DERMATOLOGY NURSES' ASSOCIATION

CHAPTER MANUAL
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DERMATOLOGY NURSES’ ASSOCIATION
CONTACT INFORMATION

Address: 435 N. Bennett Street, Southern Pines, NC 28387
Website: www.dnanurse.org
Email: dna@dnanurse.org
Telephone #s:
800.454.4362
910.246.2356
FAX: 910.246.2361
INTRODUCTION

In December 1986, the concept of local chapters was approved at the DNA Annual Business Meeting. This concept has led to active chapters which have formed in various states. This presents an excellent opportunity for education and networking. Local chapters can offer members contact hour credits through the funding of educational activities from outside sources.
HOW TO FORM A CHAPTER
Checklist to Forming a Chapter

☐ Review the Chapter Manual from the DNA National Office.

☐ Determine the geographical area for your proposed chapter.

☐ Contact potential chapter members to schedule an organizational meeting in a central location.

☐ At the organizational meeting, complete the five forms in the Application Packet and mail to the DNA National Office.

☐ At the organizational meeting, elect officers.

☐ Contact the DNA National Office with any questions, concerns, or if you need help with anything regarding your Chapter.
**Getting Started**

1. Review the manual and contact the DNA National Office at 1-800-454-4362, email dna@dnanurse.org, fax 910-246-2361, or mail to DNA, 435 N. Bennett Street, Southern Pines, NC 28387.

2. Find one or two interested colleagues to work with you in planning and formation.

3. Determine the geographical area of your proposed chapter. This is done by utilizing zip codes, provinces or states, and conferring with the DNA National Office. All DNA members within the chosen zip codes, provinces or states will automatically belong to your chapter. Newly chartered chapters geographical area may not overlap with an existing chapter. Any conflict of geographical areas will need to be resolved between existing chapter and chapter submitting for charter prior to geographical area being determined.

4. Contact the Membership Coordinator at the DNA National Office to obtain a membership list for the chosen zip codes, provinces, or states. This is to identify DNA members in your region for the purpose of promoting the chapter formation.

5. Schedule an organizational meeting. If possible choose a centrally located site with adequate advance notice. Ask local pharmaceutical representatives to deliver information to staff in offices within the determined zip codes and to assist with the cost of mailing notices. They may also be willing to help sponsor some of the expenses at the organizational meeting. Send notices to members from mailing list obtained from the National Office, and send notices to local Dermatology offices by utilizing telephone directories and information from the American Academy of Dermatology, or by searching the Internet.
CHECKLIST OF REQUIRED DOCUMENTS FOR CHAPTER CHARTER

To become a chartered chapter of DNA, complete the following enclosed forms:

☐ Charter application

☐ Chapter charter petition

☐ Bylaws agreement (Standard chapter bylaw amendment options enclosed to assist those chapters wishing to make amendments.)

☐ List of chapter officers and addresses. Mailing address of local chapter will be that of the current Chapter President, unless otherwise specified.
DERMATOLOGY NURSES' ASSOCIATION
CHAPTER CHARTER APPLICATION

Name of Chapter ____________________________ Date __________

Number of Members Represented by this Chapter __________________

Brief Description of Planned Activities by this Chapter, *(Please refer to Affiliation Agreement to include required activities).*

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

CHAPTER MEMBERS
(Please print or type)

All Chapter Members must belong to DNA and maintain an active membership.

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DERMATOLOGY NURSES' ASSOCIATION

CHAPTER CHARTER PETITION

Petition for charter from the Dermatology Nurses' Association for a local chapter to be known as: ________________________________ Chapter

The ________________________________ Chapter is committed to promote, in cooperation with all members of the health care team, the highest standards of nursing practice; to provide a network of communication facilitating the exchange of ideas and information among dermatology nurses; and to develop excellence in the dermatologic nursing profession through expanded educational opportunities, and the identification and the acknowledgement of special merit and accomplishment within our membership.

The chapter represents the following geographical area as determined by zip codes, provinces or states:

____________________________________________________________

The ________________________________ Chapter and the undersigned agree to abide by the bylaws and policies of the Dermatology Nurses' Association and all of the rules and regulations of the Association.

This Chapter will plan activities in accordance with the criteria for maintaining our chapter charter. Should this chapter desire to relinquish its charter, it will send to the DNA National Office a statement signed by the chapter officers known as the Dissolution Statement. This statement will be accompanied by the Chapter's Charter from the Association, minutes, financial reports, and all assets remaining after payment of its obligations.

The undersigned formally petitions the Board of Directors of the Association to grant a charter with appropriate privileges to the:

____________________________________________________________ Chapter

Respectfully submitted,

Date: ____________________________
President

Date: ____________________________
President-Elect

Date: ____________________________
Recording Secretary

Date: ____________________________
Corresponding Secretary

Date: ____________________________
Treasurer
To assist in meeting the needs of Chapters that may wish to make amendments to the Standard Chapter Bylaws. The Bylaws/Policy Committee has listed those areas which may be amended by the Chapter and remain consistent with National Bylaws. They are as follows:

Article IV - Officers

Five officers are recommended but may vary according to the size and needs of the Chapter. The chapter may combine both the Recording Secretary and Corresponding Secretary position if it better meets their needs.

Article VII - Quorum

20% of membership is recommended. Anything more than 20% is optional depending on the size of Chapter.
DERMATOLOGY NURSES’ ASSOCIATION
BYLAWS ADOPTION AGREEMENT FORM

We the undersigned of the ____________________________ Chapter of the Dermatology Nurses’ Association do hereby adopt one of the following bylaw options as specified for the Chapter. Further, we agree to abide by the bylaws of the National Association.

a. Standard Chapter Bylaws as presented by National. (Should this option be your choice, you need not forward a copy.)

b. Standard Chapter Bylaws as amended. (Please see attached copy of amendments.)

c. Chapter originated Bylaws. (Complete copy must accompany this form.)

Date: ____________________________  ____________________________
President

Date: ____________________________  ____________________________
President-Elect

Date: ____________________________  ____________________________
Recording Secretary

Date: ____________________________  ____________________________
Corresponding Secretary

Date: ____________________________  ____________________________
Treasurer
**DERMATOLOGY NURSES’ ASSOCIATION**

**CHAPTER OFFICER INFORMATION**

Please complete the following information for all chapter officers and submit together with your application for charter. All chapter officers must maintain an active DNA membership.

Name of Chapter ______________________________________________

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After Receiving Chapter Charter
Checklist after Receiving Chapter Charter

☐ Write to all founding members, pharmaceutical representatives and physicians acknowledging their support.

☐ Plan meetings for your chapter.

☐ Quarterly complete Chapter Activity Reports (sent to each Chapter President), and send to the DNA National Office.

☐ Update the DNA National Office of Chapter activities and changes in chapter officer information.

☐ Contact the DNA National Office with any questions, concerns, or if you need help with anything regarding your Chapter.

☐ Complete chapter Affiliation Agreement and send to the National Office.

☐ Maintain all original documentation for chapter and ensure it is passed to subsequent leadership of the chapter.

☐ Taxpayer identification number, (EIN) obtained from the Internal Revenue Service by completing form #SS-4.*

---

*After your chapter charter is approved you will need to apply for your chapter’s taxpayer identification number, (EIN) by completing form #SS-4. In the Appendix section of this manual see pages 68 and 69 for a sample of a completed SS-4 Application, and also for instructions on how to complete the application. On the “Important Links” page 92 in the Appendix section, you will find helpful IRS links. Upon receipt from the IRS, please send a copy of the form to the DNA National Office.
Dermatology Nurses’ Association
Chapter Affiliation Agreement

THIS AFFILIATION AGREEMENT, effective as of the__day of____, 20__, is made between the Dermatology Nurses Association, a New Jersey nonprofit corporation (the "Association") and DNA_____________________________Chapter #___a nonprofit unincorporated organization (the "Chapter").

WHEREAS, Association is tax exempt under Section 501(c)(6) of the Internal Revenue Code and is a professional nursing organization comprised of a diverse group of individuals committed to quality care through sharing knowledge and expertise. The core purpose of the DNA is to promote excellence in dermatologic care. Association furthers its exempt purposes by chartering chapters and supports the educational and other programs that have been conducted for years by Chapter, and the parties intend to formalize their relationship in this Agreement;

NOW, THEREFORE, in furtherance of the mutual promises and consideration in this Agreement, the parties agree as follows:

1. AFFILIATION. Association grants a charter to Chapter to act as an affiliated organization in the following geographic area:_____________________. Chapter will be recognized as an Association affiliate in that area and shall comply with the terms and conditions of this Agreement, the Association Articles of Incorporation and Bylaws, and any and all policies regarding chapters, specifically Board Policy 4.1 Association agrees to support educational programs sponsored by Chapter in accordance with the terms of this Agreement. This affiliation permits Chapter to use certain intellectual property of Association, such as its trademarks or copyrights, subject to the terms and conditions in this Agreement and to prior review and approval by Association.

2. OBLIGATIONS OF ASSOCIATION. Association's obligations under this Agreement include the following:

2.1 Education Program. Association shall to the extent practical assist Chapter in sponsoring and holding educational programs by (a) providing without charge a mailing list of Association members in the area covered by the program, and (b) providing current DNA information including but not limited to: membership applications, Recognition program information, and upcoming DNA event information.

2.2 Publicity. Association shall assist Chapter, as much as is practical, with publicity to promote Chapter activities by placing in the Association’s primary newsletter, DNA website, and on Chapter's website if applicable, without charge, material provided by the affiliate and designed to promote education programs.

2.3 Policy and Procedure. Association will provide Chapter the national policies and procedures pertinent to chapter formation and maintenance.

2.4 Correspondence. Association will provide Chapter with all
correspondence pertinent to chapters generated by the Association.

2.5 Convention Registrations. Association will provide Chapter two free Annual Convention Registrations under the condition of the Chapter fulfilling under this their requirements Agreement.

2.6 Chapter Payments. Association will receive dues payments for all DNA members and may provide, from time to time and budget permitting, periodic payments to chapter to support its activities.

3. OBLIGATIONS OF AFFILIATE. Chapter's obligations under this Agreement include the following:

3.1 Compliance with Policies. Chapter shall conduct all of its activities under this Agreement in accordance with the highest legal and ethical standards and with all applicable laws, regulations, and policies and procedures of Association. Chapter shall adopt and comply with the standard Chapter Bylaws as promulgated by Association from time to time.

3.2 Educational Program. Chapter shall endeavor to conduct educational programs and shall use its best efforts to ensure that the programs are of the highest quality with respect to program content, materials, and logistical preparation. Chapter will hold a minimum of one CE meeting per year providing a total of at least four CEs of educational programming required annually.

3.3 Attendance and Membership. Chapter shall encourage all those who attend its educational event to be members of the Association and shall, as a minimum, institute the following practices: (a) charge a registration fee for non-members of the Association that is reasonably higher than charged to Association members for the educational program, (b) provide name tags at the educational program that clearly differentiate Association members from non-members, and (c) offer to Association non-members at the educational program the opportunity to join the Association.

3.4 ANCC Accreditation. Chapter has the right to apply to any ANCC accredited approver of nursing education of their choice in order to award contact hour for educational activities.

3.5 Comments/Input. Chapter has the opportunity to officially comment and offer input on actions and positions taken by the Board of Directors via email communication with the National Office.

3.6 Quarterly reports. Chapter will complete and submit to the National Office all four quarterly reports (due January 31st, April 30th, July 31st, and October 31st). The October 31st shall serve as the end of year report and include a Financial Statement, Officers information, and Chapter Activity Report. All reports should include Minutes of Chapter meetings.

3.7 Board of Directors Meetings. Chapter shall hold at least two regular meetings, and at such other times as the President may designate for the transaction of the affairs of the Chapter.

3.8 Newsletter information. Chapter will submit chapter information for publication in the FOCUS newsletter minimally once yearly.

3.9 Government Tax Filings.
3.9.1 E-990 forms. U.S. Chapters will submit required E-990 form by May 15th of each year. (Chapter E-Postcard should be filed at [http://epostcard.form990.org](http://epostcard.form990.org).)

3.9.2 Form T1044 Non-Profit Organization ("NPO") Information Return. Certain Canadian Chapters may be required to submit the Form T1044 Non-Profit Organization Information Return with the Canada Revenue Agency no later than six months after the end of its fiscal period. (Chapters only need to file if they meet at least one of three conditions described in this Guide - [http://www.cra-arc.gc.ca/E/pub/tg/t4117/t4117-10e.pdf](http://www.cra-arc.gc.ca/E/pub/tg/t4117/t4117-10e.pdf). The Form T1044 can be accessed here - [http://www.cra-arc.gc.ca/E/pbg/tf/t1044/t1044-11e.pdf](http://www.cra-arc.gc.ca/E/pbg/tf/t1044/t1044-11e.pdf))

3.10 Quarterly Chapter calls. Chapter will ensure that the Chapter President or other Chapter leader is present on quarterly scheduled Chapter Advisory Committee/Chapter Presidents calls.

3.11 Convention Meeting. Chapter will ensure that at least one Chapter leader attends the annual Chapter Advisory Committee/Chapter Presidents meeting held during DNA Annual Convention. Association will provide Chapter with two free Convention registrations if Chapter meets requirements within this Affiliation agreement to ensure that at least one of the registrations will be used for a current Chapter leader to attend Convention and leadership events/meetings.

4. USE OF TRADEMARK AND COPYRIGHTED MATERIALS; CONFIDENTIAL INFORMATION. Chapter shall not use, or cause or permit to be used by any person, the logos, trademarks, service marks, lists, or copyrighted materials of Association without Association's prior written consent, other than the limited use of such logos, marks, names, or copyrighted materials in connection with performance of the specific activities authorized under this Agreement. Any use of Association's logo, mark, or name shall be the logo, mark, or name approved by Association. In addition, Chapter shall not make or cause to be made any copies of the Association's educational materials or membership publications, or resell any of same, without Association's prior written consent. With respect to any use of Association's logo, mark, name, or copyrighted materials, Chapter shall ensure that the applicable copyright or trademark notice is made, pursuant to requirements of U.S. law and any other guidelines that Association shall prescribe, including but not limited to the Trademark Use Policy 1.2. In any event, upon expiration or termination of this Agreement, all use by Chapter of Association's proprietary property, such as logos, marks, or copyrights, shall end immediately. Chapter's obligations to protect Association's property under this Section shall survive the expiration or termination of this Agreement.

5. SEPARATE ENTITIES; INDEMNIFICATION. Association and Chapter expressly acknowledge and agree that they are, and shall remain, separate entities and that no partnership, joint venture, or agency is created by virtue of this Agreement. As such, neither party shall be authorized to incur any liability, obligation, or expense on behalf of the other. In furtherance of the above intention and agreement, each party hereby agrees to indemnify and hold harmless the other party, its officers, directors, agents, and employees, from and against any action, suit, proceeding, claim, damage, liability, obligation, cost or expense which may arise by reason of any act or omission by the party, its officers, directors, or agents.

6. TERM. The term of this Agreement shall be from the effective date until December 31st of the same year. This Agreement will be automatically renewed annually for successive
one year terms, unless terminated by written notice from one party to the other with appropriate Chapter Dissolution paperwork received in the Association National Office within 30 days of such notice. Upon any termination of this Agreement, Chapter shall cease all activities as an Association chapter, all use of the Association name, logo, marks, lists, or copyrighted materials, and any representation of dermatology nurses in the area previously served by Chapter.

7. MISCELLANEOUS. This Agreement constitutes the entire Agreement between Association and Chapter with respect to the subject matter hereof. This Agreement may be amended only by a writing executed by both parties. This Agreement shall be governed by and construed in accordance with the laws of State of New Jersey and any disputes shall be resolved by binding arbitration held in New Jersey in accordance with the applicable rules of the American Arbitration Association, except injunctive relief may be sought in a court of competent jurisdiction. Any waiver by either party to this Agreement of any provision shall not be construed as a waiver of any other provision of this Agreement, nor shall such waiver be construed as a waiver of such provision with respect to any other event or circumstance, whether past, present, or future. If any provision of this Agreement is determined to be invalid or unenforceable in whole or in part, the remaining provisions shall be enforceable to the maximum extent possible. This Agreement shall inure to the benefit of Association, its successors and assigns, and Association may assign all or any portion of this Agreement and its duties hereunder upon written notice of any such assignment. Chapter may not sublicense or assign any of its rights or obligations under this Agreement without the prior written consent of Association. Neither Association nor Chapter shall be liable for its failure to perform its obligations under this Agreement due to events beyond its reasonable control including, but not limited to, strikes, riots, wars, fire, acts of God, and acts in compliance with any applicable law, regulation, or order (whether valid or invalid) of any governmental body. Any notice contemplated by, or made pursuant to, this Agreement shall be in writing and made by courier, mail, or other verifiable method of delivery addressed or directed to Association or Chapter, as the case may be, at the address of the party.

The parties have caused this Agreement to be executed by their duly authorized representatives.

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DERMATOLOGY NURSES' ASSOCIATION
APPLICATION FOR FEDERAL TAX EXEMPTION
(Does not apply to Canadian Chapters)

Chapter Name__________________________________________________________
Mailing Address ______________________________________________________________________

Employer Identification Number ________________________________________________

APPLICATION

The ___________________________ Chapter wishes to be included in the DNA Group Tax Exemption under Code 501(c).

Signature of President: _______________________________________________________

Purpose of Chapter _____________________________________________________________
________________________________________________________________________________

Activities of Chapter

Meetings

Workshops

Other

The above descriptions are a true and accurate report of the Chapter. Please return completed form to the following address:

Dermatology Nurses' Association
435 N. Bennett Street
Southern Pines, NC 28387
PLANNING A MEETING
Planning a Meeting

1. Designate a program chairperson to organize an interesting program concerning care of dermatology patients. Suggested speaker(s) may be local dermatology nurses or associates, nurse educators and physicians. Involve several local facilities and/or practices if possible. Pharmaceutical representatives can often provide speakers.

2. Arrange for continuing education credits if possible. This can be done through your state nurses association. The DNA National Office can help you with this process and provide resources for continuing education.

3. Arrange for simple refreshments as this gesture stimulates interaction at the meeting. Pharmaceutical representatives will often sponsor this aspect of the meeting and provide samples and/or door prizes. Companies who are corporate members of DNA often are very interested in this type of involvement at the local level. A listing of corporate members may be obtained from the DNA National Office.

4. Incorporate a small business session into the meeting (see page 88 in the Appendix Section for sample agenda). This time can be used to organize the local chapter and elect officers.

5. Establish a registration fee. This fee should be greater for non-DNA members than for DNA members. At least two weeks prior to meeting date, obtain membership applications and brochures from the DNA National Office to have available at your meeting for non-members to join.

6. Consider offering exhibit space for a fee to cover costs of meeting.

7. Mail meeting notices to all DNA members in the geographical area, as well as to local AAD members’ staff. Provide information on the educational program, business meeting, and registration fees in the notice (see example pages 71-73). Contact the DNA National Office for your chapter mailing list to publicize your event on the DNA website, FOCUS Newsletter, and social media sites.

8. At your first meeting, new officers need to review, complete and/or sign the following forms included in the Application Packet and keep a copy for chapter records if not previously completed:
   a. Charter application
   b. Chapter charter petition
   c. Bylaws agreement
   d. List of officers and addresses
   e. Taxpayer identification number form SS-4 from the IRS.

Mail completed forms to the DNA National Office, 435 N. Bennett Street, Southern Pines, NC 28387.
Subsequent Meeting Requirements

1. Have all attendants sign in recording their name, credentials, telephone number, and DNA status, and depending on your accrediting body, potentially their RN license number. Encourage non-members to join DNA and become a part of your chapter. You can print DNA membership applications for your meeting off from the DNA website. Have on display *FOCUS, Journal of the Dermatology Nurses’ Association (JDNA)*, and other examples of membership benefits. These can be requested from the DNA National Office up to two (2) weeks prior to your meeting.

2. Provide a mechanism for those attending to give names and addresses of interested colleagues not attending this meeting.

3. Give each one attending the meeting a name tag.

4. It is suggested to hold the business meeting at a time when pharmaceutical representatives are not in attendance. This may be done prior to or after the education session. Prior notification of when you wish the pharmaceutical representative to be in attendance is often appreciated for their planning purposes.

5. Elect/appoint officers on an annual basis consistent with the date of National Officer’s changes at the annual convention. If a formal elective process is not feasible because of the size of the meeting, lack of familiarity with colleagues, etc., a selection of officers may be accomplished using volunteers. Five officers are recommended but the number may vary according to the size and needs of the chapter.

6. Before and after the meeting, contact the National Office to publicize your activity on the DNA website, *FOCUS* Newsletter, and/or social media sites.
CHAPTER MAINTENANCE
Chapter Maintenance

1. The application will be reviewed and a chapter number will be assigned. The chapter will receive a chapter charter packet from the DNA National Office which will include a membership list, chapter logo, listserv address and chapter number.

2. Write to all founding members, pharmaceutical representatives, and physicians acknowledging their support.

3. Any questions regarding the structure and function of your chapter are addressed in the DNA Chapter Bylaws and Chapter Policies/Procedures. If you have any additional questions, contact the DNA National Office.

4. A Chapter Activity Report Form will be sent from the DNA National Office to each chapter president. The form needs to be completed and a copy mailed/ emailed back to the DNA National Office. These are required on a quarterly basis, (Apr., July, Oct. & Jan.). Also, unless you have new information to report, the Chapter Officer’s Information report, and the Financial Statement report are only due on an annual basis in October.

5. Update the DNA National Office on chapter activities, i.e. copies of minutes from meetings or a short report on chapter programs and community involvement. You may ask for this information to be put on the DNA website and/or in Focus. Continue to contact the DNA National Office with questions, concerns and chapter activities.

6. All chapters are required to file a 990-N IRS form. This form is due annually on May 15th. If a chapter neglects to file for three consecutive years, there is a possibility the chapter could lose their tax exempt status. To access an IRS 990-N form and User Guide see the Important Links page number 92 of this manual.

Good Luck!! Remember, many other DNA members have already gone through this process. Take it step-by-step and use the resources available to assist you. Establishing a local chapter is a great professional accomplishment.
September 15, 202_
Dear Chapter President:

According to the Chapter Formation Manual which each chapter receives when applying for charter, all chapters are required to communicate with the DNA National Office. This includes meeting minutes and attendance, officer elections, financial statement, and any other chapter activity.

The enclosed Chapter Activity Report must be submitted by (add appropriate date). This document does not replace each chapter's responsibility to provide minutes and report of each meeting. Please submit a Financial Statement and list of current officers at this time. Chapters that do not submit the activity report, financial statement and chapter officer form in October, and an activity report in Jan/Apr/July, will not receive two (2) complimentary registrations for the 20__ _ convention.

If you have any questions, please contact me. Thank you.

Sincerely,

Janet Price
Membership Coordinator
800-454-4362
jprice@dnanurse.org
**DNA Chapter Activity Quarterly Report**

Please check which report you are submitting:
(Submit to National Office)

- **1**st Quarter (January – March) due April 30th
- **2**nd Quarter (April – June) due July 31st
- **3**rd Quarter (July – September) due October 31st
- **4**th Quarter (October – December) due January 31st

Chapter Number: _______ Chapter Name: ___________________

Submitted by: ______________________________

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<thead>
<tr>
<th>ACTIVITY</th>
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<th>COMMENTS</th>
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<tr>
<td>Chapter Board Meeting</td>
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<td>List of Chapter Officers to National Office</td>
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<td>Include current officers and term of office</td>
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<td>Additional Activities:</td>
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Please attach additional pages if needed.

*Please submit report to Janet Price, Membership Coordinator by fax (910) 246-2361 or e-mail at jprice@dnanurse.org*
DNA Chapter Financial Statement

Fiscal Year: _____________________________

Chapter Name: __________________________ Chapter # _________

Beginning balance as of October 1 of prior year $_________________

Income: (list types and amount)

_________________________________ $_________________
_________________________________ $_________________
_________________________________ $_________________
_________________________________ $_________________
_________________________________ $_________________

Total Income $_________________

Expenses: (list type and amount)

_________________________________ $_________________
_________________________________ $_________________
_________________________________ $_________________
_________________________________ $_________________
_________________________________ $_________________

Total Expenses $_________________

Ending balance as of September 30 of current year $_________________

Treasurer: _____________________________ Date: ___________

Signature _______________________________ Print Name

Please submit report to Janet Price, Membership Coordinator by fax 910-246-2361 or e-mail at jprice@dnanurse.org
DERMATOLOGY NURSES’ ASSOCIATION
CHAPTER OFFICER INFORMATION
(All officers MUST be DNA members)

Please complete the following information for all chapter officers and submit along with your yearly chapter paperwork to Janet Price, Membership Coordinator by fax (910) 246-2361
Or email at jprice@dnanurse.org

Name of Chapter: ____________________________________ Chapter #: ______

Date: ______________ Submitted by: ________________________________

President
Name __________________________________________________
Address _____________________________________________________
City ____________________________ State _____ Zip ________
Phone: Home _________________ Work _________________
E-mail: ___________________________________________________
Employment __________________________ Position ________________

President-Elect
Name ______________________________________________________
Address _____________________________________________________
City ____________________________ State _____ Zip ________
Phone: Home _________________ Work _____________________
E-mail: ___________________________________________________
Employment __________________________ Position ________________
At times chapters become inactive. Prior to deciding on dissolution, please contact the DNA National Office to discuss options and provide guidance in this process.

Prior to dissolution, all chapter members must be queried to determine if anyone is willing to step into leadership to keep the chapter active. If no one is willing, then the chapter members must have a 2/3 majority vote in favor of relinquishing the chapter. This vote must be documented and sent with the required dissolution packet. (2/3 vote is calculated on the total number of members who vote).

Assets of chapter, (bank account balance, equipment, etc.), shall be returned to the National Office, along with the required documents list on the dissolution statement. It is the responsibility of the chapter leaders to keep their chapter financial information, (bank statements, etc.), for a period of seven (7) years.
Chapter Name _________________________________________________

☐ Statement of Dissolution signed by the President and Treasurer

☐ Financial Reports showing no outstanding debts

☐ Minutes

☐ Chapter Charter

☐ Assets after payment of obligations

Please send the above information to DNA National Office.

Approved by: _________________________________________________

Chapter President

Date __________________________________________________________

Records sent to national office: Date ______________________________

Received by national office: Date _________________________________

Comments
DERMATOLOGY NURSES' ASSOCIATION
DISSOLUTION STATEMENT

The ____________________________ Chapter of the Dermatology Nurses' Association, on a two-third (2/3) vote of the membership has voted to relinquish its charter.

All financial obligations have been discharged.

Accompanying this statement are the Chapter's Charter from the Association, minutes, financial reports, and all assets remaining after payment of its obligations.

Respectfully submitted,

_______________________________________________
Chapter President

_______________________________________________
Chapter Treasurer

Date ___________________________________________
STANDARD CHAPTER BYLAWS
&
DNA NATIONAL BYLAWS
DERMATOLOGY NURSES' ASSOCIATION
Standard Chapter Bylaws

Article I - Name

The name of this chapter shall be __________________________ chapter of DNA, herein called the "Chapter." The Dermatology Nurses' Association shall hereinafter be called the "Association."

Article II - Purpose

The purpose of local chapters is to promote the mission statement and philosophy of DNA by developing and fostering the highest standards of dermatology nursing care. Chapters are established to facilitate communication among members and provide a forum for learning and sharing.

Article III - Membership

Membership of local chapters shall be composed exclusively of members of the Association as defined in the national bylaws. Upon application, membership in a local chapter shall be available to any member of the Association who resides within a given geographic area.

Article IV - Officers

The Board of Directors of the chapter shall be the President, President-Elect, Recording Secretary, Corresponding Secretary and Treasurer. Officers shall be elected by and from the complete membership of the Chapter. The Secretary and Treasurer shall be elected in opposite years.

The President shall serve a one-year term. The President shall be the principle executive officer of the Chapter and shall be responsible to the Board of Directors. The President shall serve a one-year term. The President shall preside at all business meetings, appoint chairpersons of all committees, except as otherwise provided in the bylaws, serve as the official representative of the Chapter and execute all business of the Chapter as set forth in the bylaws.

The President-Elect shall serve a one-year term in that capacity and subsequently serve as President the following year. The President-Elect shall observe the functions of the Chapter; shall work closely with the President
on existing and future projects and shall assume the duties of the President
in the President's absence. The President-Elect shall perform such duties as
delegated by the President and by the Board of Directors.

The Recording Secretary shall serve a two-year term. The Recording
Secretary shall accurately record the minutes of all meetings of the Chapter
Board of Directors; shall keep or cause to be kept a book of minutes and
attendance roster of all meetings of the Chapter; shall give notice or cause
to have notice given of all meetings of the Chapter Board of Directors and
the Chapter; shall forward a copy of the minutes and attendance roster to
the DNA National Office and shall in general perform all other duties incident
to the office of Recording Secretary and other such duties as the President
and/or Board of Directors may from time to time prescribe.

The Corresponding Secretary shall serve a two-year term. The
Corresponding Secretary shall conduct all communications with members
excluding notice of meetings.

Chapters may combine both the Recording Secretary and Corresponding
Secretary position if it better meets their needs.

The Treasurer shall serve a two-year term. The Treasurer shall supervise the
direction of all financial affairs of the Chapter; shall be in charge of all funds
of the Chapter and regularly deposit such funds in banks or other financial
institutions approved by the Board of Directors; shall present a report of the
financial status of the Chapter at a meeting of the members and Board of
Directors; and perform other such duties as the Board of Directors may
prescribe.

The outgoing President shall subsequently serve a one-year term as
Immediate Past President. The Immediate Past President shall be an advisor
to the Board of Directors.

The Board of Directors shall have supervision, control and direction of the
affairs of this Chapter; shall determine its policies or changes therein; shall
actively implement its purposes, and shall have discretion in the
disbursement of its funds. It may adopt such rules and regulations for the
conduct of its business as shall be deemed appropriate.

The Chapter Board of Directors shall be responsible for reviewing the bylaws
and policies of the Chapter on an annual basis and shall make
recommendations for changes to the National Board of Directors.
Voting rights of the Board of Directors shall be one vote per member except for the Immediate Past President, who shall serve in an advisory capacity only and shall not have voting privileges.

The Board of Directors shall have at least 2 regular meetings, and at such other times as the President may designate for the transaction of the affairs of the Chapter. Special meetings shall be called upon demand of a majority of its members. Notice of all meetings shall be sent by mail or other mode of transmittal to each member two weeks in advance. A simple majority of members of the Board of Directors shall constitute a quorum at all meetings of the Board. Board of Directors members who are absent from two consecutive meetings without written excuse shall be removed from the Board.

Board of Director vacancies shall be filled by the President with the approval of the Board. A vacancy of the President's office shall be filled by the President-Elect for the completion of that term. The President-Elect shall then serve a full term of President the following year. A Vice-President pro-tempore shall be appointed by the Board of Directors to fill the Presidency-Elect vacancy until the next regular election.

**Article V - Committees**

The Board of Directors may establish and dissolve committees as needed to accomplish the purposes of the Chapter. Committees serve under the direction of the Board of Directors and function in an advisory capacity. Chairpersons shall be appointed, except as otherwise provided in these bylaws, by the President with the approval of the Board of Directors and shall serve a one year term.

**Article VI - Elections**

The Board of Directors and/or who they appoint shall actively recruit appropriate candidates for elective offices and shall endeavor to prepare a slate of two candidates for each office. The election of the Board of Directors shall be by vote of all Chapter members. The candidate receiving a simple majority shall be elected. In case of a tie, the choice shall be by lot. Ballots shall be kept by the Chapter for 30 days following the annual election and the results shall be recorded in chapter minutes/documentation.
Article VII - Meetings of the Membership

There is to be a minimum of one meeting per year providing a total of at least four hours of educational programming. A business meeting may be planned in conjunction with an educational program. Notices of meetings shall be sent to the membership at least 14 days prior to the meeting. Twenty percent (20%) of the membership shall constitute a quorum for a business meeting. Items of business shall be passed by simple majority vote unless otherwise stipulated in the bylaws. At no time shall the lack of quorum prevent those present from proceeding with a planned program.

Article VIII - General Provisions

The fiscal year of the Chapter shall be the same as the fiscal year of the Association, which is January - December.

Terms of office shall be from Annual Convention to Annual Convention.

No action or obligation of a local Chapter shall be considered an action or obligation of the Association as a whole. This statement shall be imprinted on any publication issued by a local Chapter. A local Chapter is empowered to present to the National Board of Directors, recommendations and opportunities for cooperation on subjects that may advance the purposes of the local Chapter and the Association.

Article IX - Parliamentary Authority

The rules of parliamentary procedure contained in Roberts’s Rules of Order Newly Revised shall be the authority governing all meetings of the Chapter and the Board of Directors, subject to these bylaws and special rules which may at any time be adopted.

Article X - Amendments

Amendments to these bylaws may be made at any business meeting, or via electronic voting of this Chapter by a two-thirds (2/3) vote cast by the membership present and voting. Amendments to Chapter Bylaws must subsequently be approved by the National Office prior to implementation. These changes shall be recorded in chapter minutes/documentation.
Article XI - Dissolution of the Chapter

Dissolution of the Chapter shall be accomplished by a two-thirds (2/3) vote of the Chapter membership upon recommendation of the Board of Directors or upon recommendation of two-thirds (2/3) vote of the Chapter members, (2/3 vote is calculated on the total number of members who vote), and shall be recorded in chapter minutes/documentation. In the event of dissolution, all assets remaining after payment of its obligations shall be returned to the National Office. The Chapter charter, minutes, financial reports and National Policy and Procedure Manual shall be returned to the DNA National Office.
JOB DESCRIPTIONS

President

The President shall be responsible to the Board of Directors and Chapter members; shall coordinate all activities of the Chapter; shall preside at all Chapter meetings and all meetings of the Board of Directors; shall represent the Chapter at meetings of other organizations; shall appoint committee chairpersons, shall appoint special committees; shall terminate special committees when committees are non-functioning or when a special project is completed; shall contact sponsors to obtain support for Chapter functions.

President-Elect

The President-Elect shall observe the functions of the Chapter; shall work closely with the President on existing and future projects; shall assume the duties of the President in his/her absence; shall become President at the completion of his/her term in office; and shall perform all other duties as may be delegated by the President.

Recording Secretary

The Recording Secretary shall record and keep minutes from each Board of Directors meeting; shall forward copy of the meeting minutes and attendance roster to the Regional Director and to the National Office.

Corresponding Secretary

The Corresponding Secretary shall prepare and mail all official correspondence of the Chapter; perform other such duties as the Board of Directors may delegate. The Chapter Secretary shall provide mechanisms to disseminate information among members and other health care professionals.

Treasurer

The Treasurer shall direct all financial affairs of the Chapter; shall be in control of the Chapter funds; shall keep a record of all receipts, disbursements and deposits of the Chapter; shall present a financial report at each meeting of the membership and Board of Directors; and perform such duties as the Board of Directors may delegate.
Dermatology Nurses’ Association (DNA)  
Bylaws

Article I Name  
The name of this organization is Dermatology Nurses' Association (“DNA” or the “Association”), which is a not for profit corporation incorporated under the laws of the State of New Jersey.

Article II Purpose  
The purposes of DNA as stated in its Certificate of Incorporation are to develop and foster the highest standards of dermatology nursing care, enhance professional growth through education and research, facilitate communication through members, and promote interdisciplinary collaboration. In addition, the purposes of DNA also include developing the Dermatology Nursing Standards of Clinical Nursing Practice, providing a forum for learning and sharing, serving as a resource for dermatology nursing information for other health care professionals, and functioning as a support system for members.

Article III Objectives  
In addition to the purposes stated above, DNA endeavors to support the philosophy and purpose of the association through the objectives adopted by the Board of Directors as Policy from time to time.

Article IV - Membership and Dues  
Section A: Classification of Membership. There shall be six (6) classes of membership in the association.

Section B: Nurse Member. A nurse member shall be a licensed, registered, practical or vocational nurse involved or interested in the dermatology nursing care of patients. The privileges of nurse membership shall include the right to vote in national meetings and elections, to hold office, to serve as chairpersons of committees and to submit nominations for office.

Section C: Associate Member. An associate member shall be an individual active in the health care field, other than a licensed, registered, practical or vocational nurse involved or interested in the dermatology nursing care of patients. Associate members shall receive all benefits of DNA except the right to vote, hold office, or serve as a chairperson of a standing committee at the national level.
Section D: Senior Member. Members who have reached the age of 65 with a minimum of three years prior to membership are eligible for senior membership. Previous membership privileges will continue but no dues will be assessed.

Section E: Honorary Member. Honorary members shall be those individuals not eligible for membership in any other classification, but who have contributed to the specialty of dermatology nursing. Said members shall be chosen by a majority vote of the Board of Directors. Honorary members shall receive all benefits of DNA except the right to vote, hold office, serve as chairpersons of a standing committee, or make nominations. No dues will be assessed.

Section F: Lifetime Membership. All past presidents of the DNA, after their term as president expires, shall receive lifetime membership in the DNA. In addition, the Board of Directors may bestow lifetime membership upon any deserving member who has been a member for 25 consecutive years. Lifetime members shall receive all the benefits of DNA membership according to their classification of membership. No dues will be assessed.

Section G: Corporate Member. Corporate members shall be individuals or organizations interested in supporting the purposes of DNA by contributing financial support. Corporate membership does not confer voting privileges or active participation in DNA activities. Corporate members will serve in an advisory capacity to the Board of Directors.

Section H: Dues. Dues shall be reviewed annually and established by majority vote of the Board of Directors.

Section I: Termination of Membership. A member may be terminated or other disciplinary action taken for good cause upon the majority vote of the Board of Directors, with the member being afforded notice of the charges and an opportunity to provide written comments to the Board in response to the allegations.

**Article V Board of Directors**

A. Composition
   1. The Board of Directors shall consist of the President, Immediate Past President, President-Elect, Secretary, Treasurer, and three Directors.
B. Authority
1. The Board of Directors shall supervise and manage the activities of the DNA in accordance with the Bylaws, Policy and directives of the membership, and may delegate management of the day to day operations to the Executive Director.
2. Voting rights of the Board of Directors shall be one vote per member.

C. Duties
1. The President shall be the principle elected officer of DNA and shall be responsible to the Board of Directors. The President shall preside at all business meetings of the Board of Directors and the members, appoint Chairpersons of all Committees and Task Forces except as otherwise provided in the Bylaws and subject to approval of the Board, serve as the official representative of DNA and oversee all business of DNA as set forth in the Bylaws. The President shall serve a one-year term.
2. The President-Elect shall assume the duties of the President in the President's absence. The President-Elect shall perform duties as delegated by the Board of Directors. The President-Elect shall observe the functions of the organization and work closely with the President on existing and future projects. The President-Elect shall serve a one-year term and subsequently serve as President the following year.
3. The Secretary shall be responsible for maintenance of the records of DNA proceedings. The Secretary shall perform additional duties as delegated by the Board of Directors. The Secretary shall serve for two years.
4. The Treasurer shall be responsible for oversight of the financial activity of DNA and shall supervise the annual financial review. The Treasurer shall serve for two years.
5. The outgoing President shall subsequently serve a one-year term as Immediate Past President. The Immediate Past President shall serve as an advisor to the Board of Directors with voting privileges.
6. Directors shall develop, execute and oversee organizational goals. Directors shall serve a two-year term.

D. Eligibility
Members of the Board of Directors must be nurse members of the DNA.
E. Meetings
   1. At least two regular meetings of the Board of Directors shall be held each year, one of which will occur in conjunction with the Annual Convention. Special meetings of the Board of Directors may be called by the President or upon written request of greater than 50% of the members of the Board of Directors. Board members must be given not less than two weeks written or electronic notice of all meetings. A simple majority of members of the Board of Directors shall constitute a quorum at all meetings of the Board of Directors. Board members who are absent from two consecutive meetings without written notice shall be removed from the Board of Directors, unless otherwise excused by the Board.

F. Vacancy
   1. Board of Director vacancies shall be filled by the President with the approval of the Board of Directors. A vacancy of the President’s office shall be filled by the President-Elect for the completion of the term. The President-Elect shall then serve the full term of President the following year. A Vice President, pro-tempore, shall be appointed from the Board by the Board of Directors to fill the President-Elect vacancy until the next regular election.

Article VI Committees
   A. The Board of Directors may establish and dissolve Committees and Task Forces as needed to accomplish the purposes of DNA. Committees and Task Forces serve under the direction of the Board of Directors, report to the Board of Directors and function in an advisory capacity to the Board of Directors. Chairpersons shall be appointed by the President, except as otherwise provided in the Bylaws, with the approval of the Board of Directors and shall serve a one-year term. Chairpersons of Committees must be nurse members of the DNA.

   B. Guidelines for Committees shall be established in Policy by the Board of Directors.

Article VII Elections
   A. Election of President-Elect, Secretary, Treasurer, Directors, and Nominating Committee members shall be by mail or electronic Ballot of all nurse members.
B. The President-Elect must have served on the Board of Directors (presently or in the past) as a requirement to run for this position.

C. Based on vacancy: one or two Director(s), a Secretary or Treasurer, a President-Elect, and two Nominating Committee members shall be elected every year.

D. The Nominating Committee shall prepare a slate of at least one (1) candidate for each elected office, etc.

E. Directors, Secretary, and Treasurer may serve two consecutive terms in the same capacity.

F. Ballots and candidate information shall be sent by mail or electronic means to the nurse membership prior to the Annual Convention.

G. Ballots shall be verified and counted as follows:
   a. Hardcopy ballots will be counted by a non-DNA staff member at DNA’s management company and verified via a second count by a DNA staff member.
   b. Electronic ballots will be tabulated automatically via the online tally system and verified by a DNA staff member. Ballots will be retained by the management company until two months after the close of the election.

H. The candidate receiving a simple majority shall be elected. In the event of a tie vote, the position shall be decided by lot. If there are more than two candidates for any position, a plurality vote shall prevail.

Article VIII Local Chapters
A. Local chapters shall exist for the purpose of furthering the objectives and purposes of the DNA by a local organization of members who reside within a given geographic area.

B. Membership of local chapters shall be composed exclusively of the members of the Association as defined in these Bylaws.

C. The Board of Directors may grant charters for local chapters of DNA upon review of the application form and Chapter Bylaws to assure they are not in conflict with National Bylaws and Policies.
Incorporation shall occur only with the written consent of the Board of Directors.

D. Failure of a local chapter to comply with and conduct itself consistent with the Bylaws and Policies of DNA or to otherwise engage in activity deemed injurious to the interest of DNA shall be cause for suspension or disbandment by the Board of Directors. Such action shall require a vote of the Board, which shall occur within ninety (90) days notice to the local chapter of its conduct serving as the basis for action. Upon receipt of such notice, the local chapter shall have the opportunity to provide written comments to the Board in response to the allegations.

Article IX Annual or Special Meeting of Members

A. The DNA shall hold an Annual Convention, which will include an educational program and a general business meeting that shall be the annual meeting of members. The Board of Directors may also call a special meeting of members when considered advisable.

B. Written notification of the time and place of the annual or a special meeting of members shall be provided to the membership not less than thirty (30) days prior to the meeting.

C. Five (5) percent of the nurse membership present at the Annual Convention shall constitute a quorum for an annual or special meeting. Items of business shall be passed by simple majority vote, unless otherwise stipulated in the Bylaws or by applicable law. Proxy voting is permitted in accordance with applicable law.

Article X General Provisions

A. Headquarters
   1. The Board of Directors shall establish a national headquarters office, shall contract for necessary services, and shall appoint an Executive Director to manage the day to day operations of DNA.

B. Fiscal Year
   1. The fiscal year of the DNA shall be established by the Board of Directors.

C. Parliamentary Authority
   1. Robert's Rules of Order Newly Revised and as may be amended, shall govern the conduct of DNA business in all cases in which it is applicable and not in conflict with the Constitution, Bylaws, Policies, or other rules of this Association.
D. Amendments
1. The Bylaws may be amended at an annual or special meeting of members by a positive vote of 2/3 of the nurse members voting in person or by proxy. In addition, the Bylaws may be amended by mail or electronic Ballot by a positive vote of 2/3 of the nurse members returning Ballots, provided that at least a majority of all nurse members vote in favor of the action in accordance with applicable law. The voting process will follow the same rules that apply to the election of officers, except that amendments to the Bylaws shall be first approved by the Board of Directors and may be proposed independently of the election.

E. Records
1. Nurse members of the Association shall have inspection rights and rights to copy Association records as are permitted by law and these Bylaws. Policy and procedure shall determine records deemed confidential which shall not be subject to disclosure.
2. The Association shall keep at its principal place of business a copy of the Articles of Incorporation and Bylaws as amended to date which shall be open to inspection by the members at reasonable times during usual business hours.
3. The Association shall keep the Minutes of all open Association meetings and the accounting books and records at the principal place of business of the Association. These records shall be open to inspection on written request of any nurse member at any reasonable time during usual business hours for a specified purpose reasonably related to the member's interests as a member. Policy and procedure shall determine those portions of meetings or minutes thereof which shall be deemed confidential and not available for inspection by general membership.

F. Insurance and Reimbursement of Expenses
1. The Board of Directors shall provide, at the expense of the Association, liability insurance to cover officers, Directors, Committee members, employees, volunteers or agents as the Board deems advisable.
2. The Board of Directors of the Association may be reimbursed for expenses as outlined in the Dermatology Nurses Association Policy and allocated in the Annual Operating Budget.
G. Dissolution
   1. Upon the dissolution of the Association, the Board of Directors shall, after paying or making provisions for the payment of all liabilities of the Association, dispose of all the assets of the Association exclusively for purposes of the Association in such manner, and to such organization or organizations organized and operated exclusively for charitable, educational or scientific purposes as shall at the time qualify, as an exempt organization or organizations under Section 501(c)(6) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue Law), as the Board of Directors shall determine. Any of such assets not so disposed of by a court having jurisdiction over such matters in the place in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations as said court shall determine, which are organized and operated exclusively for such purposes.

H. Indemnification
   1. The Association shall indemnify officers, Directors, Committee members, employees, volunteers or agents to the fullest extent permitted by law

Revised: November 1, 1984
Revised: December 3, 1985
Revised: December 2, 1986
Revised: December 9, 1988
Revised: April 23, 1989
Revised: April 23, 1990
Revised: November 1, 1990
Revised: February 2, 1995
Revised: November 1, 1997
Revised: November 10, 2000
Revised: March 6, 2003
Revised: November 10, 2003
Revised: October 16, 2006
Revised: March 5, 2009
Revised: January 23, 2010
Revised: October 30, 2010
DERMATOLOGY NURSES' ASSOCIATION POLICY/PROCEDURE

CHARTERED CHAPTER PRIVILEGES

POLICY:

To outline chartered chapters full privileges by virtue of their status.

PROCEDURE:

A. Access to chapter membership mailing lists by request to the National Office for chapter mailings.

B. Right to apply to any ANCC accredited approver of continuing nursing education of their choice in order to award contact hour credit for educational activities.

C. Receipt of national policy and procedures pertinent to chapter formation and maintenance.

D. Receive all correspondence pertinent to chapters generated by the organization.

E. Opportunity to officially comment and offer input on actions and positions taken by the Board of Directors via e-mail communication with the National Office.

F. Receipt of annual check reimbursement for the number of new/renewal members equal to ten percent (10%) of each member's national dues. Time of reimbursement and discretion of reimbursement to be determined by the Board of Directors. (Chapters must submit required chapter activity reports by the end of the 3rd quarter to receive above reimbursement.)

G. Receipt of two National Convention complimentary registration tickets to Chapter Presidents who have submitted all chapter quarterly reports for the year prior to the Convention. Chapter Presidents are expected to utilize the tickets for themselves and/or leaders within their chapter. (Refer to Policy 4.10 for further information). The recipients must be active DNA members of their chapter.

H. Access to listservs to use in communicating with other Chapter Presidents and Chapter members.

I. Receipt of a Chapter Logo by request to the National Office.
J. To keep informed of DNA news and information, scheduled Chapter President’s conference calls.
K. Access to ideas and tools to help promote and retain membership through a Chapter Resource Toolkit via the DNA website.
L. Receipt of a Chapter Website page via the DNA Website.

M. For tax exempt purposes chapters are umbrellaed under DNA, and can be included in the National Office’s annual reporting to the IRS. All U.S. chapters are still required to complete and submit a 990-N form annually by May 15th.

N. Provision of a Board Liaison to interface with the DNA Board of Directors on behalf of the chapters.

Approved by the Board of Directors 10.10.2017, 10/2020.
DERMATOLOGY NURSES' ASSOCIATION
POLICY/PROCEDURE

APPEAL OF CHAPTER FORMATION DENIAL

POLICY:

To provide access to fair evaluation of decision regarding chapter formation.

PROCEDURE:

A. The appealing party must file written communication within thirty (30) days after the receipt of the letter of denial.

B. The appeal letter should be sent to the DNA National Office. The letter should include any pertinent information justifying application review.

C. The Board of Directors will review the appeal letter and justification at the next board meeting and render a decision.

D. The decision of the Board of Directors will be final.
DERMATOLOGY NURSES' ASSOCIATION
POLICY/PROCEDURE

CHANGING CHAPTER ASSIGNMENT OF AN INDIVIDUAL MEMBER

POLICY:

To allow individuals to change Chapter assignment.

PROCEDURE:

A. Chapter areas are defined by zip code areas designated by the Chapter Charter Petition at the time of Chapter formation.

B. An individual may change Chapter assignments at the discretion of the Presidents of both chapters affected.

C. The geographic areas covered by those Chapters affected may be re-designed by the Board of Directors.

Approved by the Board of Directors on: April 27, 1991.
DERMATOLOGY NURSES’ ASSOCIATION
POLICY/PROCEDURE

SOLICITATION OF CORPORATE FUNDS AT THE LOCAL,
REGIONAL OR CHAPTER LEVEL

POLICY:

To avoid conflicts with national DNA marketing efforts when soliciting funding for local, regional, and chapter level programs.

PROCEDURE:

A. All solicitation of funds at the local, regional or chapter levels must be made through local sales representatives. Solicitation should never be made to the regional or national marketing/sales offices in order to avoid conflict with the national DNA efforts.

Approved by the Board of Directors: June 2000
DERMATOLOGY NURSES' ASSOCIATION POLICY/PROCEDURE

CHAPTER OFFICER ELECTIONS

POLICY:

To clarify election procedures for chapter offices.

PROCEDURE:

A. All chapter elections shall be held in the Fall of the year, coinciding with National elections.

B. Results of all chapter elections shall be sent to national headquarters by November 1, or as soon as elections of new officers are held.

C. Term of office will be consistent with National terms of office.

D. Chapters may hold annual elections during a business meeting if 2/3 of the chapter members are present. If 2/3 are not present, ballots shall be mailed, e-mailed or provided through an electronic survey. The candidate receiving the highest count of votes of ballots returned shall be elected. As per the Chapter Affiliation Agreement, all elections and votes are to be recorded in the chapter meeting minutes, and sent to DNA National Office.

E. A candidate should only run for one office per election as sometimes there may be exceptions to fill vacancies because of limited candidates.

Approved by the Board of Directors on: June 27, 1998.
DERMATOLOGY NURSES' ASSOCIATION
POLICY/PROCEDURE

CHAPTER APPLICATION PROCEDURE

POLICY:
To implement charter formation in a standardized manner.

PROCEDURE:
A. Those members wishing to form a chapter will hold an initial meeting according to the bylaws and guidelines set forth in the Chapter Formation Manual.

B. Members will submit the following forms (to be completed by the designated officers of the forming chapter).
   1. Chapter Application, Charter Petition, and Bylaws Agreement.
   2. List of Officers - Mailing address of the chapter will be that of the current president unless otherwise specified.
   3. Taxpayer Identification number obtained from the IRS by completing the form.
   4. Any additional documentation as requested from application packet.

C. Forms will be examined by the National Office for accuracy, completeness, and compliance with the bylaws.

D. The National Office will notify members of charter status and if denied, the reasons thereof.

E. Charter will be signed by the president and forwarded to the chapter president.

F. Upon acceptance as a chartered chapter, the chapter will receive all the privileges afforded such status. (See policy entitled - Chartered Chapter Privileges.)
DERMATOLOGY NURSES’ ASSOCIATION
POLICY/PROCEDURE

SCHEDULING TO AVOID CONFLICT WITH NATIONAL PROGRAMMING

POLICY:

To avoid chapters scheduling program dates that conflict with national or regional DNA educational programs.

PROCEDURE:

A. Chapter presidents will be notified of the sites and dates of national and regional DNA programs when they are confirmed.

B. Before finalizing the dates for chapter programs that are 1 day or longer in length, the workshop chairperson should check with the DNA National Office to verify the proposed dates do not conflict with any national or regional DNA programs.

C. Chapter programs that are deemed likely to affect attendance at a regional or national DNA program may not receive listserv addresses or be advertised in FOCUS Newsletter or the Journal of the Dermatology Nurses’ Association. If a question arises about a particular program, it will be reviewed by the Executive Director of DNA.

D. There will be no DNA local workshops (one day or longer in length) scheduled either 4 weeks prior to or 4 weeks after any national programs within a 500 mile radius of scheduled programs.

E. If a proposed chapter is deemed to be in conflict with a national or regional program, the workshop chairperson will be notified by the DNA National Office and requested to reschedule the program.
NOTIFICATION OF CHAPTER DISSOLUTION

POLICY:

To notify the National DNA Headquarters Office of a chapter request to dissolve.

PROCEDURE

A. The respective chapter president will prepare and submit a Dissolution Statement signed by the President and Treasurer to the National DNA Office.

B. The chapter should submit the following to the DNA National Office:
   1. Financial reports showing no outstanding debts.
   2. Minutes
   3. Chapter Charter
   4. National Policies pertinent to DNA Chapters
   5. Any remaining funds not allocated to outstanding debts or a charity of the Chapter’s choice.

C. The National Office will notify the DNA President and Executive Director of the receipt of the required material.

D. The chapter will be removed from the DNA Chapter listing.

Approved by the Board of Directors on: September 2009.
MEMBERSHIP LIST – CHAPTER USE

POLICY:
To protect the use of the DNA mailing list from indiscriminate use.

PROCEDURE:
A. Mailing list is available free of charge to newly formed chapters.
B. Chapter membership lists are sent electronically on a quarterly basis by the management company staff to be used for chapter activities.
C. All use of the lists may be subject to review by the association.
PURPOSE and OBJECTIVE:

Provide two free registrations for chapter leadership to National Convention. It is important to have our chapter leaders become involved at the national level. Exposure to the national Dermatology Nurses’ Association leaders and convention may help to mentor and promote these local leaders to reach higher leadership goals within Dermatology Nurses’ Association.

REQUIREMENTS:

A. Two complimentary registration tickets will be provided to Chapter Presidents who have submitted all chapter quarterly reports for the year prior to National Convention. The tickets will be distributed from national office at least two months before the National Convention.

B. Chapter Presidents are expected to utilize the tickets for themselves and/or leaders within the chapter whenever possible.

C. In the event that one or more of the chapter officers are not able to attend, the tickets may be given to other Dermatology Nurses’ Association chapter members at the discretion of the Chapter President.

D. Considerations for ticket distribution include:

1. When possible, tickets should be distributed to persons working in different practices and/or geographic areas.
2. The members receiving the complimentary tickets will be expected to attend any/all chapter officers meetings at convention and report the information to the chapter leadership. In the event the ticket recipient(s) fails to fulfill this obligation, it will be up to the Board of Director’s discretion if his/her chapter will receive complimentary tickets in the subsequent year. It is the Chapter President’s duty to convey this expectation.
3. If a complimentary ticket is distributed by raffle, that recipient must be a Dermatology Nurses’ Association member.
4. Complimentary tickets are not to be distributed to non-Dermatology Nurses’ Association members.
5. If the tickets or a ticket are not used, the Chapter President will report to national office for tracking purposes.

Approved by the Board of Directors on: October 10, 2017
Updated and Approved by the Board of Directors on: December 10, 2019

Item D.2 added: In the event the ticket recipients(s) fails to fulfill this obligation, it will be up to the Board of Director’s discretion if his/her chapter will receive complimentary tickets in the subsequent year.
SAMPLE SURVEY LETTER
SAMPLE CHAPTER FORMATION QUESTIONNAIRE

1. Are you interested in a Dermatology Nurses’ Association Chapter?
   □ Yes □ No

2. Would you be willing to help with chapter formation activities?
   □ Yes □ No

3. Please list your meeting topic ideas and speaker recommendations.

4. Other comments, suggestions, or concerns.

   Name:

   Home Address:

   Home Phone: ____________________________ Work Phone:

   Email Address:
Dear Pharmaceutical Representative:

I am writing to you regarding the formation of a(n) Chapter of the Dermatology Nurses’ Association. All personnel working in any plastic or dermatological setting are eligible for membership. The goals of the organization are to provide education opportunities and to promote and insure the highest quality of care for our dermatology patients. Local chapters are the most important avenues for providing education and communicating the most current trends in dermatological conditions, related medication and treatment regimes and new or existing product lines.

There are several nurses in _____________ who have verbalized an interest and willingness to assist me with this endeavor. We are surveying nurses and office staff members to determine interest in forming a local chapter. Ultimately, we envision at least semi-annual meetings with guest speakers and product displays. We also envision a chapter newsletter.

Any support you could offer would be appreciated. We are in need of financial assistance to help defray initial expenses, printing, mailing and continuing education costs. Refreshments, product samples, door prizes, and meeting sponsorship will be future needs.

I can be reached at:

Thank you in advance for your time and for your support.

Sincerely,
SAMPLE THANK YOU LETTER

Dear Colleague:

We made it! The ________________ Chapter of the Dermatology Nurses’ Association was founded ________________. We are now a recognized chapter of the Dermatology Nurses’ Association. The elected officers of the chapter are ________________.

Our first meeting was held in ________________ on ________________ and was a huge success. There were _____ individuals in attendance. Continuing education credits were granted. Our goal is to provide CE credit for each chapter meeting.

During the next year, we look forward to growth in membership, increased communication through a chapter newsletter and semi-annual meetings designed to share knowledge, techniques and new ideas. The next meeting will be held on _______ at ________________.

We would like to take this opportunity to thank you for your support of our organization and encourage you to share this letter and information with your colleagues. We are looking forward to seeing you at our next meeting.

Sincerely,
SS-4 INSTRUCTIONS
(Rev. 12.2019 form)

Following this page are the instructions for completing an SS-4 Form, and a sample of one. The sample has information filled in to show what part of the form is required.

1. Insert you chapter name in front of “chapter of the Dermatology Nurses’ Association on line 1.
2. 3 and 7a require your presidents name, 4a and 4b require your presidents address, 6 requires president county and state, 7b requires Presidents social security number.
3. 9a check other nonprofit organization, chapter of a nonprofit nursing Organization.
4. 10 check other, chapter formation of a nonprofit association.
5. 11 requires date of organizational meeting.
6. At bottom of form, president must print name and title, sign, add phone number and fax number.
7. 16 check other, chapter of a nonprofit association.
8. 18 check no.

When the form is completed, mail or fax it to:

Internal Revenue Service Center
Attn: EIN Operation
Cincinnati, OH 45999
Fax-TIN: 859-669-5760

When you receive your number from the IRS, please send a copy to:
DNA National Office
435 N. Bennett Street
Southern Pines, NC 28387
Attn: Chapters
APPLICATION FOR EMPLOYER IDENTIFICATION NUMBER

1. Legal name of entity (for individuals) for whom the EIN is being requested
   (XX) Chapter of the Dermatology Nurses Association

2. Trade name of business (if different from name on line 1)
   President's Name

3a. Mailing address (room, apt., suite no. and street, or P.O. box)
   President's Address

3b. City, state, and ZIP code (if foreign, see instructions)
   City, state, and ZIP code (if foreign, see instructions)

4a. Mailing address (room, apt., suite no. and street, or P.O. box)
   President's Address

4b. City, state, and ZIP code (if foreign, see instructions)
   City, state, and ZIP code (if foreign, see instructions)

5. Country and state where principal business is located

6a. Is this application for a limited liability company (LLC) (or a foreign equivalent)?
   Yes □ No □

6b. If Yes, enter the number of LLC members

6c. If Yes, was the LLC organized in the United States?
   Yes □ No □

7a. Name of responsible party
   President's Name

7b. SSN, ITIN, or EIN
   Generated SSN

8a. Type of entity (check only one box). Caution: If No. 8a is "Yes," see the instructions for the correct box to check.
   □ Sole proprietor (SSN) □ Estate (SSN of decedent)
   □ Partnership □ Trust (TIN of grantor)
   □ Corporation (enter form number to be filed) □ Military/National Guard
   □ Personal service corporation □ State/local government
   □ Church or church-controlled organization □ Federal government
   □ Other nonprofit organization (specify) □ Federal/State government/Enterprises
   □ Chapter of a Non-Profit Association

8b. If a corporation, name the state or foreign country (if applicable) where incorporated

9a. Type of entity (check only one box). Caution: If No. 9a is "Yes," see the instructions for the correct box to check.
   □ Sole proprietor (SSN) □ Estate (SSN of decedent)
   □ Partnership □ Trust (TIN of grantor)
   □ Corporation (enter form number to be filed) □ Military/National Guard
   □ Personal service corporation □ State/local government
   □ Church or church-controlled organization □ Federal government
   □ Other nonprofit organization (specify) □ Federal/State government/Enterprises
   □ Chapter of a Non-Profit Association

9b. If a corporation, name the state or foreign country (if applicable) where incorporated
   State
   Foreign country

10. Reason for applying (check only one box)
    □ Started new business (specify type) □ Changed type of organization (specify new type)
    □ Hired employees (Check the box and see line 13) □ Created a trust (specify type)
    □ Compliance with IRS withholding regulations □ Created a pension plan (specify type)
    □ Other (specify) □ Chapter of a Non-Profit Association

11. Date business started or acquired (month, day, year). See instructions.

12. Closing month of accounting year
   □ Yes □ No □
   □ If Yes, write previous EIN here □

13. Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.
   Agricultural
   Household
   Other

14. First date wages or salaries were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year). □

15. Check one box that best describes the principal activity of your business.
    □ Health care & social assistance □ Wholesale-agent/broker
    □ Construction □ Retail
    □ Rental & leasing □ Manufacturing
    □ Transportation & warehousing □ Finance & insurance
    □ Wholesale other □ Retail

16. Check one box that best describes the principal activity of your business.
    □ Health care & social assistance □ Wholesale-agent/broker
    □ Construction □ Retail
    □ Rental & leasing □ Manufacturing
    □ Transportation & warehousing □ Finance & insurance
    □ Wholesale other □ Retail

17. Educational background (check one) □ Chapter of a Non-Profit Association

18. Has the applicable entity shown on line 1 ever applied for and received an EIN? □ Yes □ No □

If Yes, write previous EIN here □

19. Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.
   Designee's name □
   Designee's telephone number (include area code) □
   Designee's tax number (include area code) □

20. Name, title, or print clearly □

21. The undersigned, in the capacity of, □

22. Signature □

23. Date □

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16606N
Form SS-4 Rev. 12-2012B

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SAMPLE MEETING AGENDA

Chapter of the DNA
Spring Meeting
May 16, 202_

AGENDA

7:30 am - 8:30 am Registration

8:30 am - 9:30 am New Treatments in Psoriasis
Presenter: XXXX
Sponsored by Westwood-Squibb

9:40 am - 10:40 am Carbon Dioxide Laser Resurfacing
Presenter: XXXX, MD
Sponsored by ICN Pharmaceuticals

10:50 am - 11:00 am Break

11:10 am - 12:10 pm Common Pediatric Dermatosis
Presenter: XXXX, MD

12:15 pm - 1:15 pm Lunch

1:15 pm - 1:45 pm Business Meeting

1:45 pm - 2:45 pm Bullous Diseases
Presenter: XXXX, MD

2:45 pm - 3:00 pm Break

3:00 pm- 3:30 pm Questions/Evaluation
MEETING BROCHURE – SAMPLE

REGISTRATION

Name: ________________________
Street: _________________________
City/State: ______________________
Zip Code: _______________________
Daytime Phone: ________________
Email for registration confirmation: ________________________________

Fee: $65 DNA members $75 non-members $85 at the door

CE: 6 units CE Provider # 15852

Continental breakfast and lunch provided

Mail registration by October 29, 2019 to:
Melissa Cooper, RN, CWOCN, DNC

Please make checks payable to:
Northern California Chapter 004 Dermatology Nurses Association

For a refund, a cancellation request must be received by email before 10/29/2019.
Cancellation requests should be sent to melissacooper695@icloud.com

AGENDA

7:30AM Registration/Continental Breakfast Networking & Vendor Displays

8:25AM Welcome/Overview
Melissa Cooper, RN, CWOCN, DNC

8:30AM Skin of Color
XXXX, MD

9:30AM Dermatoses in Nursing Mothers & Androgenetic Alopecia in Women
XXXX, MD

10:30AM Break/Vendor Displays

10:45AM Contact Dermatitis: Is Patch Testing Really Necessary? Making Allergen Avoidance Easy*

XXXX, MD

*Please bring one “hypoallergenic” or “fragrance-free” product with ingredient label for The Ingredient Game

11:45AM Lunch Networking & Vendor Displays

12:15PM Northern California Chapter 004 DNA Business Meeting

1:00PM Inpatient Dermatology & Dermatologic Emergencies
XXXX, MD

2:00PM From Impressionism to Clinical Impressions: Telehealth & Telephone Triage
XXXX, MD & XXXX, RN-BC, DNC
3:00PM  Update: Vaccines & Dermatology  

XXX, MD

4:00PM  Networking & Vendor Displays

4:15PM  CE Certificates & Evaluations

Northern California Chapter 004 DNA Board & Program Planners:

President/ Treasurer
Melissa P. Cooper RN, CWOCN, DNC

Secretary  
Sierra Kane, RN-BC, DNC

Corresponding Liaison
Maribel Amodo, RN, MSN, CNL

Helpful DNA Member
Sherry Whitnak, RN

DIRECTIONS (turquoise balloons will guide you in to parking area and auditorium)

From San Francisco/North Bay: Take US-101 S, follow signs towards San Jose. Take Exit 420 for Millbrae Ave. Turn right onto E Millbrae Ave, cross El Camino Real then turn left onto Magnolia Ave. In a few blocks you will run straight into Mills Peninsula Medical Center.

From South Bay: Take US-101 N, follow signs for San Francisco. Take Exit 420 to Millbrae Ave. Turn left onto E Millbrae Ave, cross El Camino Real then turn left onto Magnolia Ave. In a few blocks you will run straight into Mills Peninsula Medical Center.

From I-280: Take Exit 39 onto Trousdale Dr. toward El Camino Real. Mills Peninsula Medical Center will be on the right, corner of Trousdale Dr. and El Camino Real.

By BART/Caltrain: The Millbrae Station is located 0.7 mi (15-minute walk) from the Mills Peninsula Medical Center.

The Northern California Chapter 004 Dermatology Nurses’ Association Presents:

Dermatology Nursing Update 2019 on Saturday, November 2, 2019 at Mills Peninsula Medical Center 1501 Trousdale Drive, Auditorium 2 Burlingame, CA 94010
Provider approved by the California Board of Registered Nursing, CEP #15852

6 Contact Hours

Melissa P. Cooper
Northern California Chapter 004 DNA

XXXX
Sample Exhibitor Letter

Spring/Summer 2019

Dear Exhibitor,

We are pleased to announce the Annual Meeting of the North Carolina Dermatology Nurses’ Association on Saturday, September 28, 2019. The meeting will be held at the Hawthorne Inn & Conference Center, 420 High Street, Winston Salem, NC. This meeting provides attendees continuing education (offering 6 CE’s), and a way to meet other clinicians in the field of Dermatology, including NPs, RNs, LPNs/LVNs, PAs, MAs, and office staff. We will be expecting approximately 50-100 participants. It also provides representatives, such as yourself, an opportunity to showcase your products. The exhibits will be separate and apart from CE activities and exhibit fees will not be used to fund any aspect of the CEs.

The NC-DNA would like your representation at our meeting. Spaces will be available for those who choose to display their products. Our booth fee is $500.00 which will include a table. Exhibit times will be: 7:30-8:00AM, and 10:15-10:45AM. Sponsorship opportunities are also available and information can be obtained by contacting Linda Markham.

Thank you in advance for your consideration in attending the NCDNA meeting. We look forward to hearing from you. Please contact us with your intentions no later than September 16, 2019. Please make checks payable to NC-DNA. Please send all fees to Linda Markham at the above address.

Respectfully yours,

The 2019 NC-DNA Board of Directors/Planning Committee:
President: Robin Inabinet - Wake Health Baptist Hospital, Winston Salem
President-Elect & Immed. Past President: Joanie Jones - FirstHealth, Pinehurst
Secretary: Linda Moore - Duke University, Durham
Treasurer: Judith Daley - Wake Health Baptist Hospital, Winston Salem
Planning Committee: Julie McCarty - Duke University, Durham
Linda Markham - DNA, Southern Pines
Nurse Planner: Theresa Umland
Northern California Chapter 004 Dermatology Nurses’ Association

Sample Exhibitor Letter

Dear XX,

We are pleased to announce the annual educational conference of the Northern California Chapter 004 Dermatology Nurses’ Association. “Dermatology Nursing Update 2019” our venue is in a 250-bed community hospital on Saturday, November 2, 2019, 7:30 am to 4:15 pm.

Mills Peninsula Medical Center
1501 Trousdale Drive, Auditorium 2
Burlingame, CA 94010

This conference provides attendees continuing education and attracts a variety of dermatology clinicians and staff, including RNs, LPNs/LVNs, NPs, PAs, MAs, and office staff. We will be expecting approximately 50 participants. The conference also provides XX an opportunity to showcase XX and educate our participants this medication used for atopic dermatitis and asthma. The exhibits will be separate and apart from CE activities. XX will be assigned to nearby smaller conference rooms A, C, and D. You can get in to set up at 7am our Board members will be there too at that time too. You are invited and welcome to listen to the conference talks in the auditorium.

The Northern California Chapter 004 DNA appreciates your representation at our meetings. Your exhibitor fee will be $160.00, which will include a table and your lunch. This exhibit fee will be used to fund two dermatology text books. “Dermatology for Advanced Practice Clinicians” by Margate A. Bobonich and Mary E. Nolen and “Dermatologic Nursing Essentials A Core Curriculum” both will be part of a raffle we plan for a fun distraction during the day’s activities. Exhibit times have been scheduled in during the conference day. See attached brochure. We announce and thank each of our vendors to the participants at the beginning and end of the conference. The list of vendors and their contact information will be in each of the participant’s packets.

Thank you in advance for your consideration in attending the Northern California Chapter 004 Dermatology Nurses’ Association Conference; Dermatology Update 2019. We look forward to hearing from you. Please contact us with your intentions no later than September 2, 2019.

Financial support should be mailed to:
Melissa P. Cooper, RN, CWOCN, DNC
XX

Please make checks payable to: Northern California DNA
EIN (Tax ID #) XX-XXXXXXX, W9 attachment, Financial Operations Expenses and IRS letter attached.
Contact Melissa for questions at
Cell XX

Thank you so much

2019 Board of Directors/Planning Committee:
President/ Treasurer: Melissa Cooper, RN, CWOCN, DNC
Secretary: Sierra Kane, RN-BC, BSN, DNC, PCCN
Communications Liaison: Maribel Amodo, RN, MSN, DNC
Sample: How to put on a one-day program

VISION: of what you want to convey to others. Decide how long your program will be; we will decide on a 6-hour program to sample. Utilize recommendations from members on evaluation forms from prior conferences.

TIME: what date/time do you want to hold your program/conference? Set up time for an all-day conference is usually 7am for the conference and vendors. Registration and refreshments are always nice to start with if you can.

SPACE: hospitals, library’s, churches may be options for free or low-cost rooms and audio-visual (AV) equipment. At hospitals you usually need to let security know about the event and that extra people will be in the hospital. Many times, there is an AV guy or gal to help with microphones, computer hook ups and laser pointers. If you can have signs to guide participants on the day of the event, it will be helpful.

SPEAKERS: Engage all of your board/planning committee and decide what topics or speakers and then make assignments for who will contact and secure each speaker. Everyone helping!

MEETING INFORMATION: Confirm time slots of speakers, get a topic title and the speakers name and credentials then put together a brochure. You will need from each speaker a CV, signed disclosure form hand outs (see if the speakers will make a handout out of their PowerPoint Presentation and they can email it to you as a PDF file), their presentation on a stick or their computer. You need to keep these documents as designated by your accrediting body along with the brochure for continuing educational providers. You can put how many CEU’s are given, registration form, address and maps on your brochure.

You may or may not want vendors. They will need a separate area to exhibit, as they are not allowed in the educational meeting space.

Everyone on the board edits the brochure before it is then sent to speakers who make sure their name and topic title is correct. Then it gets sent out to members, then to local dermatology offices and clinics. The secretary will send out the handouts to the participants so we can save money and we give an agenda and evaluation form. Certificates are given out at the end of the conference when we receive a completed evaluation form.

A designated person will receive the registrations and checks as they come in and will generate a check-in list for the conference participants. Designated people will also be responsible for honorarium checks, thank you notes for speakers to be presented the day of the event.

The board will decide on foods for a lite breakfast, lunch, snack, water, and paper products.

Everyone helps out to set up and take down.

Hold your annual business meeting during the event and include on your agenda. See manual for meeting guidelines. We are a nonprofit and tax exempt, so we have to as a minimum have two business meetings per year. The president will call the meeting to order, the secretary will take minutes, and the treasurer will give a financial report.

DISCLOSURES: Per your accrediting body, you must provide disclosures to your attendees.

CE Certificates: Per your accrediting body, inform attendees of meeting disclosure and only provide CE Certificates when they have met the requirements of the disclosures.
## OFFICERS & PLANNING COMMITTEE
### NC-DNA 2019

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Robin Inabinet</td>
<td>Clemmons</td>
</tr>
<tr>
<td>President-Elect</td>
<td>Joanie Jones</td>
<td>West End</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Judith Daley</td>
<td>Winston Salem</td>
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<tr>
<td>Secretary</td>
<td>Linda Moore</td>
<td>Durham</td>
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<tr>
<td>Advisors</td>
<td>Mary Fish</td>
<td>Wendell</td>
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<td>Linda Markham</td>
<td>Vass</td>
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<td></td>
<td>Julie McCarty</td>
<td>Durham</td>
</tr>
<tr>
<td>Nurse Planner</td>
<td>Theresa Nelson</td>
<td>West End</td>
</tr>
</tbody>
</table>
SESSION PRACTICE GAP/DESIRED STATE/IDENTIFIED GAP/LEARNING OUTCOME

This meeting was developed based on the following:

A. Description of the professional practice gap
Dermatology is an ever-changing field of medicine with new procedures, medications, and services being developed every day to address the multifaceted needs of patients. Nurses in clinical dermatology practices have a need to stay abreast of these changes to provide optimum care for their patients.

B. Evidence to validate the professional practice gap
During the NCDNA 2018 meeting, evidence was gathered on evaluation forms from the participants to determine their needs for future events. Some of the top-rated topics were noted and experts related to the topics were sought to present for the 2019 conference. In addition, subject matter experts (both program planning members and faculty), also provided input regarding current dermatologic issues and trends for 2019.

C. Educational need that underlies the professional practice gap:
Knowledge ☒ Skill ☐ Practice ☐

D. Description of the target audience:
RN ☐ APRN ☐ Specific subset of RNs (e.g. ED, Oncology, etc.) – please explain: Dermatology Interprofessional (please list relevant professional groups).

E. Desired learning outcome(s)
Learners will gain knowledge of patient treatment adherence/non-adherence, Hidradenitis suppurativa, Topical steroid withdrawal syndrome (TSW), hair loss disorders, vulvar disease, and nursing issues in North Carolina that will allow them to optimally care for their patients utilizing evidence-based knowledge. Upon successful completion of this activity at least 80% of learners will have indicated on the evaluation tool under number 3, that they “Agree” or “Strongly Agree” that the six learning outcomes listed were met.

F. Content of activity:
This conference is designed to provide both the dermatology novice and expert with up-to-date evidence-based information that they will be able to use in their care of dermatologic patients in order to provide quality outcomes.
Title of Continuing Education Activity: **Diversifying Our Knowledge to Improve Care**

**DNA Chapter North Carolina #17**

**September 30, 2017**

**MEETING ATTENDANCE RECORD**

*Contact hour certificates are invalid if the attendee is not registered on the attendees form.*

<table>
<thead>
<tr>
<th>Name</th>
<th>Credentials</th>
<th>Last 4 digits of SS#</th>
<th>Signature</th>
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<tbody>
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<tr>
<td>Title of CE Activity: Dermatology Nursing Continuing Education Activity Evaluation Form and Session Evaluations</td>
<td>3=outstanding Speaker Effectiveness</td>
<td>2=Satisfactory Contribution To new knowledge</td>
<td>1=unsatisfactory Met stated Objectives</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>Session title and Speaker: Skin of Color XX, MD</td>
<td>3 2 1</td>
<td>3 2 1</td>
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</tr>
<tr>
<td>Session title and Speaker: Dermatoses in Nursing Mothers &amp; Androgenetic Alopecia in Women XX, MD</td>
<td>3 2 1</td>
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<td>3 2 1</td>
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<tr>
<td>Session title and Speaker: Contact Dermatitis: Is Patch Testing Really Necessary? Making Allergen Avoidance Easy* XX, MD</td>
<td>3 2 1</td>
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<tr>
<td>Session title and Speaker: Inpatient Dermatology &amp; Dermatologic Emergencies XX, MD</td>
<td>3 2 1</td>
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<tr>
<td>Session title and Speaker: From Impressionism to Clinical Impressions: Telehealth &amp; Telephone Triage XX, MD</td>
<td>3 2 1</td>
<td>3 2 1</td>
<td>3 2 1</td>
</tr>
<tr>
<td>Session title and Speaker: Update: Vaccines &amp; Dermatology XX, MD</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Comments:

There was opportunity to network with my colleagues 3 2 1
The educational activity was well worth my time 3 2 1
**ACTIVITY NAME:** Enhancing and Developing Best Practices in Dermatology

**ACTIVITY NUMBER:** 32066  
**ACTIVITY DATE:** 9/28/19, 8:15am-4:30pm  
**CONTACT HOURS:** 6

1. Please place the number in the boxes to indicate your evaluation of this presentation:

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

- Was well organized
- Was consistent with flyer advertising event
- Was relevant to learning outcomes of presentation
- Effectively used teaching methods and learning aids
- Enabled me to meet my personal objectives
- Provided time to interact with instructional facilitators
- Provided an opportunity to network with peers
- Environment was conducive to learning

2. **Overall Satisfaction**

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Undecided</th>
<th>Unlikely</th>
<th>Very Unlikely</th>
</tr>
</thead>
<tbody>
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</table>

Please rate your overall satisfaction of the presentation

Please rate your overall satisfaction with the method of presentation

How likely are you to recommend this presentation to colleagues

3. **Were Activity Learning Outcomes Met?**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
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<td>1</td>
<td>2</td>
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</tbody>
</table>

- Learners will gain knowledge of patient treatment adherence/non-adherence
- Learners will gain knowledge of Hidradenitis suppurativa
- Learners will gain knowledge of Topical steroid withdrawal syndrome
- Learners will gain knowledge of hair loss disorders
- Learners will gain knowledge of vulvar disease
- Learners will gain knowledge of nursing issues in North Carolina

(Please complete back of evaluation form only: You will need to adhere to the requirements from your accrediting body)
4. **Speaker Teaching Effectiveness**

<table>
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<tbody>
<tr>
<td>XX, MD</td>
<td>8:15am-9:15am</td>
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<tr>
<td>XX, MD</td>
<td>9:15am-10:15am and 10:45am-11:45am</td>
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<tr>
<td>XX, MD</td>
<td>1:15pm-2:15pm</td>
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<tr>
<td>XX, MD</td>
<td>2:15pm-3:15pm</td>
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<tr>
<td>XX, DNP</td>
<td>3:30pm-4:30pm</td>
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</table>

5. **This activity will assist in the improvement of my (check all that apply)**

   - Knowledge: ☐
   - Skills: ☐
   - Competence: ☐
   - Performance: ☐
   - Patient Outcomes: ☐

6. **Do you feel this content was fair and balanced?**  __ Yes  __ No

7. **Did this presentation have any commercial support?**  __Yes  __ No

   If yes, did the speaker demonstrate any commercial bias (Favoritism or influence shown toward a product or company in relation to the educational offering)?  __ Yes  __ No

8. **I plan to make the following changes to my practice: (check all that apply)**

   - Modify treatment plans
   - Change my screening/prevention practice
   - Incorporate different diagnostic strategies into patient evaluation
   - Use alternative communication methodologies with patients and families
   - None: the activity validated current practice
   - Other: please specify

9. **What topics of interest would you like us to provide?**

10. **Comments:**
**SAMPLE EVALUATION FORM ONLY: YOU WILL NEED TO ADHERE TO THE REQUIREMENTS FROM YOUR ACCREDITING BODY**

**CHAPTER Dermatology Nurses’ Association**
**ANNUAL CONFERENCE**
**DATE**

Name: _____________________________________ (optional)
Designation: □ RN  □ RPN  □ NP  □ Physician Assistant □ Student  □ Other
Field of Practice:                                     Where Do You Practice?:

*************************************************************
*************************************************************

**Objectives**

<table>
<thead>
<tr>
<th>Objective not met</th>
<th>Objective met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Met The Stated Objectives</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>My Objectives in Attending Were Met</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

Please rate the statements in this evaluation according to the following scale:

<table>
<thead>
<tr>
<th>1- STRONGLY DISAGREE</th>
<th>2- DISAGREE</th>
<th>3- NEUTRAL</th>
<th>4- AGREE</th>
<th>5- STRONGLY AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Program</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>This program content enhanced my knowledge</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The program content was relevant to my practice</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The program was well organized</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Adequate time was allotted for Questions</td>
<td>1 2 3 4 5</td>
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<tr>
<td>This program was credible and non-biased</td>
<td>1 2 3 4 5</td>
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</table>
CERTIFICATE OF ATTENDANCE

________________________________

has successfully completed the continuing education activity entitled:

Enhancing and Developing Best Practices in Dermatology

Activity ID# 32066
Completion Date: September 28, 2019

Location: Winston Salem, NC

Contact Hours Awarded: 6

________________________________

(Authorized Signature)

This nursing continuing professional development activity was approved by the Georgia Nurses Association, an accredited approver by the American Nurses Center’s Commission on Accreditation.
SPEAKER HONORARIUM LETTER SAMPLE

September 29, 2018

XXXX XXXX, MD

Dear Dr. XXXX,

Enclosed you will find check #XXXX in the amount of $XXXX as your speaker honorarium for today’s presentation. The NCDNA greatly appreciates you taking time out of your busy schedule and sharing your knowledge and expertise with our attendees. It is always a pleasure to have you as a presenter at one of our conferences.

Sincerely,

XXXX, RN, DNC

NC Dermatology Nurses’ Association
Email address
Telephone #

Enclosure
CONTINUING EDUCATION FOR CHAPTERS

How to acquire Continuing Education for your Chapter Meeting:
There are avenues that chapters can use to seek ANCC approval for educational activities, such as through local state nursing boards. Additional sources are listed below for your convenience.

Resources for Chapters Seeking Approval of Educational Activities:
1. State Nurses Associations (SNA) are accredited to approve activities. Chapters who are interested could log on to their local SNA to identify the particular criteria required for submission. Documentation will be similar to what the DNA required in the past, however, costs and review time will be state specific. Most are relatively inexpensive for the chapters; however, the timelines may be 1-2 months before event.

2. Local hospitals and nursing schools are usually approved providers of continuing nursing education. Chapters may seek co-providership with them for an activity.

3. If a chapter wishes to co-provide an activity with the DNA, a nurse planner from the DNA must truly be on the planning committee for the chapter and must work with the chapter from assessment and planning to implementation and evaluation of an activity.

Contact DNA for guidance if needed at: dna@dnanurse.org
Disclosures to Participants

1. Accreditation approval statement:
This nursing continuing professional development activity was approved by the Georgia Nurses Association, an accredited approver by the American Nurses Center’s Commission on Accreditation.

2. Criteria for Awarding Contact Hours (this must be congruent with Section I in the application)
☒ Attendance for the entire activity
☐ Attendance at one or more sessions
☒ Completion and submission of an evaluation form
☐ Successful completion of a post-test (e.g. attendee must score _____ % or higher
☐ Successful completion of a return demonstration
☐ Other: Describe __________

3. **One** Certificate of Completion is issued upon successful completion of the educational activity and based on participant verification form for the sessions completed/attended.

4. This presentation has no commercial support and is not a joint provided activity.

5. The content of this activity has no connection with any products consumed by or used on patients, so there is no conflict of interest for anyone with the ability to control the content of this activity.
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Name</th>
<th>Position</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Call to Order</td>
<td>Robin Inabinet</td>
<td>President</td>
</tr>
<tr>
<td>2</td>
<td>Reading of 2018 Minutes</td>
<td>Linda Moore</td>
<td>Secretary</td>
</tr>
<tr>
<td>3</td>
<td>Treasury Report</td>
<td>Judy Daley</td>
<td>Treasurer</td>
</tr>
<tr>
<td>4</td>
<td>Old Business</td>
<td>Open</td>
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<tr>
<td>5</td>
<td>New Business</td>
<td>Open</td>
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<tr>
<td>6</td>
<td>Election of Open Offices</td>
<td>Open</td>
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<td></td>
<td>(President-Elect and Secretary)</td>
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<tr>
<td>7</td>
<td>Next Annual</td>
<td>Joanie Jones</td>
<td>Pres Elect</td>
</tr>
<tr>
<td>8</td>
<td>Meeting Adjournment</td>
<td>Robin Inabinet</td>
<td>President</td>
</tr>
</tbody>
</table>
TIPS FOR WRITING A FOCUS ARTICLE

Ideally each chapter will make a contribution each quarter to the FOCUS publication. These articles will assist in highlighting the activities and events of the DNA chapters to the overall DNA membership. These articles do not need to be long, a few sentences or bullet points can be sufficient!

-Sometimes brief is better! Don't feel like you need to fill an entire page with words. People often skim articles, so be concise to get your point across. If you want to emphasize something, put it in bold and we'll highlight it!

-Visual aids work. If you have a picture or graphic to submit along with your content, please do!

-You don't necessarily have to write an article. Bullet points can get your point across as well. For example, chapters can send a list of key initiatives they've worked on for that quarter, or events planned or attended. Even a few bullet points to show members what you've talked about could be interesting to those who are not involved in a DNA chapter.

-If you contribute every quarter but feel like you are struggling to keep the information new and exciting, think outside the box. Do a short 3-5 question interview with one of your chapter members about their involvement in the chapter. Go into detail about one event your group is currently working on, planned, or attended. Write about a guest speaker from one of your recent chapter meetings.

-You can also make it personal. FOCUS is a way for members to share information with each other. Talk about a study, article, or book you've recently read that you think other DNA members might enjoy. Share a story or anecdote about a memorable patient experience or something interesting you learned at your job.

-The Chapter President does not have to write the article. If you prefer, rotate the assignment to different members for different perspectives.

-Finally, DNA would like to share your information outside of FOCUS. If someone isn't involved in a chapter, they probably have no idea about what your chapter does, so any type of update/news will be interesting and give a better picture of the DNA as a whole. So unless there is a compelling reason to check the "for FOCUS use only" box (on article submittal form), let us promote you!
CHAPTER FOCUS SUBMITTAL FORM - TEMPLATE

Guidelines:

**Content:** Please submit notices of upcoming chapter meetings or updates on past meetings. *It would be greatly appreciated if you would place all information on this form, not on a separate document.*

**Images:** We encourage the submission of images or pictures with articles. Please attach them *separately* in .jpg or .png format. Pictures should be at least 680x480 in dimension (or higher for better resolution). Please do not embed pictures in the document file. Please note that submissions will be proofread for grammar and spelling and may be edited for brevity and layout before final release of FOCUS. Information and images from submissions may also be used in other DNA communications channels, such as social media. If you do not wish for them to be shared elsewhere, please make a note with your submission “for FOCUS use only.”

Thank you for your submission!

**Required Article Information**

Submitter’s Name: XXXXX

Author’s Name (if different from submitter):

**Title(s) and designation(s):** XXXXX

**Email address:** XXXXX

Website URL (if applicable):

**Type of Submission:**
- Upcoming meeting notice
- Update of past meeting

**Title of Submission:** XXXXX

**Text** (recommended article length is 100 words maximum): XXXXX
METHODS FOR OBTAINING A 2/3 VOTE

There are various methods chapters can utilize to obtain a 2/3 vote:

- In person meetings
- Electronic Surveys – (Such as Survey Monkey)
- Emails utilizing the chapter listserv

Note: *Any time a vote is held, the vote will need to be documented in the chapter meeting minutes and submitted to the DNA National Office. If the vote was held electronically, please submit a copy of the survey.*
IMPORTANT LINKS

ANCC Website for CE Credits:  
https://www.nursingworld.org/ancc/

DNA Chapter Manual:  
https://www.dnanurse.org/aboutdna/chapters/

DNA Website:  
https://www.dnanurse.org/

DNA Website Chapter FAQ:  
https://www.dnanurse.org/aboutdna/chapters/chapter-faqs/

DNA Website Chapter Resource Toolkit:  
https://www.dnanurse.org/aboutdna/chapters/chapter-resource-toolkit/

DNA Website Chapter Section:  
https://www.dnanurse.org/aboutdna/chapters/

DNA Website Continuing Education for Chapters:  
https://www.dnanurse.org/aboutdna/chapters/ce-for-chapters/

Annual Electronic Filing Requirement for Small Exempt Organizations Form 990-N (e-Postcard):  

IRS Form 990-N Electronic Filing System (e-Postcard) User Guide:  

Requesting IRS EIN# via SS-4 Form:  
https://irs-ein-forms-gov.com/?utm_source=adwords-1&utm_medium=ppc-1&utm_campaign=eincampaign1&utm_term=ss4%20form&imt=1&gclid=EAIaIQobChMIkPuYt8Gb6wIViYvaBR1aMAF5EAAYASAAEeqK59vD_BwE&utm_content