

NAME (please print) _____

AORN OF GREATER KANSAS CITY CHAPTER ACTIVITY RECORD
POINT SYSTEM FOR CHAPTER 2601 DELEGATE STATUS
AORN SURGICAL CONFERENCE AND EXPO 2015 DENVER, CO.
(Effective dates July 1, 2013 - July 30, 2014)

Business Meeting Attendance (1 point per meeting + bonus points)

___ Sept ___ Oct ___ Nov ___ Jan ___ Feb ___ Mar ___ Apr ___ May (Mark attendance)

BONUS Points ___ 8 meetings + 3 points ___ 7 meetings + 2 points ___ 6 meetings + 1 point

_____ TOTAL

COMMITTEES (Please write in number of points on each line)

CHAIR/COCHAIR 10 points Member 5 points **CHAIR/COCHAIR** 6 points Member 3 pts

___ Credential

___ American Royal Parade

___ Community Service/Harvesters

___ Banquet

___ Hospitality

___ Bowling

___ Membership

___ Budget

___ Newsletter

___ Bylaws & Policy

___ Nominating

___ Historian

___ Program

___ Legislative

___ Public Relations

___ OR Nurse Week

___ Research

___ Periop Nurse of Year

___ Workshop/Vendor Fair

___ Scholarship

___ Student Nurse Day Event

___ Tellers

___ Chapter Award Entry Project

DOCUMENT DETAILS

on PAGE 2

POINT CREDIT 5 EACH

___ Ambassador for Communication

___ Certification CNOR/CRNFA/other

___ College Nursing Course

___ Membership has not lapsed

___ Mission Trips

___ Officer/Board Member

___ PeriOp Speaker

___ Prof. Organization Member

___ Recruited New Member

___ Voted for National Officers

POINT CREDIT 10 EACH

___ Congress Poster Entry

___ National Candidate

___ National Committee

___ Published in Prof. Journal

POINT CREDIT 2 EACH CONGRESS

___ Chapter Delegate

___ Self Appointed Delegate

___ Moderator at Congress

___ Session Volunteer Congress

POINT CREDIT 2 EACH ATTENDANCE

___ Bowling

___ Nurse Excellence Brunch

___ OR Nurse Week Activity

___ Workshop/Vendor Fair

___ CNOR Prep Course

___ Other list on page 2

TOTAL POINTS _____

Credentials Chair Initials _____

Enter appropriate point value on each blank, complete documentation on page 2.
Completed Record must be postmarked by September 30, or turned in at the
September chapter meeting.

MAIL TO Marie Barrentine 1125 N.E. Westwind Dr. Lees Summit, Mo. 64086

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ACTIVITY RECORD JULY1, 2013 - JULY 30, 2014
DOCUMENTATION DETAILS

POINT CREDIT 5 EACH

Ambassador for Communication List location _____
Certification CNOR/CRNFA/other List Speciality _____
College Nursing Course List College Course & Hours _____
Membership has not lapsed during this year
Mission Trips List Group, Country _____
Officer/Board Member
PeriOp Speaker List Audience/Location/Date _____
Prof. Organization Member Other than AORN/ANA List _____
Recruited New Member Name(s) _____
Voted for National Officers List Date electronic vote cast _____
Harvesters Volunteer = Committee Member Community Service 5 points

POINT CREDIT 10 EACH

Congress Poster Entry Title _____
National Candidate or Committee member _____
Published in Prof. Journal List _____

POINT CREDIT 2 EACH Surgical Conference/Expo (Congress)

Chapter Delegate
Self Appointed Delegate at Expo
Moderator at Expo List sessions _____
Session Volunteer at Expo List sessions _____

POINT CREDIT 2 EACH FOR ATTENDANCE (not on committee)

Bowling
OR Nurse Week Activity list where _____
Workshop/Vendor Fair
CNOR Prep Course list location _____
Other Describe _____
Nurse Excellence Banquet/Brunch