***Deadline for Entry: MUST be postmarked or emailed by February 1, 2025***

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| --- | --- |
| Name of Component: | Date prepared: |
| Name of person preparing application: | |
| Preparer’s title within Component: | |
| Preferred Phone: | Cell  Home  Work |
| Preferred Email: | |
| Website Link: | Password: |

**Mail your completed, TYPED application (hard copy or USB)**

**with all backup materials to:**

ASPAN Gold Leaf Component of the Year

90 Frontage Road

Cherry Hill, New Jersey 08034-1424

**Or email complete application with all backup materials to** [**ezeiger@aspan.org**](mailto:ezeiger@aspan.org)

* **All questions need supporting documentation. No points will be awarded if documentation is not included or available online.**
* Label each page of documentation with the number of the question to which it corresponds. **Unlabeled documents will not be considered in the review.**
* Please read instructions for each question and answer thoroughly. (i.e. include names, awards given, support to whom, etc.)
* If directing reviewer to your website, include the exact location where to find the information. (i.e. Fall Newsletter, page 3)
* If one activity is used for one question, you cannot use that same activity for another question. Scholarships need to be clear – amount budgeted, amount for scholarship, and number of scholarships awarded.
* If you are supplying a link to your documentation instead of, or in addition to, an actual document, make sure the link is correct and working.
* **Remember to give passwords for web site links if they are required for access. If a reviewer cannot access your documentation, it will not be considered in the review.**
* Use the checklist on the following page to make sure all attachments and web site links are included with your application.

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| **Question**  **Number** | **Required Documentation**  **Label Each Page with Question Number** | **Attached** | ***OR* – Online Link and Password, if Required** |
| 1 | Goals/Strategic Plan |  |  |
| 2 | Orientation Program |  |  |
| 3 | Goals Communicated |  |  |
| 4 & 5 | Bylaws |  |  |
| 6 | Policies/Procedures |  |  |
| 7 | Welcome New Member Materials |  |  |
| 8 | Communication w/Non-Renewing |  |  |
| 9 | New Member Recruiting |  |  |
| 10 | Member Achievements |  |  |
| 11 | Component Newsletter |  |  |
| 12 | Email Blasts |  |  |
| 13 & 14 | Component Web Site |  |  |
| 15 | CH Hours at Meetings Provided |  |  |
| 16 | Member Award Winners |  |  |
| 17 | Membership Growth |  |  |
| 18 | Financial Verification |  |  |
| 19 | Leaders Financial Assistance |  |  |
| 20 | Member Financial Assistance/Scholarships |  |  |
| 21 | Support to Development SWT |  |  |
| 22 | ASPAN Volunteer Positions |  |  |
| 23 | National Candidate Feedback |  |  |
| 24 | Certification Promotion |  |  |
| 25 | ASPAN Seminars/Webcasts |  |  |
| 26 | Community or Ed Program Participation Documentation |  |  |
| 27 | PANAW Participation |  |  |
| 28 | Legislative Activities |  |  |
| 29 | Nursing School/Student Support |  |  |
| 30 | Published Articles |  |  |
| 31 | Support for Members Involved in Research |  |  |
| 32 | Education for Members on EBP/Research |  |  |
| 33 | Research/EBP/QI Abstracts |  |  |
| 34 | CSPP Abstracts |  |  |
| 35 | Previous Gold Leaf Submissions |  |  |

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| **GOVERNANCE** | |
| 1. **Yes    No**   **Max Value: 2** *Numbered Documentation Required* | **Does your Component formulate and review your Component goals and/or strategic plan annually with dates provided?**   * *If “Yes”, a copy of your goals and/or strategic plan MUST be attached.* * *Or, if online, provide link and password if required.*   Tip: Does your Component have goals and/or a strategic plan that guides Component activities? Is this a living document that more than just the BOD is familiar? Do these goals have a timeline? |
| 1. **Yes    No**   **Max Value: 2** *Numbered Documentation Required* | **Does your Component have a formal officer/board orientation/leadership program?**   * *If “Yes”, attach your orientation policy, transition checklist.* * *Or, if online, provide link and password if required:*   Tip: Describe how this program is implemented. Checklists including signatures of those transitioning and a policy that reflects the process. |
| 1. **Yes    No**   **Max Value: 1** *Numbered Documentation Required* | **Are your Component goals/plans communicated to your committee chairs and your Board of Directors?**   * *Briefly describe method.* * *Include board minutes/supportive documentation.* |
| 1. **Yes    No**   **Max Value: 1** | **Have you reviewed your Component bylaws within the past three years, AND does ASPAN have a copy on file?**   * *If ASPAN does not have a current copy of your bylaws, submit one ASAP to the National Office. This will be verified by the ASPAN National Office.* |
| 1. **Yes    No**   **Max Value: 2** | **Are your Component bylaws made available to your members?**   * *Describe briefly: Mailed? Included in newsletter, online? etc. If online, provide link and password if required and location on website.* |
| 1. **Yes    No**   **Max Value: 3**  *Numbered Documentation Required* | **Are your Component policies and procedures reviewed and updated to reflect changes in your Component’s practice and business process as per your Bylaws?**   * *If “Yes”, include a copy of your policy and procedure manual.* * *Or, if online, provide link and password if required.*   Tip: Policies should define responsibilities of leadership and members, be accessible to members and reviewed on a regular basis. A review date should be listed on each policy and/or procedure. Does your Component have policies and procedures that define responsibilities of leadership and the members? Are they accessible to the members? Are they reviewed on a regular basis to stay current with Component goals/activities? |
| **MEMBERSHIP / CUSTOMER SERVICE** | |
| 1. **Yes    No**   **Max Value: 5**  *Numbered Documentation Required* | **Does your Component communicate with new members to welcome them, including contact information?**   * *If “Yes”, attach a copy of all welcome materials.* * *Briefly describe: District and/or State level? Formal or informal?*   Tip: If you welcome new members, do you let them know what they can expect from being a member of your Component? |
| 1. **Yes    No**   **Max Value: 5**  *Numbered Documentation Required* | **Does your Component communicate with non-renewing members to engage them as members again?**   * *If “Yes”, attach a copy of communication materials.* * *Briefly describe: District and/or State level? Formal or informal?*   Tip: Has your Component, District or local chapter, leadership reached out to members that have not renewed to find out why they did not renew and to invite them to be a member again? How do you extend that invitation to the non-renewing member? |
| 1. **Yes    No**   **Max Value: 5**  *Numbered Documentation Required* | **Does your component actively recruit new members?**  Tip: Has your Component, District or Local chapter reached out to members and how?  Include documentation. |
| 1. **Yes    No**   **Max Value: 5**  *Numbered Documentation Required* | **Does your Component recognize individual members’ achievements, accomplishments and activities?**   * *If “Yes”, briefly describe with member names and accomplishments.* * *If listed in newsletter, include edition and page number of the newsletter.*   Tip: The types of achievements can include: at workplace, certification, and advanced degrees. Does your Component recognize the achievements of your members or their activities in promoting perianesthesia nursing? Do you celebrate their accomplishments at their workplace? Do you recognize the achievement of certification? Do you recognize members’ achievements such as attainment of a degree? |
| 1. **Yes    No**   **Max Value: 8**  *Printed Newsletter or Online Link Required* | **Does your Component publish a Component newsletter?**   * *If “Yes”, indicate number of issues per year.* * ***If printed****, attach 5 copies of 1 edition for reviewers. Attach a cover page of all other issues published within one year.* * *Or,* ***if your newsletter is online****, provide the link below. Be sure the link to newsletter is correct. Include online password if one is required.* |
| 1. **Yes    No**   **Max Value: 5**  *Numbered Documentation Required* | **Does your Component communicate with your members via blast emails?**   * *If “Yes”, indicate below number of “blasts” emailed per year.* * *Attach copies of sample “blasts” emailed to membership. Or, if your blasts are online, provide the location on the website and the link. Be sure the link is correct. Include online password if one is required.* * *1 point per email* |
| 1. **Yes    No**   **Max Value: 5** | **Does your Component have a website?**   * *If “Yes”, provide link and password if required Be sure the link and password are correct.* |
| 1. **Yes    No**   **Max Value: 5** | **If your Component has a Web site, when was it last updated?**   * *Points awarded if updated within six months of date submitted this application*   DATE LAST UPDATED: |
| 1. **Yes    No**   **Max Value: 5**  *Numbered Documentation Required* | **Do you provide approved contact hours at your regular meetings and/or conferences? (district/local and/or state meetings)**   * *If “Yes”, attach a sample copy of each of your certificate(s) for verification.* * ***DO NOT*** *include ASPAN SPONSORED seminars.*   Tip: Does your Component offer contact hours for educational programs? Do the Districts, or local chapters, that comprise your Component offer contact hours at meetings? |
| 1. **Yes    No**   **Max Value: 5** | **Do you recognize/reward your Component’s Recruiter of the Year, Clinical Excellence, and /or Outstanding Achievement Award winners?**   * *If “Yes”, provide documentation including the number of members recruited, the type of awards or reward/recognition given, i.e. poster board, plaque, certificate, free membership or conference fees, etc.* |
| 1. **Yes    No**   **Max Value: 5** | **Has your Component achieved an overall growth in membership during 2024?**   * *Membership numbers will be emailed to sitting president in early January.* * *Do not enter a negative number. No growth or decrease in growth should be entered as “zero.”*   Current year’s total membership as of 12/31/24:  Last year’s total membership as of 12/31/23:  % of growth achieved: |
| **FINANCIAL HEALTH / STABILITY** | |
| 1. **Yes    No**   **Max Value: 4**  *Numbered Documentation Required* | **Does your component conduct a review of its financial health annually?**   * *Attach Annual Budget, Non-profit Status, Bonded Insurance, Audit documentation. (i.e. signature of 2 people who reviewed, statement or letter)* |
| 1. **Yes    No**   **Max Value: 5** | **Does your Component provide financial assistance for your leaders (officers, board members, Representative Assembly delegates) to attend Perianesthesia Development Institute (PDI), National Conference, and/or your Component conference?**   * *If “Yes”, briefly describe the assistance provided.* * *List name and positions held below:* |
| 1. **Yes    No**   **Max Value: 8**  *Numbered Documentation Required* | **Does your Component advertise and provide financial assistance for members to attend school, local/state seminars, PDI, or National Conference; or for certification fees, recertification fees, or higher education?**   * ***Do Not*** *include Leaders listed in Question #19.* * *If “Yes”, briefly describe the type and amount(s) of financial assistance the Component provides to members. Do not include your leaders when you answer this criterion.* * *Attach any advertising materials and/or scholarship application.*   Tip: If list and application is available on your Component web site, state what location or tab, and if in a newsletter then state what edition and page number. Do you offer financial support to your Component members to attend seminars or other educational programs or to achieve certification? Is it advertised? Is there ready access to an application for scholarship and do you have members that apply? |
| 1. **Yes    No**   **Max Value: 6**  *Put Question Number On Any Attached*  *Documentation* | **Does your Component annually provide financial support and assistance to the ASPAN Development SWT?**   * *Check all that apply and describe briefly.* * *All information will be verified by National Office.* * *2 pts awarded for Medallion Holder of ASPAN’s Legacy for Life*   Component donates $1.00 per member in support of National Conference.  Component participated in the Silent Auction at the 2024 National Conference by donating an item (not buying an item.)  Component has created a major industry contact for National Conference and ASPAN.  Component promotes ASPAN’s Development activities in each edition of their newsletter. Give edition and page number. Include numbered documentation.  Component donated speaker honorarium(s) to ASPAN’s Development SWT.  Component is a medallion holder of ASPAN’s Legacy for Life. |
| 1. **Yes    No**   **Max Value: 5**  *Numbered Documentation Required* | **What percentage of your total Component membership supports ASPAN by holding an ASPAN office, participating on ASPAN committees and SWTs, or by serving as a coordinator or vice coordinator of Specialty Practice Group (SPG)?**   * *Use the ASPAN Directory for 2024-2025 to determine this information. Reviewers will refer to the 2043-2025 directory to confirm numbers.* * ***When determining your Component’s percentages, please count total POSITIONS held, not total members holding positions.*** *For example, if one member is an ASPAN Board member, and also participates on an ASPAN committee, that would count as 2. Include all members who have held positions from May 1, 2024 to December 31, 2024.*   Tip: How many of your Component members are volunteers in leading ASPAN?  Include required documentation. List member name and office, committee or SWT. Member name must appear in ASPAN 2024-2025 Directory.  Total number of Component MEMBERS as of 12/31/24:  Number of **POSITIONS** held by members from 5/1/24 – 12/31/24:  Calculate percentage MEMBERS who held POSITIONS:  Briefly describe names and positions: |
| 1. **Yes    No**   **Max Value: 3** | **Do your members participate in submitting online feedback to the ASPAN National Office for National Candidate positions?**   * *This information is emailed from the National Office to the sitting Component president in March.* * *Numbers will be verified by the National Office.*   Total number of Component members as of 12/31/24:  Number of members who submitted feedback:  Percentage of membership who submitted feedback: |
| **CERTIFICATION** | |
| 1. **Yes    No**   **Max Value: 5** | **Does your Component promote certification or recertification activities for members? Did your Component receive the Shining Star from ABPANC?**   * *If “Yes”, briefly describe (seminars, workshops, honors, recognition, Shining Star)* |
| 1. **Yes    No**   **Max Value: 6** | **Did your Component host any ASPAN seminars or webcasts, such as the Perianesthesia Certification Review? (ASPAN provides the speaker and the materials; your Component provides a hostess for the seminar. No monies are made by your Component.)**   * *Cancelled seminars/webcasts are not to be included.* * *ASPAN will validate information.*   If “Yes” list titles and dates. |
| **COMMUNITY / INFORMATION TO THE PUBLIC** | |
| 1. **Yes    No**   **Max Value: 10**  *Numbered Documentation Required* | **Does your Component, on a state, district or local level, participate in community programs or education projects (i.e. blood drives, BP screenings, health fairs, Juvenile Diabetes Foundation, American Heart Association, American Cancer Society, etc.)?**   * ***Points will not be awarded for individual member activities unless the member has been designated by your Component as their representative.***   Tip: How does your Component, District, or local chapter, participate in community outreach/programs? Does your Component, or a group of members representing your Component, participate in community programs or education – for example BP screenings, smoking cessation classes, breast cancer walks, heart association walks.  Document or briefly describe participation. You may attach photos, Newsletter or newspaper articles, or list your Component financial donation. |
| 1. **Yes    No**   **Max Value: 7**  *Put Question Number On Any Attached*  *Documentation* | **Did your Component, on a state, district or local level, participate in /promote 2024 PeriAnesthesia Nurse Awareness Week (PANAW)?**   * *Does not include local hospital activities.*   If “Yes”, check below:  Solicited proclamations(s)  Held Component /district activity  Membership award  Membership activity  Other  Describe briefly: |
| 1. **Yes    No**   **Max Value: 5** | **How does your Component involve itself with healthcare legislation or legislative activities?**   * *Check all that apply and describe briefly.*   Active Component GA committee or representative that reports to the ASPAN Governmental Affairs SWT Coordinator. Documentation in newsletter, minutes, Statehouse meeting etc.  Component members participate in statewide nursing function (i.e. at the state capital, etc.) as Component representatives  Component disseminates legislative information to Component member (i.e. seminar, newsletter articles, website, etc.  Component has GA Alerts or Rapid Response for members of pending legislation that needs immediate action  Component member sits on State Nursing Task Force/Committees  Component participates with ASPAN on national legislative issues |
| 1. **Yes    No**   **Max Value: 6**  *Numbered Documentation Required* | **Has your Component interacted/collaborated/supported a school of nursing and/or nursing students?**   * *Check all that apply and submit all supporting documentation.*   Tip: Is your Component supportive of nursing students and/or schools? Do you offer scholarships or reduced fee for programs to non-licensed students? How do you reach out to the next generation of nurses?  Participated in a nursing school career fair(s)  Provided a JOPAN subscription or book on perianesthesia nursing to a school of nursing - provide name of school(s)  Awarded an ASPAN membership to a student - provide name of student(s) and school(s)  Mailed Component seminar brochures to schools of nursing  A discounted student registration fee for seminars  Promoted/provided a scholarship for education/conference for student nurses |
| **RESEARCH/EBP/QI & CELEBRATE SUCCESSFUL PRACTICES** | |
| 1. **Yes    No**   **Max Value: 20**  *Numbered Documentation Required* | **Did your component publish Education, Clinical Practice, EBP, Research articles(s) in your component newsletter?**  Tip: Editorial type articles are not EBP, research or educational and should not be included.  *Number of component newsletters articles:*  **Did a Component member have an article published in *JOPAN*, *Breathline*, or other nursing or medical journals that was not part of ASPAN Committee or SWT work?**   * *If “Yes” attach copies of articles; or article title, publication name, volume & date* * *Points based on the total number of articles* ***not*** *number of authors.* * *Those members who are active in ASPAN leadership and are required to editorialize or submit a report for publication are* ***excluded*** *from this criterion*   *Number of articles published in JOPAN, Breathline, or other nursing or medical journals:* |
| 1. **Yes    No**   **Max Value: 5**  *Put Question Number On Any Attached*  *Documentation* | **Does your Component support members involved with research on a state, district or local level?**   * *Check all that apply and describe briefly.*   Poster presentations at Component Conferences to include: Research/EBP/QI and/or Best Practice. Members can present projects from their hospitals  Display of ASPAN materials (critique tool) at Component conferences, ASPAN Research Primer  Member participation as *JOPAN* reviewer for research article  Journal Club discussion at local/district meetings  Award Research grants/scholarships  Member Research Poster display at Component conferences  Other – describe: |
| 1. **Yes    No**   **Max Value: 5**  *Numbered Documentation Required* | **Does your Component provide education to its members on Research/EBP and/or the Research/EBP process?**   * *If “Yes”, attach validating information* * *This does not include newsletter articles*   Tip: This could include a research topic presented at a Component conference or display of research posters by Component members at a Component conference. |
| 1. **Yes    No**   **Max Value: 10**  *Numbered Documentation Required* | **Did your Component have a member or members participating in a 2024 National Conference Research/EBP/QI Oral or Poster presentation? Points will be awarded per presentation/poster and not based on number of members who worked on the individual project.**   * Data will be confirmed on the ASPAN website: <https://www.aspan.org/Clinical-Inquiry/2024-Research-EBP-QI-Call-for-Abstracts/2024-Research-EBP-QI-Abstracts-and-Posters>   If “Yes”, provide number of presentations/posters:  List titles of Abstracts and main contact’s name: |
| 1. **Yes    No**   **Max Value: 10**  *Numbered Documentation Required* | **Did your Component have a member or members participating in a 2024 National Conference Celebrate Successful Perianesthesia Practices Oral or Poster presentation? Points will be awarded per presentation/poster and not based on number of members who worked on the individual project.**   * Data will be confirmed on the ASPAN website: <https://www.aspan.org/Clinical-Practice/2024-Celebrate-Successful-Perianesthesia-Practices-Call-for-Abstracts/2024-CSPP-Abstracts-and-Posters>     If “Yes”, provide number of presentations/posters:  List titles of Abstracts and main contact’s name: |
| **PREVIOUS GOLD LEAF APPLICATIONS** | |
| 1. **Yes    No**   **Max Value: 3** | **Has your Component submitted a Gold Leaf Application consistently within the past 3 years?**  List dates applied: |

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