



Texas State Council Chapter Quarterly Report 2018

Instructions:

1. Use this Texas ENA Quarterly Report form for the **entire year**.
2. Complete the appropriate 'Quarter' space to provide your Chapter's information.
3. When asked a Y (Yes) or N (No) question, place an X to the left beside the correct answer.
4. If your chapter's answer has not changed from one quarter to the next quarter indicate this by typing in 'N/A'.
Note: N/A **cannot** refer to the previous year's information.
5. Send the updated form to the Texas ENA President and Secretary immediately **prior** to the quarterly State Council meeting at secretary@txena.org.
6. Retain a copy for your Chapter records.
7. **The completed 4th Quarter report must be submitted to the TxENA Board by January 10, 2019.**
Note: The spaces provided for additional information will expand to fit your answer(s).

Chapter Information:

1. Name of chapter:

East Texas ENA

2. Name / position in the Chapter and email address of person completing report:

1 st Quarter:	Name:	Position:	Email:
2 nd Quarter:	Name:	Position:	Email:
3 rd Quarter:	Name: Katheryn Courville	Position: President	Email: kacourville@gmail.com
4 th Quarter:	Name:	Position:	Email:

3. Is the Chapter's 501(c)(3) status up to date for the current year:

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

4. Did the Chapter submit the current year's budget to the TxENA Board?

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Y <input type="checkbox"/> N <input type="checkbox"/> Date:	Y <input type="checkbox"/> N <input type="checkbox"/> Date:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Date:	Y <input type="checkbox"/> N <input type="checkbox"/> Date:

5. Did the Chapter submit the previous year's IRS tax filing to the ENA Headquarters? If an extension has been filed, indicated the date in the space below. **Note: Tax filing must be sent to the ENA by May 31st unless an extension has been filed.**

1 st Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Extension filed:
2 nd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Extension filed:
3 rd Quarter:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Extension filed:
4 th Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Extension filed:

6. Was the Chapter's Annual Report completed and submitted to the ENA for the previous year?

1 st Quarter
Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Date:

7. Number of current chapter members:

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
		174	

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8. Meeting schedule (day/time):

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
		7/5 business mtg 8/2 business mtg 9/6 general mtg	10/11 – business mtg & elections (online) 11/1 – business mtg 12/6 – general mtg

9. Are there any Chapter members who deserve recognition?

1 st Quarter:	
2 nd Quarter:	
3 rd Quarter:	
4 th Quarter:	

10. List all recent chapter conducted activities, or if the chapter held an event or participated in an event in the correct quarter. (Event could be related to chapter, state, national ENA or other organizations. Information may be added from other sections and questions, if applicable.) Include the title and date of the activity/event/educational offering.

1 st Quarter:	
2 nd Quarter:	
3 rd Quarter:	
4 th Quarter:	

Section A: Administration/Governance:

1. Does your chapter have its own set of Bylaws? Please enter Yes or No. If **Yes**, enter date Bylaws sent to TxENA Board.

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Y <input type="checkbox"/> N <input type="checkbox"/> Date	Y <input type="checkbox"/> N <input type="checkbox"/> Date	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Date 6/4	Y <input type="checkbox"/> N <input type="checkbox"/> Date

1a. If **No**, does your chapter utilize the TxENA Bylaws? Please enter Yes or No. If **Yes**, skip to question 2.

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

1b. Does your chapter utilize the ENA Bylaws? Please enter Yes or No If **Yes**, skip to question 2.

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

1c. If **No to 1, 1a and 1b**, what form of bylaws does your chapter use?

1 st Quarter:	
2 nd Quarter:	
3 rd Quarter:	
4 th Quarter:	

2. When did your chapter last review / revise its bylaws and how was this done? (The answer must include your bylaws document(s) review / revision date, a description of your chapter’s review or revision process including how revisions take place, who reviews the bylaws, how members are notified of recommended changes, dissemination of documents, and the voting process. Include a link to the bylaws, if your chapter has them posted on a website, and.)

1 st Quarter:	Date:	Revision method:
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2 nd Quarter:	Date:	Revision method:
3 rd Quarter:	Date: 6/4	Revision method: Used TxENA as guide. Bylaws sent to ETENA directors for review. Approved 6/4 by directors
4 th Quarter:	Date:	Revision method:

3. If it has been greater than three years since the last review / revision of your chapter bylaws, when will your chapter review/revise its chapter’s bylaws?

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Date:	Date:	Date:	Date:

4. Does your chapter have a Strategic Plan? Please enter Yes or No. If **Yes**, indicate if a copy has been sent to the TxENA Board.

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Y <input type="checkbox"/> N <input type="checkbox"/> Sent <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Sent <input type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Sent <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Sent <input type="checkbox"/>

If **No**, does your chapter use the TxENA Strategic Plan or describe your chapter’s plan to devise a Strategic Plan.

1 st Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Description:
2 nd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Description:
3 rd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: we will use TxENA Strategic Plan as guide. SP will be on agenda for October business mtg
4 th Quarter:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Description:

Questions 5 and 6 are applicable for 4th Quarter Report only:

5. Has your chapter held officer elections for this year? If Yes, indicate the date of the election.

4 th Quarter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Date of election: 4/23/18
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If **No**, when will your elections be held? (Note: Elections must be held by October 31st. **If your chapter elections will not be held until after October 31st you must notify the ENA and TxENA Board by October 15th.**)

4 th Quarter: 10/11/18

6. If elections have been held, were the new officers and committee chairs entered into the ENA database?

4 th Quarter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>

If **No**, please note: the newly elected officers **must** be added into the database by **October 31st**. Committee chairs **must** be entered into the ENA database by **December 31st**. **If you require assistance to enter the information contact the TxENA Board prior to October 31st.**

7. Does your chapter promote and encourage its members to vote in the ENA’s national elections? If **Yes**, describe what efforts your chapter makes to promote and encourage its members to vote in the national elections.

1 st Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Efforts:
2 nd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Efforts:
3 rd Quarter:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Efforts:
4 th Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Efforts:

If **No**, explain any plans you may initiate towards this endeavor or barriers in completing this endeavor.

1 st Quarter:	
2 nd Quarter:	

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3 rd Quarter:	Will email members upon notification of upcoming elections
4 th Quarter:	

Questions 8 and 9 are applicable only to the 3rd Quarter Report.

8. What was your chapter’s voting percentage in the most recent ENA national election?

3 rd Quarter: tba

9. If it was less than 10%, what action plan has your chapter put in place to increase voting participation next year?

3 rd Quarter:

Section B – Communication/Public Relations:

1. Describe your chapter’s methods of communicating with your members and how frequently this is done: (Ex. Newsletter, emails, social media, phone messages, mail, and/or other methods. Frequency: weekly, monthly, quarterly, yearly, etc.)

1 st Quarter:	
2 nd Quarter:	
3 rd Quarter:	Email, social media, newsletter. Frequency: will email monthly with updates
4 th Quarter:	

2. What information has your chapter communicated to your members? (Ex. meeting notices, officer elections, important updates, etc.)

1 st Quarter:	
2 nd Quarter:	
3 rd Quarter:	We are preparing a newsletter with new officers, meeting dates, upcoming TCRN review course, employment opportunities, letter from President, and other updates
4 th Quarter:	

3. Does your chapter have a website? If **Yes**, what is your chapter’s website address?

1 st Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Address:
2 nd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Address:
3 rd Quarter:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Address:
4 th Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Address:

3a. If **No**, does your chapter plan on building a website? If so, enter approximate date the website will be completed?

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Y <input type="checkbox"/> N <input type="checkbox"/> Date:	Y <input type="checkbox"/> N <input type="checkbox"/> Date:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Date:	Y <input type="checkbox"/> N <input type="checkbox"/> Date:

4. What items can / will be found on your chapter’s website? (e.g., meeting dates, bylaws, links to ENA, etc.)

1 st Quarter:	
2 nd Quarter:	
3 rd Quarter:	
4 th Quarter:	

5. Did your chapter communicate with the public regarding safe practice and safe care? If **Yes** describe the method(s) used to communicate. If an event was held for this purpose, add the event information in the correct quarterly section of Chapter Information #10.

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1 st Quarter:	Y <input type="checkbox"/>	N <input type="checkbox"/>	Communication Method(s):
2 nd Quarter:	Y <input type="checkbox"/>	N <input type="checkbox"/>	Communication Method(s):
3 rd Quarter:	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	Communication Method(s):
4 th Quarter:	Y <input type="checkbox"/>	N <input type="checkbox"/>	Communication Method(s):

SECTION C – EDUCATION

1. Does your chapter have an educational (academic and/or conference) scholarship program? If **Yes** provide information regarding the scholarship, including the applicant qualifications required, frequency of the scholarship(s), when the scholarship was awarded and a list of recipients or a link to that information.

1 st Quarter:	Y <input type="checkbox"/>	N <input type="checkbox"/>	Scholarship:
2 nd Quarter:	Y <input type="checkbox"/>	N <input type="checkbox"/>	Scholarship:
3 rd Quarter:	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	Scholarship:
4 th Quarter:	Y <input type="checkbox"/>	N <input type="checkbox"/>	Scholarship:

- 1a. If **No**, does your chapter support the TxENA scholarship program? If **Yes**, to supporting the TxENA scholarship program, describe how this is accomplished by the chapter.

1 st Quarter:	Y <input type="checkbox"/>	N <input type="checkbox"/>	Support:
2 nd Quarter:	Y <input type="checkbox"/>	N <input type="checkbox"/>	Support:
3 rd Quarter:	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	Support:
4 th Quarter:	Y <input type="checkbox"/>	N <input type="checkbox"/>	Support:

2. Does your chapter collaborate with other professional organizations / agencies to provide educational offerings? (Ex. EMS, ACEP, TNA, TSNA, AACC, ANA, AHA, etc.). If **Yes**, list the organizations, the dates collaborated and describe how the chapter associates with organization/agency. If the chapter and professional organization/agency collaborated on an event, add that information to the quarterly information in Chapter Information #10.

1 st Quarter:	Y <input type="checkbox"/>	N <input type="checkbox"/>	Collaboration:
2 nd Quarter:	Y <input type="checkbox"/>	N <input type="checkbox"/>	Collaboration:
3 rd Quarter:	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	Collaboration:
4 th Quarter:	Y <input type="checkbox"/>	N <input type="checkbox"/>	Collaboration:

3. Did your chapter hold an educational conference / convention?

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

- 3a. If **Yes** and the event was 4 hours or less, list the date, title of the event, number of attendees, and specific titles of the lectures/skill stations, etc. provided during the conference in the correct quarterly box.

1 st Quarter:	Event:
2 nd Quarter:	Event:
3 rd Quarter:	Event:
4 th Quarter:	Event:

- 3b. If **Yes** and the event was greater than 4 hours, list the date, name of conference, number of attendees and numbers of hours in the correct quarter. In addition, list the date, name of the conference and specific titles of the lectures/skill stations, etc. provided during the conference at the end of this

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document. (**Note:** Electronically copy / pasting the flyer or brochure content page at the end of this document is acceptable but the location of this information must be included in the answer below.) Be sure to enter the event date and title into the correct quarterly section of Chapter Information #10.

1 st Quarter:	Event:
2 nd Quarter:	Event:
3 rd Quarter:	Event:
4 th Quarter:	Event:

4. Does your chapter provide other education opportunities? Please list title of the event, the number of CEs provided and the number of attendees. (Ex. educational events at chapter meetings, hosting CEN / CPEN Review courses, providing educational opportunities at TNA / TSNA events, etc.)

1 st Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Event:
2 nd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Event:
3 rd Quarter:	Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/>	Event: TCRN Review course 10/26,27
4 th Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Event:

5. Does your chapter collaborate, recognize and strengthen associations with vendors? Describe how this was accomplished by your chapter.

1 st Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	How:
2 nd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	How:
3 rd Quarter:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	How:
4 th Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	How:

6. Does your chapter provide TNCC or ENPC courses for your chapter’s area? If **Yes**, add the date, name of the course and number of attendees in the correct quarterly section of Chapter Information #10

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

7. Does your chapter support members who want to obtain a certification, CEN, CPEN, CFRN and/or CTRN, etc.? If **Yes**, describe how your chapter supports these members. Note: If an event was held for this purpose, add the event information in the correct quarterly section of Chapter Information #10.

1 st Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Support:
2 nd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Support:
3 rd Quarter:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Support: TCRN review course 10/26,27
4 th Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Support:

8. Does your chapter recognize members who have received a certification, CEN, CPEN, CFRN and/or CTRN? If **Yes**, describe how your chapter recognizes these members. If an event was held for this purpose, add the event information in the correct quarterly section of Chapter Information #10.

1 st Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Recognition method:
2 nd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Recognition method:
3 rd Quarter:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Recognition method:
4 th Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Recognition method:

9. Does your chapter support evidence-based practice? If **Yes**, describe the support provided in the space provided in the correct quarter. If an event was held for this purpose, add the event information in the correct quarterly section of Chapter Information #10.

1 st Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Support:
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2 nd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Support:
3 rd Quarter:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Support:
4 th Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Support:

Section D - Membership

1. Does your chapter contact new or prospective members? If Yes, describe the contact method in the space provided. If an event was held for this purpose, add the event information in the correct quarterly section of Chapter Information #10.

1 st Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Contact method:
2 nd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Contact method:
3 rd Quarter:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Contact method: new members will be recognized in chapter newsletter. And will be sent a welcome email from President
4 th Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Contact method:

2. Does your chapter contact student nurses? If Yes, describe the contact method in the correct quarterly space. If an event was held for this purpose, add the event information in the correct quarterly section of Chapter Information #10.

1 st Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Contact method:
2 nd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Contact method:
3 rd Quarter:	Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/>	Contact method: will be invited to Sept general meeting
4 th Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Contact method:

3. Does your chapter engage members and nonmembers in TxENA or ENA activities? If Yes, describe the method used and specify if the engagement effort was for the TxENA or ENA or other organization. If an event was held for this purpose, add the event information in the correct quarterly section of Chapter Information #10.

1 st Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Effort for:	Method:
2 nd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Effort for:	Method:
3 rd Quarter:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Effort for:	Method:
4 th Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Effort for:	Method:

4. Does your chapter contact members who have expired memberships? If Yes, describe the method used in the space provided. Also include what was the result of your chapter’s efforts to contact members with expired memberships (ex: X number of members renewed their membership, etc.) If an event was held for this purpose, add the event information in the correct quarterly section of Chapter Information #10.

1 st Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Method:	Results:
2 nd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Method:	Results:
3 rd Quarter:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Method:	Results:
4 th Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Method:	Results:

5. Does your chapter request feedback from the members? If Yes, describe the methods used in the correct quarter. If an event was held for this purpose, add the event information in the correct quarterly section of Chapter Information #10.

1 st Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Method:
2 nd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Method:
3 rd Quarter:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Method: we are planning to send out a survey in July
4 th Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Method:

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6. Does your chapter have a member recognition program? If **Yes**, describe the methods and identify the results of your chapter’s efforts. (Ex. Increased member satisfaction as demonstrated by X, increased willingness to participate in the chapter, state or national ENA, etc.). If an event was held for this purpose, add the event information in the correct quarterly section of Chapter Information #10.

1 st Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Method:
2 nd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Method:
3 rd Quarter:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Method:
4 th Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Method:

7. Does your chapter have a member mentorship program? If **Yes**, describe the mentorship process in the correct quarter. If an event was held for this purpose, add the event information in the correct quarterly section of Chapter Information #10.

1 st Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Program:
2 nd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Program:
3 rd Quarter:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Program:
4 th Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Program:

8. Does your chapter encourage members to participate on the local, state or national level? If **Yes**, describe the methods in the correct quarter and specify if the participation effort(s) was for the chapter, TxENA or ENA?

1 st Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Method:
2 nd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Method:
3 rd Quarter:	Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/>	Method: newsletter will have info on national meeting
4 th Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Method:

Section E – Advocacy / Governance

1. Does your chapter have a government affairs committee or chair person? If **Yes**, describe how the government affairs committee or chair communicates with members to share information and news relevant to government affairs in the correct quarter. Include frequency if applicable.

1 st Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Communication method:
2 nd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Communication method:
3 rd Quarter:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Communication method:
4 th Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Communication method:

2. Does your chapter collaborate with other organizations / community regarding public policy matters or issues related to emergency healthcare? If **Yes**, describe how your chapter collaborates in the space provided.

1 st Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Collaboration/Communication:
2 nd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Collaboration/Communication:
3 rd Quarter:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Collaboration/Communication:
4 th Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Collaboration/Communication:

3. Has any member of your chapter discussed any policy issues with legislators at the state and / or local levels? If **Yes**, describe what type of discussion took place in the correct quarter. Include which member was involved, their position, the policy issues and the legislators in involved. If an event was held for this purpose, add the event information in the correct quarterly section of Chapter Information #10.

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1 st Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Policy issue discussed:
2 nd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Policy issue discussed:
3 rd Quarter:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Policy issue discussed:
4 th Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Policy issue discussed:

4. Has any member of your chapter discussed any policy issues with legislators at the federal level? If **Yes**, describe what type of discussion took place in the correct quarter. Include which member was involved, their position, the policy issues and the legislators in involved. If an event was held for this purpose, add the event information in the correct quarterly section of Chapter Information #10.

1 st Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Member:	Legislator:	Policy/Issue:
2 nd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Member:	Legislator:	Policy/Issue:
3 rd Quarter:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Member:	Legislator:	Policy/Issue:
4 th Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Member:	Legislator:	Policy/Issue:

5. Has your chapter hosted or sent any of your members to attend/participate in a Government Affairs-related workshop at the state level? If **Yes**, describe and list the name of the members(s), name of the event(s), event date(s) and location(s), and/or include a link to the program in the space provided in the correct quarter. If an event was held for this purpose, add the event information in the correct quarterly section of Chapter Information #10.

1 st Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Member:	Event:	Date:	Location:
2 nd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Member:	Event:	Date:	Location:
3 rd Quarter:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Member:	Event:	Date:	Location:
4 th Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Member:	Event:	Date:	Location:

6. List and describe any other actions /efforts on Government Affairs your chapter has been involved with over the past year.

1 st Quarter:	
2 nd Quarter:	
3 rd Quarter:	
4 th Quarter:	