**2024** **Texas General Assembly Chapter Quarterly Report**

**Instructions:**

1. Use this Texas ENA Quarterly Report form for the **entire year**.

2. Complete the appropriate ‘Quarter’ to provide your Chapter’s information.

3. When asked a Y (Yes) or N (No) question, place an X in place of the appropriate box.

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. This document is due each quarter by 5pm the day prior to the General Assembly Meeting Email:** [**secretary@tx.ena.org**](mailto:secretary@tx.ena.org) **and** [**tx.president@state.ena.org**](mailto:tx.president@state.ena.org)

**Chapter Information:**

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

Q1: Name/Position/Email:

Q2: Name/Position/Email:

Q3: Name/Position/Email:

Q4: Name/Position/Email:

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

Y ☐ N ☐ If no, what are the plans to bring it current?

1. Did the Chapter submit the current year’s budget to the TX ENA Board?

Y ☐ N ☐ Date Submitted:

1. Did the Chapter submit the current year’s 802 to the TX State Secretary?

Y ☐ N ☐ Date Submitted:

1. Did the Chapter submit the previous year’s IRS tax filing to the ENA Headquarters? If an extension has been filed, indicate the date in the space below. **Note: Tax filing must be sent to the ENA by September 15th unless an extension has been filed.**

Y ☐ N ☐ Date Submitted:       Extension Filed: Y ☐ N ☐ Date Submitted:

1. Was the chapter’s Annual Report completed and submitted to the ENA for the previous year? Y ☐ N ☐ Date Submitted:
2. Does your chapter have its own set of Bylaws? Y ☐ N ☐

1a. Date of last review/submission to TX ENA:

1. Does your chapter have a Strategic Plan? Y ☐ N ☐
2. Date submitted to TX ENA BOD:
3. A copy of the strategic plan has been filed in the designated chapter folder on the

TX ENA state Google Drive Y ☐ N ☐

1. If **No**, does your chapter use the TX ENA Strategic Plan or describe your chapter’s

plan to devise a Strategic Plan. Y ☐ N ☐ Description of Plans:

**Section A: General Chapter Information**

1. Number of current chapter members:

Q1:       Q2:       Q3:       Q4:

1. Meeting Dates (day/time):

Q1:

Q2:

Q3:

Q4:

1. Are there any Chapter members who deserve recognition?

Q1:

Q2:

Q3:

Q4:

1. 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.

Q1:       jokjkj

Q2:

Q3:

Q4:

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

Q1:

Q2:

Q3:

Q4:

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

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

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

1. Did your chapter communicate with the public regarding safe practice and safe care? If **Yes** describe the method(s) used to communicate.

Q1: Y ☐ N ☐ Communication Method:

Q2: Y ☐ N ☐ Communication Method:

Q3: Y ☐ N ☐ Communication Method:

Q4: Y ☐ N ☐ Communication Method:

**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.

Q1: Y ☐ N ☐ Scholarship:

Q2: Y ☐ N ☐ Scholarship:

Q3: Y ☐ N ☐ Scholarship:

Q4: Y ☐ N ☐ Scholarship:

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

Q1: Y ☐ N ☐ Support:

Q2: Y ☐ N ☐ Support:

Q3: Y ☐ N ☐ Support:

Q4: Y ☐ N ☐ Support:

1. 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.

Q1: Y ☐ N ☐ Collaboration:

Q2: Y ☐ N ☐ Collaboration:

Q3: Y ☐ N ☐ Collaboration:

Q4: Y ☐ N ☐ Collaboration:

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

Q1: Y ☐ N ☐

Q2: Y ☐ N ☐

Q3: Y ☐ N ☐

Q4: Y ☐ N ☐

a. 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.

Q1: Event:

Q2: Event:

Q3: Event:

Q4: Event:

b. 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.

Q1: Event:

Q2: Event:

Q3: Event:

Q4: Event:

1. 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.)

Q1: Event: Date: CE’s: Attendees:

Q2: Event: Date: CE’s: Attendees:

Q3: Event: Date: CE’s: Attendees:

Q4: Event: Date: CE’s: Attendees:

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

Q1: Y ☐ N ☐

Q2: Y ☐ N ☐

Q3: Y ☐ N ☐

Q4: Y ☐ N ☐

1. 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.

Q1: Y ☐ N ☐ Date: Course: Attendees:

Q2: Y ☐ N ☐ Date: Course: Attendees:

Q3: Y ☐ N ☐ Date: Course: Attendees:

Q4: Y ☐ N ☐ Date: Course: Attendees:

1. 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.

Q1: Y ☐ N ☐ Support:

Q2: Y ☐ N ☐ Support:

Q3: Y ☐ N ☐ Support:

Q4: Y ☐ N ☐ Support:

1. 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.

Q1: Y ☐ N ☐ Recognition:

Q2: Y ☐ N ☐ Recognition:

Q3: Y ☐ N ☐ Recognition:

Q4: Y ☐ N ☐ Recognition:

1. What does your chapter do to support evidence-based practice?

Q1: Support:

Q2: Support:

Q3: Support:

Q4: Support:

**Section D - Membership**

1. Does your chapter contact new or prospective members? If Yes, describe the contact method in the space provided.

Q1: Y ☐ N ☐ Contact Method:

Q2: Y ☐ N ☐ Contact Method:

Q3: Y ☐ N ☐ Contact Method:

Q4: Y ☐ N ☐ Contact Method:

1. Does your chapter contact student nurses? If **Yes**, describe the contact method in the correct quarterly space.

Q1: Y ☐ N ☐ Contact Method:

Q2: Y ☐ N ☐ Contact Method:

Q3: Y ☐ N ☐ Contact Method:

Q4: Y ☐ N ☐ Contact Method:

1. Does your chapter engage members and nonmembers in TX ENA or ENA activities? If **Yes**, describe the method used and specify if the engagement effort was for the TX ENA or ENA or other organization.

Q1: Y ☐ N ☐ Effort for: Method:

Q2: Y ☐ N ☐ Effort for: Method:

Q3: Y ☐ N ☐ Effort for: Method:

Q4: Y ☐ N ☐ Effort for: Method:

1. Does your chapter contact members who have expired memberships? Chapter membership chair can access this info through reports

Q1: Y ☐ N ☐ Method: Expired Total: Renewed Total:

Q2: Y ☐ N ☐ Method: Expired Total: Renewed Total:

Q3: Y ☐ N ☐ Method: Expired Total: Renewed Total:

Q4: Y ☐ N ☐ Method: Expired Total: Renewed Total:

1. 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.).

Q1: Y ☐ N ☐ Method:

Q2: Y ☐ N ☐ Method:

Q3: Y ☐ N ☐ Method:

Q4: Y ☐ N ☐ Method:

1. Does your chapter have a member mentorship program? If **Yes**, describe the mentorship process in the correct quarter.

Q1: Y ☐ N ☐ Program:

Q2: Y ☐ N ☐ Program:

Q3: Y ☐ N ☐ Program:

Q4: Y ☐ N ☐ Program:

1. 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, TX ENA or ENA?

Q1: Y ☐ N ☐ Method:

Q2: Y ☐ N ☐ Method:

Q3: Y ☐ N ☐ Method:

Q4: Y ☐ N ☐ 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.

Q1: Y ☐ N ☐ Communication Method:

Q2: Y ☐ N ☐ Communication Method:

Q3: Y ☐ N ☐ Communication Method:

Q4: Y ☐ N ☐ Communication Method:

1. 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.

Q1: Y ☐ N ☐ Collaboration/Communication:

Q2: Y ☐ N ☐ Collaboration/Communication:

Q3: Y ☐ N ☐ Collaboration/Communication:

Q4: Y ☐ N ☐ Collaboration/Communication:

1. 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.

Q1: Y ☐ N ☐ Policy/Issue:

Q2: Y ☐ N ☐ Policy/Issue:

Q3: Y ☐ N ☐ Policy/Issue:

Q4: Y ☐ N ☐ Policy/Issue:

1. 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.

Q1: Y ☐ N ☐ Member: Legislator: Policy/Issue:

Q2: Y ☐ N ☐ Member: Legislator: Policy/Issue:

Q3: Y ☐ N ☐ Member: Legislator: Policy/Issue:

Q4: Y ☐ N ☐ Member: Legislator: Policy/Issue:

1. 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.

Q1: Y ☐ N ☐ Member: Event: Date: Location:

Q2: Y ☐ N ☐ Member: Event: Date: Location:

Q3: Y ☐ N ☐ Member: Event: Date: Location:

Q4: Y ☐ N ☐ Member: Event: Date: Location:

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

Q1:

Q2:

Q3:

Q4:

**4th Quarter Only**

1. Has your chapter held officer elections for this year? If Yes, indicate the date of the election. Y ☐ N ☐ Date of Election:

New Officers entered in ENA National Database by October 31? Y ☐ N ☐

1. What does your chapter do to promote voting in the ENA National Elections?
2. What was your chapter’s voting percentage in the most recent ENA national election? (obtained from your board liaison or National ENA)
   1. If it was less than 10%, what action plan has your chapter put in place to increase voting participation next year?