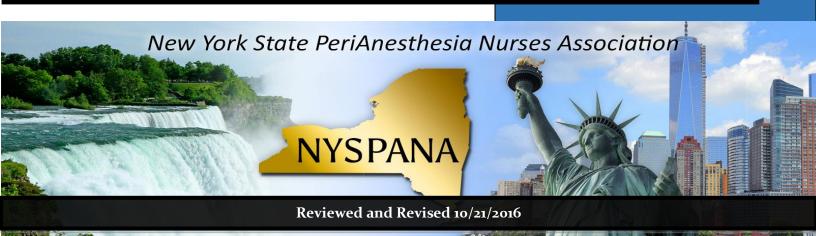
NYSPANA Committee Chair Transition Checklist



Mission Statement

The New York State Perianesthesia Nurses Association advances nursing practice through education, research and standards

Policy and Procedure NYSPANA Officer/Committee Chair Transition Checklist

Task		Comment
Position/Committee:		
Name of outgoing officer/Committee Chair:		
Name of Incoming officer/Committee chair:		
For term beginning:		
		-
Job Description		
Copy reviewed by incoming officer/chair	Yes □ No □	
Reviewed jointly	Yes □ No □	
[-
Committee Responsibility		
Duties/expectations reviewed	Yes □ No □	
Committee members identified	Yes □ No □	
BOD meeting requirements	Yes □ No □	
		7
Financial Reimbursement		
Policy reviewed	Yes □ No □	
Form reviewed	Yes □ No □	
		_
Resources reviewed		
Policy & Procedure	Yes □ No □	
Bylaws	Yes □ No □	
NYSPANA organizational chart	Yes □ No □	
ASPAN directory	Yes □ No □	
		_
Board of Director's Meeting		
Attendance requirement	Yes □ No □	
Meeting schedule	Yes □ No □	
Review of Parliamentary Procedure	Yes □ No □	
ransition checklist used to guide and inform the incoming	g officer with the support	and mentorship of the outgoing individua
Signature of outgoing officer/committee chair:		Date:
Signature of incoming officer/chair:		Date: