

# Introduction to Chapter Formation



**American Society of Plastic  
Surgical Nurses (ASPSN)**



## **AMERICAN SOCIETY OF PLASTIC SURGICAL NURSES (ASPSN)**

### **INTRODUCTION TO CHAPTER FORMATION**

#### **MISSION STATEMENT**

The mission of the American Society of Plastic Surgical Nurses (ASPSN) is to employ education and research to promote practice excellence, nursing leadership, optimal patient safety, and outcomes by using evidence-based practice as a foundation of care.

ASPSN accomplishes its mission by doing the following:

- Developing the highest standards of plastic surgical care
- Enhancing professional growth and leadership through education and research
- Providing a support structure for members
- Promoting interdisciplinary collaboration with others supporting ASPSN's mission and philosophy
- Serving as a resource for other healthcare professionals
- Promoting opportunities for networking and collaboration among like minded individuals
- Participating in legislative and advocacy activities
- Providing diverse education to meet the needs of patients in all practice settings including aesthetic, reconstructive, burn, pediatric, skin care, adult, operating room, post anesthesia care, office settings, and many others.

#### **INTRODUCTION**

Incorporated as a nonprofit professional organization in 1975 as the American Society of Plastic and Reconstructive Surgical Nurses (ASPRS), ASPSN has a growing international membership. ASPSN currently serves its members through a national structure, five regions, and a network of local chapters in the United States and Canada. Registered nurses, registered nurse first assistants, licensed practical nurses (LPN), and licensed vocational nurses (LVN) who support the philosophy, purpose, and objectives of the Society are eligible to become Regular Members. LPNs, LVNs, technicians, assistants, and student nurses are eligible to become Associate Members.

## **PHILOSOPHY**

The American Society of Plastic Surgical Nurses is an international voluntary nursing specialty organization committed to the enhancement of quality nursing care delivered to the patient undergoing plastic and reconstructive surgery. The organization supports and encourages the collaborative relationships among nurses and other healthcare professionals engaged in the areas of clinical practice, education, administration, and research. ASPSN recognizes its responsibility to the advancement of plastic and reconstructive surgical nursing practice and provides a broad spectrum of opportunities to promote personal and professional growth of its members.

ASPSN believes the following:

- The patient is the fundamental focus of health care.
- Nurses are in a key position to serve as the patient advocate.
- Research should be the foundation for practice from which the nurse's knowledge, judgment, and skills develop.
- Learning is a life long process in which health care professionals assume responsibility for their continuing education and professional competency.
- Use of Standards of Practice, the Core Curriculum, and other available resources assist healthcare professionals in the delivery of quality care.
- Healthcare professionals must be responsible, ethical, and accountable for quality patient care within the limits of their license and educational level.
- Both the Society and its members should monitor legislative and advocacy issues affecting either the profession or patient care.
- The Society's activities should be structured to meet the evolving needs of its members and patient population including a broad spectrum of opportunities to promote personal and professional growth of its members.
- Excellence in care should be promoted and acknowledged.
- Opportunities for patient education / community awareness should be fostered.
- Leadership skills are learned and should be nurtured by current ASPSN leaders.
- Specialty board certification is the only measurable way to validate knowledge and expertise in the specialty practice of plastic surgical nursing.

## **CHAPTERS/MEMBERSHIP COMMITTEE**

Chapters are one of the important mechanisms for encouraging membership and participation in ASPSN and for communicating needs and concerns of members. The Chapters/Membership Committee has the responsibility for development and maintenance of chapters. The committee chair is appointed by the Board and serves a minimum of one year.

## **PURPOSE AND OBJECTIVES OF THE CHAPTERS/MEMBERSHIP COMMITTEE**

The purpose and objectives of the Chapters Committee are as follows:

1. Understand, uphold, and support the philosophy, objectives, policies, and procedures of ASPSN.
2. Coordinate the development and maintenance of chapters and the recruitment and retention of membership.
3. Promote ASPSN activities and programs to chapters.
4. Define and facilitate solutions to problems related to chapter development, maintenance, and recruitment and retention of members.

## **STEPS TO CHAPTER FORMATION**

1. Ensure sincere interest and genuine drive on the part of several local ASPSN members to establish a chapter.
2. Identify at least three or more regular ASPSN members who wish to belong to the chapter.
3. Choose a few ASPSN members upon whom you can depend as leaders in the new local chapter—nurses whose confidence, support, and leadership are known to you. They can provide an organizing nucleus.
4. Schedule an organizational meeting giving adequate advance notice.
5. Contact head nurses of plastic surgery and burn facilities, same day surgery facilities, and operating room facilities in your area. Be sure not to forget anyone! Enclose notices that can be posted on the department bulletin boards. If possible, choose a site for the meeting that is centrally located.
6. Notify the National Office so that you can obtain a membership list which will include all ASPSN members in the area. Staff can help you with ideas and suggestions. Consider planning this meeting far enough in advance that the meeting announcement might be printed in the *ASPSNews*.
7. Appoint a program chairperson to help organize a short valuable session to discuss a topic of interest concerning plastic surgery practice. A guest speaker and a responsive question and answer panel afterward can encourage attendance.
8. Consider organizing a tour of the host plastic surgery department or office.

9. Develop the agenda for the meeting as follows:

- a. Call to order
- b. Welcome
- c. Introductions
- d. Description of plans for chapter formation
- e. Clinical or administrative presentation
- f. Question and answer panel
- g. Elect (or ask for volunteers) chapter officers or committee chairpersons. The chapter officers must be FULL members of ASPSN or must join at the time of the election.
- h. Plan your next meeting—project some goals
- I. Select a chapter name
- j. Adjourn for refreshments

10. Consider using name tags at the meetings and pass around attendance record sheets asking for names, addresses, telephone numbers, and ASPSN membership status.

11. Have a supply of membership applications and information brochures available. Know the scheduled national events taking place during the year.

12. After election of officers, send an application for charter to the National Office. Refer to the enclosed policy and forms for petitioning to become a chartered chapter.

13. After the chapter charter has been granted, the newly-elected President will receive the Chapter Manual. Each chapter will be expected to adhere to the policies and procedures.

Set up a date for an officer meeting to establish goals and deadlines for the chapter.

## **GUIDE FOR MAINTAINING A LOCAL CHAPTER**

Once a chapter is chartered, adherence to the national requirements for maintaining the charter and continued membership and attendance are necessary. Varied educational programs, reports of activities within the organization, and updates of national ASPSN policies need to be communicated and shared with chapter members.

A chartered chapter does the following:

Ensures an open line of communication between the chapter and the national organization.

Provides an avenue for professional growth within the specialty field.

Meets together to share thoughts, learn, and attempt to solve common problems.

Supports the presence of the chapter president at the annual convention.

Provides annual financial reports to the National Office.

Additional information about ASPSN, chapter formation, chartered chapter privileges and chapter maintenance can be found in the Chapter Presidents Manual.

**American Society of Plastic Surgical Nurses**

**CRITERIA FOR CHARTERING A LOCAL CHAPTER**

To become a chartered chapter of ASPSN, complete the following enclosed documents:

\_\_\_\_\_ 1. Petition for Charter

\_\_\_\_\_ 2. Application for Charter

\_\_\_\_\_ 3. Proposed Bylaws

\_\_\_\_\_ 4. List of Chapter Officers and Addresses. (The mailing address of local chapter will be that of the current President, unless otherwise specified.)

\_\_\_\_\_ \*5. Employer Identification Number (EIN) can be obtained from the Internal Revenue Service by completing form #SS-4

The above information will be reviewed for completeness upon submission to the National Office. The National Office will forward to the Chapters/Membership Committee to review.

\*This criterion will not delay the chartering of the chapter. When you send in the chapter application, advise that you have applied for a EIN; then when the EIN is received, send it to the National Office.

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PETITION FOR CHARTER

Petition for charter from the American Society of Plastic Surgical Nurses, Inc., for a local chapter to be known as: \_\_\_\_\_ Chapter.

The \_\_\_\_\_ Chapter is committed to promote, in cooperation with all members of the healthcare team, the highest standards of nursing practice; to provide a network of communication facilitating the exchange of ideas and information among plastic surgical nurses; and to develop excellence in the plastic surgical nursing profession through expanded educational opportunities, and the identification and the acknowledgment of special merit and accomplishment within its membership.

The chapter represents the following geographical area as determined by the first three (3) digits of area zip codes: \_\_\_\_\_

The \_\_\_\_\_ Chapter and the undersigned agree to abide by the bylaws and policies of the American Society of Plastic Surgical Nurses, Inc., and all of the rules and regulations of the Society. This chapter will plan activities in accordance with the criteria for maintaining its chapter charter. Should this chapter desire to relinquish its charter, it will send to the National Office a statement signed by the chapter officers known as the "Dissolution Statement." This statement will be accompanied by the Chapter's Charter, minutes, financial reports, and the ASPSN Policy Book.

The undersigned formally petitions the Board of the Association to grant a charter with appropriate privileges to the \_\_\_\_\_ Chapter.

Respectfully submitted,

Date: \_\_\_\_\_  
\_\_\_\_\_ President

Date: \_\_\_\_\_  
\_\_\_\_\_ Other Officer

Date: \_\_\_\_\_  
\_\_\_\_\_ Other Officer

Date: \_\_\_\_\_  
\_\_\_\_\_ Other Officer

Please complete the following information for all chapter officers and submit together with the application for charter.

NAME OF CHAPTER \_\_\_\_\_

PRESIDENT Name \_\_\_\_\_  
Name of office \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Agency \_\_\_\_\_  
Position \_\_\_\_\_  
Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Ext: \_\_\_\_\_  
E-mail address \_\_\_\_\_

OTHER OFFICER Name \_\_\_\_\_  
Name of Office \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Agency \_\_\_\_\_  
Position \_\_\_\_\_  
Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Ext: \_\_\_\_\_  
E-mail address \_\_\_\_\_

OTHER OFFICER Name \_\_\_\_\_  
Name of Office \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Agency \_\_\_\_\_  
Position \_\_\_\_\_  
Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Ext: \_\_\_\_\_  
E-mail address \_\_\_\_\_



OTHER Name \_\_\_\_\_  
OFFICER Name of Office \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Agency \_\_\_\_\_  
Position \_\_\_\_\_  
Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Ext: \_\_\_\_\_  
E-m ail address \_\_\_\_\_

OTHER Name \_\_\_\_\_  
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Position \_\_\_\_\_  
Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Ext: \_\_\_\_\_  
E-m ail address \_\_\_\_\_

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CHARTER APPLICATION

Name of Chapter \_\_\_\_\_ Date \_\_\_\_\_

Region \_\_\_\_\_

Number of Members Represented by this Chapter \_\_\_\_\_

Brief Description of Planned Activities by this Chapter \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHAPTER MEMBERS (Please print or type)

Three (3) members are required for charter approval. Note: All chapter members must belong to ASPSN.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
E-Mail \_\_\_\_\_

Name \_\_\_\_\_  
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State \_\_\_\_\_ Zip \_\_\_\_\_  
E-Mail \_\_\_\_\_

Date \_\_\_\_\_ Submitted by \_\_\_\_\_

**American Society of Plastic Surgical Nurses**

**DISSOLUTION STATEMENT**

\_\_\_\_\_ Chapter

The \_\_\_\_\_ Chapter of the ASPSN, on a two-thirds (2/3) vote of the membership, has voted to relinquish its charter.

All financial obligations have been discharged.

All remaining assets have been distributed to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

in accordance with the bylaws.

Accompanying this statement are the Chapter Charter, minutes, financial reports, and the Chapter Manual.

Respectf

ully submitted,

\_\_\_\_\_

Chapter Chairperson

\_\_\_\_\_

Other Officer

Date

\_\_\_\_\_

**American Society of Plastic Surgical Nurses**

**CHAPTER DISSOLUTION CHECKLIST**

Chapter Name \_\_\_\_\_

- \_\_\_\_\_ 1. Statement of Dissolution signed by the chairperson and other officer
- \_\_\_\_\_ 2. Financial reports showing no outstanding debts
- \_\_\_\_\_ 3. Minutes
- \_\_\_\_\_ 4. Chapter Charter
- \_\_\_\_\_ 5. Chapter Manual

**Please send the above information to the ASPSN National Office.**

Approved by: \_\_\_\_\_  
Chapter Chairperson

Date: \_\_\_\_\_

Records sent to National Office: \_\_\_\_\_ Date: \_\_\_\_\_

Received by National Office: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chairperson's Signature: Date: \_\_\_\_\_

Witnessed by:

\_\_\_\_\_  
Officer's Signature Date: \_\_\_\_\_

## **CHECKLIST FOR CHAPTER FORMATION**

- Keep the number of the ASPSN National Office handy:  
(877) 337-9315 or (978) 927-8330
- Hold a meeting of all people interested in forming an ASPSN chapter
- Compile a membership list of at least three ASPSN members to charter the chapter
- Establish chapter bylaws
- Obtain an Employer Identification Number and develop a plan for financial independence
- Elect officers and appoint chairpersons/committees
- Submit petition package to the address below

American Society of Plastic Surgical Nurses  
Attention: Chapter Services  
500 Cummings Center, Suite 4550  
Beverly, MA 01915  
(978) 927-8330  
(Toll Free) 877-337-9315  
[admin@aspsn.org](mailto:admin@aspsn.org)

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