



NATIONAL ASSOCIATION OF
CLINICAL NURSE SPECIALISTS

Affiliation: Definition, Procedures, Agreement

Definition: An affiliate of NACNS is comprised of a group of CNSs or a subset of CNSs within an advanced practice nurse group (APNG) who wish to affiliate.

Procedures:

- A. To get started, the group leader(s) should:
1. Complete a roster of participants in the group who wish to affiliate.
 2. Submit a brief description of the activities of the group for the year. Official bylaws are not required for affiliation with NACNS.
 3. Complete, sign and submit the affiliate agreement to NACNS.
 4. Send the materials to the NACNS office (see address below).
- B. The NACNS response will be to, within 15 working days:
1. Confirm the percentage of NACNS members within the network group.
 2. Report the intent of the group to the Board of Directors at the next scheduled meeting.
 3. Vote to “approve” the affiliate.
 4. Notify the group leader of the affiliate of the Board of Directors vote and send a copy of the affiliate agreement, signed by the NACNS President.
 5. Establish procedures for regular communication between the NACNS Board and the group regarding NACNS board meetings, activities, and other initiatives.
- C. Annually, the affiliate will:
1. Submit the affiliate membership roster to NACNS by January 31.
 2. Ensure that the current group leader or official designee is a member of NACNS.
 3. Support NACNS by strongly encouraging attendance at the NACNS annual conferences and other activities of the organization.
 4. Assist the NACNS Board of Directors or its standing committees, when requested.
 5. Have a minimum of twenty five percent (25%) of members of the group who are

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also belong active members of NACNS. In the case of the CNS members of an advanced practice nurse group, the network must have a minimum of 25% NACNS members of the total number of CNSs in the APNG.

6. Submit operational guidelines of the network, if developed, to NACNS for review.

AFFILIATION AGREEMENT

AGREEMENT OF AFFILIATION

BETWEEN

(Affiliate name)

AND THE

NATIONAL ASSOCIATION OF CLINICAL NURSE SPECIALISTS

(Date)

In furtherance of its common purpose to promote the unique contribution of the advanced practice work of clinical nurse specialists to the well-being of individuals and groups, it is hereby agreed that the above-mentioned group and the National Association of Clinical Nurse Specialists subscribe to this Affiliation Agreement.

Upon affiliation, the membership in common with the National Association of Clinical Nurse Specialists shall be at least twenty-five (25) percent of the total group, or as in the case of the CNS members of an APNGp, 25% of the CNSs in the APNG. The percentage of members in common shall be the responsibility of the affiliate.

It is agreed that the above-mentioned affiliate and the National Association of Clinical Nurse Specialists shall seek jointly to increase membership. However, it is agreed that either organization may accept into its membership individual CNSs who are not dual members.

It is agreed that the affiliate shall support the National Association of Clinical Nurse Specialists by strongly encouraging attendance at the NACNS annual conference and other activities of the organization.

It is agreed that the affiliate shall send a roster of its members and any changes in its operational rules or guidelines, if applicable, to the National Association of Clinical Nurse Specialists as part of the affiliation compliance procedure each year by January 31st.

The Agreement of Affiliation shall not be renewed by the National Association of Clinical Nurse Specialists (NACNS) any year unless a complete list of members is submitted by the affiliate when requested by NACNS. This list shall show that membership in common with the affiliate and the NACNS meets the required percentage as stated in this affiliation agreement.

This agreement of affiliation may be terminated by either party upon ninety days notice in writing.

(next page)

Decision to become an affiliate of NACNS approved by:

_____ (CNS Group leader) _____ (Date)

NACNS Approval by Secretary:

_____ (NACNS Secretary) _____ (Date)

NACNS Board Approval:

_____ (NACNS President) _____ (Date)

Preferred name of affiliate:

Mailing Address:

City: _____ State _____ Zip _____

Phone: _____

e-mail: _____ FAX: _____

MONITORING PROCEDURES FOR AFFILIATE COMPLIANCE

1. Operating rules or bylaws
 - 1.1 Affiliates will be sent an Affiliate Compliance Form at the beginning of each calendar year.
 - 1.1.1. The affiliate leader will provide a copy of any changes in operational rules that have been developed and used in the preceding year.
 - 1.2. If no changes have been made, the affiliate leader, chair or president will sign and return the agreement form, indicating that no changes have been made.
 - 1.2.1. The signed agreement form will be filed with the records.
 - 1.2.2. If no response is received, the NACNS office will notify the NACNS Secretary who will contact and follow up with the affiliate leader.
 - 1.3 If changes have been made in the affiliate operational rules or bylaws, a review will follow.
 - 1.3.1. Staff will review the operational rules or bylaws to assure that the changes do not affect the conditions of affiliation.
 - 1.3.2. Approval is based on the Secretary's determination that changes are not in conflict with NACNS's mission statement and policies and procedures.
 - 1.3.3. When changes affect conditions of affiliation, the Secretary will contact the affiliate and collaborate in order to resolve problems.
 - 1.3.4. If the operational rules or bylaws are approved, the Secretary will provide appropriate notification to the affiliate, the NACNS Board, and the NACNS office.
 - 1.3.5 If the operational rules or bylaws are not approved, the Secretary will recommend action to the NACNS Board of Directors.
 - 1.4. Staff shall provide a yearly report regarding affiliation compliance which includes all compliance actions.

2 Dual membership requirement

- 2.1 Affiliate leaders will be provided with an updated list of NACNS members residing in the state in which the affiliate is located.
- 2.2 The affiliate will compare its membership list with that of NACNS to assure that affiliate membership complies with requirements. (Note: The requirement is a minimum of 25% of the members of a group must also be NACNS members in good standing). When the group are the CNS members of an APNG, the requirement is a minimum of 25% of the total CNSs in the advanced practice nursing group. When this verification completed, the list is submitted to the NACNS office.
 - 2.2.1. If an affiliate remains in compliance, documentation will be duly noted in the affiliate's records.
 - 2.2.2. If the affiliate is not in compliance, the affiliate and NACNS Board of Directors will be notified (see Actions).

3 Timing

- 3.1 The NACNS office will send affiliate compliance forms to affiliate leaders by December 31 of each year.
- 3.2 Affiliates shall return the signed form, membership list confirmation, and copy of changed operational rules or bylaws (if applicable) to the NACNS office no later than January 31.
- 3.3 The NACNS Secretary will act on all questions of compliance no later than April 15.
- 3.4 The Secretary will notify the affiliate, NACNS Board of Directors, and the NACNS office of all actions by May 1.

4 Actions

- 4.1 Conditional affiliation may be awarded by the Board of Directors to an affiliate where the dual membership requirement has not been maintained.
 - 4.1.1. Conditional affiliation will be in effect until an established deadline for compliance which is determined by the NACNS Board of Directors.
 - 4.1.2. If an affiliate has been unable to meet the dual membership requirement by the deadline given, the affiliation will be revoked.

5 Reinstatement

5.1 Affiliation which has been revoked may be reinstated by application.

AFFILIATING GROUP MEMBERSHIP ROSTER

Name of affiliating group: _____

Date: _____

Contact person:

Name _____

Address: _____

City/State/Zip _____

Work phone: _____ Home phone: _____

Work e-mail: _____ Home e-mail: _____

Work FAX: _____ Home _____

FAX: _____

Alternate Contact person:

Name _____

Address: _____

City/State/Zip _____

Work phone: _____ Home phone: _____

Work e-mail: _____ Home e-mail: _____

Work FAX: _____ Home _____

FAX: _____

Name of member	Member address/city/state/zip	<u>NACNS Member</u>	
		Yes	No
Name of member	Member address/city/state/zip	<u>NACNS Member</u>	
		Yes	No
