

Texas State Council Chapter Quarterly Report 2019

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:

Golden Triangle #335

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

1 st Quarter:	Name: Ray Peregrino	Position: Im. Past Pres.	Email: ray.peregrino@bhset.net
2 nd Quarter:	Name: Santana Olvera	Position: President	Email: santana.olveraENA@yahoo.com
3 rd Quarter:	Name:	Position:	Email:
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 checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" 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 checked="" type="checkbox"/> N <input type="checkbox"/> Date:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Date:	Y <input type="checkbox"/> N <input 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 checked="" type="checkbox"/> N <input type="checkbox"/>	Extension filed:
2 nd Quarter:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Extension filed:
3 rd Quarter:	Y <input type="checkbox"/> N <input 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 checked="" type="checkbox"/> N <input type="checkbox"/> Date:

7. Number of current chapter members:

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
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8. Meeting schedule (day/time):

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
4 th Tues of odd months	4 th Tuesdays of ODD months		

9. Are there any Chapter members who deserve recognition?

1 st Quarter:	Cheryl Hobbs = coordinating our next Conference scheduled for Spring 2019
2 nd Quarter:	Sabrina Baidson = coordinating marketing merchandise for chapter
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:	Election of Officers
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 checked="" type="checkbox"/> N <input type="checkbox"/> Date 2/4/2019	Y <input type="checkbox"/> N <input type="checkbox"/> Date 2/4/2019	Y <input type="checkbox"/> N <input type="checkbox"/> Date	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:	

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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: 5/23/2018 Revision method: reviewed by By-laws committee, proposed changes to board, finalized, submitted revised version to members for review, approved by a vote on May 23, 2018. Submitted to State and National.
2 nd Quarter:	Date: n/a Revision method:
3 rd Quarter:	Date: Revision method:
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: NA	Date: n/a	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 checked="" type="checkbox"/> N <input type="checkbox"/> Sent <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Sent <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input 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:
4 th Quarter:	Y <input 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: 10/08/2018
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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:

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

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

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1 st Quarter:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Efforts: Email, FB, phone calls, personal reminders. These worked as we increased from 7% to 29% national voting
2 nd Quarter:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Efforts: Personal Reminders, EMAIL, FB
3 rd Quarter:	Y <input type="checkbox"/> N <input 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:	
3 rd Quarter:	
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:

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:	Newsletter quarterly, Facebook, Email, Instagram = at least twice/month or more
2 nd Quarter:	Newsletter quarterly, Facebook, Email, RemindApp = at least twice/month or more
3 rd Quarter:	
4 th Quarter:	

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

1 st Quarter:	Meeting notices, conference flyers, election local and national, newsletter on current issue
2 nd Quarter:	Meeting notices, Meeting Agenda, Upcoming Flyers, Chapter shirts, newsletter on current issues
3 rd Quarter:	
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 checked="" type="checkbox"/>	Address:
2 nd Quarter:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Address:
3 rd Quarter:	Y <input type="checkbox"/> N <input 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 checked="" type="checkbox"/> N <input type="checkbox"/> Date:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Date: TBD	Y <input type="checkbox"/> N <input type="checkbox"/> Date:	Y <input type="checkbox"/> N <input type="checkbox"/> Date:

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

1 st Quarter:	NA
2 nd Quarter:	n/a
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.

1 st Quarter:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Communication Method(s): at meetings during discussion and newsletter.
2 nd Quarter:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Communication Method(s): meetings, newsletter, social media
3 rd Quarter:	Y <input type="checkbox"/> N <input 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 checked="" type="checkbox"/>	Scholarship: Case to case basis to support someone to go to state meeting base on available funds.
2 nd Quarter:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Scholarship: Case to case basis to support someone to go to state meeting base on available funds.
3 rd Quarter:	Y <input type="checkbox"/> N <input 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 checked="" type="checkbox"/>	Support: based on available funds we vote on supporting local causes first
2 nd Quarter:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Support: based on available funds we vote on supporting local causes first
3 rd Quarter:	Y <input type="checkbox"/> N <input 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 checked="" type="checkbox"/> N <input type="checkbox"/>	Collaboration: currently in process of collaborating with EMS and law enforcement for conference in the Spring
2 nd Quarter:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Collaboration: currently in process of collaborating with EMS and law enforcement for conference in the Spring
3 rd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Collaboration:
4 th Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Collaboration:

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

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1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input 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: none this quarter
2 nd Quarter:	Event: none this quarter
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 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: NA
2 nd Quarter:	Event: n/a
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 checked="" type="checkbox"/>	Event: none this quarter, plan to hold Conference in Spring
2 nd Quarter:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Event: none this quarter, plan to hold Conference in Spring
3 rd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Event:
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 checked="" type="checkbox"/> N <input type="checkbox"/>	How: Collaborating with a few now for the Spring Conference
2 nd Quarter:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	How: collaboration for Spring Educational Conference
3 rd Quarter:	Y <input type="checkbox"/> N <input 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 checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input 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: members teach in hospital based courses. The chapter hold instructor courses but none this quarter
2 nd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Support: members teach in hospital based courses. The chapter hold instructor courses but none this quarter

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3 rd Quarter:	Y <input type="checkbox"/>	N <input type="checkbox"/>	Support:
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: At meetings
2 nd Quarter:	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	Recognition method: in bi-monthly membership meetings
3 rd Quarter:	Y <input type="checkbox"/>	N <input 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 checked="" type="checkbox"/>	N <input type="checkbox"/>	Support: discuss at meetings, suggest for conference topics
2 nd Quarter:	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	Support: discuss at membership meetings, suggestion were used for potential education conference topics, members author for newsletter
3 rd Quarter:	Y <input type="checkbox"/>	N <input 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 checked="" type="checkbox"/>	N <input type="checkbox"/>	Contact method: in person, email, at TNCC and ENPC courses, student association meetings
2 nd Quarter:	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	Contact method: in person, email, local student association meetings
3 rd Quarter:	Y <input type="checkbox"/>	N <input type="checkbox"/>	Contact method:
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 checked="" type="checkbox"/>	N <input type="checkbox"/>	Contact method: email, sometimes at their meeting... none this chapter
2 nd Quarter:	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	Contact method: email, in person, guest speaker to local meetings, none this quarter
3 rd Quarter:	Y <input type="checkbox"/>	N <input type="checkbox"/>	Contact method:
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 checked="" type="checkbox"/>	N <input type="checkbox"/>	Effort for: TxENA meetings / ENA conference /GTENA Method: Constantly promoting Austin 2019 on FB, email and at meetings. Always discussing so much to learn, and describing the experience of attending and making an impact by attending TxENA state meetings. Also promoting attendance at local chapter meetings to
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	learn what the organization is involved in eg injury prevention, community service and education
2 nd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/> Effort for: Quarterly TxENA meeting/ENA Conference/GTENA Method: Promotion of ENA 2019 in Austin through FB, email, at meetings. Encouraging all members and first time members to attend Quarterly State meeting. Also promoting attendance at local chapter meetings to learn what the organization is involved in injury prevention, community service and education
3 rd Quarter:	Y <input type="checkbox"/> N <input 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 checked="" type="checkbox"/> N <input type="checkbox"/> Method: email reminders Results: Sometimes good results come out of reminders most times no results as most have decided due to varying professional changes and personal reasons
2 nd Quarter:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Method: email and Remind App Results: Sometimes good results come out of reminders most times no results as most have decided due to varying professional changes and personal reasons
3 rd Quarter:	Y <input type="checkbox"/> N <input 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 checked="" type="checkbox"/> N <input type="checkbox"/> Method: Email, at meetings, personal conversations
2 nd Quarter:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Method: Email, in membership meetings, FB polls, survey monkeys, personal conversations
3 rd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/> Method:
4 th Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/> Method:

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 checked="" type="checkbox"/> N <input type="checkbox"/> Method: No formal recognitions and awards, just recognition at meetings
2 nd Quarter:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Method: No formal recognitions and awards, just recognition at meetings
3 rd Quarter:	Y <input type="checkbox"/> N <input 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 checked="" type="checkbox"/> N <input type="checkbox"/> Program: Nothing formal or written, mostly through meeting discussions and email follow ups
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2 nd Quarter:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Program: Nothing formal or written, mostly through meeting discussions and email follow ups
3 rd Quarter:	Y <input type="checkbox"/> N <input 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 checked="" type="checkbox"/> N <input type="checkbox"/>	Method: Constantly promoting Austin 2019 on FB, email and at meetings. Always discussing so much to learn, and describing the experience of attending and making an impact by attending TxENA state meetings and ENA national conferences. Also promoting attendance at local chapter meetings to learn what the organization is involved in eg injury prevention, community service and education
2 nd Quarter:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Method: Promotion of ENA 2019 in Austin through FB, email, at meetings. Encouraging all members and first time members to attend Quarterly State meeting. Also promoting attendance at local chapter meetings to learn what the organization is involved in injury prevention, community service and education
3 rd Quarter:	Y <input type="checkbox"/> N <input type="checkbox"/>	Method:
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 checked="" type="checkbox"/>	Communication method:
2 nd Quarter:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Communication method:
3 rd Quarter:	Y <input type="checkbox"/> N <input 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 checked="" type="checkbox"/> N <input type="checkbox"/>	Collaboration/Communication: email, personal, attend events emergency preparedness
2 nd Quarter:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Collaboration/Communication: email, personal, attend events emergency preparedness
3 rd Quarter:	Y <input type="checkbox"/> N <input 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.

1 st Quarter:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Policy issue discussed: Cordella Lyon attended Greg Abbott meeting on Emergency Preparedness
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2 nd Quarter:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Policy issue discussed: Cheryl Hobbs & Cordella Lyon attended Texas District Attorney’s meeting on Human Trafficking. Asked for GTENA’s help to plan and promote educational series in June 2019
3 rd Quarter:	Y <input type="checkbox"/> N <input 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 checked="" type="checkbox"/> N <input type="checkbox"/>	Member: Ray Peregrino	Legislator: Ted Cruz	Policy/Issue: Stroke research and Stroke care funding
2 nd Quarter:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Member:	Legislator:	Policy/Issue:
3 rd Quarter:	Y <input type="checkbox"/> N <input 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 checked="" type="checkbox"/>	Member:	Event:	Date:	Location:
2 nd Quarter:	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Member:	Event:	Date:	Location:
3 rd Quarter:	Y <input type="checkbox"/> N <input 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:	Emailed legislators on stroke research funding and attended meeting on Emergency Preparedness.
2 nd Quarter:	GTENA asked to collaborate with Texas District Attorney’s Office for local medical training sessions on Human Trafficking June 18-20, 2019
3 rd Quarter:	
4 th Quarter:	

Send Quarterly Chapter report to the TxENA Secretary at secretary@txena.org