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 31st 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 1st 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

<table>
<thead>
<tr>
<th>COMMITTEE</th>
<th>CHAIR</th>
<th>MEMBER</th>
<th>ATTENDANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ad Hoc</td>
<td>5</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Ad Hoc</td>
<td>5</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Awards</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Bylaws/Policy</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Delegate Selection</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Legislative</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Marketing</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Membership</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Newsletter</td>
<td>5</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Program/Education/Workshop</td>
<td>5</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Ways &amp; Means</td>
<td>5</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL POINTS**

_______ + _______ + _______
**MISCELLANEOUS 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. ___________________________
2. ___________________________
3. ___________________________
4. ___________________________
5. ___________________________
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. ___________________________
2. ___________________________
3. ___________________________
4. ___________________________

- 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. __________________________
  2. __________________________
  3. __________________________
  4. __________________________
  5. __________________________
  6. __________________________
  2 points for less than 4 hours
  1. __________________________
  2. __________________________
  3. __________________________
  4. __________________________
  5. __________________________
  6. __________________________

5 points each
- Doctorate in Nursing or Healthcare

****** TOTAL POINTS PAGE FOUR
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NAME______________________________________DATE____________

_________ *****PAGE ONE TOTAL POINTS

_________ *****PAGE TWO TOTAL POINTS

_________ *****PAGE THREE TOTAL POINTS

_________ *****PAGE FOUR TOTAL POINTS

_________ *****OVERALL TOTAL POINTS