doing so, we can best serve the needs of our students and the patients they will care for throughout their professional careers. The College is committed to producing competent, professional, ethical and compassionate physicians who are holistic in their philosophy and practice.

The education principles that guide RVUCOM include early clinical integration and experiences for its students; a supportive, active and interactive learning environment; and an integrated curriculum designed to provide the knowledge, skills and competencies required to prepare a student to enter graduate medical education and support life-long professional growth and learning.

CAMPUS LOCATION

Rocky Vista University College of Osteopathic Medicine (RVUCOM) is located in Parker, Colorado, in Douglas County, just 20 miles southeast of Denver. Douglas County is a growth area in the Denver Metroplex and mix of rural and suburban areas, village centers and open spaces.

With a population of over 46,200 in the City of Parker and approximately 126,000 in the surrounding areas*, Parker boasts an extensive biking/jogging trail system, recreational facilities, dining and entertainment, and a wide variety of arts and entertainment and a wide variety of community events held throughout the year. Douglas County has excellent schools and other special programs.

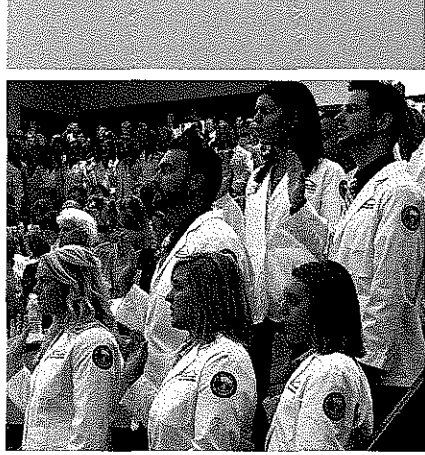
Nearby metropolitan Denver offers eclectic dining, music, recreational and cultural activities. Denver also has the largest bike path network of any urban area in the nation and the largest city park system in the U.S. with 200 named parks in the city and 14,000 acres of parkland in the mountains. Skiing, snowboarding, hiking and camping are within an hour's drive of Denver. Denver is also a top spectator sports city with eight professional teams. There are statewide festival and events presenting arts, music, sports and culture, including the state fair, music festivals of different genres, outdoor concerts and plays.

Denver has a semi-arid climate with four distinct seasons. Located on the Great Plains, weather in the city is generally milder compared to the mountains to the west and the plains further east.

CAMPUS FACILITIES

A 145,000 square foot, state-of-the art educational facility has been constructed to provide the education of our students and graduates. We have designed and equipped a standardized patient lab that is engineered similar to the testing facilities of the National Board of Osteopathic Medical Examiners, as well as the United States Medical Licensing Examination. An extensive simulator laboratory and computer graphics programs are also available to provide opportunities to develop knowledge, skills, competencies and confidence. The auditoriums, laboratories, study and learning areas of the college have been professionally engineered to develop a positive learning environment.

*Population data based on demographic estimates from the Parker Economic Development Council (2010)



ADMISSIONS STATISTICS - CLASS OF 2017

The Class of 2017 was selected out of 4312 applicants - an increase of 11.97% over last year's applicant pool.

- Applicant : Matriculant Ratio: 27:1
- Students Matriculated: 162 (3.76% of applicant pool)
- Mean Age: 25 (range: 20-42)
- Cumulative GPA: 3.60
- Science GPA: 3.57
- Average MCAT Score: 28.33
 - Verbal 9.37
 - Biological Science 10.03
 - Physical Science 8.94

Male:	90	56%
Female:	72	44%

32 States are represented in the Class of 2017. Top Feeder States include:

- Colorado 66 (40%)
- California 12 (7.4%)
- Utah 10 (6%)
- Minnesota 9 (5.5%)
- Arizona 5 (3%)
- Idaho 5 (3%)
- Illinois 5 (3%)
- Texas 5 (3%)

90 different colleges and universities are represented by the Class of 2017. Top Feeder Schools Include:

- Colorado State University 19 (12%)
- University of Colorado 16 (10%)
- Brigham Young University 9 (5%)

Highest Degree Earned:

- | | |
|------------------------------------|-----------|
| Bachelor's (BA/BS) | 134 (83%) |
| Master's | 27 (17%) |
| Professional/Doctoral Degrees (DC) | 1 (1%) |

24 students (15%) of the Class of 2017 entered RVUCOM on the Health Professions Scholarship Program (HPSP) military scholarship.

RVUCOM Mission Statement

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It is the policy of Rocky Vista University and all of its affiliated colleges and organizations to not engage in discrimination or harassment against any person because of race, color, religion or creed, sex, pregnancy, national or ethnic origin, nondisqualifying disability, age, ancestry, marital status, sexual orientation, unfavorable discharge from the military, veteran status, political beliefs or affiliations, and to comply with all federal and state nondiscrimination, equal opportunity and affirmative action laws, orders and regulation, including remaining compliant and consistent with Title VII, Title VI, Title III, Title II, Rehab Act, ADA, Title IX. This policy on nondiscrimination applies to admissions, enrollment, scholarships, loan programs, participation in university activities, employment and access to, participation in and treatment in all university centers, programs and activities.

Federal Gainful Employment

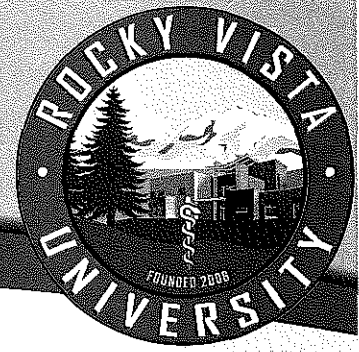
Please see <http://www.rvu.edu/gedt/geut.html> for federal gainful employment disclosure information.

ROCKY VISTA UNIVERSITY

8401 S. Chambers Road • Parker, CO 80134 • 720.875.2800

www.rvu.edu

Rocky Vista University College of Osteopathic Medicine



Rocky Vista University College of Osteopathic Medicine (RVUCOM) has developed three specialized educational tracks for students to enhance the focus of their medical education. Each track will start in the second semester of the first year of medical school.

MILITARY MEDICINE

- Designed for students who are slated to enter active duty in the U. S. Army, Navy or Air Force
- Incorporates sessions and experiences related to Medical Corps Officer military obligations, leadership/discipline, military environments/field exercises, disasters, land, air and sea combat triage
- Includes study of emergent infectious diseases, public health/epidemiology, debilitating or lethal endemic diseases found throughout regions of the world
- Liaisons with military officers at U.S. posts, bases, medical centers, and hospitals
- Faculty who served as military officers
- Clinical rotations at military health care facilities
- Currently 15% of RVUCOM students are participants in the armed services Health Professions Scholarship Program (HPSP), perhaps the largest enrollment of military students in medical school outside of the military's own Uniformed Services University of Health Sciences

GLOBAL MEDICINE

- Curriculum designed to help students understand the complexities of providing quality health care to diverse populations throughout the world
- Education on how key issues such as nutrition, environment, infectious diseases, natural disasters and others affect health care in different parts of the world
- Three international clinical rotations on three different continents

RURAL AND WILDERNESS MEDICINE

- Designed to prepare students to serve the health care needs of patients in rural or wilderness environments that may lack the availability of major medical support systems
- Focused on providing students with the educational tools they need to perform in situations where physicians may need to fulfill many community health care roles
- Field training experiences in wilderness environments
- Clinical rotations that will prepare students for working in rural communities



"Rocky Vista University has been an excellent school to work with even since before their doors opened to students. As Army Health Care Recruiters, being able to contact students freely and with the support of the entire school has allowed us to make sure medical students on the Health Professions Scholarship Program are receiving not only their benefits and entitlements from the program but any and all assistance throughout as well. We visit all the Undergraduate and Graduate programs in the states of Colorado, Wyoming and Nebraska and have a very good relation with all programs at each school but the relationship with Rocky Vista University's staff and faculty is outstanding and beyond comparison. To see a school so interested in seeing their students succeed and make sure the students have access to all the resources needed to achieve their goals is truly amazing. We hope to continue this great relationship for many years to come." - *SFC Luis DeJesus, U.S. Army Healthcare Recruiter*



"It was during my first visit to RVU that I was told about the Health Professions Scholarship Program. Coming from a non-military background, I was surprised by my eagerness to learn more about serving the US military as a doctor. RVU's large military presence provided me with the resources I needed to make one of the most important decisions of my life and I am proudly now a commissioned officer in the US Army. The Military Medicine track will help me be better prepared for military rotations and residency programs. The track enhances the education of its military students by providing additional lectures on important military medicine topics, talks from influential guest speakers and opportunities in research. We receive individualized training in technical skills and work with realistic surgical simulators. Students are mentored by faculty invested in making us the best of military physicians. With added guidance and training, I feel better prepared to reach my goal of becoming a competent, compassionate and confident physician." - *Vanessa Rodriguez, OMS-IV, Student Association of Military Osteopathic Physicians and Surgeons (SAMOPS)*



"Disease and Illness know no boundaries, respect no borders. Despite major technological advances in medicine and public health, the majority of the world's population still suffers from disease. Regardless of how remote some people may be, there is no one from whom we are disconnected. This program offers students the opportunity to better understand the social and environmental contributors to disease and the biological causes of disease, how it affects us within our country as well as throughout the world." - *Camille Z. Bentley, D.O., M.P.H., FACFP; Associate Professor of Family Medicine; Chair, Global and Community Medicine*



"Practicing medicine in rural communities or wilderness areas typically requires physicians to utilize their complete medical skill set. It also often requires the use of skills that are not regularly taught in the basic medical school curriculum. Our Rural and Wilderness educational track adds an additional skill set to our students' basic medical education that prepares them for working in locations where they may need to be self sufficient or where they may need to serve a wide variety of health care needs for a diverse group of patients." - *Thomas N. Told, D.O., FACFP -dist, Assistant Dean of Clinical Education; Chair, Rural and Wilderness Medicine; Professor of Family Medicine*



"Beginning with my first interaction with RVU staff during my interview, I immediately felt right at home. The RVU administration, faculty and staff went above and beyond the call of duty to ensure that all my questions and concerns were addressed throughout the selection process. They also really showed that, although RVU is a newer school, they are determined to quickly elevate RVU to the highest levels of academic and clinical excellence. As a student, I like RVU's close-working environment between faculty and students. The faculty strive to get to know the students early in the semester to ensure that the academic environment is conducive for students to ask questions and gain as much as possible from instruction. I also like how the clinically-integrated curriculum allows for rapid association between book and clinical learning." - *Ryan Greene, OMS-III*

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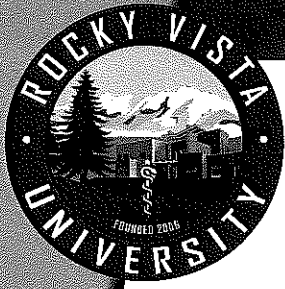
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Rocky Vista University College of Osteopathic Medicine Class of 2013 Residency Specialties and Locations

Anesthesiology (13)

Beth Israel Deaconess Medical Center- Boston, MA
Brooke Army Medical Center - San Antonio, TX
George Washington University School of Medicine and Health Sciences - Washington DC
Mayo School of Graduate Medical Education - Rochester, MN
McLaren Greater Lansing - Lansing, MI
Medical College of Wisconsin - Milwaukee, WI
Riverside County Regional Medical Center - Moreno Valley, CA
University Hospitals - Jackson, MS
University of Colorado School of Medicine - Aurora, CO
University of Colorado School of Medicine/St. Joseph Hospital - Denver, CO
University of Iowa Hospitals and Clinics - Iowa City, IA
University of Kansas School of Medicine - Kansas City, KS
University of Michigan Hospitals - Ann Arbor, MI

Emergency Medicine (18)

Baystate/Tufts Medical Center - Springfield, MA
Botsford Hospital - Farmington Hills, MI
Central Michigan University College of Medicine - Saginaw, MI
Christus Spohn Memorial Hospital - Corpus Christi, TX
Henry Ford Wyandotte Hospital - Wyandotte, MI
Indiana University School of Medicine - Indianapolis, IN
LECOM/UPMCE Hamot - Erie, PA
Morristown Medical Center - Morristown, NJ
Oklahoma State University Medical Center - Tulsa, OK
Southwest Medical Center - Oklahoma City, OK
St. Barnabas Hospital - Bronx, NY
St. John Providence Health System - Warren, MI
UMDNJSOM/South Jersey Healthcare - Vineland, NJ
University of Kentucky Medical Center - Lexington, KY

Family Medicine (31)

Advocate Lutheran General Hospital - Park Ridge, IL
Alaska Family Medicine/Providence Hospital - Anchorage, AK
Aurora St. Luke's Medical Center - Milwaukee, WI
Blessing Health System - Quincy, IL
Cascades East Rural Family Medicine Residency/OHSU - Klamath Falls, OR
Central Maine Medical Center - Lewiston, ME
Choctaw Nation Health Care Center - Tahlequah, OK
Darnall Army Medical Center - Ft. Hood, TX
Lakeside Medical Center - Belle Glade, FL
Largo Medical Center - Largo, FL
Maine Dartmouth Family Medicine Residency - Augusta, ME
Manatee Memorial Hospital - Bradenton, FL
Marshall University School of Medicine - Huntington, WV
Naval Hospital Bremerton - Bremerton, WA
Naval Hospital Camp Lejeune - Camp Lejeune, NC
Nellis Air Force Base - Las Vegas, NV

North Colorado Medical Center - Greeley, CO
Northern Colorado Family Medicine/Sunrise Community Health Track - Greeley, CO
Pacific Hospital of Long Beach - Long Beach, CA
Poudre Valley Hospital - Fort Collins, CO
Sierra Vista Regional Health Center - Sierra Vista, AZ
St. Anthony North Hospital - Westminster, CO
St. Joseph Health Center - Warren, OH
University of Colorado Family Medicine Residency at Rose - Denver, CO
Valley Hospital Medical Center - Las Vegas, NV
VCOM/Riverside Regional Medical Center - Newport News, VA
Wesley Family Medicine Program/University of Kansas - Wichita, KS
Western Michigan University - Kalamazoo, MI

General Surgery (14)

David Grant Medical Center/UC Davis Medical Center - Travis AF Base, CA
Doctors Hospital - Columbus, OH
Good Samaritan Hospital - Cincinnati, OH
Keesler Air Force Base - Biloxi, MS
Mercy Medical Center - Des Moines, IA
Naval Medical Center - Portsmouth, VA
Oregon Health and Science University - Portland, OR
South Pointe Hospital - Warrensville Heights, OH
Tripler Army Medical Center - Honolulu, HI
University of Maryland - Baltimore, MD
William Beaumont Army Medical Hospital - El Paso, TX
Wyckoff Heights Medical Center - Brooklyn, NY

Internal Medicine (20)

Danville Regional Medical Center - Danville, VA
Genesys Regional Medical Health Park - Grand Blanc, MI
Grandview Hospital and Medical Center - Dayton, OH
Naval Medical Center Portsmouth - Portsmouth, VA
Northside Hospital and Heart Institute - St. Petersburg, FL
Parkview Medical Center - Pueblo, CO
San Antonio Uniformed Services Health Education Consortium - San Antonio, TX
Sierra Vista Regional Health Center - Sierra Vista, AZ
Sky Ridge Medical Center - Parker, CO
Swedish Covenant Hospital - Chicago, IL
Texas A&M Health Science Center/Scott & White Hospital - Temple, TX
Valley Hospital Medical Center - Las Vegas, NV

Internal Medicine/Emergency Medicine (1)

Aria Health Systems - Philadelphia, PA

Obstetrics/Gynecology (10)

Baylor College of Medicine - Houston, TX
Good Samaritan Hospital Medical Center - West Islip, NY
Henry Ford Macomb Hospitals - Clinton Township, MI
McLaren Greater Lansing - Lansing, MI
Mercy Health Partners - Muskegon, MI
St. John Providence Health System - Warren, MI
St. Joseph Mercy Oakland - Pontiac, MI
UMDNJ/Inspira Health Network - Vineland, NJ
University of Toledo - Toledo, OH
Walter Reed National Military Medical Center - Bethesda, MD

Ophthalmology (1)

Henry Ford Hospital/Wayne State University - Detroit, MI

Orthopedic Surgery (6)

Des Peres Hospital - St. Louis, MO
North Shore Long Island Jewish Health/Plainview Hospital - Plainview, NY
Plainview Hospital - Plainview, NY
St. Mary's Medical Center - Blue Springs, MO
Summa Western Reserve Hospital - Cuyahoga Falls (Akron), OH
Texas Tech University - Lubbock, TX

Pathology (2)

San Antonio Uniformed Services Health Education Consortium - San Antonio, TX
University of New Mexico School of Medicine - Albuquerque, NM

Pediatrics (8)

Doctors Hospital - Columbus, OH
Madigan Army Medical Hospital - Fort Lewis, WA
OMECCO Teaching Health Center - Tulsa, OK
Orlando Health/Arnold Palmer Hospital for Children - Orlando, FL
University of Hawaii at Manoa - Honolulu, HI
University of Nebraska/Affiliated Hospitals - Omaha, NE
University of Texas Southwestern Medical School - Austin, TX

Physical Medicine and Rehabilitation (2)

Medical College of Wisconsin/Affiliated Hospitals - Milwaukee, WI
Washington University St. Louis/Barnes Jewish Hospital - St. Louis, MO

Psychiatry (5)

University Hospital and Medical Center - Tamarac, FL
University of Arizona College of Medicine at South Campus - Tucson, AZ
University of Hawaii/Department of Psychiatry - Honolulu, HI
University of Texas Health Science Center - San Antonio, TX
University of Utah/Affiliated Hospitals - Salt Lake City, UT

Radiology (1)

Tripler Army Medical Center - Honolulu, HI

Radiology-Diagnostic (4)

Michigan State Consortium/McLaren Oakland - Pontiac, MI
Penn State Hershey Medical Center - Hershey, PA
University of Kansas School of Medicine - Wichita, KS
University of South Florida College of Medicine - Tampa, FL

Radiology-Oncology (1)

Baylor College of Medicine - Houston, TX

Traditional Rotating Internship (7)

Bluefield Regional Medical Center - Bluefield, WV
Genesys Regional Medical Health Park - Grand Blanc, MI
Good Samaritan Regional Medical Center - Corvallis, OR
Lankenau Medical Center - Wynnewood, PA
LECOM/Arnot Health - Elmira, NY
Palisades Medical Center - North Bergen, NJ
St. Anthony Hospital - Oklahoma City, OK

Transitional (1)

Madigan Army Medical Center - Fort Lewis, WA