

# THE PRACTITIONER

www.arizonanp.com

April 1, 2015

[Edition 5, Volume 2]



## *President's Corner*

**Karen Holder, AZNPC President**

[AZNPCPresident@gmail.com](mailto:AZNPCPresident@gmail.com)

Karen Holder, MHS, FNP-BC,  
President

Please join us in celebrating 27 years of providing the Annual Southwestern Regional Nurse Practitioner Symposium.

The 27th Annual Southwestern Regional Nurse Practitioner Symposium

Saturday, July 25 & Sunday, July 26, 2015

High Country Conference Center, Flagstaff

**Keynote Speaker** Alan Agins, PhD

Read more in the Vice President's section on the wide variety of topics offered this year and enjoy a relaxing and educational weekend in Flagstaff with us. Programs will highlight pharmacology credits and evidence based updates on a variety of topics in primary care across the life cycle.

Times are exciting for NPs and we are in the spotlight for our excellence as healthcare providers and as an answer to concerns around deficiencies and mal-distribution of primary care providers throughout Arizona and our nation. There is much activity at national and state levels legislatively and much to stay informed about as the Affordable Care Act rolls out and more patients have access to healthcare through the marketplace. Come to our membership meeting and learn how you can be involved in advancing NPs in Arizona. Hear from your AZNPC officers about activities we have been involved in to advocate for NPs and other advanced



The Arizona Nurse Practitioner Council is a local chapter of the Arizona Nurses Association, and an affiliate of the American Association of Nurse Practitioners.

Established in 1992, we advocate for our membership through legislative and educational activities. We provide members the opportunity to network with one another and promote their services to the public.

...

### **Arizona Nurse Practitioner Council Executive Committee**

**President:** Karen Holder

**Vice President:** Bessie Burk

**Treasurer:** Roni Fox

**Secretary:** Janeen Dahn

**Legislative Chair:** Denise Link

**Membership Chair:** Amber Porter

**Public Relations Chair:** Katie Wall

**The Practitioner Editor:** Janeen Dahn



Arizona Nurses Association

1850 E. Southern Ave, Suite 1. Tempe, AZ 85282

480-831-0404 [info@aznurse.org](mailto:info@aznurse.org)

practice nurses, legislatively, educationally and with patients and healthcare stakeholders to meet the growing demands in healthcare.

We hope to see you in July!

Respectfully,

Karen Holder, MHS, FNP-BC, FAANP

## !!! NEWS !!!

1. To register for Controlled substance prescriber monitoring program:  
<https://www.azrxregistration.com/Login.aspx>
2. Educational items for preventing Opioid misuse:  
<http://azcjc.gov/acjc.web/rx/default.aspx>



### Current Events

Check out our website! The Arizona Nurse Practitioner Council website contains information on current events, CE opportunities, and other resources. <https://arizonanp.enpnetwork.com> Click on the link and check it out!

### Scope of Practice Questions?



Janeen Dahn PhD, FNP-C, AZNPC Secretary

**DISCLAIMER:** The opinions offered in this column are solely that of the author and are in no way meant to represent those opinions of the Board of Nursing. All scope of practice questions should be sent to the Board of Nursing for official comment.

**Question:** I am a Family Nurse Practitioner (FNP) with many years experience as a Registered Nurse (RN) in the intensive care unit (ICU), emergency room (ER) and as a flight nurse. Given my background, is it in my scope to work in the hospital?

**Answer:** An important distinction must be made between education and experience as a RN verses education as a NP. While experience lends itself to knowledge, it does not replace educational

preparation. As a RN, you were trained to call a provider when a problem occurred. As a NP, you are the one called. So while you may know how to do a skill as a RN, it must be within the scope of a FNP, and within the skill set of the FNP to handle the situation.

As a FAMILY NURSE PRACTITIONER you are educated as a primary care provider. A good way of determining if something is in your scope is to think about the patients you would see in a doctor's office. If you can care for this person in the office, you are *probably* in your scope. If you learned it in your FNP program, you are *probably* within your scope. The Board published a White Paper on [Registered Nurse Practitioner \(RNP\) Practicing in an Acute Care Setting](#) that addresses this very issue. Essentially, the Board does not regulate where the NP practices, rather the Board regulates what the NP practices. In the Nurse Practice Act, Rule 4-19-508 states that a nurse practitioner will practice within the scope of practice for which the nurse practitioner "is educationally prepared and for which competency has been established and maintained." This means that the NP scope is limited to what the NP program prepared the nurse to do. Not what the NP learned in practice or on the job. While experience lends itself to knowledge, it does not replace educational preparation. So a Nurse Practitioner can work in any environment

**"While experience lends itself to knowledge, it does not replace educational preparation."**

(office, mobile clinic, hospital, ICU, etc.) but NP services are limited to the education preparation (chronic or stable patients). Likewise, as an Acute Care Nurse Practitioner (ACNP) practice is limited to the educational preparation of the unstable or acutely ill patient.



## Bridging the Gap between Patients, Nurses, and Telemedicine

My name is Marisela Cigliuti, Registered Nurse and Founder of TeleNurse Network. I saw the need for nursing representation in Telemedicine and this is one of the main reasons why I started this network. With multiple companies adopting new technologies in Telemedicine, they seem to lack the most value service patients need for improved outcomes “Nursing”.

TeleNurse Network is a multi-specialty care platform streamlining Telehealth services & Community resources. Our virtual business model is based on collaborative care by Advance Nurse Practitioners, Clinical Nurse Specialists, Midwives, and Community based services. How it works?

<https://www.youtube.com/watch?v=8TPeXjCkWcw>

We need participation from nurses in order to develop a mobile application. If you are a Nurse practitioner, Clinical Nurse Specialist, Midwife interested in learning about our “nursing initiative” and/or would like to be part of the network, you can email [info@telenurse.co](mailto:info@telenurse.co). Visit our website at <http://www.telenurse.co/>

### Benefits to Nurses:

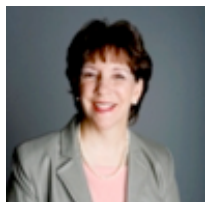
1. No monthly membership fees
2. No software monthly fees for Telemedicine

Join a network of dedicated nurses that want to make a difference in Telehealth. Support our nursing initiative – visit our exhibit at the American Telemedicine Association Meeting & Tradeshow event May 2-5<sup>th</sup> (Booth 2719).

There are always going to be grey areas in practice, such as the patient in your office that becomes unstable, but your job as a FNP (for example) is to stabilize and transfer. Likewise, with the unstable patient who now needs chronic, follow-up care, the job of the ACNP is to transfer the care to a primary care provider. I have attached the White Paper on NPs practicing in Acute Care Settings for you reference. Please let me know if you have any additional questions.

R4-19-508. Scope of Practice of a Registered Nurse Practitioner

C. An RNP shall only provide health care services within the nurse practitioner's scope of practice for which the RNP is educationally prepared and for which competency has been established and maintained. Educational preparation means academic coursework or continuing education activities that include both theory and supervised clinical practice. For any questions about scope of practice, please refer to the [Nurse Practice Act](#), which can be found on the Board of Nursing Website.



**Legislative Chairperson:** Denise

Link, PhD, WHNP-BC

[AZNPCLegislative@gmail.com](mailto:AZNPCLegislative@gmail.com)

**Federal (Washington, DC)** The annual effort to enable nurse practitioners to certify Medicare beneficiaries for home health care has been officially kicked off with the introduction of companion bills in the US House of Representatives and Senate. HR.1342/S.587 Home Health Care Planning and Improvement Act of 2015 continue a 20+ year quest to correct an oversight in a federal statute that left NP's out as qualified home health certifiers for home health services. In the last several sessions when the bill has been introduced, only one Arizona federal House member (Grijalva) signed on and no Arizona federal Senators signed

on. So far this year none of the 21 co-sponsors of the two bills are from Arizona. There needs to be a critical mass of legislators to sign on as co-sponsors so that the bill will be heard. Please spread the word and get friends, relatives, colleagues, and students to write their leaders in Washington and urge them to sign on as a co-sponsor. AANP has a pre-written letter template to use for crafting your own letter; the site can be used by AANP members and non-members. As of this publication date, no one from Arizona has signed on, but please check the list of sponsors and co-sponsors before writing. If your representatives are not listed, please write a letter and encourage your personal contacts to do the same. <http://www.aanp.org/legislation-regulation/advocacy-center>

On this same site are seven other active issues that our federal lawmakers need to hear from nurses about. These include full practice authority for APRNs in the Veterans Administration facilities; inclusion of NPs in the program to increase Medicare reimbursement rates for primary care services; authorization for NPs to complete the face to face visit requirement for ordering DME and other important bills. These efforts will support increased and sustained access to critical healthcare services for consumers and reduce unnecessary delays in care and healthcare costs.

**Arizona (Phoenix)** – The state legislature is on track to finish business and *sine die* (adjourn) by mid-April. In the 52nd Arizona Legislature, First Regular Session (2015), over 1100 bills were introduced. Of those bills, The Arizona Nurses Association Public Policy Committee (AzNA PPC) reviewed over 80 that directly related to the Public Policy Agenda approved by members of AzNA every two years during our biannual convention. The PPC reviews informed positions taken by AzNA on the bills and discussions during stakeholder meetings with legislators, bill sponsors and other interested parties. The stakeholder meetings frequently result in revisions of proposed



bills that improve the outcome should the bill survive the law making process. Our professional advocate in the legislature, Rory Hays, JD, spends many hours reviewing the list of proposed bills, recommending those that should be reviewed by the PPC, consulting with the AzNA leadership on what position AzNA will take on bills, participating in stakeholder meetings on bills, proposing language changes or amendments, testifying at committee hearings and representing AzNA at important policy meetings. A full list of the bills under study by the PPC and AzNA is maintained and updated on the AzNA website by Mary Griffith, RN, MS, Public Policy consultant and chair of the AzNA Political Action Committee and Wendy Schultz, AzNA Communications Manager. Debbie Blanchard, AzNA Administrative Assistant, provides expert support to the PPC to maintain timely communication among PPC members and with the AzNA leadership. Bills of particular interest to NPs that were influenced by AzNA thanks to the many hours of work by AzNA members and staff were: 1) HB 2489, a bill that authorized EMTs to administer naloxone on the scene with standing orders. The original language named physicians as the authorizing prescriber; NPs were added after input from AzNA; 2) SB1194 & HB 2495 medically underserved areas; loan repayment – this bill increased the amount of loan repayment for healthcare providers, including NPs, and removed time limit on eligibility for the program. The offensive term “mid-level provider” was changed to more acceptable language after input from AzNA; 3) SB 1370 Controlled substances prescription monitoring program – in addition to advocating for changes to the bill to improve the functioning of the web based reporting system, NPs were identified as prescribers specifically in the bill instead of collectively included as “others”. A full list of the bills that are still active is available on the AzNA website at

<http://cqrcengage.com/arizonanurses/Nurseslist>

These are the advocacy activities that are undertaken on behalf of our members and our patients and supported by membership dues. Member dues are not used to make contributions to political campaigns. While there are a large number of volunteers on the PPC and other AzNA committees, we could not possibly accomplish all that we do on your behalf without our competent and experienced paid AzNA staff.

<http://www.aznurse.org/?page=AA04>

## *Frequently Asked Questions*



**Public Relations**

**Public Relations**

**Chairperson:** Katie Wall,  
MSN, FNP-C

You may contact the Public  
Relations Chairperson by

emailing: [AZNPCPublicRelations@gmail.com](mailto:AZNPCPublicRelations@gmail.com)

### **What is Chapter 9?**

Chapter 9 is one of the many chapters of the Arizona Nurses Association

(<http://www.aznurse.org/?page=AA05>). Chapter 9 is the state organization for nurse practitioners in Arizona. We are the Arizona Nurse Practitioner Council.

### **Can I be a member of Chapter 9 and other chapter of the Arizona Nurses Association?**

Yes, you have to specify this on your application. Chapter 9 would be marked as your primary chapter since we do receive a stipend of the fee's paid to the American Nurses Association. The money is put to use for legislation, scholarships, conferences, and educational events throughout the state. If Chapter 9 is not marked, then you will not be placed into Chapter 9. If Chapter 9 is listed as a secondary chapter, then you will be a secondary member of Chapter 9. If you need help on this filling out your application to join Chapter 9, refer to the step by step power point at

<https://arizonanp.enpnetwork.com/page/15341-membership-tutorial>.

### **Does the executive team for Chapter 9 get paid?**

No. The executive team and numerous other volunteers who advocate for nurse practitioners and advanced practice nurses are not paid. We work full time jobs and volunteer on our time off.

### **What is the ENP network?**

I was recently asked what the Phoenix ENP chapter is up to when I traveled to another region in the state outside of Phoenix. I explained that there is not a Phoenix ENP. The ENP network is a web hosting company for many of the state nurse practitioner organizations (<https://www.enpnetwork.com/nurse-practitioner-groups>). The ENP network pages offer membership options with some groups not associated with the ANA or AANP. ENP is a tool for websites. It does not replace paying the dues to your organizations for membership. Creating a login on the website does not replace membership in your organizations (Chapter 9 and AANP).

### **What is the AANP versus Chapter 9?**

Chapter 9 is the state NP organization where as AANP is the national NP organization. The AANP has state representatives

Chapter 9 is an affiliate member of the AANP. For a list of all AANP affiliates, please visit <http://orglistings.aanp.org/default.asp?Order=2>.

### **If I am a member of the AANP does that make me a member of Chapter 9?**

No, you must pay dues to both organizations. Chapter 9 works at the state level with legislation and AANP works at the national level. AANP does watch the states legislation though (<http://www.aanp.org/legislation-regulation/state-legislation-regulation>). Chapter 9 watches state legislation closely which can be viewed at <http://cqrcengage.com/arizonanurses/Nurseslist>.

The American Nurses Association has a tracking center at <http://nursingworld.org/MainMenuCategories/Policy-Advocacy/State>. Chapter 9 realizes that trying to keep track of all the different links is a task and difficult so each of these can be easily accessed on our webpage ArizonaNP.com under the menu bar titled "Links of Interest – choose Call to Action for Legislation" (<https://arizonanp.enpnetwork.com/page/18481-call-to-action-for-legislation->).

### **Why do I need to join Chapter 9 when there are so many other nursing groups / organizations to choose from with the same initiatives?**

Chapter 9 is your state NP organization. We are associated with the American Nurses Association and the AANP. Legislation and your scope of practice is controlled by the Arizona State Legislature (<http://azleg.gov/MemberRoster.asp?Body=H&SortBy=1>). These large nursing organizations have been around for years and are established. These groups are similar to the American Medical Association at the national level and then the AMA having a state chapter with representatives and membership. We need to unite as nurses and have a solid voice as there is power in numbers and creating smaller groups will not work for protecting our scope of practice. If we segregate ourselves into smaller groups, this creates confusions amongst the legislature, the public and our patients and insurance companies.

For example by using another state. Ohio has the Ohio Nurses Association (<http://www.ohnurses.org/?s=affiliate+organizations>). There is a group for advanced practice nurses (<http://www.oaapn.org>) and nurse anesthetists ([http://www.osana.org/aws/OSANA/pt/sp/home\\_page](http://www.osana.org/aws/OSANA/pt/sp/home_page)) as their unified voices. If you are interested in seeing other state with APN divisions associated with the ANA please refer to

<http://nursingworld.org/FunctionalMenuCategories/findyourstate>.

### **What is full practice authority and how is Arizona working on this?**

Full practice authority is to turn the nation green to allow all advanced practice nurses to practice to the full scope of practice without restrictions. Currently there is not a consensus on SOP across state lines (<http://aanp.org/component/content/article/66-legislation-regulation/state-practice-environment/1380-state-practice-by-type>). Arizona has been working hard on the Consensus Model (<https://arizonanp.enpnetwork.com/page/18471-consensus-model->). The AANP has resources available at <http://www.aanp.org/component/content/article/20-legislation-regulation/federal-regulation/88-np-regulations>. Arizona APRN's have united to create the Arizona Advanced Practice Registered Nurse Coalition.

### **What is the Arizona Advanced Practice Registered Nurse Coalition?**

The Arizona Advanced Practice Registered Nurse Coalition (<http://www.futureofnursingaz.com/practice/aprn-consensus-model/>) is made up the Arizona Nurses Association, the Arizona Chapter of Nurse Practitioners (Chapter 9), The Arizona Chapter of the American College of Nurse Midwives, the Arizona Association of Nurse Anesthetists, The Arizona Chapter of the National Association of Clinical Nurse Specialists. All of these organizations have joined together to promote safe and affordable increased access to Care.

### **What is the Coalition of Arizona Nurses in Advanced Practice (CAZNAP)?**

Coalition of Arizona Nurses in Advanced Practice (CAZNAP) (<http://caznap.org>)

is a grassroots effort to enhance the unity and communication of Advanced Practice Nurses in the state of Arizona. CAZNAP has served as an excellent communication tool for APN's in AZ but having your email on the list-serve communication tool does not replace joining our NP organizations (Chapter 9 and AANP).

### **How do I stay up to date with all of these links and information provided in this question and answer session?**

There are several ways to stay up to date.

The first and most important way is to join both Chapter 9 and the AANP. Both of these organizations are working hard and spending numerous hours to protect the APN role. The best way to thank those who volunteer this time away from their full time jobs and families is to join both organizations. The prices can be steep but the money is well spent and you will get our return on investment. The money is put to good use as one can see with all the current events taking place to protect your advanced practice degree and future in your career!!!

The alternative ways to communicate are through the communication tools via ENP and CAZNAP.

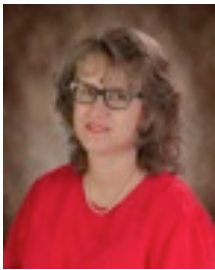


### ***Arizona Opioid Prescribing Guidelines Released***

The final version of the [Arizona Opioid Prescribing Guidelines](#) - a voluntary, consensus set of guidelines that promote best practices for prescribing opioids for acute and chronic pain - have been released. The goal of these guidelines is to balance the appropriate treatment of pain with

approaches to more safely prescribe opioids. The guidelines are intended for use by a variety of clinicians in primary care and specialty outpatient settings who treat acute pain and/or manage chronic pain that is not occurring at the end of life and not due to malignancy. These [Arizona Opioid Prescribing Guidelines](#) complement other statewide documents articulating best practices for [Emergency Department Controlled Substance Prescribing](#) and [Dispensing Controlled Substances](#)

## *Southwestern Regional NP Symposium*



### *Vice President:*

Bessie Burk MSN, FNP-C

You may contact the Vice-President by emailing: [AZNPCVicePresident@gmail.com](mailto:AZNPCVicePresident@gmail.com)

Hello all. July is fast approaching.

The hotter it gets the more I look forward to Flagstaff.

In past years we have gotten valuable feedback from our members, both those that attended and those that did not. One item that seems to reoccur is the need for more pharmacy based classes and some 'back to basics' information.

You have been heard.

This year we are offering even more pharmacy information, including our keynote speaker Dr. Alan Agins. He will also be doing a lecture later on Saturday related to interactions as well as a workshop on Sunday regarding ER/LA prescribing

On Sunday there will also be a workshop on diabetic management including some of the newer medications as well as workshop on how to care for a pregnant patient that presents in a primary care setting including medications that can affect the pregnancy.

On Saturday there will be offerings to cover several areas and provide information for all, including EKG and coding.

We had an overwhelming response from students this year for presentation of their DNP projects. Poster presentations just won't do them justice so we are going to have a series of 15 min presentations in order to accommodate all those submitted finished material.

I am really excited about that and can't wait for you to have the opportunity to hear them as their projects and outcomes are truly amazing.

I look forward to seeing you there, registration should be open soon.

Almost forgot, we will be having the silent auction again this year to raise scholarship funds so let us know if you have an item you wish to donate.

Thanks for listening, Bessie



## *Membership Report*



**Membership Chairperson:** Amber Porter, FNP-C

You may contact the Membership Chairperson by emailing: [AZNPCMembership@gmail.com](mailto:AZNPCMembership@gmail.com)

I am excited to report the growth to our membership! In the last month our total membership, which includes primary and secondary members was 271. We now show an increase to 279, the highest membership I have reported in the current term.

I would like to personally thank each member of the council for supporting membership and drives to increase membership.

Up next? Members of the board will be taking our message in support of Arizona Nurse Practitioners (NP's) to the Universities where new N.P.'s will



soon be launching into practice. This will be in effort to increase awareness of AZNPC and membership.

This is exciting news! Thank you for being a part of it!

Amber

## *HPV and Anorectal Cancer*

By Roni J. Fox MSN, FNP-C

HPV and Anorectal Cancer According to the Centers for Disease Control (CDC), nearly all sexually active men and women contract HPV at some point in their lives (Centers for Disease Control, 2015). We all know by now that the HPV virus is the leading cause of cervical cancer. Through the use of PAP screening we can prevent the majority of the cases of cervical cancer. However, many of us were not taught about the link between HPV and rectal cancer- especially that there is risk in heterosexual women who have never participated in rectal /anal intercourse.

The HPV and Anal Cancer Foundation reports that 95% of anal cancers are caused by HPV. In addition, anal intercourse is not necessary to infect the anorectal area with HPV. According to Dr. Adrienne Forstner-Barthell, anorectal infection is usually due to secretions dripping into the anorectal area (personal communication, March 11, 2015). Any woman with a history of high grade cervical or vulvar dysplasia has an increased risk of anorectal cancer. Similarly, the University of Hawaii HPV Cohort Study found that a cervical HPV infection increases the risk of anorectal infection by over 20%. This same study found that the majority of cervix to rectal HPV transmissions occurred without a history of anal intercourse (HPV and Anal Cancer Foundation, 2015). Dr. John Compagno, pathologist and medical director for West Coast Pathology Laboratories, reports seeing cases of rectal dysplasia and cancer occurring approximately 10

years following cervical infection with high-risk HPV, and that persistent “low-risk” anorectal HPV is also a risk factor for dysplasia (Dr. John Compagno, personal communication, November 20, 2014).

There are currently no guidelines regarding screening for anal cancer in heterosexual men and women. However, screening should be highly considered in any woman with a history of high-risk HPV, high grade dysplasia, or cervical cancer. Screening should be done on anyone with a history of anorectal intercourse. Screening consists of an anorectal pap, followed by a DARE (Digital Anal-Rectal Examination). An anorectal pap can be performed using a Dacron swab. The swab may be moistened with water, but no lubricant should be used. It should be inserted 1-2 inches, and rotated as a fulcrum as it is slowly withdrawn. It can be sent to the lab using the same liquid cytology as a cervical pap (but label as rectal). HPV identification should also be requested (Darragh, 2012). Following the pap collection, a DARE should be performed which consists of visualization as well as digital rectal exam including palpation. Any patients with abnormalities (thicknesses, masses, hardness, lump, localized tenderness, or an ulcer) should be referred to a colorectal surgeon for follow-up (HPV and Anal Cancer Foundation, 2015).

The results are returned with dysplasia grading similar to cervical dysplasia staging. The anorectal dysplasia is graded using the Bethesda System: atypical squamous cells (ASC-US or ASC-H), low-grade (LSIL), or high-grade dysplasia (HSIL). Any ASC, LSIL, or HSIL should be referred to a colorectal surgeon for anal colposcopy and biopsy, regardless of HPV typing. The biopsy results are classified as AIN (Anal Intraepithelial Neoplasia) I-III, similar to cervical dysplasia graded as CIN (Cervical Intraepithelial Neoplasia) I-III (Darragh, 2012).

Early anorectal dysplasia has no symptoms. Signs and symptoms in patients that should be considered as suspicious of anorectal cancer include rectal bleeding, discharge, lumps, changes in bowel movements, Pain with defecation, or an unresolving hemorrhoid; and should be referred to a colorectal surgeon for investigation. Heterosexual men are also at risk of anorectal cancer due to the HPV virus. A study by the University of Arizona in 2008 showed that 16.6% of heterosexual men tested had anal HPV infection, 30% of which were cancerous (HPV and Anal Cancer Foundation, 2015).

The normalization of the cervical Pap smear has greatly decreased the incidence of cervical cancer. As Nurse Practitioners we should be initiating discussions with patients both male and female regarding their history of HPV (including partners for men) and risk of anorectal cancer. By

normalizing and providing anorectal screening for our patients, we can do the same for anorectal cancer. For more information on screening you can contact West Coast Pathology Laboratories ([www.wcpl.com](http://www.wcpl.com)) or the usual lab you use for cervical cytology.

References      Centers for Disease Control (2015). Genital HPV infection - fact sheet. Retrieved from <http://www.cdc.gov/std/hpv/stdfact-hpv.htm>

Darragh, T., (2012). Anal cytology: An overview. Retrieved from [http://www.cytopathology.org/wp-content/static\\_uploads/6631.pdf](http://www.cytopathology.org/wp-content/static_uploads/6631.pdf) HPV and Anal Cancer Foundation (2015). Anal cancer. Retrieved from <http://www.analcancerfoundation.org/learn/anal-cancer/>



## *AZNPC 2015 Election – Call for Nominations*

### **Arizona Nurse Practitioner Council (AzNPC) Executive Committee 2015**

**DEADLINE: July 1, 2015**

#### **VACANT POSITIONS:**

1. The **President** shall be the Chair of the Executive Board and ex-officio member of all committees. The President shall appoint individuals to do special projects to further the work of the Arizona Nurse Practitioner Council, appoint ad hoc committees, and serve as a representative of the organization. The President shall serve as a designated signer with the Treasurer on all AZNPC accounts.
2. The **Treasurer** shall oversee the preparation of the annual budget; oversee the implementation of the annual budget; and ensure the annual independent review audit is conducted; maintain affiliation status with national organizations as agreed upon by the executive committee. The Treasurer shall serve as Executor of Finances and designated signer on AZNPC accounts. The Treasurer will provide a financial report to the Executive Board biannually and as deemed necessary by the Board.
3. The **Membership Chairperson** is responsible for membership recruitment and retention, maintaining a list of active and updated members in coordination with AzNA; maintain an updated list of executive board members with pertinent contact information; calling for scholarship applicants and coordinating the scholarship approval process.

**CANDIDATE QUALIFICATIONS:** The Nominating Committee will consider candidates' experiences and skills relative to AzNPC leadership model and advancing the goals of the organization. Candidates must demonstrate a commitment and willingness to serve on a volunteer working Board and accept assignments related to the work of the organization. The AzNPC leadership model includes an executive Board composed of 7 volunteer officers, President, Vice President, Secretary, Treasurer, Legislative Chair, Membership Chair, and Public Relations chair. No officer shall serve more than two (2) consecutive terms in the same office or more than eight (8) consecutive years on the Executive Board. An officer who has served more than half a term shall be considered to have served a full term.

The **PURPOSE** of AzNPC is to advance the practice and the professional status of Nurse Practitioners throughout the State of Arizona by means of legislation, education, networking and community involvement. Executive Board Members are expected to attend monthly telephonic executive meetings, quarterly telephonic Chapter Membership meetings and the annual Southwestern NP Symposium in person.

If you are interested in assuming a greater leadership role in the future of Arizona Nurse Practitioners by running for one of the four vacant positions, please complete the attached ***Biographical Sketch/consent to Serve*** form that includes your educational and professional background, existing relationship with AzNPC, and goals for your tenure in the position you are running for. Send the completed form to the AzNPC Secretary at [AZNPCSecretary@gmail.com](mailto:AZNPCSecretary@gmail.com) **no later than July 1, 2015**. Each nominee will be reviewed by the Arizona Nurse Practitioner Executive Council and vetted for final slate of nominees. Candidates must be approved by the Council in order for a nominee to be included on the ballot (Art V. Sec 1). August Elections will be managed by the AzNA and held open for 30 days. Nominees will be notified of their status in a timely manner. Elected officers will be asked to assume their offices November 1, 2015.



1850 E. Southern Avenue, Suite 1. Tempe, AZ 85282 480-831-0404 info@aznurse.org http://www.arizonanp.com

### BIOGRAPHICAL SKETCH/CONSENT TO SERVE

I wish to have my name placed on the 2014-2016 ballot for the office of: **CIRCLE ONE**  
Vice-President      Secretary      Legislative Chairperson      Public Relations Chairperson

Name:	Credentials:
-------	--------------

Address:	Phone:
----------	--------

City, State:	Zip
--------------	-----

Employer Name:
----------------

Position:
-----------

Email:
--------

Past Experience/Activities with Professional Nursing Organizations:
---

In 100 words or less, briefly and concisely state relevant experience (in 1 <sup>st</sup> person) and if elected, how you would contribute to this position:
--

Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_