

**Richmond Area AORN  
Delegate Selection Activity Record Point Sheet  
Revised February, 2009**

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

I submit the following list on which I have calculated the points for my activities from June 1<sup>st</sup> through May 31<sup>st</sup> of the previous year. I understand the actual awarding of points is the responsibility of the Delegate Selection Committee, and that its ruling is final. I have read and am aware the committee follows the written guidelines from the Policy and Procedure Book Section J, Page 36. All information must be submitted or post marked by June 1 to the delegate chairperson in order to be eligible.

Write the number of points earned on the line next to the activity participated in.

**CHAPTER MEETINGS ATTENDED: (one point per meeting + bonus points if applicable)**

**Sign in sheets are used as proof of attendance from the membership chair.**

\_\_\_\_\_ 8 meetings + 5 bonus points (total:13)

\_\_\_\_\_ 7 meetings + 4 bonus points (total:11)

\_\_\_\_\_ 6 meetings + 3 bonus points (total:9)

\_\_\_\_\_ 5 meetings + 2 bonus points (total:7)

\_\_\_\_\_ **\*\*\*\*TOTAL MONTHLY MEETING POINTS**

**(5 meetings must be attended as according to guidelines to be a delegate)**

**CHAPTER OFFICERS: (Nominating Committee Report)**

\_\_\_\_\_ 6 points for President

\_\_\_\_\_ 5 points for Treasurer

\_\_\_\_\_ 4 points for President-Elect; Vice President; Secretary; Board of Directors

\_\_\_\_\_ 3 points for Past President; Nominating Committee

\_\_\_\_\_ **\*\*\*\*TOTAL OFFICER POINTS**

**MEETING ATTENDANCE:**

**Sign in sheets/minutes must be submitted by chair**

1 point each:

\_\_\_\_\_ Board of Directors (member/non member)

\_\_\_\_\_ Nominating Committee (member/non member)

2 points each:

\_\_\_\_\_ Virginia Council

\_\_\_\_\_ Legislative Coalition

\_\_\_\_\_ Fall VCORN meeting (Required for Delegates)

\_\_\_\_\_ Spring VCORN meeting (Required for Delegates)

5 points each:

\_\_\_\_\_ AORN Congress

\_\_\_\_\_ Specialty Conference

\_\_\_\_\_ **\*\*\*\*\*TOTAL POINTS**      **PAGE ONE**

**COMMITTEE MEMBERSHIP:**

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**Sign in sheets must be submitted by chair**

Write the number of points associated with each activity.

1. The following committee chairs receive **5** points and the members receive **3** points:  
Ways & Means; Program/Education; Newsletter, Workshop.
2. The following committee chairs receive **4** points and the members receive **2** points:  
Bylaws/Policy; Membership, Marketing; Legislative; Nursing Recruitment/Retention Task Force
3. The following committee chairs receive **2** points and the members receive **1** point:  
Ad hoc, Evidence Based Practice, Delegate Selection, Awards,
4. **One** point is received for each committee meeting attended.
5. No additional points are received for the Budget/Finance Committee.

<u>COMMITTEE</u>	<u>CHAIR</u>	<u>MEMBER</u>	<u>ATTENDANCE</u>
Ad Hoc _____	_____	_____	_____
Ad Hoc _____	_____	_____	_____
Awards	_____	_____	_____
Bylaws/Policy	_____	_____	_____
Delegate Selection	_____	_____	_____
Legislative	_____	_____	_____
Membership	_____	_____	_____
Marketing	_____	_____	_____
Newsletter	_____	_____	_____
Program/Education	_____	_____	_____
Nursing/Recruitment/ Retention Task Force	_____	_____	_____
Evidence Based Practice	_____	_____	_____
Ways & Means	_____	_____	_____
Workshop	_____	_____	_____
Total points	_____ +	_____ +	_____

\_\_\_\_\_ **\*\*\*\*\*TOTAL POINTS PAGE TWO**

**MISCELLANEOUS POINTS:**

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1 point each:

\_\_\_\_\_ Hospital based OR Nurses Day activities (Describe the activity, # of participants)

\_\_\_\_\_ Public Relations (TV/Radio show, walk-a-thon) (per activity)

Attach a brief description of each activity.

List:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_ Baccalaureate/Masters Degree (per degree)

\_\_\_\_\_ Completed or attending nursing related college courses (per course)

Attach official grade report.

\_\_\_\_\_ Selling tickets/sponsorships for fund raiser (per activity)

List: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Heading 50-50 raffle (per monthly meeting)

\_\_\_\_\_ Member of any other state or national nursing organization (maximum of 5 points)

Attach copy of membership cards

List: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_ Specialty Assembly member List: Attach Specialty member cards

This is in addition to the one that is standard with any AORN membership.

List: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_ AORN Congress session assistant / monitor. Verification needed

\_\_\_\_\_ Running for chapter office. Verification from Nominating Committee.

\_\_\_\_\_ Reading minutes (1 point per monthly meeting) Verification from secretary

\_\_\_\_\_ Nursing related educational contact hours (workshops, seminars, congress CH, home study, etc. One point per 5 contact hours, maximum of 5 points. Ex: 1-5 CH = 1 pt: 6-10 CH = 2 pt, etc. 5 points = 25 Contact Hours

**\*Will only receive credit if certificates are attached\*\***

2 points each:

\_\_\_\_\_ Non-board member active on 3 or more committees

Must attend 1 meeting of each committee.

List: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_ Recruitment of each new member. Copy of AORN verification letter.

List: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_ **\*\*\*\*\*TOTAL POINTS PAGE THREE**

2 points each:

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\_\_\_\_\_ Chapter sponsored OR Nurse's Day activity participant

\_\_\_\_\_ Recruitment of perspective Nurses i.e.: Kindergarten, School, Career Day, PTA, Nursing Schools. Description of presentation.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

3 points each:

\_\_\_\_\_ Submits an article to a nursing journal.- Submission copy.

\_\_\_\_\_ Congress Moderator - Validation letter

\_\_\_\_\_ Speaker at a chapter sponsored educational activity - Verification

4 points each:

\_\_\_\_\_ VA Council Officer

\_\_\_\_\_ Congress Speaker

\_\_\_\_\_ National Perioperative Certification. CNOR, RNFA, CCRN - Attach Certifications

List:

1. \_\_\_\_\_
2. \_\_\_\_\_

\_\_\_\_\_ Publishes an article in a nursing journal (per article). -Attach Published Article

List:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_ Member of national level committee of any perioperative organization (i.e. Specialty Assembly Chair/Co- Chair.

List:

1. \_\_\_\_\_

Working at a Major Fund Raiser/Workshop/Event

i.e.: Golf tournament, Legislative Day, OR Nurse Day Event, Parade, Quiz Bowl

\_\_\_\_\_ 4 points for 4 hours or more

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_ 2 points for less than 4 hours

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_ **\*\*\*\*\*TOTAL POINTS**

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\_\_\_\_\_ **PAGE ONE POINTS**

\_\_\_\_\_ **PAGE TWO POINTS**

\_\_\_\_\_ **PAGE THREE POINTS**

\_\_\_\_\_ **TOTAL POINTS**