

NYSPANA Committee Chair Transition Checklist

New York State PeriAnesthesia Nurses Association



NYSPANA

Reviewed and Revised 10/21/2016

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
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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 <input type="checkbox"/> No <input type="checkbox"/>	
Reviewed jointly	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Committee Responsibility		
Duties/expectations reviewed	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Committee members identified	Yes <input type="checkbox"/> No <input type="checkbox"/>	
BOD meeting requirements	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Financial Reimbursement		
Policy reviewed	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Form reviewed	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Resources reviewed		
Policy & Procedure	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bylaws	Yes <input type="checkbox"/> No <input type="checkbox"/>	
NYSPANA organizational chart	Yes <input type="checkbox"/> No <input type="checkbox"/>	
ASPAN directory	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Board of Director's Meeting		
Attendance requirement	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Meeting schedule	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Review of Parliamentary Procedure	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Transition checklist used to guide and inform the incoming officer with the support and mentorship of the outgoing individual

Signature of outgoing officer/committee chair: _____ Date: _____

Signature of incoming officer/chair: _____ Date: _____