NYSPANA Administrative Guidelines

Mission Statement
The New York State PeriAnesthesia Nurses Association advances nursing practice through education, research and standards
# Table of Contents

<table>
<thead>
<tr>
<th>NYSPANANA Board</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Top Level View of Organizational Chart</td>
<td>3</td>
</tr>
<tr>
<td>Top Level View of Executive Committee</td>
<td>3</td>
</tr>
<tr>
<td>Top Level View of Board of Directors (BOD)</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bylaws</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Article 1 – Section 1.1 - Name</td>
<td>4</td>
</tr>
<tr>
<td>Article II – Section 2.1 – Mission</td>
<td>4</td>
</tr>
<tr>
<td>Article III – Membership</td>
<td>5 - 6</td>
</tr>
<tr>
<td>Article IV – Meeting of Members</td>
<td>6</td>
</tr>
<tr>
<td>Article V – Officers</td>
<td>6 - 7</td>
</tr>
<tr>
<td>Article VI – Strategic Work Teams (SWT)</td>
<td>7 - 8</td>
</tr>
<tr>
<td>Article VII – Earnings</td>
<td>9</td>
</tr>
<tr>
<td>Article VIII – Management</td>
<td>9</td>
</tr>
<tr>
<td>Article IX – Amendments</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>10</td>
</tr>
<tr>
<td>Vice President/President Elect</td>
<td>11</td>
</tr>
<tr>
<td>Immediate Past President</td>
<td>12</td>
</tr>
<tr>
<td>Secretary</td>
<td>13</td>
</tr>
<tr>
<td>Treasurer</td>
<td>14</td>
</tr>
<tr>
<td>Research Chair</td>
<td>14</td>
</tr>
<tr>
<td>Web coordinator</td>
<td>15</td>
</tr>
<tr>
<td>Newsletter Editor</td>
<td>15</td>
</tr>
<tr>
<td>District President</td>
<td>16</td>
</tr>
<tr>
<td>Nominating Chair</td>
<td>17</td>
</tr>
<tr>
<td>Governmental Affairs Chair (GAC)</td>
<td>18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policies and Procedures</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Education Strategic Work Team (SWT)</td>
<td>19</td>
</tr>
<tr>
<td>Membership Strategic Work Team</td>
<td>20</td>
</tr>
<tr>
<td>District Level Dues Reimbursement</td>
<td>21</td>
</tr>
<tr>
<td>NYSPANANA Co-Host</td>
<td>22</td>
</tr>
<tr>
<td>Excellence in Clinical Practice Award</td>
<td>23 - 24</td>
</tr>
<tr>
<td>Educational Funding Plan</td>
<td>25 - 26</td>
</tr>
<tr>
<td>Table of Contents</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Policies and Procedures (cont.)</strong></td>
<td></td>
</tr>
<tr>
<td>NYSPANA Application for Educational Funding</td>
<td>27</td>
</tr>
<tr>
<td>Financial Compensation for NYSPANA Officers</td>
<td>28</td>
</tr>
<tr>
<td>Membership Renewal</td>
<td>28</td>
</tr>
<tr>
<td>NYSPANA Nurse Recruiter of the Year Award</td>
<td>29</td>
</tr>
<tr>
<td>NYSPANA Agenda Form</td>
<td>30</td>
</tr>
<tr>
<td>Request for Reimbursement</td>
<td>31</td>
</tr>
<tr>
<td>Request for Dues Reimbursement</td>
<td>32</td>
</tr>
<tr>
<td>NYSPANA District and Counties Outline</td>
<td>32</td>
</tr>
<tr>
<td>NYSPANA State Conference Rotation</td>
<td>33</td>
</tr>
<tr>
<td>District Level Conference and Responsibilities</td>
<td>33</td>
</tr>
<tr>
<td>NYSPANA Officer/Committee Chair – Transition Checklist</td>
<td>34</td>
</tr>
<tr>
<td><strong>NYSPANA Educational Opportunities</strong></td>
<td></td>
</tr>
<tr>
<td>NYSPANA Student Scholarship Application Eligibility Statement and Application Guidelines</td>
<td>35</td>
</tr>
<tr>
<td>NYSPANA Nursing Student Scholarship Application</td>
<td>36</td>
</tr>
<tr>
<td>Scholarship Program for Professional Licensed Nurse Returning to College - BSN, MS, and Doctorate Programs</td>
<td>37 – 38</td>
</tr>
<tr>
<td>Application Form for Professional Licensed Nurse Returning to College BSN, MS and Doctorate Programs</td>
<td>39</td>
</tr>
<tr>
<td><strong>NYSPANA Research / Evidence Based Practice (EBP)</strong></td>
<td></td>
</tr>
<tr>
<td>NYSPANA Research/EBP Grant</td>
<td>40 - 41</td>
</tr>
<tr>
<td>Recipient Responsibilities</td>
<td>42</td>
</tr>
<tr>
<td>Recipient Agreement</td>
<td>43</td>
</tr>
<tr>
<td>Format Requirement</td>
<td>44</td>
</tr>
<tr>
<td>Cover Sheet</td>
<td>45</td>
</tr>
<tr>
<td>Proposal Cover Sheet</td>
<td>46</td>
</tr>
<tr>
<td>NYSPANA Research/EBP Grant Application Details</td>
<td>47 - 48</td>
</tr>
<tr>
<td>Proposed Budget</td>
<td>49</td>
</tr>
<tr>
<td>Criterial for Review of Proposal for Funding</td>
<td>50</td>
</tr>
</tbody>
</table>
Article I – Section 1.1 – Name

The name of this professional organization is the New York State Perianesthesia Nurses Association, hereinafter referred to as NYSPANA. This is a duly chartered component organization of the American Society of Perianesthesia Nurses (ASPN).

Article II – Section 2.1 - Mission

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

Purpose and objectives of the Association are as follows:

- To foster networking among perianesthesia nurses throughout providing education to maintain excellence and quality in perianesthesia patient care
- To emphasize and promote understanding of perianesthesia nursing
- To publish a newsletter promoting the exchange of information
- To facilitate understanding and implementation of ASPAN standards
- To encourage perianesthesia nurse certification
- To develop and provide educational materials
- To foster relationships with other professional affiliates
- To act as liaison with local districts
- To maintain website for exchange of information

Local Districts will:

a. Consist of five or more ASPAN members

b. Affiliate with NYSPANA and ASPAN according to ASPAN requirements

c. Develop district bylaws that are in compliance with NYSPANA

d. Submit bylaws and amendments to NYSPANA Secretary for approval by the Board of Directors (BOD) every three years. To be reviewed and approved at the first meeting of the year

e. Submit application to the NYSPANA BOD for district establishment. Notwithstanding any other provision of these Articles, these purposes are limited to those described in Section 501 (c) (3) of the Internal Revenue Code of 1954 or any other corresponding provision of any future United States Internal Revenue Code
Article III - Membership

3.1 Qualifications:
Every registered professional or licensed practical nurse, subscribing to the purpose of the Association, agreeing to abide by the bylaws, and who meets the requirement of ASPAN shall be eligible for membership.

Section 3.2 Classes:

3.2.1 Full members shall be nurses that are presently employed in the care of the perianesthesia patient, or in perianesthesia management, education, or research.

3.2.2 Registered nurses are eligible to hold office, vote, and serve on elected or appointed committees.

3.2.3 Licensed Practical Nurses are eligible to vote and serve on appointed committees.

3.2.4 Associate membership may include any duly licensed health care professional who has an interest in perianesthesia patient care. These members have all the rights and privileges of full members except that of holding elected office, voting and chairing committees. Associate membership may be granted to others by special application to the BOD.

3.2.5 Honorary membership may be conferred by the BOD. Such honoring titles carry with them the right to attend meetings and to speak but not to propose motions, vote, or preside.

3.2.6 Any person desiring membership in NYSPANA will be directed to complete a membership application on the approved form, to the ASPAN national office. A single membership card will be issued from ASPAN, indicating the member’s chosen component (New York). Thus, one application ensures membership at the national, state, and local level.

3.2.7 ASPAN will remit to NYSPANA a specified fee for each paid member of NYSPANA on a regular basis.

3.2.8 NYSPANA will remit to the local districts a specified annual reimbursement for each NYSPANA member within their district. For those districts not yet officially organized, their reimbursement will be maintained for the General Fund. At the end of each fiscal year, the unclaimed funds will be allocated to the NYSPANA educational fund.

3.2.9 All members of ASPAN, except for Honorary Members, shall be assessed dues, which are determined by the ASPAN BOD and ratified by the ASPAN Representative Assembly. Members are delinquent if their dues are not received by ASPAN within 60 days of the date upon which the dues are payable.
3.3.10 **Members who do not adhere to ASPAN bylaws and policies** may have their membership terminated by the BOD after following the due process as outlined in Robert’s Rules of Order.

**Article IV – Meeting of Members**

**Section 4.1 General Meetings.** A general meeting is to be held each fall during the educational conference held by NYSPANA and prior to ASPAN national conference. The BOD determines the location.

**Section 4.2 Special Meetings** shall be called at the discretion of the President, or when requested by a majority vote of the BOD, or a written request of 10 members of NYSPANA, providing 30 days’ notice has been given.

**Article V – Officers**

**Section 5.1 Officers.** The Officers of NYSPANA shall be President, Vice President/President Elect, Immediate Past President, Secretary, and Treasurer. The President and the Vice President/President Elect of NYSPANA will serve as the two ASPAN Representatives.

**Section 5.2 Elections. The Office of Treasurer will be elected in the odd years.** The office of Vice President/President Elect shall be elected yearly with a total commitment of three years, acting as Vice President/President Elect, President and Immediate Past President for one year in each position. The roles have full voting rights. The Secretary and nominating chair will be elected in the even years. No other officers, with the exception of the Treasurer, shall serve more than two consecutive terms in the same office.

**Section 5.3 Balloting** shall be done by membership on an annual basis. Officers shall be elected by a majority of the returned ballots. Transferring of office to the newly elected office will take place at the fall meeting in the year elected.

**Section 5.4** In the event a vacancy occurs in any office, an interim officer selected by the Executive Committee shall fill such office.

**Section 5.5 Powers.** The BOD shall be the governing body of NYSPANA. It will consist of President, Vice President/President Elect, Secretary, Treasurer, Immediate Past President Web Coordinator, Government Affairs Representative, Nominating Committee Chair, Research Chair and each District President.

**Their duties are as follows:**

- Transact the general business of NYSPANA
- Establish major administrative policies governing the affairs of NYSPANA and devise measures for its growth and development
• Report to the NYSPANNA membership at each regular meeting the business transacted in the interim between meetings

• Provide for such work of the offices and committees as may be deemed appropriate

• Provide for the proper care of the materials, equipment, and funds of NYSPANNA and for the auditing of all books of accounts upon request of the BOD

• Adopt an annual budget and authorize payment of legitimate expenses

• NYSPANNA bylaws shall be reviewed and revised annually at the first board meeting of the year

Section 5.6 Executive Committee. There shall be an Executive Committee of the BOD composed of the President, Vice President/President Elect, Immediate Past President, Secretary, and Treasurer. This committee shall have all the powers of the BOD to transact business of an emergency nature between meetings of the Board.

Section 5.7 GAC Chair and Research Chair. Members appointed to strategic work team (SWT) will be voting members, except the Newsletter Editor.

Section 5.8 Compensation. Board members serve in a voluntary capacity, but may receive position-related compensation/reimbursement for expenses as set forth in Policy and Procedure.

Section 5.9 Removal. Any official of the Board, may be removed by the BOD upon a two thirds affirmative vote for such removal. The official may request an opportunity to have a hearing providing for due process.

Article VI – Strategic Work Teams

Section 6.1 The Strategic Work Teams (SWT) of NYSPANNA are Nominating, Bylaws, Membership, Financial, Education, Research and Government Affairs. The purpose and duties of each of these will be listed in the NYSPANNA Policy and Procedures Guidelines.

Section 6.2 Nominating Chair. The Nominating Chair shall serve a two-year term. The Nominating Chair shall prepare a ballot consisting of nominees for each office (with a maximum of three nominees per office). In preparing the ballot the Nominating Chair shall:

• Use the names submitted by the members of NYSPANNA

• Verify current membership of nominees

• Nominate those members who, in its judgment, are especially qualified to discharge the responsibilities of the office to which they are nominated

• Give consideration to representing various geographical areas of the state on the ballot

• Obtain nominee’s consent and a willingness-to-participate form to be kept on file in the NYSPANNA office
- Publish the election in the newsletter and communicate to members. The Nominating Chair will e-mail results to each individual on the ballot. The results will be announced in the following issue of Up to Par.

**Section 6.3 Membership Strategic Work Team.** The strategic work team on Membership, chaired by the Vice President/President Elect and the Membership SWT plans and makes recommendations to the BOD concerning membership. All new members will receive a personalized welcome letter by a mailing or email from the chair of the membership SWT.

**Section 6.4 Financial Strategic Work Team.** The strategic work team on Finance shall be chaired by the Treasurer and may include one member of the BOD, appointed by the Executive Committee, and one member at large.

The strategic work team shall:
- Review the financial status of NYSPAN
- Act as advisor for financial policies
- Prepare an annual budget for approval by the BOD

**Section 6.5 Education Strategic Work Team.** The strategic work team on Education will consist of the Immediate Past president, and at least two members at large, one of whom is a bachelor prepared nurse and member.

The strategic work team shall:
- Assist local districts and conference planners
- Promote education
- Provide educational opportunities

**Section 6.6 Governmental Affairs Chair.** The Governmental Affairs Chair will be appointed by the BOD, serve as government affairs representative to ASPAN, and shall be a voting member.

**Section 6.7 Research Strategic Work Team.** The Research Chair will be appointed by the BOD, serve as the research planner and coordinator for NYSPAN, and shall be a voting member.

**Section 6.8 Special Strategic Work Teams.** Special SWT may be appointed by the President and/or at the request of the BOD, on an ad hoc basis. These cease to exist when the purpose for which they were created is resolved.
Article VII – Earnings

No part of the net earnings of NYSPANA shall benefit, or be distributable to its members, officers, or other private persons, except that NYSPANA shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Two thereof.

Notwithstanding any other provision of these articles, the Association shall not carry on any other activities not permitted to be carried on:

- By an association exempt from Federal income tax under section 501 (c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any further United States Internal Revenue Law) or
- By an association contribution to which are deductible under section 170 (c) (2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law)

Article VIII – Management

Section 8.1 Official Headquarters. The BOD shall maintain an office with the address of the presiding president

Section 8.2 Fiscal Year. The fiscal year shall be from January 1- December 31

Section 8.3 Expenditures. All expenditures shall be in accord with procedures. The Treasurer shall submit a written report to the members annually and in Up to Par.

Section 8.4 Records. Secretary has the responsibility to maintain all records of NYSPANA, except financial records

Section 8.5 Parliamentary Procedures. Robert’s Rules of Order Newly Revised shall govern the proceedings of all meetings of this Association

Article IX – Amendments

Section 9.1 Bylaws may be altered, amended, repealed or new bylaws may be adopted, by a two thirds vote of the BOD, provided that written notice of the intention to alter, amend or repeal the bylaws or to adopt new bylaws shall be sent to each member of the BOD at least ten days prior to the date of presentation for action.

Section 9.2 Emergency Procedure for Robert’s Rule of Order Newly Revised will be followed if it is necessary for NYSPANA to take action to amend, repeal, or alter these bylaws. These rules meet an emergency situation which threatens to impair the ability of NYSPANA to carry out, perform, or accomplish any of its purposes or objectives.

Bylaws Reviewed and Revised: November 27, 2013 / March 20, 2015 / October 21, 2016
Purpose of Role:

Manages the affairs of NYSPANA and determines those policies affecting the organization not otherwise determined by the members

Responsibilities:

1. Presides and officiates at all major functions: Executive Board and the Annual State Meetings
2. Supervises and directs the business and financial affairs of NYSPANA
3. Reviews and researches all materials submitted by Board members relative to issues affecting members
4. Appoints all ad hoc as provided in the NYSPANA bylaws
5. Supervises and directs the publication and distribution of all official documents, newsletters, and reports to NYSPANA
6. Performs functions as provided by the NYSPANA bylaws
7. Serves as resource person for NYSPANA bylaws
8. Ensures bonding of the Treasurer
9. Maintains active membership in ASPAN and NYSPANA
10. Serves as component representative to ASPAN Council of Component Presidents
11. Attends annual meeting of ASPAN Council of Component Presidents
12. Provides representation of NYSPANA to professional organization or sends representation
13. Attends the Representative Assembly at the ASPAN National Conference
14. Submits a presidential message to each issue of Up to Par
**Purpose of Role:**

Presides over NYSPANA in the absence of the President and assists the President in the performance of his/her duties

**Responsibilities:**

1. Facilitates communication between NYSPANA and ASPAN
2. Assists with the formation or closure of local districts
3. Provides information on membership responsibilities to NYSPANA members
4. Coordinates recognition of newly Certified Post Anesthesia Nurses (CPAN) and Certified Ambulatory Perianesthesia Nurses (CAPA)
5. Maintains active membership in ASPAN and NYSPANA
6. Attends ASPAN Representative Assembly at the National Conference and NYSPANA BOD meetings
7. Serves as voting member of the NYSPANA BOD
8. Maintains current list of NYSPANA members
9. Chair of the Membership SWT
**Purpose of Role:**

Serves as an advisor and resource person for one year after completion of term

**Responsibilities:**

1. Serves as voting member of the NYSPANA BOD
2. Assist Board members as requested
3. Maintains active membership in ASPAN and NYSPANA
4. Acts as a Liaison to Nominating Chair
5. Attends NYSPANA BOD meetings
6. Chair of the Education SWT
Purpose of Role:

Maintains the current and past 7 years of official records (paper/electronic) and affairs of NYSPAN

Responsibilities:

1. Attends NYSPAN BOD Meetings
2. Serves as voting member of the NYSPAN BOD
3. Records, maintains, and provides minutes of all NYSPAN BOD meetings with ability to furnish upon request
4. Distributes minutes, documents, and communications of previous BOD meetings to BOD members by President approval
5. Assures availability of current bylaws and administrative guidelines. Prepares amendments to the bylaws as suggested by the BOD and members of NYSPAN for submission to ASPAN every three years
6. Delivers all NYSPAN official records to successor within 30 days of resignation
7. Maintains active membership in ASPAN and NYSPAN
8. Maintains historical documents of NYSPAN
9. Chair of the Educational Funding and Awards SWT
Purpose of Role:

Maintains accountability for all NYSPANA funds and manages the financial affairs NYSPANA

Responsibilities:

1. Maintains an accurate account of income and disbursements
2. Maintains active membership in ASPAN and NYSPANA
3. Serves as voting member of the NYSPANA BOD
4. Prepares and presents all financial reports to the BOD at meetings
5. Prepares annual budget
6. Requires bonding to perform duties
7. Chair of the Financial SWT
8. Attends NYSPANA BOD Meetings
9. Submits a Treasurer report for each issue of NYSPANA’s Up to Par

Research Chair – Position Duties

Purpose of Role:

Works in collaboration with ASPAN Research to promote patient care that is guided by research and evidence-based practice to educate perianesthesia nurses in improving patient care

Responsibilities:

1. Serves as an advisor and resource person for New York state research projects
2. Attends NYSPANA BOD meetings
3. Serves as voting member of NYSPANA BOD
4. Maintains active membership with ASPAN and NYSPANA
5. Reviews submitted research applications for a grant approval
Web Coordinator(s) – Position Duties

Purpose of Role:

Facilitates the NYSPANA website to provide the most current information to members or those interested in NYSPANA

Responsibilities:

1. Attends NYSPANA BOD meetings to keep NYSPANA events, documents, awards, membership, photos, and offerings current on website
2. Serves as a voting member of the NYSPANA BOD
3. Maintains NYSPANA website domain names (.net/. org/.com) through GoDaddy account
4. Maintains active membership in ASPAN and NYSPANA

Newsletter Editor - Position Duties

Purpose of Role:

Creates the NYSPANA Up to Par newsletter three times a year to keep NYSPANA members informed

Responsibilities:

1. Facilitates the collection of relevant articles, BOD reports, upcoming events, and NYSPANA news
2. Collaborates with BOD to ensure accuracy of information
3. Attendance to BOD meetings (optional)
4. Maintains electronic files of newsletters for the permanent record of NYSPANA
5. Maintains active membership in ASPAN and NYSPANA


**Purpose of Role:**

Manages the activities of district as stated in the district bylaws

**Responsibilities:**

1. Manages the affairs of the district

2. Acts as liaison between the district and NYSPAN A BOD

3. Serves as voting member of the NYSPAN A BOD

4. Reports district activities in Up to Par and on website

5. Attends NYSPAN A BOD meetings and designates alternate representative to attend with voting privileges if unable to attend

6. Submits district request for dues reimbursement to NYSPAN A Treasurer annually at the fall Board meeting

7. Submits current District bylaws to NYSPAN A BOD

8. Maintains active membership to ASPAN and NYSPAN A
Purpose of Role:

Coordinates and collaborates with the NYSPANA BOD and members to provide candidates appropriate for office positions

Responsibilities:

1. Provides a ballot of candidates to run for each office
2. Obtains a willingness to participate form from each interested candidate
3. Oversees the distribution of candidates’ information and ballots to NYSPANA members
4. Tallies results and provides a report to the NYSPANA President
5. Notifies all candidates of the election results
6. Maintains active membership in ASPAN and NYSPANA
7. Serves as voting member of the NYSPANA BOD
8. Attends NYSPANA BOD meetings
**Purpose of Role:**

Coordinates all legislative activities of NYSPAN in accordance with the bylaws

**Responsibilities:**

1. Maintains active membership in ASPAN and NYSPAN
2. Acts as the NYSPAN liaison with NYSNA/ANA.
3. Attends NYSPAN BOD meetings
4. Educates the members about the legislative process
5. Informs the membership of pertinent issues, utilizing organizational meetings, and publications
6. Serves as a resource for legislative issues
7. Submits legislative information to assigned ASPAN Governmental Affairs Representative as directed
8. Serves as a voting member of the NYSPAN BOD
Primary Purpose:

Coordinates the planning and development of the educational offerings of NYSPAN

Goals of Educational Strategic Work Team:

- Plan the educational offerings of the organization. These shall include but not be limited to the annual fall conference and at least three seminars throughout the year
- Ensures the completion of contact hour applications for all educational offerings
- Follows established guidelines for annual conference, making additions, or omissions to meet current needs of NYSPAN
- Present topics requested by membership that are relevant to perianesthesia nursing and enhance healthcare practice

Policy:

Chaired by the Immediate Past President

Procedure:

- Meets at least once a year to review and plan annual education calendar
- Reviews educational programs throughout the state for content, avoiding conflict between offerings
- Comply with educational requirements
- Provides updated educational information to Up to Par Editor and Website Coordinator
**Primary Purpose:**

Facilitates recruitment and retention of NYSPANNA members

**Policy:**

1. Chaired by the Vice President/President Elect
2. Encourages new membership and retains current members in the specialty of perianesthesia nursing
3. Promotes all districts to become active
4. Informs the President of NYSPANNA of plans to activate a district
5. Refer to bylaw 6.3

**Procedure:**

- All new members will receive a personalized welcome by mailing or emailing from the Chair of the Membership SWT
- Chair of the will report on activities at all the BOD meeting
Primary Purpose:

Disbursement of membership funds

Procedure:

- At the end of the fiscal year, NYSPAN A Vice President/President elect sends each District President a roster of all current NYSPAN A members

- District President determines which members reside in their district, verifies accuracy, and forwards request form to NYSPAN A Treasurer

- NYSPAN A Treasurer sends dues reimbursement check to each District President

- All reimbursement funds must be requested by fall BOD meeting

- Unrequested funds remain in the state treasury and are allocated for the educational needs of all members
Primary Purpose:

To establish guidelines for financial reimbursement to those NYSPANA members who volunteer to serve as a (co-host) to any ASPAN Educational Seminar sponsored by NYSPANA

Policy Statements:

1. ASPAN provides a complimentary registration to the NYSPANA member assigned to serve as the ‘host’ to any of the ASPAN Educational Seminars provided throughout New York State
2. NYSPANA will provide a ‘co-host’ to assist the ASPAN ‘host’ for each NYSPANA sponsored ASPAN Educational Seminar
3. The NYSPANA co-host will be reimbursed the registration fee
4. Reimbursement will be given based on the current ASPAN registration fee
5. Reimbursement will be for the amount of the (early-bird) registration
6. Reimbursement will be for the amount of an (ASPAN/NYSPANA) member registration fee
7. A NYSPANA member may only serve as a co-host once a year

Procedure:

- The co-host must submit proof of payment and attendance to the NYSPANA Treasurer
  
  a. Copy of the “Certificate of Attendance”
  
  b. Proof of payment i.e. copy of check, charge receipt, etc.
- Submission of the above proof of payment must be within 90 days of the ASPAN Educational Seminar
Primary Purpose:

Define the criteria in which the Excellence in Clinical Practice Award in perianesthesia nursing is determined

Policy Statements:

1. The goal of the Excellence in Clinical Practice Award is to recognize and support excellence in clinical perianesthesia nursing practice

2. The criteria for recognition are:
   
   The candidate must:
   
   ▪ Be an active member of ASPAN/NYSPAN
   ▪ Have a minimum of three years’ direct care experience in perianesthesia nursing
   ▪ Be a practitioner whose practice exemplifies a high level of compassion and specialty expertise in perianesthesia nursing
   ▪ Participate actively in nursing programs, committees, or projects resulting in contributions to perianesthesia nursing

3. The BOD will decide on the winner

4. The award will consist of:
   
   ▪ Complimentary NYSPAN State Conference Registration for the current year
   ▪ Two nights’ hotel lodging at the conference rate based on double occupancy
   ▪ Announcements in Breath line, Up to Par, and NYSPAN website
   ▪ Annual ASPAN membership dues reimbursed
   ▪ Consider forwarding application to ASPAN Clinical Nurse of Excellence

5. The Excellence in Clinical Practice Award will be presented at the annual New York State Conference

6. Nomination forms and Letter of Reference forms are available on the website
Policy and Procedure - Excellence in Clinical Practice Award (cont.)

**Procedure:**

- Information regarding this award will be placed in Up to Par by the Education Chair
- A completed nomination form and two completed letters of reference forms will be sent to the Chair by March 1st
- Nominations postmarked after March 1st will not be considered
- The nominations will be voted on at the 1st BOD meeting of the year
- The NYSPANNA immediate past president will notify the recipient and the runners up
- The award must be used within the year awarded or it will be forfeited
- The award is non-transferrable
Primary Purpose:

To establish an educational funding plan to help cover expenses for educational conferences, certification, and recertification for NYSPANA members

Policy Statements:

1. The goal of the Educational Funding Plan is to provide scholarships to NYSPANA members at large and to be used for educational purposes related to perianesthesia nursing, CPAN/CAPA certification, and/or recertification

2. Prerequisites for application are:
   - Current active member in ASPAN/NYSPANA; minimum of 13 months
   - Current practice, at least 500 hours annually, in the care of patients in some phase of perianesthesia care, or in the management, teaching, or research of perianesthesia care

3. Funds granted are based on the number of applicants, availability of funds and the degree to which the program is related to perianesthesia nursing. The NYSPANA BOD determines the total amount of monies awarded annually. Any unspent funds will be carried forward to the next quarter.

4. Reimbursements will be given based on the following criteria:
   - Relevance to the individual’s needs
   - Previous receipt of funds
   - Total amount requested in relation to funds available
   - Timeliness of application in relation to anticipated date of educational program

5. All applications must be complete and received for review at least four weeks prior to the educational program/certification/recertification. No applications will be considered after the established guidelines.

6. The President, Vice President, Secretary, and Treasurer based on the current financial status of the educational fund, will determine the amount of money granted to an individual during any given calendar year (maximum $250.00). Applicants are restricted to the total maximum of $250 per calendar year. Applicants may apply every other calendar year for funding.

7. The application form is available from the NYSPANA website

8. The money awarded is non-transferable
Procedures:

9. Applications for funding are reviewed by the Executive Board to determine qualification and the amount to be awarded.

10. Once approved, the money will be awarded to the recipient upon written verification of the following:

Certification/Recertification

- Successfully passing the CPAN/CAPA exam (copy of certificate)
- Successful completion of the recertification process
- Proof of payment receipt

Educational Funding

- Copy of contact hours received at completion of educational program
- Proof of attendance of the educational program
- Proof of payment receipt
- Submit a summary of the educational experience attended within four weeks after attendance
- Announcement of the educational recipient will be published in Up to Par newsletter/NYSPANA website
NYSPANA Application for Educational Funding

Please Print Legibly

Name: ____________
Address: ________________________________
Employer: ________________________________
Contact email: __________________________
Date Submitted: __________________________

Please Attach:
- Copy of current ASPAN Membership card
- Date of Educational Opportunity/Certification/Recertification
- Location of Educational Opportunity
- Title of Educational Opportunity
- Total amount requested: ____________ (Maximum allowable is $250)
- Proof of payment receipt

Have you received funds from the NYSPANA Education Funding Plan in the past two years?

Yes ☐ No ☐

Do you have access to other funds? Yes ☐ No ☐

If yes, identify the source of the funding: __________________________

Amount of other funding: ____________

I have read and understand the application criteria and the criteria for review

E/Applicant signature: ________________________________

Date________________________

NOTE: Please attach a copy of the conference flyer that contains a description of the educational offering

Send completed application to NYSPANA President:
Policy and Procedure
Financial Compensation for NYSPANA Officers

For the President:

All expenses of the President associated with the management of the Organization will be reimbursable. It is expected that the President will attend the National and State Conferences during the term of office. Hotel expenses will be based on double occupancy if applicable. Airfare will be coach fare.

For the ASPAN Representatives:

All expenses for two ASPAN Representatives representing NYSPANA to ASPAN will be reimbursable. Expenses shall include travel (coach fare) conference fees and hotel costs (based on double occupancy).

For NYSPANA Officers:

Travel expenses to the Spring and Fall BOD meeting will be reimbursable. In addition, $300.00/year will be made available to the Secretary and Treasurer for the National and/or State Conference. Reimbursement will occur after the conference is attended. Full reimbursement will be made to a member who can only lodge a single room (i.e. male board member).

Miscellaneous:

All travel expenses will be reimbursed at the current IRS mileage rate annually. Members who use alternate transportation shall be paid at the less expensive rate as compared to the IRS mileage rate. Airfare reimbursement shall be paid for each person attending. Gas mileage and thruway tolls reimbursement shall be paid for the driver of the vehicle only. Hotel/motel fees will be calculated on a double occupancy rate, for the duration of the conference only.

Policy and Procedure - Membership Renewal

1. Membership renewal forms are sent to each member by ASPAN
2. Member submits annual dues to ASPAN
3. List of all renewing members and their component level dues are forwarded to NYSPANA Treasurer
4. President maintains monthly renewal list
5. Vice President/President Elect maintains accurate database of all members, past, and present
**Primary Purpose:**

To define the process in which the NYSPANANurse recruiter of the year is to be determined and awarded

**Policy Statements:**

1. The purpose of the recruiter of the year award is to recognize and support the recruitment efforts of ASPAN and NYSPANAN members

2. The Nurse Recruiter of the Year will be announced at the NYSPANAN BOD meeting

3. The number of recruitments will be tallied from the time frame beginning January 1\(^{st}\) of the year preceding the award date until December 31\(^{st}\)

4. The award will be based on the records kept by the ASPAN National Office and posted on the ASPAN Website

5. The prize for the NYSPANANurse Recruiter of the Year will be the reimbursement for the upcoming year’s registration fee for membership to ASPAN and NYSPANAN

6. In the case of a tie the Nurse Recruiter of the Year will be chosen by lottery from the potential winners

7. The President will notify the recipient of the NYSPANANurse Recruiter of the Year Award

8. The award is non-transferable

9. Announcement of the recipient will be placed in Up to Par, posted on the NYSPANAN website, and announced at NYSPANAN’s state conference
### Policy and Procedure - NYSPANNA Agenda Form

<table>
<thead>
<tr>
<th>Meeting:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject:</td>
</tr>
<tr>
<td>Submitted by:</td>
</tr>
<tr>
<td>Objective:</td>
</tr>
</tbody>
</table>

- □ Brief Description of agenda item:

- □ Motion or Action Requested:

- □ Advantages:

- □ Disadvantages:

- □ Action Taken:

---

**For:**

- □ Board for Vote
- □ Information only
- □ Discussion at BOD and report to members
**Name:** _____________________________________________  
**Address:** ___________________________________________  
**City:** __________________  
**State:** ______________  
**Zip Code:** __________  
**Telephone (H)_____________(C)_________________________**  
**Email:** ____________________________

<table>
<thead>
<tr>
<th>Meeting Date:</th>
<th>Amount (in Dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel Miles (Round Trip)/Thruway Tolls</td>
<td></td>
</tr>
</tbody>
</table>
Miles x Annual Current IRS Rate |  
Conference Registration* |  
Airfare** |  
Hotel Accommodations*** |  
Miscellaneous/Other Expenses (Itemize) |  
| **Total Amount (in Dollars)** |  |

**Authorized signature:** ____________________________  
**(NYSPANA President Designee)**

*NYSPANA President receives full conference registration for ASPAN and NYSPANA conferences.  
**ASPAN Representatives receive full conference registration to ASPAN conference. Secretary, Treasurer, and Newsletter Editor receive $300.00 per year for (1) conference expense except food.  
***Apply to NYSPANA President and ASPAN Representatives for 50% costs of room at ASPAN conference, and NYSPANA President at NYSPANA conference.  
Hotel accommodation: Boards Members receive ½ double occupancy for travel night before fall Board meeting and mileage is round trip.*
Policy and Procedure - Request for Dues Reimbursement

District: _______________________
Total Members: _______________
Amount Requested: $__________

Mail Reimbursement Check to:

Name: _____________________________________________
Address: ___________________________________________
City: ____________________________
State: ______________ Zip Code: ___________ Telephone (H) ______________
(C) ______________ Email: ________________________________

District President: _________________________ Date: ____________

Return This Form to the Treasurer or Designee

Policy and Procedure - NYSPANA District and Counties Outline

[District 1]  Nassau/Suffolk
[District 6]  New York City (All Boroughs)
[District 8]  Westchester, Rockland, Putnam, Duchess, Ulster, Sullivan, Orange
[District 9]  Otsego, Delaware, Chenango, Steuben, Schuyler, Chemung, Tompkins, Tioga, Cortland, Broome, (Southern Tier)
[District 13]  Cayuga, Onondaga, Madison, Oswego, Herkimer, St. Lawrence, Lewis, Oneida, Jefferson
Niagara, Orleans, Erie, Chautauqua, Genesee, Wyoming, Cattaraugus and Allegheny
Policy and Procedure - NYSPANA Conference Rotation

<table>
<thead>
<tr>
<th>Year</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>NYC [District 6]</td>
</tr>
<tr>
<td>2018</td>
<td>Binghamton [District 9]</td>
</tr>
<tr>
<td>2019</td>
<td>Syracuse [District 13]</td>
</tr>
<tr>
<td>2020</td>
<td>Long Island [District 1]</td>
</tr>
<tr>
<td>2021</td>
<td>Rochester [District 14]</td>
</tr>
<tr>
<td>2022</td>
<td>White Plains [District 8]</td>
</tr>
<tr>
<td>2023</td>
<td>Albany [District 10]</td>
</tr>
</tbody>
</table>

Policy and Procedure
District Level Conference Cost and Responsibilities

- The annual State conference will be rotated among the districts
- Startup loans may be given to the hosting district of $3000.00 for the planning of the conference. The district is responsible to pay back this loan.
- If a profit is made from the conference, 75% goes to the hosting district, and 25% to the state treasury.
- A state conference financial report will be presented and reviewed at the first board meeting following the conference. At which time the financial distribution will be determined.
- All contracts must be reviewed by two board members before signing.
- Student rates will be half of the cost of a non-member fee. A student is defined as an unlicensed matriculated undergraduate with proper identification.
## NYSPANA Officer/Committee Chair Transition Checklist

<table>
<thead>
<tr>
<th>Task</th>
<th>Comment</th>
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</table>

**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 ☐

**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 ☐

Signature of outgoing officer/committee chair: ____________________________ Date: _______

Signature of incoming officer/chair: ____________________________ Date: _______
Eligibility

1. Students enrolled in a school of nursing as a registered nurse and not licensed as a nurse
2. Must have completed at least one year of school

Guidelines

1. Applicants must use the official NYSPANA Scholarship Application form
2. Applicant Essay: The applicant must prepare an essay of 350 words or less addressing one of the following questions
   - What do you see as the future of nursing?
   - Where do you see yourself in 10 years?
   - Why did you choose nursing as a career?
3. Transcript of most recent grades must accompany application
4. Include two letters of recommendation, one of which must be from a faculty member of the school currently attending. Letters must be limited to one side of a single sheet (8.5 by 11 inch) of paper, typed, dated and signed by the author
4. One applicant will receive $200 per calendar year

NYSPANA Scholarship Application Checklist

(Please arrange items in this order)

- Completed Application (original, typed or neatly printed)
- Applicant Essay
- Transcript
- Two Letters of Recommendation
Based on Scholarship and Leadership

Name: _____________________________________________
Address: _____________________________________________________________________
City: ______________________________ State: ______________ Zip Code: __________
Contact Info: Telephone (H): _______________ (C): ______________________
(W): __________________ email: _______________________________________
School Currently Attending: ______________________________________
Expected Graduation Date: __________

**Employment and Community Service**

List Jobs you have held during the last five years

<table>
<thead>
<tr>
<th>Kind of Work</th>
<th>Name of Employer</th>
<th>Dates of Employment</th>
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List Volunteer work or Community Service

You Performed without pay during the last two years

<table>
<thead>
<tr>
<th>Kind of Work</th>
<th>Name of Employer</th>
<th>Dates of Employment</th>
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</tbody>
</table>

**Honors and Awards**

Include Scholastic, Civic Honors, and Awards

1. ___________________________________________________________
2. ___________________________________________________________
3. ___________________________________________________________

**Position of Leadership**

State Name of Organization and Position

1. ___________________________________________________________
2. ___________________________________________________________
3. ___________________________________________________________

**Activities and Organizations Participation**

State Name or Organization or Activity over the past five years

1. ___________________________________________________________
2. ___________________________________________________________
3. ___________________________________________________________

Send Application by July 1st of current year to:
NYSPANA: Name of Reviewer ____________________________
Eligibility:

1. Nurses with two years of perianesthesia nursing, holds a NYSPANA membership, and are enrolled in a BSN, MSN, or Doctorate in nursing program

Guidelines:

1. Applicants must use the official NYSPANA scholarship form

2. Applicant must be an RN with current license with minimum of two years’ experience in any phase of perianesthesia nursing (PACU, ASU, PAT, research or education)

3. Submit CV that includes professional background, continuing education participation, professional publications, presentations, honors, and awards

4. Verification Letter: A one-page letter from applicant’s college's Department of Nursing, signed by a titled person in that office, and that MUST include the following information:
   a. Verification of applicant’s current enrollment in one of these degree programs: Bachelor, Masters, or Doctorate of nursing programs
   b. Statement from the Department of Nursing as to its accreditation through NLN or CCNE.

5. A narrative statement/essay describing applicant’s level of activity/involvement in any phase of perianesthesia nursing, ASPAN and/or component, or community service. Describe how you see your perianesthesia practice transforming as result of your advanced education (maximum one page, typed).

6. Two letters of recommendation, one from a professional colleague knowledgeable of applicants’ professional commitments and goals, and one from an educator at the school of nursing in which you are enrolled regarding applicant’s academic performance

7. Transcript

8. Scholarships will be awarded for fees not covered by any other source (i.e. employer, other component, organizations or scholarship).

9. Money will be remitted to the provider institution upon request of the recipient

10. Applicants may receive one NYSPANA college scholarship (in any category) per two-year period
Selection:

- The NYSPANA Educational SW will review and evaluate the applications and select scholarship recipients
- Scholarship recipients will be notified by e-mail
- Only one $500 scholarship will be awarded per calendar year
- Scholarship moneys are to be utilized within a period of one year from date awarded
- The names of the recipient will be published in NYSPANA Up to Par and NYSPANA website

NYSPANA Scholarship Application Checklist

(Please arrange items in this order)

- Completed Application (original, typed or neatly printed)
- Applicant Essay
- Transcript
- Two Letters of Recommendation
Applying for:
☐ Bachelor of Science in Nursing Scholarship  ☐ Masters in Nursing Scholarship  ☐ Doctorate in Nursing Scholarship

Name: _____________________________________________  Credentials: ______________________
Address: ___________________________________________
City: ___________________________  State: ______________  Zip Code: ____________
Contact Info: Telephone (H): ______________  (C: )___________  (W): ______________
Email: ____________________________________________
RN License (# and State): ____________________________  Expiration Date: ______________________
Are you a previous NYSPANA scholarship Recipient? Yes ☐  No ☐
If Yes, year and type of scholarship: ____________________
Perianesthesia Nursing Experience: ____________________

Employer: ___________________________________________________________________
Employer’s Address: ___________________________________________________________
City: ___________________________  State: ______________  Zip Code: ____________
Position: ___________________________  Date of Employment: _____________________
Signature of Supervisor: _________________________________________________________
ASPN Member #: ____________  Year Joined: ____________
CPAN: Yes ☐  No ☐  CAPA: Yes ☐  No ☐  Component Name: ______________________
# Years in Nursing: ____________  #Years in Perianesthesia (see below):
   PACU I: ______  ASU: ________  Perianesthesia: ________  Pain Management: ______
   PACU: ________  Phase II/III: ________  Other ______________
Previous Nursing Education: _____________________________________________________
Nursing School: ___________________________________________________________________
City: ___________________________  State: ______________  Zip Code: ____________
Date of entry into BSN, MS, or Doctorate Program_______________________________
Projected Completion Date: _____________________________________________________
Indicate any other scholarships and/or funding you are receiving or will be receiving: ______

I confirm that I meet the eligibility criteria that the information on this application and any documentation submitted with it is correct, to the best of my knowledge.
Falsification or failure to follow all instructions will disqualify my application.
I hereby give permission for NYSPANA to use and duplicate submitted materials for the purpose of reviews, conference proceeding, association publication, promotion, and placement in files.

E/Signature: ________________________________  Date: ______________
The NYSPANA Research/EBP grant of $500.00 per year is funded by NYSPANA. The grant is available for all NYSPANA members seeking to conduct research that contributes to the advancement of Perianesthesia nursing science and the improvement of patient care.

The grant will be awarded based on scientific merit, and the feasibility of completing the research project within one year. All projects must be related to and contribute to the growth of evidence based Perianesthesia nursing practice.

All applicants and all key personnel seeking the research grant must provide evidence of expert consultation, mentorship or expertise in research and completion of National Institutes of Health (NIH) training program: Protecting Human Research Participants. Key personnel are defined as all individuals responsible for the design and conduct of the study. Examples of evidence of expert consultation are support letters of the mentors or the support of an experienced researcher, or an expert co-investigator.

**Time Frame**

All requirements of the project must be completed within one year from the notice of the grant award.

**Review Process**

All applications undergo a review process. The initial application goes to the NYSPANA Research Chair. The Research Chair will assess for completeness and compliance with the grant guidelines. Acceptable applications will be blinded and sent to the BOD for review, evaluation and rating of scientific and clinical merit. All applications will receive notification. Non-funded research applications will be destroyed. Funded proposals will be kept on file at the NYSPANA Research Chairs’ office.

**Grant Eligibility**

1. Principle investigator must be a registered nurse and current NYSPANA member
2. Applicants must provide evidence of expert consultation or support of an experienced co-investigator. Experienced research applicants must provide evidence of research expertise and or expert consultation and mentorship
3. Principle investigator and all key personnel must provide evidence of completion of NIH training program: Protecting Human Research Participants [www.phrp.nihtraining.com](http://www.phrp.nihtraining.com)
4. The project must be well defined and contribute to the advancement of Perianesthesia nursing science
5. Investigators should be ready to start the research project upon notification of funding, or already in the process of conduction of the research
6. Institutional Review Board (IRB) approval is not required at the time of application submission; however, IRB approval must be obtained prior to the distribution of the grant funds. IRB approval must be submitted to the NYSPANA research coordinator
7. Principle investigators are not eligible for another research grant till the completion of the funded project
8. Applicants must disclose any other submitted funding for the grant. Multiple funding sources are acceptable as long as there is no duplication for single budget items
9. Members of the NYSPANA Board are eligible to apply for funding and will be excluded from the review process

**Submission Deadline**

The research grant will be awarded once a year. Application deadline is June 1st of each year. Applicants will be notified of approval or denial by June 31st. The grant recipient will be announced at the NYSPANA State Conference, on NYSPANA’s website, and in the Up to Par newsletter

**Funding**

Grants are awarded for a maximum of one year. Grant funds will be used to support direct project expense only and this will be passed by the size, nature and complexity of the proposed project. Only funds that are directly related to the project will be considered. Direct costs include both personnel and non-personnel. Personnel costs can include salaries and consultant fees (statistician, secretarial, or research assistant). Non-personnel costs can include recruiting costs, equipment, supplies, project related travel, and publication costs). Indirect costs will not be funded. Computer hardware costs will not be funded. Projects designed for the use of production of material for which the investigator intends to use for commercial purposes will not be funded.

Funds will be awarded to the *principle* investigator

It is expected that the *principle* investigator signs an agreement to complete the study, participate in a poster presentation and submit an article to Up to Par *within 60 days of completion of project*. Recipients are responsible for the submission of progress reports to NYSPANA Research Chair using the PROGRESS REPORT form. **Failure to submit progress reports or ask for an extension will cause the recipient to return unused funds to NYSPANA.** Timeline changes must be approved by the NYSPANA Board and are considered on a case by case basis. **Failure to seek an extension will cause the recipient to forfeit the unused portion of the grant.** The Grant money will be awarded 1/3rd at a time. The first-third, on approval of grant and submission of all paperwork. The second and third portions of the grant will be awarded upon receipt of the progress report. Any timeline changes must be approved by NYSPANA Board. Breach in contract can result in action, including legal proceedings, as determined by NYSPANA BOD. Projects may have many sources of funding, as long as these sources are disclosed.
Recipients are required to fulfill the following obligations:

- Accept responsibility for the scientific and professional conduct of the funded research project

- Submit a progress report to NYSPANNA by the following dates: March 1st, June 1st, October 1st, and December 1st. Each report should include a status update of the project, any problems encountered, as well as a financial statement addressing the use of the NYSPANNA funds.

- NYSPANNA must receive a comprehensive report by January 30th the year following the grant. The report must address how the NYSPANNA funds were received and spent. Any unused funds must be returned to NYSPANNA with the final report.

- NYSPANNA must be acknowledged in any publication or presentation of the project

- The grant recipient is expected to publish the research in Up to Par and on NYSPANNA website

- The grant recipient is expected to complete all requirements of the project within one year of grant award. Requests for extensions will be considered by NYSPANNA Board, but are thoroughly discouraged
If my project is accepted by NYSPANA for the research grant, I agree to the following:

- Use the funds for the research project as described in the application, and return any unused funds to the NYSPANA Board by January 30\textsuperscript{th} of completion year

- Submit a comprehensive final report to NYSPANA Research Chair by January 30\textsuperscript{st} in the year following the grant

- Acknowledge the financial support of NYSPANA in any publication or presentation of the project

- Submit an article in Up to Par within 60 days following the completion of the project

- Submit and obtain NYSPANA approval for any timeline or budget change in writing. Breach in contract can result in action determined by the NYSPANA Board, including legal action

- Requests for extensions are considered on a case to case basis, but are strongly discouraged

- Accept responsibility for the scientific and professional conduct of the project

- Accept any tax liability for the research funds in receivers’ name

I understand that failure to meet these conditions may cause ineligibility to apply for further research funds from NYSPANA. Further failure to meet these guidelines forfeits the grant and $500.00 must be returned to NYSPANA.

E/Signature: _______________________________

Primary Investigator

Date: _______________________________

Electronic Signature: By typing your name on the signature line above, you acknowledge that you have read the agreement and that you agree to be legally bound by the terms and conditions.

NYSPANA Research Chair: _______________________________
All proposals and abstract should be submitted using a widely accepted reference format such as APA or AMA.

Proposals must not exceed ten (10) pages double-spaced in length. Margins should be set 1 inch on all sides and use Times New Roman 12-point font.

Grant application should be organized in the following manner:

- Cover letter
- Research grant cover sheet
- Research grant application
- Proposal elements
- References
- Budget and justification
- Appendices

All pages including appendices should be numbered consecutively.

The completed grant application must be submitted to the NYSPANA Research Chair.

Submit one copy of the application as a Microsoft Word Document.

Submit a second copy blinded (no identifiable information).

These materials must be emailed to the NYSPANA Research Chair.
<table>
<thead>
<tr>
<th>Cover Sheet Questions</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you now receiving any support for this research project?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>If Yes:</td>
<td></td>
</tr>
<tr>
<td>Name of Agency</td>
<td></td>
</tr>
<tr>
<td>Amount Requested</td>
<td></td>
</tr>
<tr>
<td>Amount Received</td>
<td></td>
</tr>
</tbody>
</table>

|                                                                                      |                  |
| Have you applied for research funds for this same project to any other agency?      | Yes ☐ No ☐       |
| If Yes:                                                                             |                  |
|  Name of Agency                                                                     |                  |
|  Amount Requested                                                                   |                  |
|  Amount Received                                                                    |                  |

|                                                                                      |                  |
| Have you been previously funded to conduct any research?                            | Yes ☐ No ☐       |
| If Yes:                                                                             |                  |
|  Source of Funding                                                                   |                  |
|  Amount of Funding                                                                   |                  |

|                                                                                      |                  |
| Are human subjects involved in this project?                                        | Yes ☐ No ☐       |
| If Yes:                                                                             |                  |
|  Does the proposal have IRB approval?                                                | Yes ☐ No ☐       |
| If Yes:                                                                             |                  |
|  Have all certificates of completion submitted                                      | Yes ☐ No ☐       |
| If No:                                                                              |                  |
|  Has the IRB application been submitted?                                             | Yes ☐ No ☐       |
| If No:                                                                              |                  |
|  Has the education program begun?                                                    | Yes ☐ No ☐       |
Project Title: _______________________________________
Principle Investigator: _________________________________
Institution or Agency: ____________________________________

Address of Applicant: ______________________________________________________

City: ________________________ State: ____________ Zip Code: ______

Contact Info: Telephone (H): _______________ (C: ) _______________ (W):_________
(Fax): _______________ Email: __________________________________

ASPAAN Member #: __________

Stakeholders: ________________________________
______________________________________________

Advisor’s Name (if applicable): ________________________________

Advisor’s Address: _______________________________________

Advisor’s Phone Number: ______________________

Advisor’s e-Mail: ______________________________
All proposals will be evaluated based on the clarity and thoroughness’ of the following areas:

**Abstract**
Include an abstract of the proposed research. The abstract should include a description of the research problem being addressed, the research design, setting, study sample, and proposed methodology. The abstract should not exceed one page typed and double spaced

**Problem statement/Purpose/Aims**
Describe the problem or question being addressed in the proposed study and hypothesis (es) or research question to be tested. For qualitative studies, describe the purpose and aims of the proposed research project

**Theory/Conceptual Framework**
Describe the theory/conceptual framework that will be used to design the study for quantitative projects. For qualitative projects, describe the theory/conceptual framework that will be used in data collection and analysis

**Literature review**
Include a critical synthesis of the literature relating to the research proposal

**Methodology and Procedure**
Include a description of the research design, study sample with power analysis if appropriate, data collection procedures, research setting, ethical protection of participants, discussion of research instruments (include a sample in the appendix), and any other procedures related to the proposed study

**Statistical Tests/Data Analysis and Evaluation**
Describe the proposed data analysis and statistical tests needed for quantitative projects. For qualitative projects, describe the proposed data analysis and evaluation

**Relevance to Perianesthesia Nursing**
Describe the relevance of this study to the advancement of perianesthesia nursing science

**Timetable**
Include a proposed chronological sequence of proposed research activities. This timetable may be included in the appendices
**Facility and Resources**
Describe the facility and resources available to support the project. Attach an institutional letter of support for the proposed project in the appendices. If this is an academic project, support letters can be from the Dean/Director of the school, advisor, or the patient care manager of the unit where the proposed research will be conducted. If this is a healthcare facility based project, support letters can be from the Chief Nursing Officer, Director of Nursing Research, Clinical Director or the patient care manager of the unit where the proposed research will be conducted.

**Personnel**
Provide a brief description of the Principal Investigator (PI) and members of the research team. Also include a brief description of the research consultation and mentorship available as appropriate. Attach supporting bio sketch for all members of the research team, including consultants and mentors, in the appendices.

**Budget**
Include a detailed budget description in the appendices.

**Appendices**
Include any/all of the following appendices in the proposal:

- IRB approval if completed
- Certificate of completion of Protecting Human Research Participants for each stakeholder of the research project
- Instrument(s), including copyright permission where applicable
- Timeline
- Instructional support letters
- Academic letters of support from committee if proposal is for thesis or dissertation
- Biosketch for all research team members, consultants, and mentors
- Detailed budget proposal with budget justification
Principle Investigator: ___________________________________________

Stakeholders: _________________________________________________

Project Title: ________________________________________________

Application Date: _____________________________________________

Justify all direct costs in the space provided. Indirect costs will not be funded.

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount in Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplies Costs</td>
<td></td>
</tr>
<tr>
<td>Equipment Cost (Itemize)</td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td></td>
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<tr>
<td>Printing/Duplication</td>
<td></td>
</tr>
<tr>
<td>Data Collection/Transcription/Data Entry</td>
<td></td>
</tr>
<tr>
<td>Other Expenses (Itemize by category)</td>
<td></td>
</tr>
</tbody>
</table>

Total Amount (in Dollars)
The following criteria are considered when reviewing a research proposal for funding. A total of 100 points are possible. The number of points for each section is indicated in parenthesis. This score is then used to determine an impact score.

**Abstract** (5 points):
- Abstract accurately reflects the proposed research

**Problem statement/purpose/specific aims** (10 points):
- Research hypothesis clearly represented
- Originality of the approach to the problem
- Appropriate and logical consistency between purpose, problem statement and aims

**Theory/Conceptual Framework** (10 points)

**Literature Review** (10 points):
- Appropriate literature from nursing and other relevant disciplines cited
- Supporting literature is current

**Procedures & Methodology** (25 points):
- Discussion of research instruments
- Appropriate design
- Adequate description of procedures
- Proposed analysis and use of statistical tests is appropriate

**Significance of Project** (20 points):
- Potential contribution to perianesthesia nursing knowledge
- Potential for leading to further research or theory development

**Resources** (5 points):
- Availability of support systems (advisors, mentor, and consultant)

**Timetable** (5 points):
- Includes a proposed chronological sequence of proposed research activities

**Budget** (5 points):
- Include a brief description of budget proposals and justification as defined in program

**Appendices** (5 points):
- Include all the required appendices in the proposal
- Appendices complete and clear