

**AORN Richmond Area  
Delegate Selection Activity Report Point Sheet  
Revised February 2009 2012 2015 2017**

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

I submit the following list on which I have calculated the points for my activities from June 1st 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 VI. H. Page 35 and outlined at the end of the document.

All information must be submitted or post marked by June 1<sup>st</sup> to the delegate chairperson in order to be eligible. AORN, VCORN and chapter related activities will be credited.

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

**CHAPTER MEETINGS ATTENDED:**

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

\_\_\_\_\_ 1 point per meeting  
\_\_\_\_\_ 5 points for Perfect Attendance

\_\_\_\_\_ **\*\*\*\*\* 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; Vice President; Secretary  
\_\_\_\_\_ 4 points for President-Elect; Board of Directors  
\_\_\_\_\_ 3 points for Immediate Past President; Nominating Committee

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

**MEETING ATTENDANCE**

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

I point each:  
\_\_\_\_\_ Board of Directors (member / non member)  
\_\_\_\_\_ Nominating Committee (member/ non member)

2 points each:  
\_\_\_\_\_ Fall VCORN Meeting  
\_\_\_\_\_ Spring VCORN Meeting

5 points each:  
\_\_\_\_\_ AORN Surgical Conference & Expo  
\_\_\_\_\_ Specialty Conference (Separate from offerings during Surgical Conference& Expo)

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

**COMMITTEE MEMBERSHIP:**

**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: Ad Hoc, Newsletter, Program/Education/Workshop, Ways and Means
2. The following committee chairs receive 4 points and the members receive 2 points: Bylaws/Policy, Legislative, Marketing, Membership
3. The following committee chair receives 3 points and the members receive 1 point: Research
4. The following committee Chairs receive 2 points and the committee members receive 1 point: Awards, Delegate Selection
5. No additional points are received for the Budget/Finance Committee

**Please circle items below**

<b>COMMITTEE</b>	<b>CHAIR</b>	<b>MEMBER</b>	<b>ATTENDANCE</b>
Ad Hoc _____	___ 5 ___	___ 3 ___	_____
Ad Hoc _____	___ 5 ___	___ 3 ___	_____
Awards	___ 2 ___	___ 1 ___	_____
Bylaws/Policy	___ 4 ___	___ 2 ___	_____
Delegate Selection	___ 2 ___	___ 1 ___	_____
Legislative	___ 4 ___	___ 2 ___	_____
Marketing	___ 4 ___	___ 2 ___	_____
Membership	___ 4 ___	___ 2 ___	_____
Newsletter	___ 5 ___	___ 3 ___	_____
Program/Education/Workshop	___ 5 ___	___ 3 ___	_____
Research	___ 3 ___	___ 1 ___	_____
Ways & Means	___ 5 ___	___ 3 ___	_____
<b>TOTAL POINTS</b>	_____	+	_____
			+ _____

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

**MISCELLANOUS POINTS: Must be AORN, VCORN and Chapter related activities**

**1 point each:**

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

\_\_\_\_\_ Public Relations, Volunteering, Poster Presentation (per activity)

Attach a brief description of each activity

- List:** 1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

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

Attach official grade report

\_\_\_\_\_ Selling tickets/sponsorship/recruiting teams/prize donations/baskets for fund raiser (per activity)

- List:** 1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

\_\_\_\_\_ 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. \_\_\_\_\_

\_\_\_\_\_ Specialty Assembly member Attach Specialty membership cards

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

- List:** 1. \_\_\_\_\_  
2. \_\_\_\_\_

\_\_\_\_\_ In absence of Secretary, act as substitute to take minutes (1 point per meeting) Verification needed

\_\_\_\_\_ AORN Congress session assistant/monitor

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

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

\_\_\_\_\_ Nursing related educational contact hours (workshops, seminars, congress CH, home study)

One point per 5 contact hours, maximum of 5 points (Ex: 1-5 CH = 1 pt, 6-10 CH = 2 pt,)

**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:**

- \_\_\_\_\_ Chapter sponsored OR Nurse’s Day activity participant , Verification needed
- \_\_\_\_\_ Recruitment of perspective nurses ie: Schools, Career Day, PTA or Nursing School

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

**3 points each**

- \_\_\_\_\_ BSN or Baccalaureate in Health Care
- \_\_\_\_\_ Submits an article to a nursing journal. Submit copy
- \_\_\_\_\_ Congress moderator – Validation letter
- \_\_\_\_\_ Speaker at a chapter sponsored educational activity – Verification
- \_\_\_\_\_ Poster presentation for Chapter or state (provide copy of abstract)

**4 points each**

- \_\_\_\_\_ Masters in Nursing or Healthcare
- \_\_\_\_\_ VA Council Officer
- \_\_\_\_\_ Congress Speaker
- \_\_\_\_\_ Congress Poster Presentation
- \_\_\_\_\_ National Nursing Certification, CNOR, RNFA, CCRN – Attach Certification

- List:** 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

- \_\_\_\_\_ Publishes an article in a nursing journal (per article) – attach published article

- List:** 1. \_\_\_\_\_

- \_\_\_\_\_ 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**

Golf Tournament, Legislative Day, OR Nurse Day Event, Other Events

Provide Verification from Event Coordinator

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

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

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

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**5 points each**

- \_\_\_\_\_ Doctorate in Nursing or Healthcare

**\*\*\*\*\* TOTAL POINTS PAGE FOUR**

\_\_\_\_\_

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

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

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

\_\_\_\_\_ **\*\*\*\*\*PAGE FOUR TOTAL POINTS**

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